



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Online Change of Provider Training for Parents

November 9, 2021

Division of Early Childhood Care &
Development



Purpose

Online Change of Provider

The Division of Early Childhood Care & Development is introducing the newest enhancement to the Child Care Payment Program Information System.

This fully electronic process allows for parents to request a change in provider online.

It is designed to reduce processing time and allow for parents and providers to have increased control over the process.

During this session, remember:

Current Provider = the provider serving the child at the time of the request.

New Provider = the provider that the parent wishes to use by submitting the request.

Parent Process

Overview

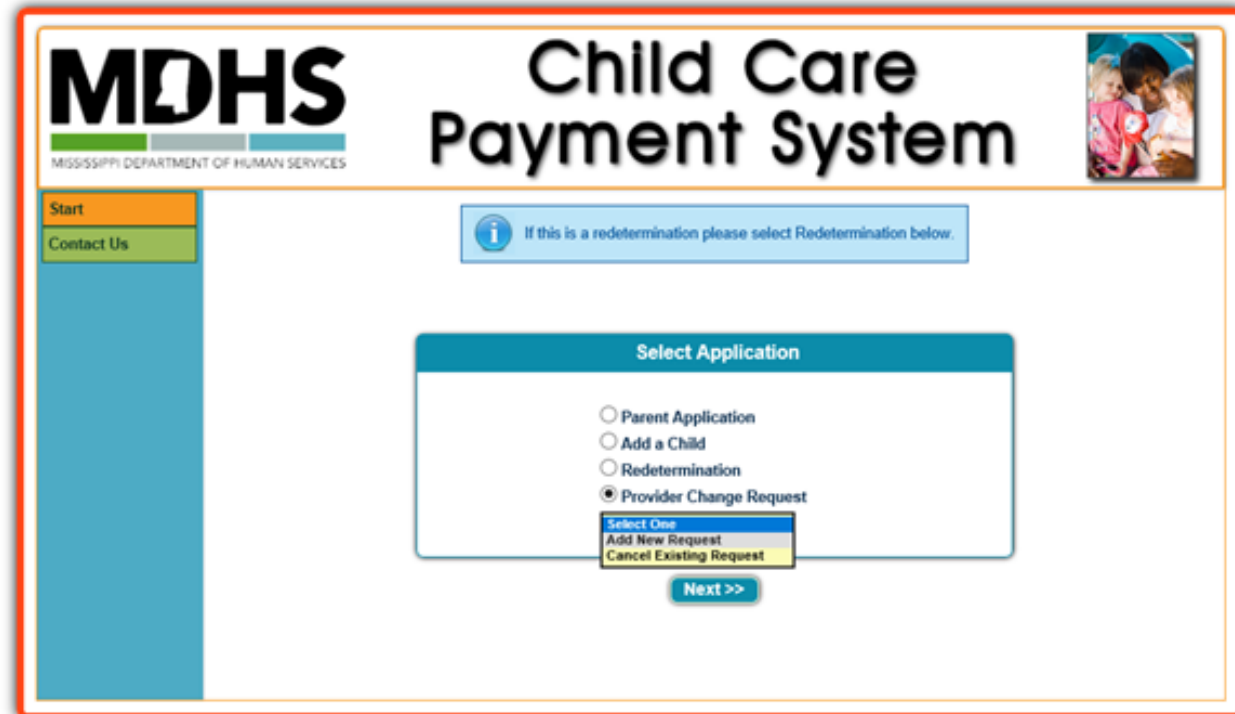
- This process begins when a parents has a need to change providers and have already located a new provider.
- Parents will login to the application portal and select the Provider Change Request Option.
- Parents will enter in the last date of attendance at their current provider. NOTE: A 2-week notice period is required by the system.
- Parents will enter in the first date of attendance at the new provider. NOTE: Parents will not be able to enter in a new start date prior to the end of the two-week notice period.
- Parents will select the new provider of their choice from the list of approved providers in the system.
- Parent reviews and submits the request.

Parent Process - Submitting the Request

- Visit the page already used to apply for the Child Care Payment Program, check the status of your application, and for completing annual client Redetermination.
- [Mississippi Department of Human Services - Child Care Payment System \(ms.gov\)](#)
- Parents should also know and comply with their current provider policies regarding how to provide notification when they intend to withdraw.

Parent Process - Submitting the Request

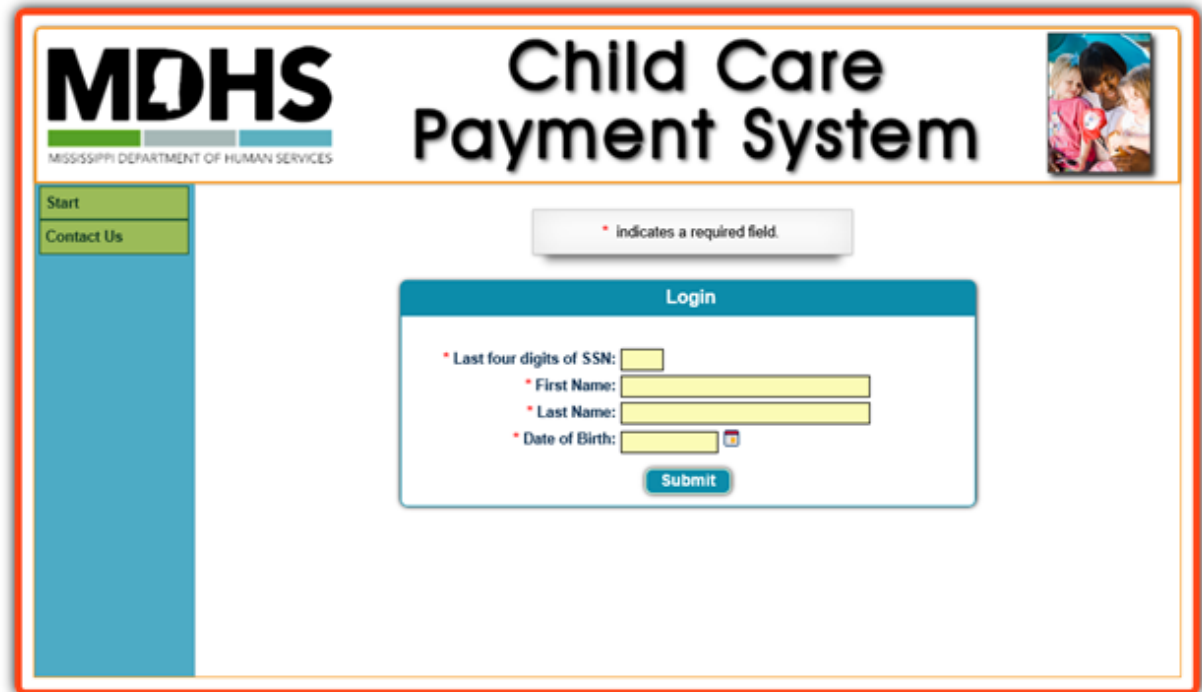
- Select the last option- Provider Change Request.
- You will have two choices at this point
 - To complete a new request
 - To cancel and existing request
- Click Next




The screenshot shows the MDHS Child Care Payment System interface. At the top left is the MDHS logo with the text "MISSISSIPPI DEPARTMENT OF HUMAN SERVICES". To the right is the title "Child Care Payment System" and a small photo of a child. Below the logo is a vertical sidebar with "Start" and "Contact Us" buttons. A blue information box states: "If this is a redetermination please select Redetermination below." The main content area features a "Select Application" box with four radio button options: "Parent Application", "Add a Child", "Redetermination", and "Provider Change Request" (which is selected). Below these options is a dropdown menu with "Select One", "Add New Request", and "Cancel Existing Request". A "Next >>" button is at the bottom of the form.

Parent Process - Submitting the Request

- Enter your login information to enter your request.



The screenshot shows the MDHS Child Care Payment System login page. The header includes the MDHS logo (Mississippi Department of Human Services) and the title "Child Care Payment System" next to a small photo of a family. A left sidebar contains "Start" and "Contact Us" links. A central "Login" box contains the following fields, each marked with a red asterisk to indicate it is required:

- * Last four digits of SSN:
- * First Name:
- * Last Name:
- * Date of Birth: 

A "Submit" button is located at the bottom of the login box. A legend above the login box states: "* indicates a required field."

Parent Process - Submitting the Request

- After login, you will be asked to review your contact information and can make any changes needed.
- Click Next

Applicant Info
Prefix:
* First Name:
Middle Name:
* Last Name:
Suffix:
* Date of Birth:
* Gender:
* Last four SSN:

Phone & Email
* Primary Phone/Type: Cell
Secondary Phone/Type: << Select One >>
* Email Address:
* Re-Enter Email:

Mailing address
* Country: UNITED STATES
* Address: ROAD
Apt/Suite/Lot:
* Zip: 39059
* City: CRYSTAL SPGS
* State: MISSISSIPPI
* County: COPIAH
☒ Check if your physical address is the same as your mailing.

Physical address
* Country: UNITED STATES
* Address: ROAD
Apt/Suite/Lot:
* Zip: 39059
* City: CRYSTAL SPGS
* State: MISSISSIPPI
* County: COPIAH
Next >>

Parent Process - Submitting the Request

- This screen will display all children with active certificates and ask you to start the change process for the child that will be moved.
- If multiple children need to change providers, you will repeat this process.
- Click the "Click here to Change Provider" link shown here.

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Child Care Payment System

Change Of Provider Details

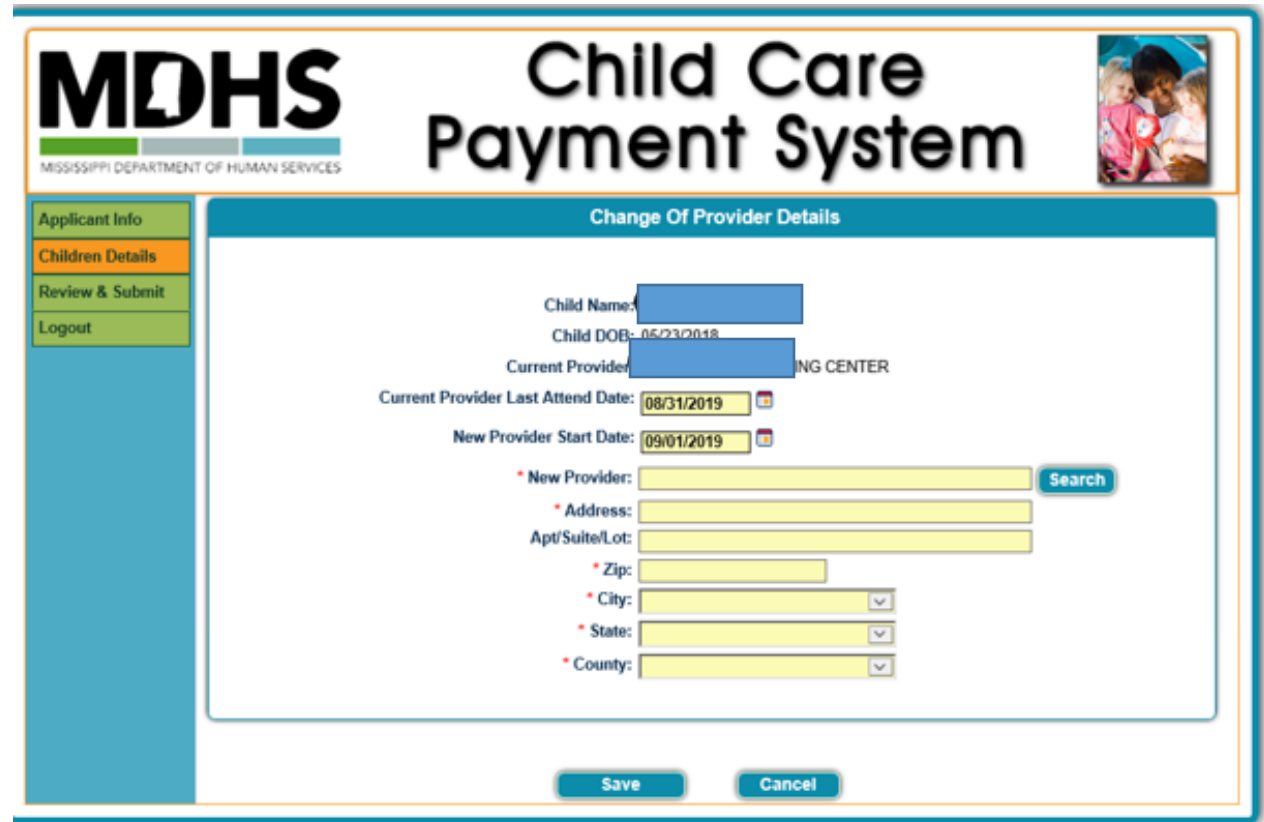
Action	Child	Current Details	Requested Details
Click here to Change Provider	Name: [Redacted] DOB: 05/23/2018	Start Date: 10/25/2018 Last Attend Date: Provider: [Redacted]	Care Days: NYYYYYN Hours: More than 6 hours each day

Click the link to place the request

Next>>

Parent Process - Submitting the Request

- This screen will collect the details of your new provider. You will need to contact the new provider before you submit this request to make sure they can enroll your child/children.
- NOTE: You are required to give the current provider a two-week notice of the change. The system will not allow you to enter a last date of attendance that is any sooner than that time.
- You will enter the new start date agreed upon by you and your new provider. This date cannot be prior to the end of the two-week notice period for the current provider.
- To locate the location details for your choice of new provider, click the "Search" button.



The screenshot displays the 'MDHS Child Care Payment System' interface. On the left is a sidebar with navigation links: 'Applicant Info', 'Children Details' (highlighted in orange), 'Review & Submit', and 'Logout'. The main content area is titled 'Change Of Provider Details' and contains the following fields:

- Child Name: [Redacted]
- Child DOB: 05/23/2018
- Current Provider: [Redacted] NG CENTER
- Current Provider Last Attend Date: 08/31/2019
- New Provider Start Date: 09/01/2019
- * New Provider: [Text Input] Search
- * Address: [Text Input]
- Apt/Suite/Lot: [Text Input]
- * Zip: [Text Input]
- * City: [Dropdown Menu]
- * State: [Dropdown Menu]
- * County: [Dropdown Menu]

At the bottom of the form are 'Save' and 'Cancel' buttons.

Parent Process - Submitting the Request

- This screen will help you find the location details for your new provider.
- This is the same process you use when you apply for the Child Care Payment Program.
- Enter in the name of your provider then click, "Search".
- A list of all providers with that name will appear. When you have located the correct provider, click the "Select" button.
- This will populate the prior screen with the location details of your new provider.

MDHS Child Care Payment System
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Change Of Provider Details

Search and select a Provider

Name: triumph State: MISSISSIPPI City: << Select One >> County: << Select One >

Search Cancel

Provider Name	Address	Apt/Suite/Lot	State	City
Select TRIUMPH VILLAGE CHRISTIAN...	5302 QUEEN MARY LN		MISSISSIPPI	JACKSON

Parent Process - Submitting the Request

- Verify the new provider information is correct.
- Click Save.

The screenshot shows the MDHS Child Care Payment System interface. On the left is a sidebar with navigation links: Applicant Info, Children Details, Review & Submit, and Logout. The main content area is titled 'Change Of Provider Details' and contains the following fields:

- Child Name: [Text Field]
- Child DOB: 05/23/2018
- Current Provider: [Text Field] ING CENTER
- Current Provider Last Attend Date: 08/31/2019
- New Provider Start Date: 09/01/2019
- * New Provider: [Text Field] ACADEMY AND PRE [Search Button]
- * Address: [Text Field]
- Apt/Suite/Lot: [Text Field]
- * Zip: 392092919
- * City: JACKSON
- * State: MISSISSIPPI
- * County: HINDS

At the bottom of the form, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is circled in red.

Parent Process - Submitting the Request

- This screen will reflect the information you have entered for this request. Verify all information is correct.
- If there is an error, you may edit through the "Click her to Change Provider" link.
- If the information is correct, click Next.

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Child Care Payment System

Change Of Provider Details

Action	Child	Current Details	Requested Details
Click here to Change Provider	Name: T [redacted] DOB: 05/23/2018	Start Date: 10/25/2018 Last Attend Date: 08/31/2019 Provider: [redacted] Care Days: NYYYYYN Hours: More than 6 hours each day	New Start Date: 09/01/2019 New Provider: [redacted] Care Days: NYYYYYN Hours: More than 6 hours each day

Next>>

Parent Process - Submitting the Request

- This screen will show one final summary of all information for your review.
- If changes are needed, use the "Edit change provider requests" link.
- You must certify that the information is correct.
- Click Submit.

Review and Submit

[Edit Applicant Info](#)

Applicant's Legal Name
Prefix: [Text Box]
FirstName: [Text Box]
MiddleName: [Text Box]
LastName: [Text Box]
Suffix: [Text Box]

Applicant's Contact Details
Primary: [Text Box]
Secondary: [Text Box]
Email: [Text Box]

Applicant's Mailing Address
Address Line 1: [Text Box]
Apt/Suite/Lot: [Text Box]
City: CRYSTAL SPGS
State: MS
Zip: 39059
County: COPIAH

Applicant's Physical Address
Address Line 1: [Text Box] DAD
Apt/Suite/Lot: [Text Box]
City: CRYSTAL SPGS
State: MS
Zip: 39059
County: COPIAH

Applicant's Biographical Info
Last4 SSN: [Text Box]
DOB: [Text Box]
Gender: FEMALE

[Edit change provider requests](#)

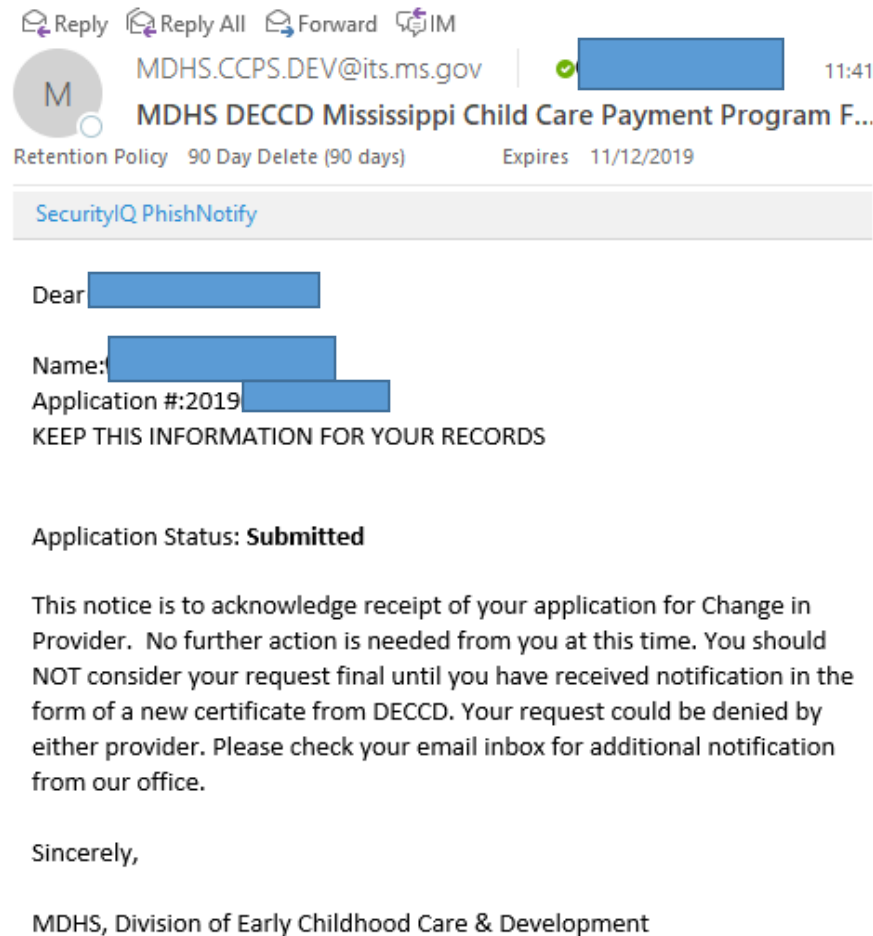
Child	Current Details	Requested Details
Name: TNYA CHRISTMAS DOB: 05/23/2018	Start Date: 10/25/2018 Last Attend Date: 08/31/2019 Provider: [Text Box] Care Days: NYYYYYN Hours: More than 6 hours each day	New Start Date: 09/01/2019 New Provider: [Text Box] Care Days: NYYYYYN Hours: More than 6 hours each day

☐ I certify that the information I have provided is true and correct and that I give my authorization to DECCD to change my child's certificate to a new provider. I certify that I have no outstanding copayments due to my current provider. I understand that copayments are separate from tuition overages. I understand that if I enroll my child with a new provider in the middle of the month, that I will be responsible for paying the copayment to both the new provider and the old provider. I understand that my current provider is entitled to a two week notice, and that my new provider will not be eligible for payment through the CCPS until the two week period has elapsed.

[Review](#) [Save Application Before Submitting](#) [Submit](#)

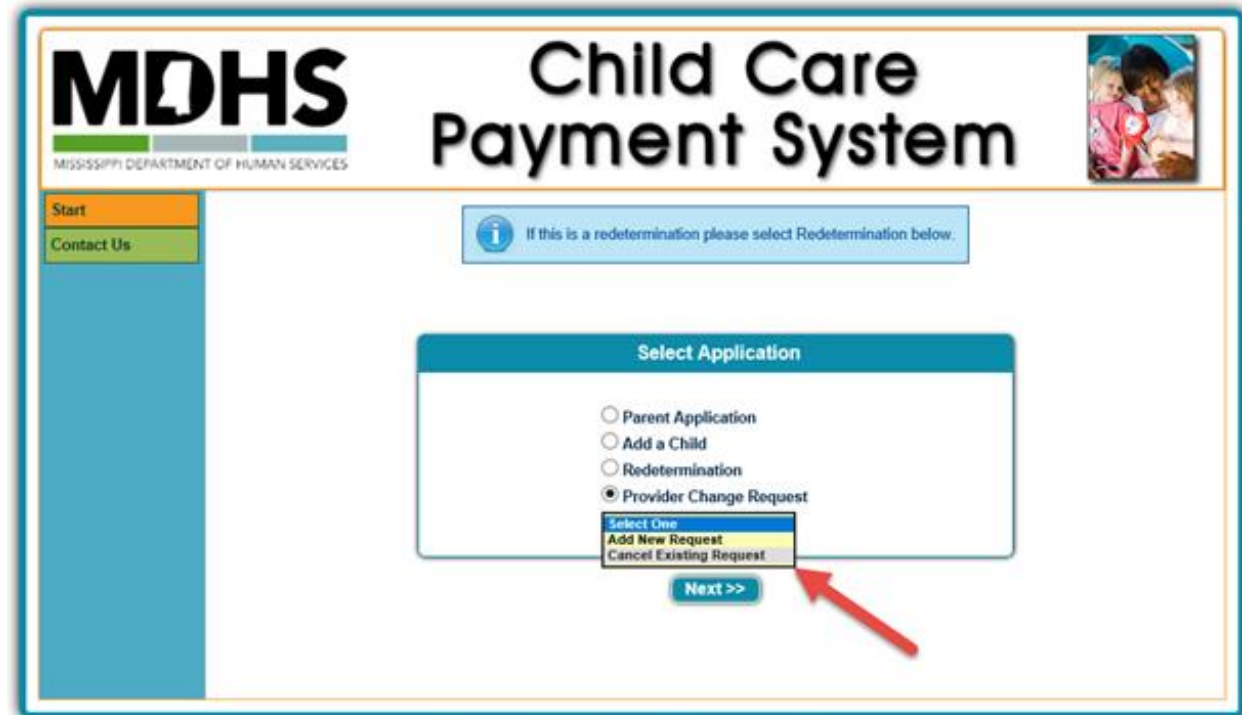
Parent Process - Submitting the Request

- You will receive this notice via email to verify that you have submitted the request.



Parent Process - Request Cancelled by Parent

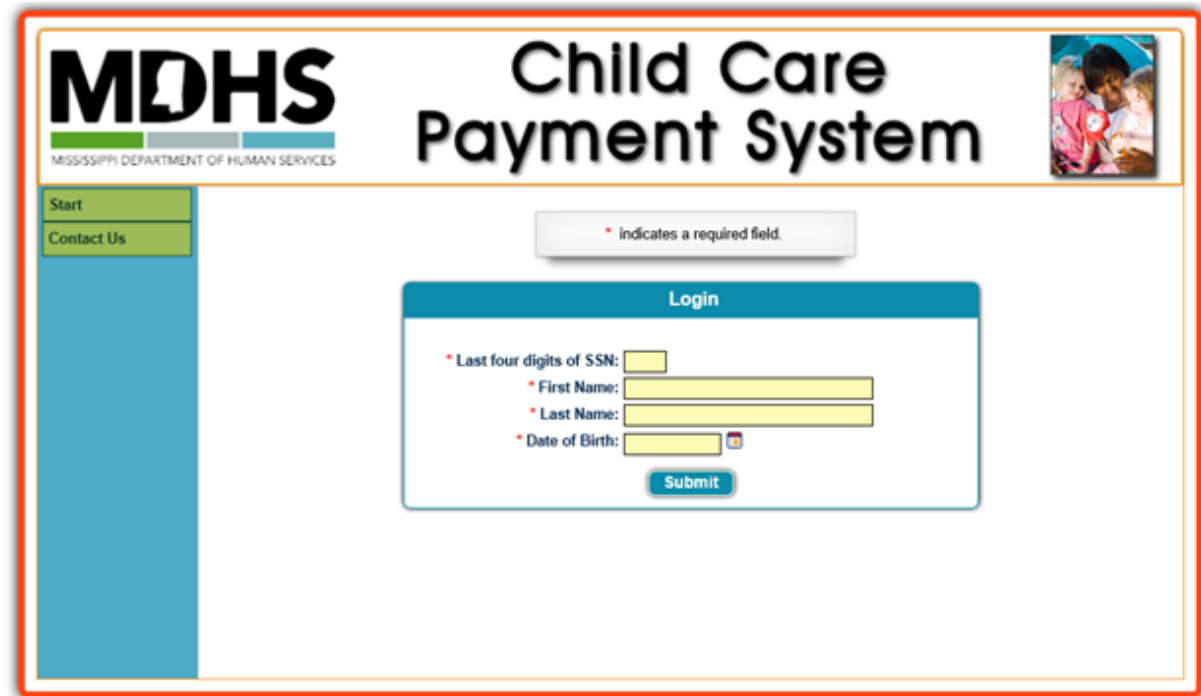
- A parent may cancel the request up to 7 days before the last date of attendance at the current provider.
- To cancel a request, return to the beginning screen to select "Cancel Existing Request".
- Click Next



The screenshot displays the MDHS Child Care Payment System interface. The header includes the MDHS logo and the title 'Child Care Payment System'. A sidebar on the left contains 'Start' and 'Contact Us' links. A blue information box states: 'If this is a redetermination please select Redetermination below.' The main content area features a 'Select Application' dropdown menu with the following options: 'Parent Application', 'Add a Child', 'Redetermination', and 'Provider Change Request'. The 'Provider Change Request' option is selected, and its dropdown menu is open, showing 'Select One', 'Add New Request', and 'Cancel Existing Request'. The 'Cancel Existing Request' option is highlighted in yellow. A red arrow points to the 'Next >>' button below the dropdown menu.

Parent Process - Request Cancelled by Parent

- Login to the system to access your open request.
- Enter the requested information.
- Click Submit.



The screenshot shows the login interface for the MDHS Child Care Payment System. The header includes the MDHS logo (Mississippi Department of Human Services) and the title 'Child Care Payment System' next to a small photo of a family. A left sidebar contains 'Start' and 'Contact Us' links. A legend indicates that an asterisk (*) denotes a required field. The login form contains four input fields: 'Last four digits of SSN', 'First Name', 'Last Name', and 'Date of Birth', each preceded by an asterisk. A 'Submit' button is located at the bottom of the form.

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**Child Care
Payment System**

Start
Contact Us

* indicates a required field.

Login

* Last four digits of SSN:

* First Name:

* Last Name:

* Date of Birth:

Submit

Parent Process - Request Cancelled by Parent

- Select the request or requests you wish to cancel.
- Click Next.



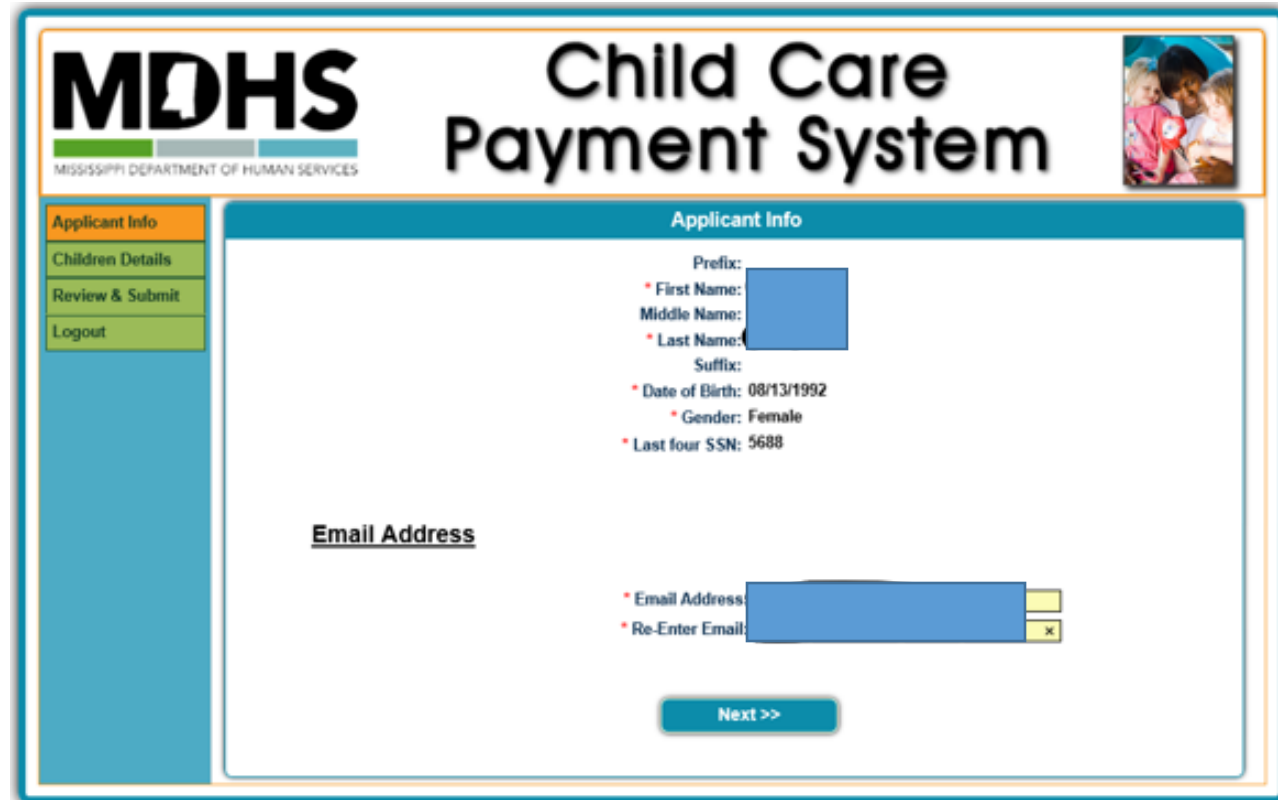
The screenshot displays the MDHS Child Care Payment System interface. On the left is a blue sidebar with 'Start' and 'Contact Us' links. The main area features a table with columns: 'Select', 'Applicant Number', 'Submitted Date', and 'Children Requested'. Two rows are visible, both with '08/14/2019' as the submitted date. The first row has applicant number 20190814016545 and a blue box for children requested. The second row has applicant number 20190814016546 and a blue box for children requested. A red arrow points to the radio button in the 'Select' column of the second row, with a callout box saying 'Select the record'. A 'Next >>' button is at the bottom right.

Select	Applicant Number	Submitted Date	Children Requested
<input type="radio"/>	20190814016545	08/14/2019	<input type="text"/>
<input type="radio"/>	20190814016546	08/14/2019	<input type="text"/>

Next >>

Parent Process - Request Cancelled by Parent

- Verify parent information is correct and update email address, if needed.
- Click Next.



The screenshot shows the MDHS Child Care Payment System web form. The header includes the MDHS logo and the text "MISSISSIPPI DEPARTMENT OF HUMAN SERVICES" on the left, and "Child Care Payment System" on the right, accompanied by a small photo of a family. A left sidebar contains navigation links: "Applicant Info" (highlighted in orange), "Children Details", "Review & Submit", and "Logout". The main content area is titled "Applicant Info" and contains the following fields:

- Prefix: [text box]
- * First Name: [text box]
- Middle Name: [text box]
- * Last Name: [text box]
- Suffix: [text box]
- * Date of Birth: 08/13/1992
- * Gender: Female
- * Last four SSN: 5688

Below these fields is the section "Email Address" with the following fields:

- * Email Address: [text box]
- * Re-Enter Email: [text box]


A "Next >>" button is located at the bottom of the form.

Parent Process - Request Cancelled by Parent

- Select the request you want to cancel.
- Click Next.

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**Child Care
Payment System**



Applicant Info

Children Details

Review & Submit

Logout

Change Of Provider Details

Action	Child	Current Details	Requested Details
<input checked="" type="checkbox"/> Select to cancel	Name <input type="text"/> DOB: 01/24/2012	Start Date: 05/01/2019 Last Attend: 09/02/2019 Date: <input type="text"/> Provider: <input type="text"/> Care Days: NYYYYYN Hours: Less than 6 Hours each day	New Start Date: 09/03/2019 New Provider: <input type="text"/> Care Days: NYYYYYN Hours: Less than 6 Hours each day

Next>>

Parent Process - Request Cancelled by Parent

- Verify all information is correct.
- If you need to make changes, use the "Edit Change provider requests" link.
- If all information is correct, you must certify that you want to cancel this request.
- Click Submit.

Review and Submit

Applicant Info
Edit Applicant Info

Children Details
Review & Submit
Logout

Applicant's Legal Name
Prefix:
FirstName:
MiddleName:
LastName:
Suffix:

Applicant's Contact Details
Email:

[Edit Change provider requests](#)

Child	Current Details	Requested Details
Name: <input type="text"/> DOB: 01/24/2012	Start Date: 05/01/2019 Last Attend Date: 09/02/2019 Provider: <input type="text"/> Care Days: NYYYYYN Hours: Less than 6 Hours each day	New Start Date: 09/03/2019 New Provider: <input type="text"/> Care Days: NYYYYYN Hours: Less than 6 Hours each day

☒ I understand that I am withdrawing my request to change child care providers. I understand that should I submit a new change request in the future, that my two week notice period will begin upon the submission of the request. I understand that my current provider is entitled to a two week notice, and that my new provider will not be eligible for payment through the CCPP until the two week period had elapsed.

[Review/Save Application Before Submitting](#)
[Submit](#)

Parent Process - Request Cancelled by Parent

- Verify all information is correct.
- If you need to make changes, use the "Edit Change provider requests" link.
- If all information is correct, you must certify that you want to cancel this request.
- Click Submit.
- You will receive an email verifying cancellation.
- Both the current and the new provider will receive an email.

Review and Submit

Applicant Info
Edit Applicant Info

Children Details
Review & Submit
Logout

Applicant's Legal Name
Prefix: []
FirstName: []
MiddleName: []
LastName: []
Suffix: []

Applicant's Contact Details
Email: priyanga.dilibabu@ts.ms.gov

[Edit Change provider requests](#)

Child	Current Details	Requested Details
Name: [] DOB: 01/24/2012	Start Date: 05/01/2019 Last Attend Date: 09/02/2019 Provider: [] Care Days: NYYYYYN Hours: Less than 6 Hours each day	New Start Date: 09/03/2019 New Provider: [] Care Days: NYYYYYN Hours: Less than 6 Hours each day

☒ I understand that I am withdrawing my request to change child care providers. I understand that should I submit a new change request in the future, that my two week notice period will begin upon the submission of the request. I understand that my current provider is entitled to a two week notice, and that my new provider will not be eligible for payment through the CCPP until the two week period had elapsed.

[Review / Save Application Before Submitting](#)
[Submit](#)

Parent Emergency Transfer Request

- In the event of emergency circumstances, a parent may request an emergency transfer to a new provider.
- Examples of emergency circumstances include, but are not limited to:
 - Physical Altercation between the Parent and Staff Member (including Director). If an issue arises at the child care center between the parent and staff member (including director) of the child care center resulting in police involvement, a transfer may be requested. The DECCD Director may also contact the child care provider to obtain additional evidence and will weigh all evidence as a whole.
 - Injury of a Child: If an issue arises at the child care center resulting in an injury of any child enrolled in the center such as neglect, lack of supervision, or physical harm, a transfer may be requested.
- The parent must submit a written emergency request to DECCD requesting an emergency transfer **without** giving a two-week notice to the current provider.
- In the request the parent must explain the details and the reason for the emergency request. Please be sure to include the last day of attendance for the child(ren).
- Submit the request to cc.payment@mdhs.ms.gov or it can be fax to (601)359-4422.
- The emergency request will be submitted to the division director for approval/denial once all documentation has been submitted by the parent and or provider.
- The parent and provider will receive a decision once all evidence has been reviewed.



Change of Provider

Summary

- Parent submits the request online.
- Both current and new provider receive email and updates to their portal.
- No action is required to approve the request.
- Current provider receives two-week notice.
- Current provider may only deny request for owed co-payment. Parent and new provider are notified.
- New provider may deny request for any reason. Parent and current provider are notified.
- Parent may cancel the request for up to 7 days after submission. Current and new provider are notified.

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