

Provider Agreements

July 2025



Health and
Human Services



How to Submit a Provider Agreement

Option 1: Portal

Select 'Provider Home' tab

Click for CCA Provider Agreement

If you do not see this button, you may not have permission

Directors or center owners will need to give permission

Announcement

No new announcements

CCA Provider Agreement

[Click for CCA Provider Agreement](#)

Click button above to submit or change a Child Care Assistance Provider Agreement.

Option 2: Email



Use to scan the completed copy of the provider agreement



Email completed provider agreements to
crsacca@hhs.iowa.gov

Option 3: Mail



Mail a copy of the provider agreement



Mail completed
agreements to:

2309 Euclid Ave
Des Moines, IA 50310



Call to request a
mailed/emailed copy

866-448-4608 Option 4

When to Submit a New Provider Agreement

Registered/ Nonregistered Homes

At renewal

A category change

Change of address

Rate changes

Filing under an EIN

Name change

Licensed Centers

Rate changes

Change of care address

Changing EINs

Change of legal name on
your EIN

Page 1 of Provider Agreement

- ▶ Either complete Box A or Box B
 - Individual only complete Box A
 - EIN only complete Box
- ▶ If you have an EIN, list your correct legal name
- ▶ If you have a DBA name, please make sure to list this
- ▶ Registration unit may request your IRS letter for proof of your EIN

IOWA Health and Human Services

Child Care Assistance Provider Agreement

Child Care Provider Information

In order for you to receive payment under the Child Care Assistance Program, you must provide the following information about your legal name and tax ID. Please fill out either Box A or Box B.

Box A Individual

If you answer Yes to Individual, please provide your Social Security Number (SSN) as your tax ID.

Are you an Individual: (If the answer to this question is No, complete Box B.)

☐ Yes ☐ No

SSN: - -

Provider Last Name: Provider First Name:

Address, city, state, and ZIP code where care is provided:

Mailing address, if different:

Phone number:

Box B Corporation, Government, LLC etc.

Is your business a: (Pick one)

☐ Corporation
☐ Partnership
☐ Government
☐ Sole Proprietor
☐ Limited Liability Company (LLC)

If LLC, Tax Classification (Pick one): ☐ Sole Proprietor ☐ Corporation ☐ Partnership

Please provide your Employer Identification Number.

EIN: - -

Provider Legal Business Name:

Doing Business As (DBA) Name:

Address, city, state, and zip code where care is provided:

Mailing address, if different:

Phone number:

470-3871 (05/25)

Page 2 of Provider Agreement

- ▶ Starting July 1st, 2025, Iowa HHS will only accept weekly rates
- ▶ Starting July 1st, 2025, Iowa HHS will only accept rates listed on the new provider agreement
- ▶ Only include one rate per age group
- ▶ Do not include any additional rate types
- ▶ Do not attach a rate sheet
- ▶ If you charge monthly, convert that to a weekly rate by dividing the amount by 4
- ▶ Summer rates are for school age only
- ▶ Only list summer rate if the amount is different from standard school age rate

Provider Rate Information			
Complete the provider agreement with the usual weekly rates that you charge for a private pay family. The weekly rate is the rate you charge for full-time care for the entire week.			
	Infants or Toddlers	Preschool	School Age
Age Groups	Newborn up to 3 years old	3 years up to Kindergarten	Attending Kindergarten or older
Weekly	<input type="text"/>	<input type="text"/>	<input type="text"/>
Summer Weekly (if different)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Only include one amount of each age group. Do not include any additional rate types. All amounts must be written in the above boxes, do not include an attached rate sheet.			
Are you a Head Start program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you charge families the difference between the CCA Program and your private pay rate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client Fees			
I understand:			
1. I am responsible for collecting all fees assessed to the client, as determined by the Iowa Department of Health and Human Services (Iowa HHS), directly from the client. Iowa HHS can't collect these fees.			
2. I may bill a Child Care Assistance (CCA) participant the difference between the CCA Program payment and the provider's private pay rate, if agreed to by the parent and the provider in writing prior to care being provided.			
3. I must maintain a record of all fees collected from clients, including any charges for the difference between the CCA payment issued by Iowa HHS and the provider's private pay rates, and this record shall be available, upon request, for audit by Iowa HHS or its representatives.			
4. If I am a Head Start program in accordance with Head Start Performance Standard 1302.18 the Provider Rate Information listed above is exclusively for child care services provided outside federally funded Head Start program hours.			
By signing this form, I agree to participate as a provider of child care services approved by the Iowa Department of Health and Human Services (hereafter "Iowa HHS") and/or the Promise Jobs program and assure Iowa HHS that I will comply with the provisions of this Agreement.			
Submit pages 1 and 2 and keep pages 3 through 6 for your records.			
Name of the Child Care Provider (please print) <input type="text"/>			
Signature of Child Care Provider <input type="text"/> Date <input type="text"/>			

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Provider Agreement Rules

Client Fees

- ▶ Provider collects all fees assessed to the client, as determined by Iowa HHS
- ▶ Iowa HHS can't collect these fees
- ▶ You may bill a child care assistance participant the difference between the CCA program payment and the provider's private pay rate
 - Must be agreed to by the parent and the provider in writing prior to care being provided

Billing & Payment

- ▶ Complete and submit the Child Care Assistance Billing/Attendance form to HHS for the **actual hours** of child care services provided
 - Form must be signed by the provider and the parent
 - Keep a copy of the signed form for five years
- ▶ Option to submit attendance online through the KinderTrack web portal
 - Print the Child Care Assistance Billing/Attendance Provider Record form for parents and provider to sign and keep for record

Payment for Child Absences

May bill for up to four days of absences per month

- Must match the units approved for that day
- Only applies when a child is scheduled to attend but is absent from care

May not bill for absences if private pay families are not also required to pay for absences

Holidays may be paid as an absent day if the child care facility is closed for business

- The child is normally scheduled to be in attendance on that day
- AND these days are charged to private pay families
- Holidays are included in the four days maximum per month

May not bill for days of absences when you are not available to provide care

- Vacation, sick, or other closure reason other than a holiday

Special Needs Rates

Parents must provide Iowa HHS with written documentation that their children meet the definition of “special needs”

Providers must provide Iowa HHS with documentation that they are meeting the child’s special needs

- Required to receive “special needs” reimbursement rates
- Examples: adaptive equipment, more careful supervision, special staff training

Providers and families must contact the eligibility unit to request the special needs forms

- Providers & families can email the eligibility unit at ccaapps@hhs.iowa.gov or call 866-448-4605, option 3
- For billing questions email crsacca@hhs.iowa.gov



Questions

Registration & Payment Unit
crsacca@hhs.iowa.gov
866-448-4605



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Human Services