

Child Care Assistance (CCA) Billing

August 2025



Health and
Human Services



Paper Billing

Attendance Sheets

- ▶ Paper option for billing
- ▶ Prints every four weeks on Thursday and mails on Monday
- ▶ Includes the next two billing periods
- ▶ Attendance sheets must be mailed in, not emailed or faxed
- ▶ Do not change pre-printed information
- ▶ Can cause more delays than online billing



Attendance Sheet Tips

Use blue or black ink to mark the boxes with an “X”

If a child is not scheduled, leave that date blank

A child is not absent unless they are scheduled to be there and don’t show up

You cannot submit attendance for future dates

Attendance sheets must be signed by you and the parent

You must keep a copy of the signed sheet for your records.

Email crsacca@hhs.iowa.gov for replacement sheets

Mail attendance sheets to:

*CCA Payment Processing
2309 Euclid Ave
Des Moines, IA 50310*

Overnight Attendance

- ▶ Overnight care requires time to be entered on two dates
- ▶ On the date the child arrives, enter the time they arrived as time in and 12:00 AM as time out
- ▶ On the date the child leaves your care, enter 12:00AM as time in and the time they leave as time out

Robert's mom works 2nd shift at the 911 call center. She drops Robert off with you four days a week at 4:30 pm and picks him up at 1 am.

		Iowa Department of Human Services Child Care Assistance Billing/Attendance																																				
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	Out												X				X		Out																			
Tue., Mar 4	In												X				X		In				X									X			X			
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Wed., Mar 5	In												X				X		In				X									X			X			
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Thu., Mar 6	In												X				X		In				X									X			X			
	Out	X															X		Out												X				X			
Fri., Mar 7	In												X				X		In																			
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Before & After Care

- ▶ Before & after school care attendance
- ▶ If the child was not scheduled to be in care, do not mark absent

Emily's dad dropped her off at 6:15 am on his way to work. You put her on the bus to school at 7:30 am. She returned to you on the bus after school at 3:00 pm. Her mom picked her up after work at 5:30 pm.

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Portal Billing

Provider Portal Billing

ccmis.dhs.state.ia.us/providerportal

Online billing option

If attendance dates appear in red text, the child is no longer CCA eligible

Only submit attendance for the children and hours/units specified in your certificate of enrollment

Bill care provided outside the authorized time directly to the family

Click the “?” button on the attendance page in the provider portal for complete instructions

Your Portal ID will always end in @iowaid

Provider Portal Billing Tips

“Mark as Complete” when you’ve entered all the time for a child for the entire two-week billing period

Once attendance has been submitted for a child, it is locked and cannot be changed

Timesheets must be printed, signed by you and the parent, and kept for your records

Track payments on the CCA Payments screen

- Go to Provider Home page & click on CCA Payment

If a child is missing from your portal, reach out to the registration & payment unit

Back up providers cannot bill for absent days

Client Fees

What are fees that HHS is referencing on the provider agreement?

- ▶ Providers are responsible to collect all fees
- ▶ HHS can't collect these fees
- ▶ These fees are the CCA family's copay

Can you charge a CCA family extra fees?

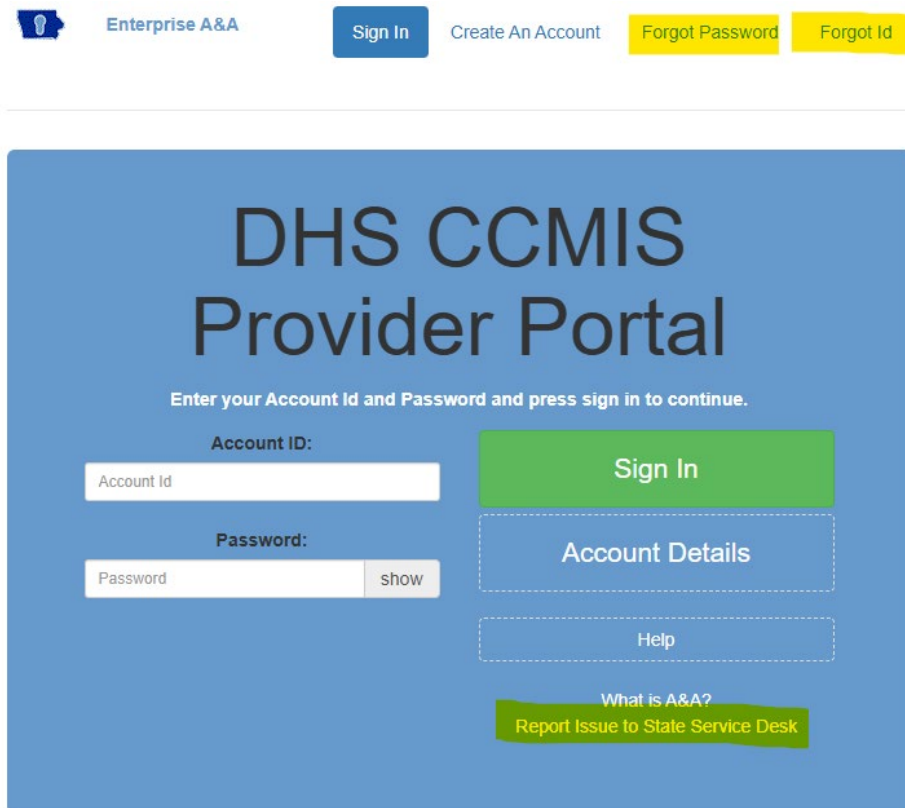
- ▶ Providers can bill a CCA family the difference between private pay rate and the HHS reimbursement rate
- ▶ Outline in your contract with the family before providing care
- ▶ Keep a record if you do charge the difference, or have other fees

Technical Support

Reset password on login screen

Click “Report issue to State Service Desk” if locked out of your account

Additional information by clicking the “Help” button



The screenshot shows the DHS CCMIS Provider Portal login interface. At the top, there is a navigation bar with a lightbulb icon, the text "Enterprise A&A", and four buttons: "Sign In" (blue), "Create An Account" (blue), "Forgot Password" (yellow), and "Forgot Id" (yellow). The main content area has a blue background with the title "DHS CCMIS Provider Portal" in large white text. Below the title, a instruction reads "Enter your Account Id and Password and press sign in to continue." There are two input fields: "Account ID:" with a white input box labeled "Account Id", and "Password:" with a white input box labeled "Password" and a "show" button. To the right of the input fields are three buttons: "Sign In" (solid green), "Account Details" (dashed border), and "Help" (dashed border). At the bottom right, there is a yellow button labeled "Report Issue to State Service Desk" with the text "What is A&A?" above it.

Direct Deposit

Complete the form to get paid by direct deposit instead of paper checks

Reach out to a registration or payment worker

Complete the form if you change bank information or business name information

Direct Deposit Authorization Form



SECTION 1 – TRANSACTION TYPE

ARE YOU ADDING, CHANGING OR CANCELING THIS AGREEMENT? ☐ ADD ☐ CHANGE ☐ CANCEL

- 1) The agreement represented by this authorization remains in effect until canceled by the payee and until such time, payments made by the State of Iowa to you will be deposited into the account at the financial institution designated below.
- 2) You are required to submit a new form for any change in banking designation or to cancel this authorization and revert to a state warrant.
- 3) It is your responsibility to notify the State of Iowa any time an account is closed.
- 4) An add or change in EFT status will be effective ten business days after entry into the State's accounting system.
- 5) A cancellation will become effective immediately after entry into the State's accounting system.

SECTION 2 – BUSINESS / INDIVIDUAL IDENTIFICATION INFORMATION

BUSINESS / INDIVIDUAL LEGAL NAME _____ <small>Name Tax ID is Assigned To and Used for Tax Reporting</small>	
BUSINESS NAME _____ <small>DBA (Doing Business As) if Different than Legal Name</small>	
SSN _____ <small>Social Security Number</small>	OR FEIN _____ <small>Federal Employee ID Number</small>
MAILING ADDRESS _____ <small>Address to be used in case of Default to Check</small>	
CITY _____	STATE _____ ZIP _____ <small>Zip+4</small>

SECTION 3 – BANKING INFORMATION

Section 3 <u>requires</u> one of three items: 1) A voided check or copy of enrollment confirmation if a pre-paid card, or 2) The financial institution must complete the representative box within Section 3, or 3) The financial institution must supply a bank account verification letter.	
FINANCIAL INSTITUTION NAME _____	
FINANCIAL INSTITUTION ADDRESS _____	
CITY _____ STATE _____ ZIP _____ <small>Zip+4</small>	
NAME ON ACCOUNT _____	
ROUTING TRANSIT NUMBER _____	
CUSTOMER ACCOUNT NUMBER _____	
REQUIRED IF REQUESTING A CHANGE: OLD Routing Number: _____ OLD Account Number _____	
I have verified the signature(s) and account numbers above. The Financial Institution is ACH capable and will comply with NACHA rules.	
REPRESENTATIVE NAME _____	REPRESENTATIVE TITLE _____
SIGNATURE _____	
DATE _____	PHONE NUMBER _____

SECTION 4 – REQUIRED VENDOR AUTHORIZATION FOR ADD, CHANGE OR CANCELATION

I hereby authorize the Department of Administrative Services to deposit payments from the State of Iowa to the account designated on this form and to initiate any adjustments or debit entries to this account for any erroneous deposits in the amount of the error only. I also understand that the State of Iowa can only deposit funds into one financial institution and account.
I certify that I am authorized to enter into this agreement as the account holder or on behalf of the account holder.

AUTHORIZED NAME _____	TITLE _____	DATE _____
SIGNATURE _____		

Mail or Fax Completed Form to: Dept. Admin Services-State Accounting Enterprise

Fax Number
(515) 281-5255

Attn: EFT Administrator
Hoover State Office Building, 3rd FL
Des Moines, Iowa 50319

Phone Number
(515) 490-9341

Updated 5/2024

Contact Information

Family Eligibility Unit

ccaapps@hhs.iowa.gov

866-448-4605 Option 3

Eligibility does not have a voicemail option and only has a queue

Reach out to eligibility to obtain your certificate of enrollment for a child

Registration & Payment Unit

crsacca@hhs.iowa.gov

866-448-4605 Option 4

Registration unit does have a voicemail, and all voicemails get returned within 24 hours



Questions

Registration & Payment Unit

866-448-4605

crsacca@hhs.iowa.gov



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