

FUNCTION KEYS

The function keys information is located across the lower screen portion of the Turnaround listing. They correspond to the F keys (F1, F2, F3, etc.) located across the top of your keyboard.

```

                2 0507 009 811 T03 25 23 556.00 157.00 482.00
                STARS 4 SMART START BONUS % 556.00
PROVIDER: 602407 FACILITY: F6010796 A CHILD'S CHOICE LEA PURCHASER: 60
NEW FACILITY:
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/O Pmt T=Term Facility
F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd
GHB049- MORE IN LIST - F7, F8, or F3.

```

Function Keys

F1 = Help

This function provides information regarding the particular screen you are viewing that may be helpful. Figure F1 – 1 shows the help screen generated from the Payment Processing screen and Figure F1 – 2 shows it from the Turnaround listing screen.

```

_GHB70011          SUBSIDIZED CHILD CARE REIMBURSEMENT
                   PAYMENT PROCESSING MENU
                   HELP
Select the following options to do the corresponding function as follows:
OPTION 1 - TURNAROUND
           For existing facility only - to ADD and/or UPDATE current/prior
           month payment.
OPTION 2 - ADD PAYMENT FOR NEW CHILD
           For new and existing facility - to ADD for current/prior month
           payment.
OPTION 3 - PRIOR MONTH CORRECTION
           Correction to prior payment.
OPTION 4 - LIST OF FACILITIES REQUIRING ATTENTION
           A list of facilities with payments exceeding the market rate -
           this option will only be displayed if there is a facility
           needing attention, otherwise this will not appear on the screen.
OPTION 5 - SMART START PERCENTAGE INCREMENT - CENTERS
           For adding Smart Start Percentage for qualifying invoices.
OPTION 6 - SMART START PERCENTAGE INCREMENT - HOMES
           For adding Smart Start Percentage for qualifying invoices.

F KEYS: 3=Exit

```

Figure F1 - 1: Help screen - Payment Processing Menu

2. Tab to the **DCS ID** field, enter the eleven-digit ID and press **<ENTER>**. If the child **is not** in the system, a message will appear at the bottom of the screen prompting you to key in the required information. (Figure F2 – 2).



If the payment information is for a previous service month, change the entry in the Service Month field accordingly.

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          CHILD DEMOGRAPHIC DETAIL                    17:20:33
LAST NAME                               FIRST NAME           MI   VIEW FAMILY DATA
DCS ID   20070607111          EIS ID               EIS CASE
DOB                               SSN                 RACE   GENDER
                               ELIGIBILITY BEGIN   END
FAMILY CASE NO. RESPONSIBLE ADULTS   MONTHLY INCOME
COUNTY  60 MECKLENBURG   INCOME UNIT SIZE   LIVES WITH RELATIVE(Y/N)
-----
CHILD PAYMENT DETAIL
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY          PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE          MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE          FEE BEGINS          SERVICE AMOUNT
SERVICE DAYS 23          PARTIAL          PARENT FEE AMOUNT
                               PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N   STARS Y          SS QUALITY BONUS (Y/N) Y
SPECIAL FEES          FUND SOURCE
RATE GROUP          CLIENT STATUS
CATEGORY CD          MORE @ FOUR (Y/N)
NEED CODE          W/E RATE (Y/N) N CORR CD
NEW CLIENT CD          ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB184- DCS ID does not exist, continue adding new child invoice detail.
    
```

Figure F2 - 2: Keyed DCS ID not found, continue to key required data

3. Enter all required demographic and payment information. Type "Y" in the **VIEW FAMILY DATA** field.
4. Press **<ENTER>** and a blank Family Information screen will appear (Figure F2 – 3).

```

GHB7305M          SUBSIDIZED CHILD CARE REIMBURSEMENT          070607
99901037          CHILD DEMOGRAPHIC DETAIL                    17:21:44
LAST NAME JONES          FIRST NAME CARLA     MI H VIEW FAMILY DATA Y
DCS ID   20070607111          EIS ID               EIS CASE
DOB   2003-05-25          SSN                 RACE   GENDER
                               ELIGIBILITY BEGIN 2007-05-01   END 2008-05-01
FAMILY CASE 454545   NO. RESPONSIBLE ADULTS 1   MONTHLY INCOME 2180
COUNTY  60 MECKLENBUR   INCOME UNIT SIZE 3
-----
FAMILY INFORMATION
FAMILY CASE NO. 454545
FAMILY CASE NAME
CASE ADDRESS
CITY/STATE/ZIP          NC - 0000
TELEPHONE NUMBER ( ) -
WORKER
CHILDREN:

NOTES: PURCHASER PLEASE COMPLETE THIS RECORD
RECORD INCOMPLETE

End _ Update
    
```

Figure F2 - 3: Blank family information screen

Family Case Information

Family Case Information is required when entering a new child or when updating/adding an entry where no family case information exists. The system will display an edit message only when keying in the current Turnaround.

The system will display an edit message:

- When adding new entries.
- When entries are being updated and family case information does not exist.
- When additional entries have no existing family case information.

The system will not display an edit message:

- When an entry with existing family case information is being updated.
 - When entries are being added which have family case information already entered in an existing entry.
 - When performing a prior month correction.
5. Type in the following required information: contact name, address, city, state, zip code and case worker information. A telephone number is optional. The names of children cannot be entered.
 6. Press **<ENTER>**. If the information is not complete, the system generates the following error message: "PURCHASER PLEASE COMPLETE THIS RECORD. RECORD INCOMPLETE."
 7. Once the information is complete, the following message appears: "GHB554 – Enter 'Y' to UPDATE. ENTER 'Y' in END or F3 to exit" (Figure F2 – 4).
 8. Tab to the **UPDATE** field and enter "Y". Press **<ENTER>**.

GHB7305M	SUBSIDIZED CHILD CARE REIMBURSEMENT	070607
99901037	CHILD DEMOGRAPHIC DETAIL	17:22:30
LAST NAME JONES	FIRST NAME CARLA	MI H VIEW FAMILY DATA Y
DCS ID 20070607111	EIS ID	EIS CASE
DOB 2003-05-25	SSN	RACE GENDER
	ELIGIBILITY BEGIN 2007-05-01	END 2008-05-01
FAMILY CASE 454545	NO. RESPONSIBLE ADULTS 1	MONTHLY INCOME 2180
COUNTY 60 MECKLENBUR	INCOME UNIT SIZE 3	

FAMILY INFORMATION	
FAMILY CASE NO.	454545
FAMILY CASE NAME	MARTIN
CASE ADDRESS	123 K STREET
CITY/STATE/ZIP	RALEIGH NC 27569 - 0000
TELEPHONE NUMBER (919)	555 - 1212
WORKER	BENJA
CHILDREN:	

The following information is required:

Family Case Name
 Case Address - city, state, zip code
 Worker - Case Worker information

Note that the telephone number is optional and the names of children cannot be entered.

The WORKER field holds up to six characters.

NOTES: PURCHASER PLEASE COMPLETE THIS RECORD
 RECORD INCOMPLETE
 GHB554- Enter Y to UPDATE. ENTER Y in END or F3 to exit.
 End Update Y

Figure F2 - 4: Family information complete, enter "Y" to update

9. The system returns you to the Child Demographic Detail record screen with a message that the family record update was successful (Figure F2 – 5).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          CHILD DEMOGRAPHIC DETAIL                    17:22:34
LAST NAME JONES      FIRST NAME CARLA      MI H VIEW FAMILY DATA
DCS ID 20070607111  EIS ID              EIS CASE
DOB 2003-05-25      SSN                 RACE GENDER
                                ELIGIBILITY BEGIN 2007-05-01  END 2008-05-01
FAMILY CASE 454545  NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 2180
COUNTY 60 MECKLENBURG  INCOME UNIT SIZE 3  LIVES WITH RELATIVE(Y/N)
-----
CHILD PAYMENT DETAIL
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY  PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE 350.00  MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE 75.00 FEE BEGINS  SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL  PARENT FEE AMOUNT
                                PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N  STARS Y  SS QUALITY BONUS (Y/N) Y
SPECIAL FEES  FUND SOURCE 25
RATE GROUP R14  CLIENT STATUS 0
CATEGORY CD 009  MORE @ FOUR (Y/N) N
NEED CODE 813  W/E RATE (Y/N) N CORR CD
NEW CLIENT CD  ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB452- Family record successfully updated.
    
```

Figure F2 - 5: Family record successfully updated

10. Press <ENTER>. If the data in the record screen satisfies all system edits, the F10 message to confirm the update will appear. Press <F10> to successfully add the record (Figure F2 – 6).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          CHILD DEMOGRAPHIC DETAIL                    17:22:55
LAST NAME JONES      FIRST NAME CARLA      MI H VIEW FAMILY DATA
DCS ID 20070607111  EIS ID              EIS CASE
DOB 2003-05-25      SSN                 RACE GENDER
                                ELIGIBILITY BEGIN 2007-05-01  END 2008-05-01
FAMILY CASE 454545  NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 2180
COUNTY 60 MECKLENBURG  INCOME UNIT SIZE 3  LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY  PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE 300.00  MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE 75.00 FEE BEGINS  SERVICE AMOUNT 300.00
SERVICE DAYS 23 PARTIAL  PARENT FEE AMOUNT 75.00
                                PAYMENT AMOUNT 225.00
$1.00 FOOD SUPPLEMENT (Y/N) N  STARS Y  SS QUALITY BONUS (Y/N) Y
SPECIAL FEES  FUND SOURCE 25 SCC
RATE GROUP R13 FIRST SHIFT 3 YRS  CLIENT STATUS 0 NEW ENROLLMENT CHILD
CATEGORY CD 009 WITH REGARD TO INCOME  MORE @ FOUR (Y/N) N
NEED CODE 813 EMPLOYED  W/E RATE (Y/N) N CORR CD
NEW CLIENT CD  ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB180- Press F10 to confirm update or addition, F3 to cancel.
    
```

Figure F2 - 6: Child Demographic record successfully keyed, press F10 to update/add

11. If the data does not satisfy all of the system edits, the cursor will move to the incorrect entry and a corresponding error message will appear at the bottom of the screen. Correct the error and press <ENTER> to continue through any subsequent error messages.
12. Once all errors are corrected, the F10 message to confirm the update will appear. Press <F10> to accept all corrections for a successful update.
13. If the child is already in the system, the corresponding child demographic detail data will appear (Figure F2 – 7). Enter all required payment information and press <ENTER>.
14. Follow steps 10 through 12.

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/08/07
99901037          CHILD DEMOGRAPHIC DETAIL                    10:35:04
LAST NAME ROBERTSON  FIRST NAME E:  MI  VIEW FAMILY DATA
DCS ID 3111111111111111  EIS ID  EIS CASE
DOB 311111-11-11  SSN  RACE B GENDER M
ELIGIBILITY BEGIN 2005-02-18  END 2007-12-21
FAMILY CASE 1111111111111111  NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 1593
COUNTY 60 MECKLENBURG  INCOME UNIT SIZE 2  LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY  PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE  MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE  FEE BEGINS  SERVICE AMOUNT
SERVICE DAYS 23  PARTIAL  PARENT FEE AMOUNT
PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N  STARS Y  SS QUALITY BONUS (Y/N) Y
SPECIAL FEES  FUND SOURCE
RATE GROUP  CLIENT STATUS
CATEGORY CD  MORE @ FOUR (Y/N) N
NEED CODE  W/E RATE (Y/N) N CORR CD
NEW CLIENT CD  ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB148- child has been found using DCS ID.
    
```

Figure F2 - 7: Child found with keyed DCS ID

15. If the child is already in the system but there is no family information, a message requesting the information will appear (Figure F2 – 8). Enter a "Y" in the **VIEW FAMILY DATA** Field and press <ENTER> to go to a blank family information screen.
16. Follow steps 5 through 12.

```

RATE GROUP R14  CLIENT STATUS
CATEGORY CD 009  MORE @ FOUR (Y/N)
NEED CODE 813  W/E RATE (Y/N) N CORR CD
NEW CLIENT CD  ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB906 - Add Family Data to continue addition or update, PF3 to cancel.
    
```

Figure F2 - 8: Child found with keyed DCS ID, no family information

Using pop-up menus

Pop-up menus help if you are unsure of the code to enter in a field. Pop-ups are only available for the following fields: Special Fees, Fund Source, Rate Group, Client Status, Category CD, Need CD, New Client CD and Enhancement CD.

1. Type "?" in the field in question (Figure Pop-up – 1).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          08/22/07
99901037          CHILD DEMOGRAPHIC DETAIL                    13:37:40
LAST NAME FALLS   FIRST NAME JOAN          MI E VIEW FAMILY DATA
DCS ID 2222778889 EIS ID          EIS CASE
DOB 2003-07-06   SSN          RACE W GENDER F
          ELIGIBILITY BEGIN 2007-08-01 END 2008-07-31
FAMILY CASE 222333 NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2180
COUNTY 60 MECKLENBURG INCOME UNIT SIZE 3 LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE 250.00 MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL PARENT FEE AMOUNT
          PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25
RATE GROUP R14 CLIENT STATUS 2
CATEGORY CD ? MORE @ FOUR (Y/N)
NEED CODE 813 WEEKEND RATE (Y/N) N
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB184- DCS ID does not exist, continue adding new child invoice detail.
    
```

Figure Pop-up - 1: Enter "?" to view valid values for Category Code field

2. Press <ENTER>. A pop-up screen which contains the valid codes for that field is displayed.
3. To select a code from the pop-up help screen, tab to the correct code and type "S" beside it (Figure Pop-up – 2).

```

GHB7301M TRAINING SUBSIDIZED CHILD CARE REIMBURSEMENT          08/22/07
99901037          CHILD DEMOGRAPHIC DETAIL                    13:37:40
LAST NAME FALLS   FIRST NAME JOAN          MI E VIEW FAMILY DATA
DCS ID 22227778  FIRST NAME JOAN          MI E VIEW FAMILY DATA
DOB 2003-07-    SSN          RACE W GENDER F
          ELIGIBILITY BEGIN 2007-08-01 END 2008-07-31
FAMILY CASE 222333 NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2180
COUNTY 60 MECKL  INCOME UNIT SIZE 3 LIVES WITH RELATIVE(Y/N) Y
-----
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE 250.00 MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL PARENT FEE AMOUNT
          PAYMENT AMOUNT
$1.00 FOOD SUPPLEME SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25
RATE GROUP R14 CLIENT STATUS 2
CATEGORY CD ? MORE @ FOUR (Y/N)
NEED CODE 813 WEEKEND RATE (Y/N) N
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB184- DCS ID does not exist, continue adding new child invoice detail.
    
```

```

GHB7302M Category Codes
005 WORK FIRST FAMILY ASSIST W/OUT
006 WORK FIRST FAMILY ASSIST WITH
S 009 WITH REGARD TO INCOME
- 019 WITHOUT REGARD TO INCOME
020 FOSTER CARE RECIPIENT
054 TEEN PARENT
055 TEEN PARENT - WORK FIRST FAMIL
070 ACTIVE MILITARY FAMILY - EMPLO
071 ACTIVE MILITARY FAMILY

End
F7=up F8=down
    
```

Figure Pop-up - 2: Valid values for Category Code field displayed

4. Press **<ENTER>**. The code selected will be entered in the field for you (Figure Pop-up – 3).

```

GHB7301M TRAINING SUBSIDIZED CHILD CARE REIMBURSEMENT 08/22/07
99901037 CHILD DEMOGRAPHIC DETAIL 13:39:43
LAST NAME FALLS FIRST NAME JOAN MI E VIEW FAMILY DATA _
DCS ID 22227778889 EIS ID EIS CASE
DOB 2003-07-06 SSN RACE W GENDER F
ELIGIBILITY BEGIN 2007-08-01 END 2008-07-31
FAMILY CASE 222333 NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 2180
COUNTY 60 MECKLENBURG INCOME UNIT SIZE 3 LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY F6010796 A CHILD'S CHOICE LEARNING CENTER II
SERVICE MONTH 2007 05 MAY PROVIDER 602407 A CHILD'S CHOICE DAY
MONTHLY PAYMENT RATE 250.00 MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25
RATE GROUP R14 CLIENT STATUS 2
CATEGORY CD 009 WITH REGARD TO INCOME MORE @ FOUR (Y/N)
NEED CODE 813 WEEKEND RATE (Y/N) N
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB906 - Add Family Data to continue addition or update, PF3 to cancel.
    
```

Figure Pop-up - 3: Selected code entered in the Category Code field

F3 = Exit

This key returns you to the previous screen.

F4 = Main Menu

This key returns you to the main menu.

F5 = Facility List

This function key displays an alphabetical list of facilities. This listing is for VIEW ONLY. It does not accept additions or updates (Figure F5).

SEL	FACILITY NAME	- ID -	PROVIDER NAME	- ID -	FAC. TOTAL
GHB7401M SUBSIDIZED CHILD CARE REIMBURSEMENT 06/07/07					
99901037 LIST OF FACILITIES FOR PURCHASER 060 17:24:26					
=< Search for					
-	A CHILD'S CHOICE LEARNING	F6071104	A CHILD'S CHOICE DAY	602824	1700.00
	A CHILD'S CHOICE LEARNING	F6010796	A CHILD'S CHOICE DAY	602407	11660.75
	A CHILD'S HOPE	F6010529	A CHILD'S HOPE FAMIL	602217	1774.00
	A HOME AWAY FROM HOME	F6070625	NATOSHA E WATSON	602516	876.35
	A LOT OF HUGS AND LOVE FAM	F6071146	MELRENA D MCINNIS	602829	1916.00
	A MOTHER'S LOVE FCCH	F6071158	PERTINA A POTTS	602603	5263.05
	A MOTHER'S TOUCH IN HOME D	F6070992	SAKIA SELLARS	602756	963.00
	A NEW GENERATION FAMILY DA	F6071113	DENISE JOHNSON	602327	1306.00
	A NURTURING BEGINNING CHIL	F6071212	TONI BULLARD	602532	3879.45
	A PLACE LIKE HOME	F6010415	VIVIAN T. CARELOCK	601988	988.00
	A TOUCH OF LOVE DAY CARE H	F6070118	GWENDOLYN WILLIAMS	601329	390.00
	A WONDERFUL WORLD OF LEARN	F6071055	TAKESHA R. HALL	602798	423.50
	A+ CHILDCARE & LEARNING CE	F9010022	MICHELLE A. CHAMBERS	901073	441.40
	ABC'S AND 123'S LEARNING A	F6071183	THERESA T BUTLER	602866	1124.00
	ACHIEVERS AND BELIEVERS FA	F6010390	ANTOINETTE E. DUNLAP	601969	1112.00
	Purchaser 060		Total		3813595.00
F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down					

Figure F5: List of facilities - VIEW ONLY

F6 = Totals

This function key displays a provider's parent fees and payment amounts according to facility, fund source, and category (Figure F6).

GHB6001M	SUBSIDIZED CHILD CARE REIMBURSEMENT			06/07/07
99901037	FACILITY TOTAL			17:24:58
PROVIDER 602407	PURCHASER 060	MECKLENBURG COUNTY		
A CHILD'S CHOICE DAY CARE	FUND SOURCE CATEGORY	PARENT FEE	PAYMENT AMOUNT	

FACILITY ID F6010796	15	009	595.80	3645.75
		054		1318.00
FACILITY NAME				
A CHILD'S CHOICE LEARNING CENTER II				
FACILITY ADDRESS				
322 S GARDNER AVE				
CHARLOTTE , NC 28208 -				
			=====	=====
FUND SOURCE TOTAL			595.80	4963.75
FACILITY TOTAL			1155.80	11660.75
F KEYS: 1=Help 3=Exit 4=Main Menu 6=Enhancement Code 7=Up 8=Down				
GHB091- End of list. F8 to go down one Fund Source.				

Figure F6: Facility totals

F7 = Up

Using this key moves up (backward) a screen.

F8 = Down

Using this key moves down (forward) a screen.

F9 = Global Payment Change

This function allows you to move the payment records for all children from one Facility ID to another Facility ID.

CAUTION

Verify the effective date of the Approval Notice before doing a Global Payment Change.

A Global Payment Change is made in the following cases:

- All the children are being moved from one facility to another.
- A nonlicensed home Facility ID number changes from one number to another.
- A provider has two facilities, closes one of the facilities and moves the children to the remaining facility.
- An Approval Notice which assigns a new Facility ID number to an existing facility is issued and the child care payments must be moved to the new ID number.



In the above case, failure to change the ID number will result in a double listing of the facility on the Child Reimbursement Summary and Provider Reimbursement Summary, each with a different provider number.

Making a global payment change

1. Tab to the **NEW FACILITY** field near the bottom of the Turnaround screen and type in the new Facility ID number (Figure F9 – 1).

GHB7101M 99901037	SUBSIDIZED CHILD CARE REIMBURSEMENT TURNAROUND	06/07/07 17:29:26
PAYMENT MONTH: MAY		
----- NAME -----	CL SVC CAT ND RTE FD SVC MONTH PARENT PAYMENT	
LAST FIRST DCS	ST MTH CD CD GRP SC DAY RATE FEE AMOUNT	
<= Search for		
- DRYER	2 0507 009 811 R11 25 23 504.00	504.00
WILSON	2 0507 009 811 T10 25 23 527.00	68.00 459.00
STARS 4 SMART START BONUS %		
PROVIDER: 602756	FACILITY: F6070992 A MOTHER'S TOUCH IN	PURCHASER: 60
NEW FACILITY: F6071113		
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/o Pmt T=Term Facility F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu 5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd GHB048- END OF LIST - F7 to go up the list or F3 to exit.		

Figure F9 - 1: Key new Facility ID and press F9

2. Press **<F9>** to update and the records will automatically move from one facility to the one typed into the field. The "GHB135 – Global change successfully completed" message will appear (Figure F9 – 2).

GHB7101M		SUBSIDIZED CHILD CARE REIMBURSEMENT										06/07/07	
99901037		TURNAROUND										17:29:40	
PAYMENT MONTH: MAY													
----	NAME	----	CL	SVC	CAT	ND	RTE	FD	SVC	MONTH	PARENT	PAYMENT	
LAST	FIRST	DCS	ST	MTH	CD	CD	GRP	SC	DAY	RATE	FEE	AMOUNT	
<= Search for													
DRYER			2	0507	009	811	R11	25	23	504.00		504.00	
GLOVER			2	0507	009	811	R11	25	23	504.00	230.00	274.00	
GLOVER			2	0507	009	812	R15	25	23	360.00		360.00	
GLOVER			2	0507	009	811	R13	25	23	480.00		480.00	
JOHNSON			2	0507	005	811	T03	25	12	347.00		192.00	
WILSON			2	0507	009	811	T10	25	23	527.00	68.00	459.00	

Children from the old facility are now under the new facility.

PROVIDER: 602327 FACILITY: F6071113 A NEW GENERATION FAM PURCHASER: 60

NEW FACILITY:

A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/O Pmt T=Term Facility
 F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
 5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd
 GHB135- Global change successfully completed.

Figure F9 - 2: Global change successful

F12 = Correction Cd (Code)

This function key displays the correction codes associated with correction records in the Turnaround listing (Figure F12).

GHB7101M		SUBSIDIZED CHILD CARE REIMBURSEMENT										06/07/07	
99901037		TURNAROUND										17:38:22	
PAYMENT MONTH: MAY													
----	NAME	----	CL	SVC	CAT	ND	RTE	FD	SVC	MONTH	PARENT	PAYMENT	
LAST	FIRST	DCS	ST	MTH	CD	CD	GRP	SC	DAY	RATE	FEE	AMOUNT	
<= Search for CORRECTIONS													
				0507	009	811	R06	25	23	417.00	96.00	321.00	
				0507	020	811	R14	20	23	639.00		639.00	
*		6 AUDIT		1006	009	811	R06	25	22	417.00		-417.00	
				1006	009	811	R06	25	22	417.00	100.00	317.00	
				0507	020	811	R11	20	23	693.00		693.00	
				0507	020	811	R11	20	23	693.00		693.00	
*		3 FRAUD PROVI		1006	009	811	R13	15	22	639.00	-206.00	-433.00	
				1006	009	811	R13	15	22	439.00	75.00	364.00	
				0507	009	811	R14	15	23	639.00	187.00	452.00	
				0507	009	811	R14	15	23	639.00	115.00	524.00	
*		4 FRAUD PAREN		1006	006	811	R06	25	22	417.00		-417.00	

PRESS ANY KEY TO END

PROVIDER: 602720 FACILITY: F6070936 ALL STAR CHILDREN'S PURCHASER: 60

NEW FACILITY:

A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/O Pmt T=Term Facility
 F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
 5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd
 GHB049- MORE IN LIST - F7, F8, or F3.

Figure F12: View correction codes associated with records in the Turnaround listing