

**DSS BOARD  
STOKES COUNTY GOVERNMENT  
DANBURY, NORTH CAROLINA  
MONDAY MARCH 18, 2019**

Chairman Andy Nickelston  
Vice Chairman Jimmy Walker  
Board Member Ronnie Mendenhall  
Board Member Rick Morris  
Board Member Jamie Yontz

Chairman Nickelston called the meeting to order and welcomed those in attendance.

Commissioner Mendenhall delivered the invocation.

Chairman Nickelston invited those in attendance to join the Board in the Pledge of Allegiance.

## **APPROVAL OF AGENDA**

Chairman Nickelston entertained a motion to approve or amend the March 18, 2019 Agenda.

Board Member Mendenhall moved to approve the March 18<sup>th</sup> Agenda as presented.

Board Member Yontz seconded the motion.

Chairman Nickelston opened the floor for discussion.

With no further discussion, the March 18<sup>th</sup> Agenda was approved as presented.

## **PUBLIC COMMENTS**

Chairman Nickelston noted there were no individuals signed up for public comments.

## **INFORMATION**

Chairman Nickelston turned the floor over to DSS Director Stacey Elmes.

DSS Director Stacey Elmes presented the following information to the Board:

### **DSS Dashboard**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

DSS Director Stacey Elmes noted that March is the last month that LEAP Funds would be available and that the allotment for this Fiscal Year was \$183,600.00, with about \$36,000.00 remaining through the end of March. It was also noted that some of the variances in numbers on this report are due to NC Fast reporting. DSS Director Stacey Elmes noted that the waiting list for the child care subsidy has been put on hold due to the storms in parts of N.C. and the fees have been waived for those areas and that funding is coming from other counties that have unspent funds.

DSS Director Stacey Elmes thanked the Board for the Substance Abuse Liaison position and expressed what an asset Wanda Pearman has been to the County.

Chairman Mendenhall opened the floor for discussion/questions/comments.

Board Member Walker asked if all the funds were not spent this year for LEAP would it affect funding for the next year.

DSS Director Stacey Elmes responded that it would not affect the funding and that in fact they received more funding this year than in years past.

### **Stokes DSS Involvement with Cardinal Innovations –January-February 2019**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

Chairman Nickelston opened the floor for discussion/questions/comments.

Commissioner Morris asked DSS Director Stacey Elmes about the transition between the retirement of Ronda Outlaw and Melissa Bunker taking over that position.

DSS Director Stacey Elmes noted that this transition has been smooth and things are going well with Cardinal and Melissa Bunker.

There were no further comments or questions from the Board.

### **Audits and Technical Assistance**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

- a. E-mail dated 1/31/19 regarding OST Technical Assistance Report
- b. Letter regarding 1/10/19 office visit by Child Support Representative
- c. E-mail dated 1/22/19 regarding SCCA Technical Assistance Report
- d. Letter dated 2/7/19 regarding IV-E Foster Care Review
- e. E-mail dated 2/7/19 regarding quarterly monitoring by Division of Health Service Regulation
- f. Quality Control Review for FNS case dated 2/18/19
- g. Letter regarding 2/19/19 office visit by Child Support Representative
- h. 2/13/19 – Operational Support Team Technical Assistance Report

Chairman Nickelston opened the floor for discussion/questions/comments.

There were no comments or questions from the Board.

### **Mandated Performance Requirements (MOU with DHHS)**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

- a. October 2018
- b. November 2018

Chairman Nickelston opened the floor for discussion/questions/comments.

There was some discussion among the Board regarding the Mandated Performance Requirements.

#### **Audit of County Medicaid Eligibility Determinations**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

- a. Letter dated 1/23/19 and letter dated 2/26/19

Chairman Nickelston opened the floor for discussion/questions/comments.

There were no comments or questions from the Board.

#### **Report to the Joint Legislative Oversight Committee on Health and Human Services by the Division of Health and Human Services – HB 630 Regionalization Recommendations**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

Chairman Nickelston opened the floor for discussion/questions/comments.

There was some discussion among the Board regarding HB 630 and Medicaid Transformation.

#### **NC Child Health Report Card 2019**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

Chairman Nickelston opened the floor for discussion/questions/comments.

There was some discussion among the Board regarding the NC Child Health Report Card.

#### **Save the Dates**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

DSS Director Stacey Elmes presented the following events happening around the County:



- a. 4/26/19 – Med Assist at First Christian in King
- b. 5/16/19 – Faith Based Event for Pastors/Youth Ministers/Etc. at the Art Market in Danbury
- c. Caregiver Events (for those caring for loved ones at home)
  - 5/10/19- 10:00am-1:00pm – King Library
  - 5/17/19 – 10:00am – 1:00pm –Art Market in Danbury

### **Request for Positions**

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

Chairman Nickelston opened the floor for discussion/questions/comments.

County Manager Jake Oakley asked DSS Director Stacey Elmes if this position request was for now or would these be in the budget.

DSS Director Stacey Elmes noted that she was asking for these positions now and that she would have additional requests in the budget. It was also noted that some of these positions have been asked for in the past and are mandated positions, and that the County portion of the funding would be about 42% for next year and is around 36-38% now.

After some discussion among the Board this request was placed on the Commissioners Meeting Discussion Agenda for the meeting on March 25<sup>th</sup>.

### **Approval of the Minutes**

Chairman Nickelston noted that the minutes from the last DSS Board meeting on January 22, 2019 required approval although that item was not on the Agenda, the minutes were in the Agenda packet.

Board Member Mendenhall moved to approve the minutes from the DSS Board Meeting on January 22, 2019.

Board Member Yontz seconded.

Chairman Nickelston opened the floor for discussion/questions/comments.

With no discussion the motion carried with a 5-0 vote.

**Adjournment**

There being no further business to come before the Board, Chairman Nickeslton entertained a motion to adjourn the meeting.

Board Member Mendenhall moved to adjourn the meeting.

Board Member Walker seconded and the motion carried unanimously.

A handwritten signature in black ink, appearing to read 'Shannon Shaver', written over a horizontal line.

**Shannon Shaver**

**Clerk to the Board**

A handwritten signature in black ink, appearing to read 'Andy Nickelston', written over a horizontal line.

**Andy Nickelston**

**Chairman**

Attachment I.

DSS Dashboard (January & February)

# Stokes County DSS Dashboard 2019

	January	February	March	Total
<b>ADULT SOCIAL WORK SERVICES</b>				
Guardianship Cases	29	30		
New APS Reports Received	13	15		28
APS Reports Accepted	6	7		13
Investigations Initiated Timely [Goal 95%]	100%	100%		
Outreach Visits	5	7		12
In Home Aide Programs/Family Caregiver	38	38		
Community Alternatives Program (CAP/DA)	77	76		
Representative Payee	16	14		
SA - In-Home	65	65		
Placement	0	0		
Adult Care Homes Monitored	3	3		
Total Requests for CIP	100	37		137
CIP Expenditures	\$13,617	\$16,483		\$ 30,100
Total Requests for LIEAP	317	68		385
LIEAP Expenditures	\$58,000	\$31,300		\$ 89,300
Unclaimed Bodies	0	0		0
Staff Hours Spent at Shelters	72	0		72
<b>CHILD CARE SUBSIDY</b>				
Children Receiving Services	246	452		
Expenditures	\$82,926	\$88,408		\$171,334
Waiting List	192	110		
<b>CHILD PROTECTIVE SERVICES</b>				
CPS Reports Received	36	44		80
CPS Reports Accepted	21	19		40
Children Opened	43	41		84
Open Reports	35	28		
Reports Substantiated/Services Needed	4	10		
Open Case Management	13	9		
Courtesy Requests	5	3		8
Substance Affected Infants Reported to DSS	3	1		4
Substance Affected Infants Accepted for Inv.	3	1		4
Reports Initiated Timely [Goal 95%]	94%	100%		
Reports Completed Timely [Goal 75%]	77%	75%		
Children Remaining at Home [Goal 95%]	91%	76%		
<b>CHILD SUPPORT</b>				
Number of Children Served	1,334	1,323		
Total Collections	\$193,973	\$199,694		\$393,667
Paternities Established	8	13		21
New Court Orders	15	10		25
<b>FISHING LICENSE WAIVERS</b>				
Fishing License Waivers	0	4		4
<b>FOOD &amp; NUTRITION SERVICES</b>				
Total Households	2,455	2,512		
Total Individuals	5,075	5175		
Report Card (App. Timeliness) [Goal: 95%]	98%	99%		
Report Card (Recert. Timeliness) [Goal: 95%]	unavailable	unavailable		
Benefits Distributed	\$ 535,449	\$ 33,015		\$568,464



	January	February	March	Total
<b>FOSTER CARE</b>				
Children Entering Care	4	10		14
Total Children in Care	96	92		
Children Discharged	4	4		8
Children in Care Over 1 Year	29	33		
% Receiving a Monthly Visit [Goal 100%]	96%	96%		
% Visited in the Home [Goal > 90%]	83%	83%		
Foster Care 18-21	12	11		
Monitoring of Children No Longer in Custody	10	9		
Licensed Foster Homes	19	19		
Sanctioned Homes	12	13		25
# of Individuals/Families Receiving Training	18/11	29/19		
Recruitment Events Held	0	1		1
Foster Care Costs (county/state/fed)	\$58,751	\$47,648		\$106,399
Children Open for LINKS	75	74		
Adoptions Completed	3	2		5
Adoption Assistance Cases	139	157		
Adoption Assistance Costs (fed & state)	\$16,099	\$1,365		\$17,464
<b>MEDICAID [ADULT, FAMILY &amp; CHILDREN'S]</b>				
# of Cases	7,066	7,655		
Report Card (Timeliness) [Goal: 85%]	99%	96%		
Public Assistance Hearings (All Areas)	2	6		
<b>MEDICAID TRANSPORTATION</b>				
Clients Served	287	387		
Trips Provided	1,474	1,571		3,045
Monthly Cost	\$58,037.02	\$63,287		\$ 121,324.35
<b>PROGRAM INTEGRITY</b>				
New Claims Established	\$ 9,192	\$ 530		\$ 9,722
Total Collections	\$2,586	\$4,538		\$7,124
Retained in County	\$370	\$476		\$846
<b>SPECIAL ASSISTANCE</b>				
# of Special Assistance Cases	121	131		
Benefits Distributed	\$50,933	\$56,679		\$107,612
<b>SA/MH LIAISON</b>				
Number of Referrals during the Month	10	9		10
Open Cases at end of Month	34	37		
<b>VACANCIES</b>				
Social Work	1	1		2
Clerical/Income Maintenance/Child Support	1	1		2
<b>WORK FIRST</b>				
Total Work First Cases	27	60		
Number of Child Only Cases	25	57		
Employment Cases	2	3		
Referrals for Drug Testing	0	0		
Applicants Testing Positive	0	0		
Benefits Distributed	unavailable	\$12,917		\$ 12,917
<b>OTHER</b>				
Walk-In Traffic	1,395	1,031		2,426

## Attachment II.

Stokes DSS Involvement with Cardinal (January & February 2019)

## **Stokes DSS Involvement with Cardinal Innovations**

### **January 2019**

- January 15, 2019: Juvenile Crime Prevention Committee Meeting. DSS staff and Cardinal staff are committee members.
- January 15, 2019: Community Collaborative Meeting. DSS staff and Cardinal staff are committee members.
- January 16, 2019: Permanency Planning Hearings for foster children held in the DSS Conference room. Cardinal staff participates.
- January 17, 2019: Community Partners Meeting held at the Library that Cardinal staff facilitates.
- January 25, 2019: A DSS staff member attended a Lunch and Learn that Cardinal staff presented at the Wellness Center on Depression.
- January 30, 2019: Stokes Homeless Point in Time Count. DSS staff and Cardinal staff participated in this event.

### **February 2019**

- February 4, 2019: Wanda Pearman met regarding the faith based event in May with Amanda Smith and Meenal Khajuria of Cardinal.
- February 5, 2019: Child Protection/Fatality Team met and Kim Morgan with Cardinal is on the team.
- February 8, 2019: Wanda Pearman met with Melissa Bunker of Cardinal for a one-on-one meeting.
- February 13, 2019: Permanency Planning Hearings for foster children held in the DSS Conference room. Katie Eads from Cardinal participated.
- February 28, 2019: Early Childhood Prevention team meeting held at Stokes Partnership for Children. DSS staff Cindy Hodges attended this meeting and Kim Morgan from Cardinal presented at this meeting.

## Attachment III.

### Audits and Technical Assistance

- a. E-mail dated 1/31/19 regarding OST Technical Assistance Report
- b. Letter regarding 1/10/19 office visit by Child Support Representative
- c. E-mail dated 1/22/19 regarding SCCA Technical Assistance Report
- d. Letter dated 2/7/19 regarding IV-E Foster Care Review
- e. E-mail dated 2/7/19 regarding quarterly monitoring by Division of Health Service Regulation
- f. Quality Control Review for FNS case dated 2/18/19
- g. Letter regarding 2/19/19 office visit by Child Support Representative
- h. 2/13/19 – Operational Support Team Technical Assistance Report



## Stacey S. Elmes

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**From:** Alexander, Kea <kea.alexander@dhhs.nc.gov>  
**Sent:** Thursday, January 31, 2019 4:42 PM  
**To:** Stacey S. Elmes; Sharon S. Bullins; Cynthia J. Joyce  
**Cc:** Bell, Regina; Moore, Betsy E; Tabron, Johnice; Allen, Nicola  
**Subject:** Stokes Consultation Summary  
**Attachments:** Stokes Co. OST Technical Assistance Report 12 2018.pdf

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Good afternoon,

Thank you for your staff's cooperation and participation in the completion of one of the Operational Support Team's primary roles of providing operational and technical assistance to your organization with the goals of developing or strengthening processes, policy knowledge application, and implementation of services by recipients. Hopefully, they found the operational and technical assistance targeted towards their needs for the Food & Nutrition Services, Energy and Work First programs.

I have attached a copy of our report documenting the assistance provided and any pending actions that need to occur. If you have questions or require additional information or assistance, please contact me at your earliest convenience.

Kea H. Alexander, MS, LEAN Government Certified  
Operational Support Team Representative  
Division of Social Services  
NC Department of Health and Human Services

Office: 919-224-9171  
kea.alexander@dhhs.nc.gov

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Operational Support Team Technical Assistance Report  
for Stokes County Department of Social Services

<b>State Participants:</b>	Kea Alexander, OST	Adrienne Rice, OST	
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Local Agency Participants	Title	Area(s) of Responsibility
Sharon Bullins	Income Maintenance (IM) Supervisor	Food and Nutrition Services (FNS), Child Care and Work First (WF)
Cindy Joyce	Income Maintenance Administrator	FNS, WF, Energy and Child Care

**Introduction:**  
On December 14, 2018, Kea Alexander and Adrienne Rice from the NC Division of Social Services, Operational Support Team, conducted a consultation via telephone to provide technical assistance to Stokes County Department of Social Services Economic Services Program Staff. The OST Representative conducted a review of the following information to target the technical assistance to meet the needs of the local agency:

Stokes County Economic Services Data and Statistics:		
Measurement:	Percentage/Total:	Period:
FNS County Active Error Rate	100%	Oct 17 – May 2018
FNS Statewide Active Error Rate	4.80%	Oct 17 – May 2018
FNS County Case and Procedural Error Rate	Not Applicable	Oct 17 – May 2018
FNS Statewide Case and Procedural Error Rate	31.22%	Oct 17 – May 2018
FNS Applications Timeliness Rate	96.43%	December 2018
FNS Recertification Timeliness Rate	98.67%	November 2018
FNS Case Data	2,614	November 2018
FNS Applications	136	November 2018
WF Applications Timeliness	100%	November 2018
WF Recertification Timeliness	Not Applicable	Sept 2018-Nov 2018
WF All Family Participation Rate	Not Applicable	Not Applicable
WF Two-Parent Participation Rate	Not Applicable	Not Applicable
WF Case Data	109	October 2018
WF Applications	60	December 2018

**Quality**  
The OST Representative reviewed the local agency's quality in the Work First (WF) and Food and Nutrition Services (FNS) programs to include previous corrective action plans, monitoring reports and quality control errors.

- IM Supervisor pulls reports daily to review
- IM Supervisor conducts 75% review of FNS cases for new workers.
- IM Supervisor conduct 100% of all WF applications and recertifications. The local agency does not currently have any adult included cases; however, county staff reports the county process is 100% review of MRA updates as well.
- The agency currently has three help desk tickets outstanding.
- The local agency is not under performance improvement for WF or FNS. Their last WF Compliance Monitoring was conducted in November 2017 and FNS ME review was in 2016.

Based upon the analysis of the data and discussion with the local agency, it was revealed that they did not have areas of opportunity to improve processes or procedures. No recommendations needed at this time.

**Timeliness and Work First Participation**

- Stokes County consistently meets or exceed the timeliness requirements of 95% for FNS and WF. OST expressed no concerns regarding ongoing work flow or processing.
- OST inquired about three pending FNS applications showing untimely and county staff confirmed the application is pending for additional information (self-employment income and drug assessment results); staff are waiting to close the cases on the 30<sup>th</sup> day.
- There were no untimely FNS recertifications.
- Stokes county currently does not have any work eligible cases as a result there is currently no information reflected in the Work Participation Reports. Local agency staff also report they have not had a two-parent case in several years. OST reinforced the importance of viewing all available webinars in case a two-parent family presents to their agency and reaching out for OST assistance should this situation arise.

Based upon the analysis of the data and discussion with the local agency, it was revealed there are no areas of opportunity to improve processes or procedures. No recommendations needed.

#### **Business Process Review**

The OST Representative also discussed work operations within the local agency to include the intake, processing, recertification and employment processes.

- All WF and FNS staff process applications and recertifications.
- Supervisors and Administrator does not have any caseloads but maintains cases by employees.
- There is one vacancy that will be filled on 12/31/18. There are two contract workers that work two days a week.
- Monthly staff conferences are held, and policy/NC FAST updates are shared at these meetings with workers.
- If communications are issued the IM Supervisor holds hall meetings or utilizes email blasts to share information with workers.

No recommendations needed.

#### **Accountability**

The OST Representative confirmed the local agency's processes and procedures for second party reviews has not changed. The below process remains current:

- The local agency is using a second party review tool for FNS cases and the state provided tool for WF.
- If a trend is noticed, workers may go back through training.
- The county conducts regular individual worker conferences and team/unit meetings.
- Sign in sheets are utilized to document attendees at meetings and trainings.
- There is aggressive processing where workers call employers, landlords for verifications, and work together to stay ahead.

No recommendations needed.

#### **Training**

The OST Representative discussed the local agency's training plan for newly hired employees, remedial and corrective action training for experience employees.

- The local agency indicates the training plan includes the supervisor also having daily/weekly training sessions with staff, staff completing webinars, reading policy and working in the sandbox.

The local agency reports there is no formal training plan in place. OST recommends for a standardized written training plan be developed to ensure consistency among IM workers and programs. This further promotes accountability and consistency among workers and units and provides uniformity in shared information and training provided.

#### **Program Policy / Functionality Updates**

The policy changes and/or updates listed below were reviewed and discussed with the local agency:

##### **WF**

- Reviewed AL 5-2018 Work First Benefit Diversion and Services for Low Income Families
- Mentioned TM #2018-75- Work First Forms
- Reviewed AL 6-2018 Work First Drug Testing Vendor Change and Procedural Training
- Mentioned TM #2018-89 Change Notice for Manual
- Reviewed CN 2-2018
- Reviewed TM #2018-100 Work First Participation Rate Queries for April & May 2018
- Discussed TM # 2018-105 DSS Administrative Letter and AL 7-2018: Second Party Review Checklists
- Reviewed DCDL 8/15/2018- Work First Program Performance Monitoring
- Provided overview of TM #2018-121 ebtEDGE Reports Portal
- Discussed TM #2018-152 Work First Two Parent Participation Webinar.

##### **FNS**

- Reviewed DCDL 8/13/18 Benefits Data Trust (BDT) Points of Contacts and Reports
- Discussed CN 1-2018 2018-2019 CIKA Nass Change, SUA, BUA and TUA amounts and Bases of Issuance (BOI).
- Reviewed TM #2018-145 FNS Change Notice and forms for October COLA Mass Change
- Mentioned DCDL 10/17/18 FIS ebtEDGE Mobile Application Launch

- Confirmed receipt of TM #2018-160 FNS Complaint Tracking Log; county confirmed complaint log submitted.
- Discussed AL 19-2018 Tropical Storm Michael Timely Household Reporting of Food Loss Waiver. County confirmed little interruption with county function as a result of Tropical Storm Michael.
- Mentioned TM #2018-171 FNS Revised Forms; county confirmed utilization of appropriate forms
- Discussed AL 22-2018 2019 Cost -of-Living Adjustment (COLA) Mass Change in Social Security Administration (SSA), Supplemental Security Income (SSI) and Veterans Affairs (VA) Payment Amounts

#### Energy

- Discussed DCDL 6/19/2018 Energy Program Outreach
- Reviewed TM #2018-76 Energy Provider Agreement
- Discussed CN 2-2018 Policy Clarifications
- Discussed TM #2018-82 Energy Programs Outreach Plan
- Mentioned TM #2018-84 and #2018-85 (Corrected) Energy Program Policy Manual Change Notice 2-2018
- Reviewed TM #2018-86 DCDL Energy Program Outreach Plan
- Mentioned TM #2018-98 Crisis Intervention Program Funding for State Fiscal Year 2018
- Mentioned TM #2018-102 Additional Funding for CIP
- Reviewed TM #2018-103 Reminder: Needed Data for LIHEAP Review Period
- Discussed TM #2018-104 Energy Program Manual Change Notice for August 1, 2018
- Reviewed CN 3-2018 Employee and Vendor Fraud
- Mentioned TM #2018-122 Energy Forms Obsolete

#### General

- Mentioned DCDL 8/27/18 All Program Civil Rights Complaints
- Discussed DCDL 9/9/18 The Work Number Online Employment and Income Verification Services
- Reviewed DSS TM #2018-120 The Work Number
- Mentioned TM #2018-143 Potential Unemployment Claim Information
- Mentioned TM 11/16/18 Legal Services Phone Number

#### Program Staff Concerns

- There was a concern about issuing replacement benefits from Hurricane Florence. OST staff informed the county that the replacement period had ended and sent Administrative Letter 19-2018 as a reference.
- There was a concern about how to enter the FLSA calculation. The formula was discussed and it was suggested to enter the participation hours daily.

#### Follow-up

A follow up consultation is recommended within the next six months or as requested by the agency.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Social Services

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
WAYNE E. BLACK • Director

Stacey Elmes, DSS Director  
Stokes County Department of Social Services  
1010 State Hwy 8  
Danbury, N.C. 27016

Dear Ms. Elmes:

Thank you for your participation in the, January 10, 2019, HB 630 Child Support Reports and Statistical Data presentation for your county. We hope that this was a useful presentation and that your county better understands the Performance Measures and the data. I have attached the power point presentation for your reference. I will continue to support the county with Incentives and Self-Assessment areas as always with reports, training and suggestions. Please remember that all of Child Support goals are cumulative over the year and that caseloads are fluid. There are also many variables that impact Child Support Services.

The "On Track" report is meant to be used a tool for guidance. It should provide the county with a guide for planning achievement. It should also allow the county to identify arrears of concerns.

The Continuous Quality Improvement (CQI) plans are scheduled to begin in the fourth quarter. These are replacing what used to be called the Action Plans. The primary difference with the CQI is that the program is looking at data from a forward prospective. This process will continue to monitor monthly progress of the Incentive Areas and Self Assessment. I will resume my office visits in February which will include the monthly quality review from your county.

Again, thank you for your time, participation, and your continued partnership to improve the performance, timeliness, accuracy and quality of the child support services.

Should you have any questions about the items discussed during my visit or addressed in this email, please email ([Kenya.Newsoms@dhhs.nc.gov](mailto:Kenya.Newsoms@dhhs.nc.gov)) or call me at (336) 788-5857.

Sincerely,

*Kenya Newsome*

Kenya Newsome  
Child Support Program Representative

cc: Lynn Whitaker  
Carla West

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Stacey S. Elmes**

**From:** Thomas, Belinda <belinda.thomas@dhhs.nc.gov>  
**Sent:** Tuesday, January 22, 2019 1:57 PM  
**To:** Cindy Hodges; Cynthia J. Joyce; Lee Richardson; Sharon S. Bullins; Stacey S. Elmes  
**Subject:** SCCA TA Report  
**Attachments:** Stokes TA 2019-01-17.doc

**CAUTION:** This email originated from outside of the County Network. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mrs. Elmes,

I have attached the SCCA Technical Assistance report from my visit with staff last Thursday. Please let me know if you all have any questions. We are still waiting on Jose Merza to share information regarding the reversions and I have not received updated information. It was great seeing you last week.

Thanks,  
Belinda

**Belinda Thomas**  
Subsidy Services TA Consultant  
Division of Child Development and Early Education, Subsidy Services  
North Carolina Department of Health and Human Services

336-853-3884 office  
[Belinda.thomas@dhhs.nc.gov](mailto:Belinda.thomas@dhhs.nc.gov)

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DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION  
SUBSIDY SERVICES SECTION  
TECHNICAL ASSISTANCE VISIT REPORT

LPA: Stokes County Department of Social Services  
DATE OF CONTACT: January 17, 2019  
LPA STAFF: Sharon Bullins, Cindy Joyce, and Cindy Hodges  
SERVICES CONSULTANT: Belinda Thomas

**FUNDING MANAGEMENT**

***Direct Services:***

Non-Smart Start

- The Non-Smart Start allocation for direct services for SFY 2018-19 is \$918,385.
- The expenditure for the November service month is \$62,648.
- The Non-Smart Start spending target for the December service month is \$94,647.
- The spending coefficient for Non-Smart Start expenditures is 79%.

Smart Start

- The Smart Start allocation for SFY 2018-19 for direct services is \$251,772.
- The expenditure for the August service month is \$24,857.
- The Smart Start spending target for the December service month is \$16,003.
- The Smart Start spending coefficient is 121%.

Combined

- The combined allocation for direct services for SFY 2018-19 is \$1,170,157.
- The combined expenditure for the November service month is \$87,505.
- The spending target with combined funds for the December service month is \$110,650.
- The adjusted annual spending coefficient for combined expenditures is 88%.
- The agency paid for 180 children in the November service month.

***Services Support:***

Non-Smart Start

- The Non-Smart Start services support allocation for SFY 2018-19 is \$80,000.
- The services support expenditures through the November service month are \$10,500.
- The unspent balance for Non-Smart Start services support funds is \$69,500.

Smart Start

- The agency does not receive services support funds from Smart Start.

***Special Needs Set-Aside:***

- The special needs set aside funds for SFY 2018-19 are \$36,735.
- The remaining obligation balance in NC FAST is \$36,735.
- The remaining payment balance in NC FAST is \$36,735.

**WAITING LIST**

Stokes County has a waiting list of approximately 75 children as reported by the LPA.

**Action Needed:**

- The agency is overspending Smart Start funds at 121%. The agency spends approximately \$3,000 per month in enhancements and there are enough funds to cover the enhancements through the end of the fiscal year; however, staff should transfer obligations from Smart Start to Non-Smart Start for direct services.
- The funds are ranked as follows: Non-Smart Start #1, Smart Start #2, Special Needs #3 and County funds #4. Because Smart Start expenditures are currently at 121%, I suggest staff rank Smart Start #3 and change Special Needs to #2.
- Staff should monitor funds monthly via the expenditure spreadsheet and NC FAST and transfer obligations when necessary to ensure Smart Start funds are not over or underspent.
- Staff are currently removing children from the waiting list. Cindy reported she is removing 25 children each month and she will remove additional children when she does not receive a timely response.
- Jose Merza is currently working on reversions/reallocations and information will be shared with counties soon.

**SMART START COLLABORATION**

- Both agencies collaborate well and are very supportive of one another.

**LOCAL POLICIES**

**Approvals:**

- DSS Board: N/A
- DCD Policy Unit: October 24, 2017
- DCD Services Consultant: April 3, 2018

**Action Needed**

NA

**RECORD REVIEW**

**Number of Records Reviewed:**

NA

**Finding(s):**

NA

**Corrective Action(s):**

NA

**From Previous Visit(s):**

NA

**POLICY DISCUSSION**

**Review of New Policies:**

- I clarified new policies provided in Administrative Letter #06-18. When a CPS case closes in Children's Services, and the client does not meet another need for child care, the family



should receive the 90-day transition period. If the family does meet a need, the worker should change the need in NC FAST and the worker should not complete a new child care application. If the income was not verified and entered at application, the parent fee would remain 0 until recertification. If income was verified when the application was taken to support the need for CPS, the parent fee would be based on the income that was initially verified and entered.

- Regardless of when the change of circumstance originally occurred, the start date of the evidence in NC FAST for reported changes should be the date the change was reported to the child care worker.
- When a client loses his/her job and there is a 0-parent fee or reduced parent fee during the 90-day transition/job search, and the client reports a new job, the new income is verified and reviewed. If a client begins a new job, you will use the new income if it is lower than the income that was previously entered in NC FAST. If the new income is higher, you will create new evidence using the old income and document the new higher income in the notes. If the new income is above 85% SMI, you will enter that income and send a 10-day notice.

#### ***Review of Existing Policies:***

- I shared some hand-outs to use as training materials. I provided a document on how to process applications for clients who live out of county, the living arrangement flow chart, the hours of care chart, how to calculate the 75% rate from the blended rate, how to calculate the spending coefficient. In addition, I provided a copy of the new job aid explaining the process to configure the applied deductions.
- For recertifications, the base period for income is the month prior to the date the client signed the form which is the same for new applications. The recertification packet requests the last four (4) most current check stubs or wage statements and the agency will not be found in error if those wages are used for income calculation when a case is recertified.
- The LPA has 30 days to process an application timely. If the 30<sup>th</sup> day falls on a weekend or holiday, the application must be approved or denied before the 30<sup>th</sup> day.

#### **COMPLIANCE SCORING**

N/A

#### **PROVIDER ISSUE(S)/INFORMATION**

N/A

#### **OTHER DISCUSSION/INFORMATION**

- Staff completed the reviews for the Overpayments and underpayments on the spreadsheet provided in April 2018. Staff are currently reviewing the current over/underpayments backlog provided from a report in Data Warehouse.
- During my visit, we reviewed overpayments for three children to ensure staff are navigating to the correct places and calculating prorated payments correctly. When the backlog report is reviewed and completed, staff should be able to review and activate over and underpayment cases monthly. Until DCDEE and NC FAST provide guidance to close incorrect over/underpayment cases, staff should keep track of those cases, so they can be closed when the directive is given.



NC DEPARTMENT OF  
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Division of Social Services

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
WAYNE E. BLACK • Director

February 7, 2019

Stacey Elmes, Director:  
Stokes County Department of Social Services  
1010 Main Street  
Danbury, NC 27016

Dear Stacey Elmes:

Attached are Stokes County's Title IV-E Foster Care, Medicaid Administrative Claiming (MAC) and IV-E Guardianship Assistance Program (GAP) Reports for the on-site review performed by the NC Division of Social Services on January 24, 2019. The period under review (PUR) was June 01, 2018 to November 30, 2018. The programs were monitored in accordance with the NC Local Social Service Agencies Monitoring Plan, which can be accessed at <https://www2.ncdhhs.gov/dss/Monitoring/>.

Stokes County Department of Social Services correctly determined Title IV-E Foster Care eligibility for all cases reviewed for the PUR. There were no cases reviewed for MAC or GAP because the Client Services Data Warehouse found no children data/recipients utilizing these services. Please refer to the attached reports for a complete review of all findings.

Should your agency have questions or concerns about the monitoring reports and/or process, please feel free to contact Child Welfare Monitor [Gloria.Duncan@dhhs.nc.gov](mailto:Gloria.Duncan@dhhs.nc.gov), telephone, 910-373-1210 or me at [Kimberly.Goodwin@dhhs.nc.gov](mailto:Kimberly.Goodwin@dhhs.nc.gov), 919-628-8268.

Sincerely,

Kimberly Goodwin  
Acting Child Welfare Monitoring Coordinator

Attachments

CC:

Teresa Strom, Program Manager, Children's Program Representative  
Charles Robinson, Fiscal Compliance Monitor  
Gloria Duncan, Child Welfare Monitor  
Margaret Faircloth, Local Business Liaison

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES • CHILD WELFARE SERVICES

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603  
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**CHILD WELFARE SERVICES**

**TITLE IV-E FOSTER CARE  
MONITORING FINAL REPORT**

February 7, 2019

DSS County: Stokes  
On-Site Monitoring: January 24, 2019  
Review Period: June 01, 2018 to November 30, 2018

**I PURPOSE**

The purpose of Title IV-E Foster Care review is to monitor the utilization of Title IV-E Foster Care to ensure compliance with State and Federal laws so that eligible children are receiving funding. This program is monitored in accordance with the NC Local Social Service Agencies Monitoring Plan, which can be accessed at <https://www2.ncdhhs.gov/dss/Monitoring/>.

**II IV-E REVIEW**

The NC Division of Social Services conducted a formal Title IV-E Foster Care onsite monitoring of randomly selected cases. Listed below are the cases and findings.

Sample #	Case Name Initials	SIS#	Non-Error	Error	Under Payment	Ineligible Period
1			•			
FINDING: Case was found to be in substantial compliance with Title IV-E laws and regulations.						
2			•			
FINDING: Case was found to be in substantial compliance with Title IV-E laws and regulations.						
3			•			
FINDING: Case was found to be in substantial compliance with Title IV-E laws and regulations.						
4			•			
FINDING: Case was found to be in substantial compliance with Title IV-E laws and regulations.						
5			•			
FINDING: Case was found to be in substantial compliance with Title IV-E laws and regulations.						

**III CONCLUSIONS**

Stokes County Department of Social Services correctly utilized and maintained Title IV-E Foster Care eligibility for all 5 case samples reviewed for the PUR. Please reference *Chapter XIII: Child Welfare Funding Manual, Section 1500*, <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-78/man/> for clarification.

Submitted by: Gloria Duncan  
Gloria Duncan, Child Welfare Monitor

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**IV-E GUARDIANSHIP ASSISTANCE PROGRAM  
MONITORING FINAL REPORT**

February 7, 2019

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DSS County:	Stokes
On-Site Monitoring:	January 24, 2019
Review Period:	June 01, 2018 to November 30, 2018

---

**I PURPOSE**

The purpose of IV-E Guardianship Assistance Program (GAP) review is to monitor compliance of this fund within Child Welfare. The review is to provide an analysis to the county DSS on the eligibility of the children submitted for review, and if needed, to identify inconsistencies with GAP requirements. This program is monitored in accordance with the NC Local Social Service Agencies Monitoring Plan, which can be accessed at <https://www2.ncdhhs.gov/dss/Monitoring/>.

**II IV-E GAP REVIEW**

The NC Division of Social Services conducted a formal IV-E Guardianship Assistance Program onsite monitoring of randomly selected cases. Listed below are the cases and finding.

FINDING: No child recipients/ data were found for IV-E GAP.

**III CONCLUSIONS**

The Client Services Data Warehouse Query Tool found no child data/recipients utilizing IV-E GAP for the review period.

Submitted by: Gloria Duncan  
Gloria Duncan, Child Welfare Monitor

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LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

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**CHILD WELFARE SERVICES**

**MEDICAID ADMINISTRATIVE CLAIMING  
MONITORING FINAL REPORT**

February 7, 2019

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DSS County:	Stokes
On-Site Monitoring:	January 24, 2019
Review Period:	June 01, 2018 to November 30, 2018

---

**I PURPOSE**

The purpose of Medicaid Administrative Claiming (MAC) review is to monitor compliance and utilization of this fund within Child Welfare. The review is intended to provide an analysis to the county DSS on the eligibility of the children submitted for review, and if needed, to identify inconsistencies with MAC requirements. This program is monitored in accordance with the NC Local Social Service Agencies Monitoring Plan, which can be accessed at <https://www2.ncdhhs.gov/dss/Monitoring/>.

**II MAC REVIEW**

The NC Division of Social Services conducted a formal on-site MAC review of randomly selected children's case records. Listed below are the cases and findings:

FINDING: No child recipients/ data were found for MAC.

**III CONCLUSIONS**

The Client Services Data Warehouse Query Tool found no child data/recipients utilizing MAC for the review period.

Submitted by: Gloria Duncan  
Gloria Duncan, Child Welfare Monitor

**Stacey S. Elmes**

---

**From:** Harrison, Carolyn <carolyn.harrison@dhhs.nc.gov>  
**Sent:** Thursday, February 7, 2019 4:31 PM  
**To:** Donna G. Martin; Maria A. Lyons; Martina M. Tunat  
**Cc:** Stacey S. Elmes; Merrill, Karisa; Oakley, Eva  
**Subject:** Stokes County second quarter oversight results

**CAUTION:** This email originated from outside of the County Network. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Donna,

It was nice to speak with you. As we discussed via telephone today, the quarterly monitoring, investigation and reporting requirements for the second quarter review have been met. Thank you all for your timely submission of your reports and your team member participation during DHSR/ACLS survey activities.

Thank you,  
Carolyn Harrison

**Carolyn Harrison, RN, BSN**  
Central Region Team 3 Supervisor  
Division of Health Service Regulation, Adult Care Licensure Section  
NC Department of Health and Human Services

Office/Mobile: 336-341-8124  
Fax: 336-357-7827  
[carolyn.harrison@dhhs.nc.gov](mailto:carolyn.harrison@dhhs.nc.gov)

801 Biggs Drive, Brown Building  
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Date Emailed: February 18, 2019

**MEMORANDUM**

TO: Stokes County Department of Social Services

FROM: Pat Moore, Program Administrator  
DSS Quality Assurance Unit

RE: Case Name \_\_\_\_\_ Program Food & Nutrition Services  
QC Review No. \_\_\_\_\_ Case ID No. 223361061

An error in the Food and Nutrition Services issuance amount (of the active case) or in the termination / denial action (of the CAPER) has been found in the above-mentioned case by Quality Control (QC). Please review the attached information.

**Additional Instructions for Active Cases** - You must make necessary corrections (enter a claim referral or issue restoration/supplement if applicable) **within 30 days** of receipt of this information. Please notify Economic and Family Services Section of your corrections via email to [QC.Error.Response@dhhs.nc.gov](mailto:QC.Error.Response@dhhs.nc.gov).

If you disagree with QC's findings, please indicate your findings in the space below.

DATE

NAME

Phone # or Email Address

If this is not received by the Quality Control Section by 02/25/19, the QC findings will stand.

Email to: [Pat.moore@dhhs.nc.gov](mailto:Pat.moore@dhhs.nc.gov) OR Fax to: (919) 334-1266

QC Review Number	QC #	
	QC Review Month	10/18
<b>County Case Information</b>		
Case Name	County	Stokes
Case ID Number	Type of Action	Application Denial
Reason for Action	Date of Action	10/24/18
Date of Application	Certification Period	N/A

**Case Summary**

This is a 4-person categorically eligible household consisting of

**The Household reported/provided:**

- is self-employed with a in home day care; provided a written statement verifying \$125 weekly
- is employed at Ten Oaks and paid weekly; provided printout from Ten Oaks for period of September 1- September 30, 2018
- Responsible for a rent expense of \$450 and an electric heating/cooling utility expense; provided Duke Energy Bill

**The County:**

- Determined household income exceeds household expenses; therefore, household is not entitled to expedite processing.
- Documented on 10/24/18, "rent was confirmed by Ashley Bennett 336-331-2014-\$450 monthly"
- County calculated income as follows:

**-Ten Oaks**

Date Received	Gross Amount
---------------	--------------

09/06/18	\$ 708.56
09/13/18	\$ 674.45

09/20/18	\$ 708.56
09/27/18	\$ 611.68

**Total** \$2703.25

$\$2703.25 \div 4 = \$675.82$

$\$675.82 \times 4.3 = \$2906.02$

**Self Employed**

$\$125 \times 4.3 = \$537.50$

NC FAST prorated income as follows:

$\$537.50 \div 4 \text{ (Household members)} = \$134.38$

$\$134.38 \times 3 \text{ (eligible Household members)} = \$403.14$

- Rent was prorated as follows:  $\$450 \div 4 \text{ (Household members)} = \$112.50$   
 $\$112.50 \times 3 \text{ (Eligible Household members)} = \$337.50$
- Included the following in budget:

Household size / Eligible Members	4/3
Ten Oaks	\$2906.02
Self-Employment	\$ 403.14
Total Income	\$3309.16

Standard Deduction	\$164.00
Rent Expense	\$337.50
Standard Utility Allowance	\$576.00

- Completed an eligibility check on 10/24/18; NC FAST indicated household ineligible as the monthly benefits allotment is less than \$1.
- Denied application on 10/24/18 because the household eligible for benefits less than \$1



- Issued a DSS-8551, Notice of Eligibility, Denial, or Pending Status on 10/24/18 that stated "your application was not approved because your net income resulted in Food and Nutrition benefits of less than \$1; You can have a hearing of your case if you do not agree with our decision. You must request hearing no later than \_\_\_\_\_".

**QC Review Findings:**

- Application processed timely
- County failed to register \_\_\_\_\_ for Work Registration; therefore, \_\_\_\_\_ was not included in budget
- \_\_\_\_\_ income and rent expense was incorrectly prorated due to her being partially counted; therefore, QC completed a budget that included the following:

<b><u>Household size / Eligible Members</u></b>	<b><u>4/4</u></b>
• Ten Oaks	\$2906.02
• Self-Employment	<u>\$ 537.50</u>
Total Income	\$3443.52

Standard Deduction	\$164.00
Rent Expense	\$450.00
Standard Utility Allowance	\$576.00

QC concludes the 4-person household remains eligible for benefits less than \$1

- The denial notice was incomplete as it failed to list the date for requesting a hearing (NC FAST defect).

Validity of Action:	<b>Valid</b>	Household is eligible for benefits less than \$1
Validity of Procedure:	<b>Valid</b>	Procedures followed correctly
Validity of Notice:	<b>Invalid</b>	Incomplete Notice (State error)

**Invalid – Incomplete Notice**

County response time for this error expires on 02/25/19

**This is a State Agency Error due to a NC FAST system defect**



NC DEPARTMENT OF  
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WAYNE E. BLACK • Director

Stacey Elmes, DSS Director  
Stokes County Department of Social Services  
1010 State Hwy 8  
Danbury, N.C. 27016

Dear Ms. Elmes:

On my visit to Stokes County Child Support Enforcement on February 19, 2019 I met with Lynn to discuss the agenda items shown in my memorandum dated February 18, 2019.

Incentive statistics are available through January 2019. The unit is just below the State Average for Total Collections (55.90%) at 54.80%. The unit has exceeded the 2018 - 19 goals for Current Collections at 68.54%. The unit is very close to the 2017-18 goal for Paternity (100%) at 99.23% and Cases Under Order (88.42%) at 87.87%. I will continue to provide reports that may increase incentive areas. Reports that were provided/suggested during this visit: Arrears under \$500

Self-Assessment scores are available through January 2019. The unit is in compliance with five of the nine areas of Self-Assessment. The unit is currently out of compliance in Enforcement (73.61%), Establishment (66.67%), 6 month expedite (70.21%), and Interstate (62.50%). The compliance level for Enforcement, Establishment, 6 month expedite and Interstate needed is 75%. The unit has been able to bring 12 month expedite back into compliance at 91.11%. This is good work! The unit continues to struggle in these areas. These areas continue to fluctuate up and down. It is strongly recommended that the Pass/Fail Report be reviewed and worked in these areas. I will continue to work with the unit through reports, suggestions, and training. Reports that were provided/suggested during this visit: Pass/Fail Reports for all areas not in compliance, EST/PAT Federal Timeframe Compliance.

A quality review of child support cases was completed. Cases are reviewed for quality, data reliability, and supporting documents. The outcome of our follow-up monitoring is outlined below. The Stokes County Child Support office has a compliance rate of 88.17%. Compliance in this area is 95%. Of the twelve cases reviewed; seven had errors pertaining to Data Reliability. The cases that did not meet the quality review criteria were reviewed with the staff and/or Child Support Manager to correct if needed.

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Number of Cases Reviewed	Month	Monthly Quality Review Score	Notes	Date to Correct Case(s)
4	November	81.25%	Copy of QR with CS Manager	November 30, 2018
4	December	100%	Copy of QR with CS Manager	December 31, 2018
4	February	87.50%	Copy of QR with CS Manager	February 28, 2019

\* January Quality reviews were not completed due to the HB 630 Child Support Reports and Statistical Data presentations.

Discussion is still ongoing about the Foster Care Issues that are occurring in your county. This a statewide issue that has been documented and a resolution is being sought. I will continue to be in contact with the State Office IV-A liaison until a resolution is achieved.

Should you have any questions about the items discussed during my visit or addressed in this email, please email ( [Kenya.Newsme@dhhs.nc.gov](mailto:Kenya.Newsme@dhhs.nc.gov) ) or call me at (336)788-5857.

Sincerely,

*KM Evans Newsome*

Kenya Newsome  
Child Support Program Representative

cc: Lynn Whitaker  
Carla West

Operational Support Team Technical Assistance Report  
for Stokes County Department of Social Services/Human Services

<b>State Participants:</b>	Kim Collie, OST Regina Bell, Assistant Section Chief
----------------------------	---

Local Agency Participants	Title	Area(s) of Responsibility
Cindy Joyce	Income Maintenance Administrator	All Economic Services Programs
Sharon Bullins	Income Maintenance Supervisor	Work First (WF), Food and Nutrition Services (FNS), Subsidized Child Care Program

**Introduction:**  
On 2/13/19, Kim Collie from the NC Division of Social Services, Operational Support Team, conducted an on-site consultation to provide technical assistances to Stokes County Department of Social Services Economic Services Program Staff. The OST Representative conducted a review of the following information to target the technical assistance to meet the needs of the local agency:

**Stokes County Economic Services Data and Statistics:**

Measurement:	Percentage/Total:	Period:
FNS County Active Error Rate	0%	Oct 2017-July 2018
FNS Statewide Active Error Rate	4.95%	Oct 2017-July 2018
FNS County Case and Procedural Error Rate	100%	Oct 2017-June 2018
FNS Statewide Case and Procedural Error Rate	31.29%	Oct 2017-June 2018
FNS Applications Timeliness Rate	97.62%	Jan 2019
FNS Recertification Timeliness Rate	99.59%	Jan 2019
FNS Case Data	2583	Jan 2019
FNS Applications	167	Jan 2019
WF Applications Timeliness	100%	Jan 2019
WF Recertification Timeliness	Not Applicable	Jan 2019
WF All Family Participation Rate	0%	Dec 2018
WF Two-Parent Participation Rate	Not Applicable	Not Applicable
WF Case Data	63	January 2019
WF Applications	5	January 2019
CIP Application Timeliness With H/C Source	Not Available	Not Available
CIP Application Timeliness Without H/C Source	Not Available	Not Available

**Quality**

**FNS:**

- The FNS County Active Error Rate is 0%. Four cases were reviewed and determined correct for the period of October 2017-July 2018.
- The FNS County Case and Procedural Error Rate (CAPER) is 100%. Two cases were reviewed and determined to be incorrect for the period of October 2017-July 2018. Errors identified were sending an incorrect notice and requesting information that was not needed.
- The local agency is not on any active Performance Improvement Plan (PIP).

**Work First:**

- Stokes County was last monitored for Work First in November 2017 and is not currently under a PIP. The local agency is not scheduled for Work First Compliance Monitoring in the State Fiscal Year (SFY) 2018/2019.

FNS second party reviews are completed by the supervisor and includes all five-person household cases plus two additional cases completed per worker per month. New workers are audited at 100%. The lead worker will begin assisting with the auditing. Errors are logged by the supervisor and shared with the worker. Patterns are identified and used to determine training needs. The Work First requirement to audit 25% of cases completed each month is being met.

**Timeliness and Work First Participation**

**FNS**

- The local agency met the required 95% timeliness for FNS applications during the last quarter of October-December 2018. The timeliness score for January was 97.62%.
- The agency had an FNS Recertification Timeliness Rate of 98.97% for October-December 2018 and a timeliness rate of 99.59% for January 2019.

#### Work First

- Stoke County's timeliness rate for Work First applications was 100% for January 2019. The local agency had one month that dropped below the required 100% timeliness for Work First applications during the last quarter of October-December 2018. The timeliness score for October was 85.71%. The timeliness score for November was back at 100% and has remained there through January 2019. The recertification average for October-December 2018 was 100%. There were no recertifications due in January 2019.
- The county's Work First caseload is comprised of child only cases so there are no results on the Work Participation Reports.

#### Business Process Review

The business process was discussed regarding late FNS recertifications received in the agency:

- Recertifications are assigned to the lead worker.
- Late recertifications are hand delivered to the workers for processing.
- The supervisor monitors the pending reports at least every other day.
- Many are processed the same day.
- Workers actively pursue the needed verifications.

#### Accountability

The OST Representative discussed the local agency's practices regarding second party reviews and staff accountability to ensure that the local agency meets federal and state goals and objectives regarding timeliness and accuracy.

#### FNS:

- Discussion revealed that the agency has routinely completed second party reviews.
- Findings from the reviews are shared with workers.

#### Work First:

- Discussion revealed that the local agency is completing second party reviews for the Work First program. A minimum of 25% of cases are reviewed per worker per month.

#### Training

OST Representative discussed the local agency's training plan for new employees as well as remedial and corrective action training for seasoned employees. The agency does not currently have a formal, written training plan. The supervisor completes the training for new workers. Remedial training is not much of an issue currently. Supervisor completes training with staff at least once a month. OST recommends that a formal training plan be developed to ensure consistency in training across all programs and amongst workers.

#### Program Policy / Functionality Updates

OST reviewed the following publications:

#### FNS Program:

##### Dear County Director Letters

- 1/7/2019 – FNS Management Evaluation Findings
- 1/11/2019 – February Benefits to be Issued Early as Federal Shutdown Continues
- 1/11/2019 – Federal Shutdown and Food and Nutrition Services Impact
- 1/15/2019 – FNS Management Evaluation Tentative Schedule and Summary of Findings
- 1/16/2019 – Questions and Answers
- 1/22/2019 – Updated Information for FNS Benefits Issued Early
- 2/8/2019 – Food & Nutrition Services Employment & Training Management Evaluation Tentative Schedule
- And Summary of Findings

#### DSS Terminal Messages

- 10/18/2018 - #2018-158 – Posters for the ebtEDGE Mobile Application Launch
- 10/22/2018 - #2018-160 – FNS Customer Complaint Tracking Log
- 12/21/2018 - #2018-193 – Fair Hearings
- 1/2/2019 - #2019-01 – Caseworker Desk Reference

**Work First Program:**

**Dear County Director Letters**

- o 8/15/2018 – Work First Program Performance Monitoring
- o 1/10/2019 – Temporary Assistance for Needy Families State Plan Draft 2019-2022
- o 1/30/2019 – Two Parent Case Manager Survey
- o 2/1/2019 - Applications Time Standard Chart

**DSS Terminal Messages**

- o 2/7/2019 - #2019-21 – Work First Work Recertification Timeliness CSDW Report

**Change Notices**

- o None published since the prior consultation visit

**Administrative Letters**

- o 12/4/2018 - AL 9-2018 – Procedures for Potential Unemployment Insurance Benefit Claims

**Energy Programs**

**Dear County Director Letters**

- o Crisis Intervention Program Outreach Efforts
- o 11/21/2018 – Low Income Energy Assistance Program (LIEAP) – For Information and Action Needed
- o 1/22/2019 – Reallocation of Crisis Intervention Program & Low-Income Energy Assistance Program

**DSS Terminal Messages**

- o None published since the prior consultation visit

**Administrative Letters**

- o None published since the prior consultation visit

**Miscellaneous:**

**Dear County Director Letters**

- o 8/27/2018 – All Program Civil Rights Complaints
- o 11/9/2018 – The Work Number On-Line Employment and Income Verification Service
- o 10/17/2018-FIS ebtEDGE Mobile Application Launch
- o 11/30/2018 – Economic and Family Services Operational Support Team County Assignments
- o 2/7/2019 – Work Number Usage and Screen Changes

**Terminal Messages:**

**NC FAST Communications:**

- o Energy Users-1/14/2019

**Program Staff Concerns**

Staff shared concern over the lack of Energy reports making it challenging to track timeliness in this area and needed assistance with resolving a Work First Outcome Plan issue for a case.

**Follow-up**

The OST Representative and local staff identified the following areas that OST will provide follow-up responses:

- Assistance with an Outcome Plan for a Work First case.
- Map to the Work First report that shows the number of active cases in that program
- Date for the next cluster meetings.

## Attachment IV.

### Mandated Performance Requirements (MOU with DHHS)

All attachments presented in this section of the Agenda will be attached at the conclusion of the minutes.

- a. October 2018
- b. November 2018

### Stokes County – Mandated Performance Requirements – October 2018

Child Welfare – CPS Assessments		North Carolina	Stokes County
	Performance Measure		
1	The County will initiate 95% of all screened-in reports within required timeframes.	88%	100%
2	For all children who were victims of maltreatment during a twelve-month period, no more than 9.1% received a subsequent finding of maltreatment.	11.6%	17.3%
Child Welfare – Foster Care			
1	The County will ensure that 95% of all foster youth have face-to-face visits by the social worker each month.	88%	99%
2	The county will provide leadership for ensuring that 40.5% of children who enter foster care in a 12-month period are discharged to permanency within 12 months of entering foster care.	28.8%	43.6%
3	The county will provide leadership for ensuring that of children who enter foster care in a 12-month period who were discharged within 12 months to reunification, kinship care, or guardianship, no more than 8.3% re-enter foster care within 12 months of their discharge.	3.8%	0.0%
4	The county will provide leadership for ensuring that of all children who enter foster care in a 12-month period in the county, the rate of placement moves per 1000 days of foster care will not exceed 4.1.	5.7	8.6
Child Support			
1	The County will achieve its given annual percentage of paternities established for children born out of wedlock. (Stokes County Goal: 100%)	92.97%	96.14%
2	The County will achieve its given annual percentage of child support cases that are under order. (Stokes County Goal: 88.42%)	84.96%	87.72%
3	The County will achieve its given annual percentage of current child support paid. (Stokes County Goal: 67.98%)	68.23%	69.08%
4	The County will achieve its given annual percentage of cases that received a payment towards arrears. (Stokes County Goal: 61.70%)	51.99%	49.36%
5	The County will meet its annual goal of total child support collections. (Stokes County Goal: \$2,611,292)	32.20%	31.71%



Energy Programs			
1	The County will process 95% of Crisis Intervention Program (CIP) applications within one (1) business day for applicants with no heat or cooling source	92%	n/a
2	The County will process 95% of Crisis Intervention Program (CIP) applications within two (2) business days of the application date for applicants who have a heat or cooling source.	98%	100%
Work First			
1	The County will collect documentation from 50% of all work-eligible individuals that demonstrates completion of the required number of hours of federally countable work activities.	19%	n/a
2	The County will collect documentation from 90% of two-parent families with Work Eligible individuals that verifies that they have completed the required number of hours of federally countable work activities.	14%	n/a
3	The County will process 95% of Work First applications within 45 days of receipt.	96%	86%
4	The County will process 95% of Work First recertifications no later than the last day of the current recertification period.	97%	100%
Food and Nutrition Services			
1	The County will process 95% of expedited FNS applications within 4 calendar days from the date of application.	96%	98%
2	The County will process 95% of regular FNS applications within 25 days from the date of application.	96%	98%
3	The County will ensure that 95% of FNS recertifications are processed on time, each month.	88%	100%
4	The County will ensure that 90% of Program Integrity claims are established within 180 days of the date of discovery.	97%	100%
Adult Protective Services (APS)			
1	The County will complete 95% of APS evaluations involving allegations of abuse or neglect within 30 days of the report.	94%	100%
2	The County will complete 85% of APS evaluations involving allegations of exploitation within 45 days of the report.	96%	100%

Special Assistance (SA)			
1	The County will process 85% of Special Assistance for the Aged (SAA) applications within 45 calendar days of the application date.	89%	100%
2	The County will process 85% of Special Assistance for the Disabled (SAD) applications within 60 calendar days of the application date.	85%	100%
Child Care Subsidy			
1	The County will process 95% of Child Care subsidy applications within 30 calendar days of application date.	98%	100%

\* Red = Did not meet

## Stokes County – Mandated Performance Requirements – November 2018

Child Welfare – CPS Assessments		North Carolina	Stokes County
	Performance Measure		
1	The County will initiate 95% of all screened-in reports within required timeframes.	86%	100%
2	For all children who were victims of maltreatment during a twelve-month period, no more than 9.1% received a subsequent finding of maltreatment.	11.2%	16.6%
Child Welfare – Foster Care			
1	The County will ensure that 95% of all foster youth have face-to-face visits by the social worker each month.	87%	99%
2	The county will provide leadership for ensuring that 40.5% of children who enter foster care in a 12-month period are discharged to permanency within 12 months of entering foster care.	28.1%	45.7%
3	The county will provide leadership for ensuring that of children who enter foster care in a 12-month period who were discharged within 12 months to reunification, kinship care, or guardianship, no more than 8.3% re-enter foster care within 12 months of their discharge.	3.9%	0.0%
4	The county will provide leadership for ensuring that of all children who enter foster care in a 12-month period in the county, the rate of placement moves per 1000 days of foster care will not exceed 4.1.	6.2	11.5
Child Support			
1	The County will achieve its given annual percentage of paternities established for children born out of wedlock. (Stokes County Goal: 100%)	93.99%	96.40%
2	The County will achieve its given annual percentage of child support cases that are under order. (Stokes County Goal: 88.42%)	84.89%	87.06%
3	The County will achieve its given annual percentage of current child support paid. (Stokes County Goal: 67.98%)	68.17%	68.99%
4	The County will achieve its given annual percentage of cases that received a payment towards arrears. (Stokes County Goal: 61.70%)	55.52%	52.36%
5	The County will meet its annual goal of total child support collections. (Stokes County Goal: \$2,611,292)	40.19%	39.62%



Energy Programs			
1	The County will process 95% of Crisis Intervention Program (CIP) applications within one (1) business day for applicants with no heat or cooling source	94%	68%
2	The County will process 95% of Crisis Intervention Program (CIP) applications within two (2) business days of the application date for applicants who have a heat or cooling source.	97%	94%
Work First			
1	The County will collect documentation from 50% of all work-eligible individuals that demonstrates completion of the required number of hours of federally countable work activities.	18%	0%
2	The County will collect documentation from 90% of two-parent families with Work Eligible individuals that verifies that they have completed the required number of hours of federally countable work activities.	30%	n/a
3	The County will process 95% of Work First applications within 45 days of receipt.	99%	100%
4	The County will process 95% of Work First recertifications no later than the last day of the current recertification period.	100%	100%
Food and Nutrition Services			
1	The County will process 95% of expedited FNS applications within 4 calendar days from the date of application.	97%	97%
2	The County will process 95% of regular FNS applications within 25 days from the date of application.	97%	99%
3	The County will ensure that 95% of FNS recertifications are processed on time, each month.	97%	99%
4	The County will ensure that 90% of Program Integrity claims are established within 180 days of the date of discovery.	96%	100%
Adult Protective Services (APS)			
1	The County will complete 95% of APS evaluations involving allegations of abuse or neglect within 30 days of the report.	90%	100%
2	The County will complete 85% of APS evaluations involving allegations of exploitation within 45 days of the report.	97%	100%

<i>Special Assistance (SA)</i>			
1	The County will process 85% of Special Assistance for the Aged (SAA) applications within 45 calendar days of the application date.	89%	100%
2	The County will process 85% of Special Assistance for the Disabled (SAD) applications within 60 calendar days of the application date.	85%	n/a
<i>Child Care Subsidy</i>			
1	The County will process 95% of Child Care subsidy applications within 30 calendar days of application date.	98%	100%

\* Red = Did not meet

## Attachment V.

### Audit of County Medicaid Eligibility Determinations

- a. Letter dated 1/23/19 and letter dated 2/26/18



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

DAVE RICHARD • Deputy Secretary, NC Medicaid

January 23, 2019

Re: Audit of County Medicaid Eligibility Determinations

Dear County Director of Social Services:

The purpose of this letter is to update county directors of social services on the implementation of North Carolina Session Law 2017-57, Section 11H.22., Audit of County Medicaid Eligibility Determinations, effective January 1, 2019. The Office of Compliance and Program Integrity (OCPI) will annually conduct an audit of County DSS/Local Entities for compliance with the accuracy standards set by the legislation for initial Medicaid eligibility determination applications as well as Medicaid reenrollment determinations.

OCPI entered into a contract with Vanguard Professional Staffing to perform the audit beginning January 2019. All 100 counties will be audited over a 3-year cycle, with 30 to 35 counties being audited each year.

The audit will consist of reviewing 200 randomly selected eligibility determinations per county. Twenty cases will be reviewed monthly (10 actives and 10 negatives) to determine the county DSS's compliance with the following accuracy standards:

- Only eligible applicants are approved for Medicaid benefits 96.8% of the time.
- Eligible applicants are not denied/terminated 96.8% of the time.
- The eligibility determination process is free of technical errors that do not change the outcome of the eligibility determination 90% of the time.

It is crucial for each county to identify key county staff to liaise with the contractor during the audit process to eliminate significant findings prior to final audit results. The audit contractor will work remotely and access eligibility information in the NCFast system only. In instances where documentation is missing in NCFast, counties will have five business days to scan missing evidence into NCFast upon receiving the list of cases to be reviewed.

The contractor will provide monthly audit results to the County DSS Director and county liaison, which can be used to track the county's accuracy rate. These results will provide the counties the opportunity to react quickly to conduct policy training in order to eliminate future findings that

**NC MEDICAID**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS**

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh NC 27603  
MAILING ADDRESS: 2501 Mail Service Center, Raleigh NC 27699-2501  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • TEL: 919-855-4100

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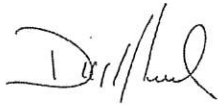
could impact the county's annual accuracy rate. Counties must take appropriate action to correct case findings immediately. If a county fails to meet the annual accuracy rate standards impacting eligibility determinations, the State will conduct a State/County Joint Corrective Action Plan (CAP) until standards are met for three consecutive months to ensure processes are in place to eliminate errors. OCPI will determine an annual accuracy rate per county and report results annually to the General Assembly.

This County Audit Plan falls under Article 2 of Chapter 108A of the General Statutes regarding recoupment of overpayments from a county responsible for the erroneous issuance of Medicaid and North Carolina Health Choice (NCHC) benefits. The Office of the Controller (OOC) will begin the recoupment process for Medicaid and NCHC overpayments identified during the county audit process. County overpayment procedures are addressed in the Dear County Director letter dated February 26, 2018.

OCPI will present a webinar on the County Audit plan and process on or before January 31, 2019. This webinar will be an open forum for questions and guidance regarding the audit process, including procedures for submission of county liaisons contact info to the contractor.

If you have questions, please contact Betty Dumas-Beasley at [Betty.J.Beasley@dhhs.nc.gov](mailto:Betty.J.Beasley@dhhs.nc.gov) or (919) 814-0108.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dave Richard", with a stylized flourish at the end.

Dave Richard





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE

ROY COOPER  
GOVERNOR

M. ANDY COHEN, MD, MPH  
SECRETARY

DAVE RICHARD  
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

February 26, 2018

Dear County Directors of Social Services and County Managers:

**Re: Medicaid and North Carolina Health Choice Overpayment Recoupment Plan**

The purpose of this letter is to inform county directors of social services and county managers of the amendment in Senate law 2017-57 section 11H.22.f that adds Article 2 of Chapter 108A of the General Statutes regarding recoupment of overpayments from a county responsible for the erroneous issuance of Medicaid and North Carolina Health Choice (NCHC) benefits. The amendment reads:

- (a) A county department of social services shall be financially responsible for the erroneous issuance of Medicaid benefits and Medicaid claims payments resulting when the county department of social services takes any action that requires payment of Medicaid claims for an ineligible individual, for ineligible dates, or in an amount that includes a recipient's liability and for which the State cannot claim federal participation.
- (b) Notwithstanding subsection (a) of this section, a county department of social services shall not be financially responsible for the erroneous issuance of Medicaid benefits and Medicaid claims payments resulting from a failure or error attributable solely to the State.
- (c) The amounts to be charged back to a county department of social services for erroneous payments of claims shall be the State and federal shares of all erroneous payments, not to exceed the lesser of the amount of actual error or claims payment.

Division of Medical Assistance (DMA) will begin the recoupment process for Medicaid and NCHC overpayments identified during SFY 2017 audits. Erroneous issuance discovered during the following audits: Single Audit Compliance; Payment Error Rate Measurement (PERM); Medicaid Eligibility Quality Control (MEQC); and any other state/federal audit. The Division will also recoup from the county any amounts paid by the "beneficiary" relating to deductibles, co-pay, co-insurance, premiums, and PML as a result of the erroneous eligibility and/or incorrect calculation of the PML.

[WWW.NCDHHS.GOV](http://WWW.NCDHHS.GOV)  
TEL 919-855-4100

LOCATION: 1985 U.S. 101 DRIVE • KIRBY BUILDING • RALEIGH, NC 27603  
MAILING ADDRESS: 2501 MAIL SERVICE CENTER • RALEIGH, NC 27699-2501  
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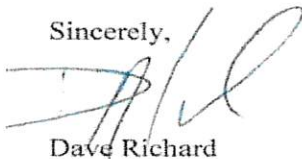
The following procedures are set up with the Division of Medical Assistance (DMA), Office of Compliance & Program Integrity, Office of Controller (OOC), DMA Finance, Third Party Recovery (TPI) and county department of social services (DSS).

- The Office of Compliance & Program Integrity (OCPI), through the Office of Controller Office (OOC) Accounts Receivable (AR) Section will issue a notice of recoupment letter to each impacted county department of social services (DSS) for the full erroneous payment amount. The notice of recoupment letter will include email address and phone number for the DSS Director or DSS Finance Officer.
- The OOC will generate an invoice to include the division's EIN number, the company code, account and center information for each county, using the Miscellaneous Billing process.
- The OOC will either email or mail the invoice and the notice of recoupment letter to the county based on the information provided by Office of Compliance & Program Integrity.
- Funds should be received at OOC office within 60 days from notification. The OOC will reimburse the "beneficiary" their out of pocket expenditures.
- A copy of the invoice and backup information will be sent to Eligibility Services for their records.
- The OOC AR section will monitor and execute against the ACA requirement to refund the Federal share by one year from discovery of the erroneous payment.
- The DMA TPI team will ensure claims history is updated to show recovery of the erroneous payments and ensure no future re-processing would be allowed.

As a reminder, county staff should continue to work closely with auditors to rebut Medicaid errors prior to auditors exit interviews with county managers; conduct policy training on identified errors for future error prevention and send in recoupment payments within 60 days of receipt of letter and invoice.

If you have any questions, please contact Karen Taylor with the Office of Compliance & Program Integrity Division at (919) 814-0152.

Sincerely,



Dave Richard



Wayne Black

**Attachment VI.**

**Report to the Joint Legislative Oversight Committee on Health and  
Human Services by the Division of Health and Human Services – HB  
630 Regionalization Recommendations**

STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

February 22, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 308, Legislative Office Building  
Raleigh, NC 27603

The Honorable Josh Dobson, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 307B, Legislative Office Building  
Raleigh, NC 27603

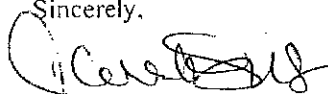
The Honorable Donny Lambeth, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 303, Legislative Office Building  
Raleigh, NC 27603

Dear Chairmen:

Session Law 2017-41, Section 1.1 requires the Department of Health and Human Services to develop a plan for establishing regional offices charged with supervision of administration of social services at the local level and submit this plan to the Joint Legislative Oversight Committee on Health and Human Services. Section 2.1.(e) further requires the Department to submit to the Joint Legislative Oversight Committee on Health and Human Services any recommendations for legislative changes necessary to implement the reform plan. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

If you have questions about this report, please contact Michael Becketts, Senior Director for Policy, Planning and Special Populations, at 919-855-4800.

Sincerely,



for Mandy Cohen, MD, MPH  
Secretary

cc:	Mark Benton	Katherine Restrepo	Marjorie Donaldson	Lisa Wilks
	Theresa Matula	Rod Davis	Joyce Jones	Erin Matteson
	Matt Gross	Rob Kindsvatter	Michael Becketts	Tara Myers
	Susan Perry-Manning	Zack Wortman	<a href="mailto:reports@ncleg.net">reports@ncleg.net</a>	Deborah Landry
	Steve Owen	Mark Collins	Jessica Meed	Denise Thomas

WWW.NCDHHS.GOV

TEL 919-855-4800 • FAX 919-715-4645

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MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Plan for Regional Supervision and Support of Social Services  
and Child Welfare Programs

Session Law 2017-41



Report to  
The Joint Legislative Oversight Committee on Health and  
Human Services

By  
Department of Health and Human Services

February 22, 2019

## Table of Contents

Overview .....	2
Summary .....	2
Background .....	2
Process for Developing DHHS Recommendations .....	3
Goals .....	3
SECTION I: IMPLEMENTING REGIONAL SUPERVISION OF LOCAL SOCIAL SERVICES AND CHILD WELFARE PROGRAMS .....	4
A. Geographic Regions .....	4
B. Roles and Responsibilities .....	5
C. Staffing .....	8
D. Operational Needs .....	13
SECTION II: RECOMMENDED LEGISLATIVE CHANGES .....	14
A. Child Fatality Review Process .....	15
B. Family First Prevention Services Act - Criminal Record and Registry Checks for Adults working in Group Homes and Residential Facilities .....	15
C. Multi-Ethnic Placement Act Compliance .....	16
D. Modification to the NC Reach Program .....	16
E. Social Services Board Training .....	16
F. Child Support Court Reform .....	17
G. Conflicts of Interest .....	18
H. Publicly Funded Guardians .....	18
SECTION III: OTHER KEY ENABLERS OF IMPROVED CHILD WELFARE AND SOCIAL SERVICES .....	19
A. County Staffing Capacity .....	19
B. Child Welfare and Social Services Workforce Development, Recruitment and Retention .....	20
SECTION IV: SUMMARY OF RECOMMENDATIONS FOR CHILD WELFARE AND SOCIAL SERVICES REFORM ...	20

## Overview

### Summary

NC Session Law 2017-41, Rylan's Law<sup>1</sup> requires the Department of Health and Human Services (DHHS) to submit *"a plan [to the Joint Legislative Oversight Committee on Health and Human Services] that outlines regional supervision of and collaboration by local social services programs,"* by November 15, 2018 and also requires DHHS to submit *"preliminary recommendations to the Committee no later than October 1, 2018, regarding legislative changes necessary to implement ...a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement."*

This report is organized in four sections. Section I presents a proposed plan for implementing regional supervision of local child welfare and social services programs. Section II describes recommended legislative changes to support implementation of select recommendations prepared by the Center for Support of Families. Section III includes additional recommendations that, if addressed, would be key enablers for improving the state's social services and child welfare systems – including addressing county staffing capacity needs. Section IV summarizes the report's recommendations.

### Background

NC Session Law 2017-41, Rylan's Law<sup>2</sup>, Part I, Section 1.1 requires the Department of Health and Human Services (DHHS) to submit *"a plan [to the Joint Legislative Oversight Committee on Health and Human Services] that outlines regional supervision of and collaboration by local social services programs."*

Rylan's Law, Section 2.1(e), also requires DHHS to submit *"preliminary recommendations to the Committee, regarding legislative changes necessary to implement the reform plan"* prepared by a third-party organization, the Center for Support of Families (CSF). CSF was selected through a bidding process led by the Office of State Budget and Management in consultation with DHHS as directed by Rylan's Law, and was charged with developing *"a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement."*

Rylan's Law prescribed a timeline of activities to inform the development of this report. First, the law created the Social Services Regional Supervision and Collaboration Working Group (SSWG), an eighteen-member committee consisting of legislators, Department officials, county commissioners, members of the judiciary, social services directors, and other key stakeholders. The University of North Carolina School of Government was required to convene the SSWG. Specifically, Rylan's Law directed the SSWG to prepare two reports, the first of which was submitted to the General Assembly in April 2018 and is publicly available.<sup>3</sup> In it, the SSWG drafted recommendations on the size, number, and location of regional state offices; the allocation of responsibility between and among the central State office, new regional offices, and local/county offices; and methods by which the regional offices might share information with county

<sup>1</sup> NC Session Law 2017-41, Rylan's Law: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H630v6.pdf>

<sup>2</sup> NC Session Law 2017-41, Rylan's Law: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H630v6.pdf>

<sup>3</sup> SSWG reports: <https://www.sog.unc.edu/resources/microsites/social-services/reports>



offices. The SSWG's second report<sup>4</sup> to the General Assembly was completed in December 2018 and focuses on inter-county collaboration and regional administration.

Second, Rylan's Law directed *"a third-party organization to develop a plan to reform the State supervision and accountability for the social services system."* This third-party organization was to evaluate DHHS' current capacity to oversee and support the state's overall social services system; develop a strategic vision for the system with a specific emphasis on state and regional leadership and governance; create a plan for data collection, analysis, and use; and detail a reform plan that would *"improve outcomes for children and families, enhance State supervision of local social services administration, [and] improve accountability for outcomes in social services at the local, regional, and State levels."* Concomitantly, the third-party organization was required to evaluate and submit additional recommendations to specifically reform the State's child welfare system.

The Office of State Budget and Management, in consultation with DHHS, selected the Center for the Support of Families (CSF) to fill this role. CSF began to develop a plan of action in March 2018. CSF submitted its preliminary report on August 31, 2018<sup>5</sup>. CSF will complete its second report, which will expand on its recommendations, no later than March 31, 2019.

### Process for Developing DHHS Recommendations

The recommendations presented by both the SSWG and CSF included significant external stakeholder input gathered through both surveys and focus groups held across the state. DHHS senior leadership (Principal Deputy Secretary, Assistant Secretary for Human Services, and Child Welfare Director) actively participated as members of the SSWG. Further, the Secretary's leadership team, as well as various division directors and section chiefs within social services and a variety of DHHS subject matter experts across enterprise functions (e.g., budget, business operations, human resources, information technology, legal) engaged in informing the CSF report. The recommendations in the CSF and SSWG reports were carefully analyzed by DHHS and have significantly informed the recommendations presented in this report.

### Goals

DHHS also considered the following goals in developing recommendations:

- All North Carolina citizens should have equal access to whole person-centered, high-quality social services that:
  - Protect the safety, security, and well-being of children and vulnerable adults.
  - Ensure children get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.
  - Promote family economic independence and self-sufficiency.
  - Support individuals with disabilities and older adults in leading healthy and fulfilling lives.
- North Carolina's social services system should produce better outcomes for the citizens it serves and deliver maximum value to its customers, communities, and tax-payers by:
  - Providing high-quality training and professional development to support a well-qualified social services workforce.

<sup>4</sup> SSWG reports: <https://www.sog.unc.edu/resources/microsites/social-services/reports>

<sup>5</sup> CSF report: <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>



- o Leveraging existing resources and partnerships.
- o Implementing processes to ensure effective, ongoing communication and feedback among stakeholders.
- o Implementing systems to ensure transparency, accountability, strong fiscal stewardship, and continuous quality improvement.

## SECTION I: IMPLEMENTING REGIONAL SUPERVISION OF LOCAL SOCIAL SERVICES AND CHILD WELFARE PROGRAMS

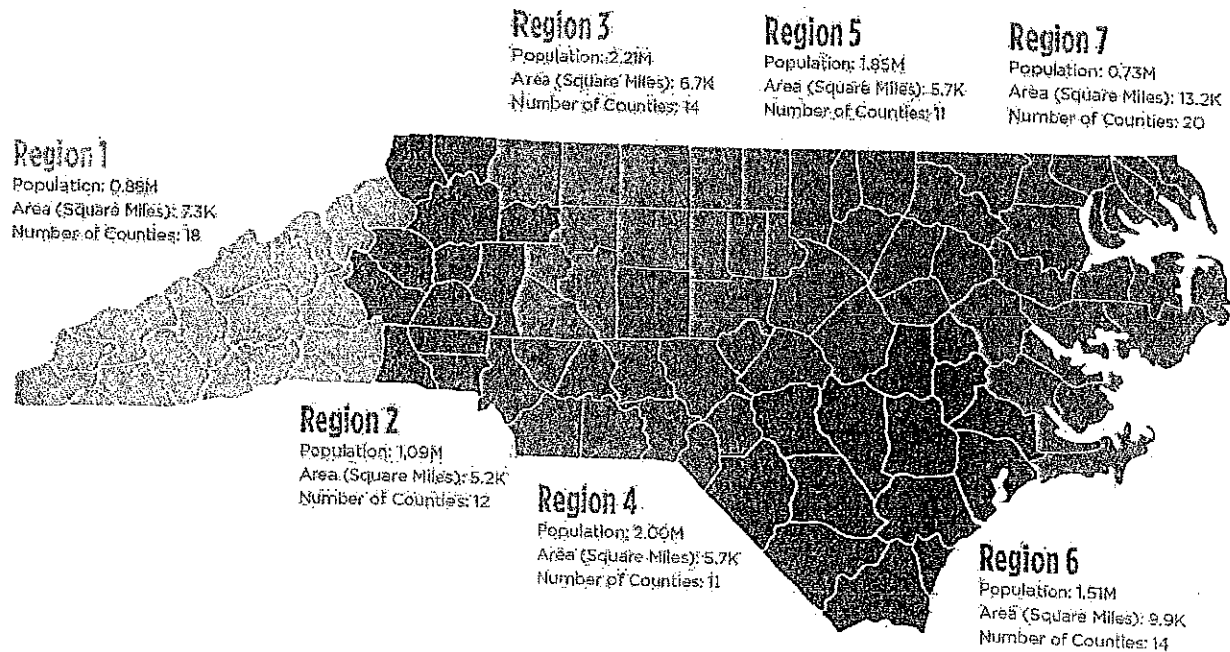
### A. Geographic Regions

The Department reviewed the recommendations for regions from CSF and SSWG, reviewed existing regional constructs, and assessed current caseloads and performance improvement plans for county delivered social services and child welfare. Based on that review, the Department concurs with the recommendations from the SSWG regarding the following guiding principles related to how regional offices are ultimately established.

- No county should be split into different regions.
- Regions should be contiguous.
- Total county population and population served by each region should be comparable.
- Total geographic size should be comparable. This will allow the State to set up offices in naturally centralized locations and make it easier for staff to travel to their constituent counties.
- To the extent possible, judicial districts should not be disrupted. The child welfare system is inextricably linked to the court system.
- Regions should strive to preserve natural networks that have developed over time. Under our present system, many practitioners have built long-term professional relationships across county lines. A regional map should allow support for those networks to the extent possible.

The SSWG Phase I report offered two options – one with seven (7) regions and the second with (5) regions. Fewer regions would require that each region be larger in land area. For example, five regions would create a region of twenty-seven (27) counties encompassing 15,300 square miles, a more significant territory for regional representatives to cover. Since one of the purposes of regions is to place State personnel in more proximate locations to the counties that they serve, ~~we instead recommend the alternate SSWG proposal of seven (7) regions.~~ Five regions would result in some cost savings, but the level of on-site support and monitoring and in-person training would be reduced based on region size and travel times. Further, local Department of Social Services (DSS) directors and staff would also have to spend more time traveling to a central location for meetings and trainings and have less time with the regional staff. Many of the DSS directors have expressed a need to be able to develop strong relationships with DHHS staff through frequent interaction. The seven (7) region map, as developed by the SSWG, is depicted in Figure 1.

Figure 1. Proposed Seven Region Map



**Recommendation 1:** Establish seven (7) regions for regional supervision of county-administered child welfare and other social services. Counties within each region should be contiguous. DHHS further recommends that any legislation directing the establishment of regions allow for flexibility in determining which counties fall within each of the regions. This will allow DHHS to make small adjustments as needed based on changes to judicial districts, new county level partnerships, significant population caseload changes, etc.

## B. Roles and Responsibilities

The SSWG report tasks regional offices with nine (9) functions to strengthen support and supervision to counties:

- 1) best practice dissemination,
- 2) compliance monitoring,
- 3) fiscal monitoring,
- 4) integrated data systems and recordkeeping,
- 5) interagency coordination,
- 6) policy guidance and technical assistance,
- 7) quality improvement,
- 8) staffing standards and support, and
- 9) training.

Across these nine functions, a total of forty (40) duties are assigned to the central office and forty-five (45) duties are assigned to the regional offices. The Department concurs with the SSWG's general designation of key functions and responsibilities, as described in Table 1. The Secretary holds general

organizational and executive authority to set these expectations and responsibilities as a matter of departmental policy<sup>6</sup>.

**Table 1. SSWG Key Functions and Responsibilities**

Category	Central Office	Regional Office
Best Practice Dissemination	<ul style="list-style-type: none"> <li>Identify and select best practices that can be implemented statewide</li> <li>Facilitate the implementation of best practices statewide through resource provision and guidance</li> <li>Respond to feedback regarding best practices and make final determination regarding statewide applicability</li> <li>Promote a culture of innovation that allows for improvement on practice models and strategies</li> </ul>	<ul style="list-style-type: none"> <li>Support local agencies in the implementation of best practices through training and resource provision</li> <li>Assess innovative practice strategies developed by local agencies for region-wide or statewide applicability</li> <li>Facilitate sharing of best practices at the regional and local levels when appropriate</li> <li>Share information with central office regarding best practice implementation at the regional and local levels</li> </ul>
Compliance Monitoring	<ul style="list-style-type: none"> <li>Establish statewide plan for routine compliance monitoring</li> <li>Provide tools that facilitate/support compliance monitoring and risk assessment</li> <li>Oversee regional offices to ensure timely, coordinated, and consistent monitoring across regions</li> <li>Make final determination regarding corrective action and state intervention in local administration</li> </ul>	<ul style="list-style-type: none"> <li>Perform compliance monitoring as provided in statewide plan and in accordance with the written agreement required by G.S. 108A-74; coordinate scheduling of compliance monitoring activities across programs for local social services agencies ("local agencies") within the region</li> <li>Work with local agencies to develop corrective action plans and oversee implementation of those plans</li> <li>Support local agencies in their efforts to monitor compliance internally</li> <li>Share, interpret, and discuss monitoring results and dashboard data with agency directors</li> <li>Maintain open communication with local agencies and others in the county regarding compliance duties, challenges, and successes</li> </ul>
Fiscal Monitoring	<ul style="list-style-type: none"> <li>Steward federal and state funds and manage reporting obligations</li> <li>Establish statewide plan for routine fiscal monitoring</li> <li>Oversee regional offices to ensure timely, coordinated, and consistent fiscal monitoring across regions</li> <li>Make final determination regarding corrective action and state intervention in local administration</li> </ul>	<ul style="list-style-type: none"> <li>Perform fiscal monitoring</li> <li>Coordinate scheduling of fiscal monitoring activities across programs for local agencies across region</li> <li>Support local offices in their efforts to effectively develop and manage their budgets internally</li> <li>Maintain open communication with local agencies and others in the county regarding fiscal condition</li> <li>Work with the local agencies to identify resource gaps or a need for re-basing at the local level; communicate those needs to the central office</li> </ul>
Integrated Data Systems and Record-Keeping	<ul style="list-style-type: none"> <li>Establish and maintain statewide, dependable, electronic, program-specific data systems to support service provision and recordkeeping</li> <li>Ensure that systems comply with applicable federal and state laws</li> <li>Provide regional offices and local agencies with regular reports that are timely and accurate</li> <li>Support regional staff with effective data analytics</li> </ul>	<ul style="list-style-type: none"> <li>Provide technical assistance to local agencies to support accurate data collection, proper recordkeeping, and timeliness</li> <li>Gather feedback from local agencies as issues arise to recommend improvements and updates to data systems</li> <li>Provide support for pilot counties involved with implementing changes to data systems</li> </ul>

<sup>6</sup> See, generally, provisions of G.S. 143B, the Executive Organization Act of 1973.

Category	Central Office	Regional Office
	<ul style="list-style-type: none"> <li>• Provide training and technical support to regions and local agencies related to data systems and recordkeeping</li> <li>• Respond to feedback received from local agencies and regional offices regarding data systems</li> <li>• When data systems must be replaced or modified, coordinate and stage pilot projects and roll-outs on a regional basis</li> </ul>	
Interagency Coordination	<ul style="list-style-type: none"> <li>• Establish policies to outline when and how interagency and inter-region coordination is required; examples include the management of conflict of interest (COI) cases and coordination of resource deployment in emergencies</li> <li>• Develop protocols for coordinating with state agencies other than DHHS, such as emergency management, and help manage efforts that involve other agencies</li> <li>• Assist with coordination efforts that involve multiple regions or are being implemented statewide</li> <li>• Establish system to track assets and staff available to be deployed or shared with other local agencies in emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Provide support to a local agency that is in need of assistance from other agencies</li> <li>• If local agencies are not able to reach a resolution related to the provision of assistance or resource-sharing, make decisions as necessary to ensure that service needs are met; for example, this may involve (1) assigning COI cases to agencies consistent with state policy or (2) assigning responsibility for processing County A's economic services applications to County B if County A's information technology system is temporarily compromised and unavailable</li> <li>• Coordinate with other regions when additional resources or support are needed</li> <li>• Monitor local policies or plans related to coordination, such as emergency management plans and COI policies</li> <li>• Track assets and staff available to be deployed to other local agencies in emergencies</li> </ul>
Policy Guidance and Technical Assistance	<ul style="list-style-type: none"> <li>• Establish and maintain statewide program policies that are consistent with state and federal law</li> <li>• Crosswalk policy with other departments (Division of Aging and Adult Services, Division of Medical Assistance, Division of Health Service Regulation, Administrative Office of the Courts, etc.) to ensure consistency</li> <li>• Provide support and guidance to regional offices in the implementation of statewide policy and the supervision of local agencies</li> <li>• Provide policy updates to regional offices in a timely manner to ensure consistency in implementation</li> <li>• Review and react to feedback from regional offices and local agencies; update policy accordingly</li> </ul>	<ul style="list-style-type: none"> <li>• Provide policy guidance and technical assistance that is both directed by regional/central office and requested by the local agency</li> <li>• Support local agencies in the consistent implementation of policy with training and technical assistance</li> <li>• Promote the consistent implementation and interpretation of policy between and within regions through policy expertise</li> <li>• Use data analytics and other sources of information to identify situations or challenges that may stem from inappropriate interpretation and application of law or policy and work with the local agency to evaluate and align practices when necessary</li> <li>• Maintain a proactive relationship with central office that increases timeliness and consistency of implementation</li> <li>• Receive and respond to feedback from local agencies about policy guidance</li> <li>• Provide feedback to central office regarding any disconnect between law, policy, and/or practice</li> <li>• If policy questions or concerns arise and are addressed at the local level, share relevant information across county or regional lines when appropriate</li> </ul>
Quality Improvement	<ul style="list-style-type: none"> <li>• Develop policies regarding continuous quality improvement (CQI) expectations</li> <li>• Provide tools that facilitate CQI activities</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor quality of service delivery in local agencies using dashboard data and other available information sources</li> </ul>

Category	Central Office	Regional Office
	<ul style="list-style-type: none"> <li>Utilize the statewide performance dashboard to develop CQI activities</li> <li>Evaluate data from the statewide performance dashboard for trends and best practices relevant to statewide performance</li> </ul>	<ul style="list-style-type: none"> <li>Provide training, technical assistance, and support to local agencies for CQI activities, such as assisting with the interpretation and use of available statewide data and CQI tools</li> <li>Utilize regional and local performance dashboards (subsets of the statewide dashboard) to assist local agencies in developing CQI activities</li> <li>Evaluate data relevant to regional and local performance dashboards for trends and best practices relevant to regional and agency-specific performance</li> </ul>
Staffing Standards and Support	<ul style="list-style-type: none"> <li>Establish and maintain statewide minimum qualifications requirements for all central, regional, and local positions</li> <li>Provide support, guidance, and oversight in unresolved human resource (HR) conflicts</li> <li>Identify workforce gaps and possible solutions</li> <li>Recruit and retain high-quality staff at the central and regional levels</li> </ul>	<ul style="list-style-type: none"> <li>Participate in development and revision of minimum qualifications requirements to ensure that they adequately account for local needs and challenges</li> <li>Monitor local agencies for compliance with minimum qualifications requirements</li> <li>Provide HR expertise to local agencies upon request</li> <li>Provide feedback to directors and supervisory staff at the local level regarding staff performance based on data analytics, monitoring, and other interactions</li> <li>Recruit and retain high-quality staff at the regional level</li> </ul>
Training	<ul style="list-style-type: none"> <li>Establish and maintain statewide curriculum and training standards</li> <li>Establish and maintain "train the trainer" curriculum and support for regional staff</li> <li>Ensure consistent training across regions</li> <li>Ensure that training is timely, accessible, and able to accommodate all regional and local staff</li> </ul>	<ul style="list-style-type: none"> <li>Provide "train the trainer" curriculum and support to directors and supervisory-level staff at the local level</li> <li>Provide training related to root-cause analysis and budgeting</li> <li>Provide training to local staff directly when appropriate</li> <li>Maintain a "bank" of training resources accessible to local agencies</li> <li>Monitor compliance with training mandates at the local level to ensure competency and consistency</li> <li>Identify training needs within the region using data analytics and respond accordingly</li> </ul>

### C. Staffing

#### Approach:

Moving to a model of regional supervision of county social services agencies requires both staffing for the regions and adjustments to the current central office structure to ensure clear lines of supervision, responsibility, accountability, and effective use of resources. The Department began its process of evaluating staffing needs by reviewing the current organizational structures and positions for all social services and child welfare services and identifying which positions could be redeployed or realigned to support an improved, regional structure of supervision and support to counties.

#### Regional Staffing Structure:

Both the CSF and SSWG Stage 1 reports recommended that each region be staffed with positions to cover all social services and child welfare areas, which are:

1. *Aging and Adult Services*: adult protective services, direct guardianship services and oversight of county guardianship, State and County Special Assistance cash supplement program for residential services, and administration of Social Services Block Grant funds which support an array of services including congregate and home-delivered meals and transportation.
2. *Child Support Services*: location, establishment of paternity, establishment or modifying of child support orders, enforcement of child support orders, and collection and processing of child support ordered payments.
3. *Child Welfare Services*: child protective services, prevention and in-home services, foster care, adoption, kinship care, and financial administration, including federal Title IV-E funds.
4. *Economic Services*: Food and Nutrition Services (FNS, formerly known as Food Stamps), Disaster Supplemental Nutrition Assistance Program (DSNAP), low-income energy programs, Work First cash assistance, and refugee assistance.

The CSF report recommended a total of 22 positions per region. While the SWG Stage 1 Report did not specify the total number of positions recommended for each region, the following positions were identified and illustrated in Table 2.

**Table 2. Proposed Staffing Model**

Position	Description
Regional Director	<ul style="list-style-type: none"> <li>• Serve as liaison between assigned counties and central office staff</li> <li>• Monitor counties in region to identify areas of concern</li> <li>• Facilitate central office supervision of counties within region, which may include activities such as coordinating monitoring visits, scheduling needed training for county directors or staff, or providing local support for state oversight of a corrective action plan.</li> </ul>
Administrative Staff	<ul style="list-style-type: none"> <li>• Office support</li> <li>• Human resources (HR) support</li> <li>• Other duties as assigned</li> </ul>
General Technical Assistance	<ul style="list-style-type: none"> <li>• Staff with expertise to provide support and training in generalized fields, such as HR, budget, and information technology</li> <li>• Depending on needs and resources, staff may be assigned to a region or may rotate between regions</li> </ul>
Program Consultants	<ul style="list-style-type: none"> <li>• Staff with program-specific knowledge (e.g., child welfare, adult services, Medicaid, food and nutrition, child support)</li> <li>• Each region would have some program consultants assigned to the region, but the mix and number would vary from region to region</li> <li>• Regions may permanently share a program consultant in some instances</li> <li>• Regions may temporarily share program consultants with another region to assist when there is a vacancy or an intensive need for support in the other region</li> <li>• If a region does not have a program consultant for a program, central and regional directors would have flexibility to provide program consultant support from the central office or to make other arrangements as appropriate to ensure that local social services agencies have access to adequate support and supervision</li> </ul>

DHHS concurs with the approach recommended by the SSWG and has identified a proposed staffing structure for the regions based on caseloads, complexity of the program, and current staffing and performance.

Below is a chart of the proposed staffing structure for each region. The regional offices will be managed by directors who will report directly to the Assistant Secretary for County Operations to ensure a strong link to DHHS leadership, consistency in decision-making, and application of policy across regions.

**Table 3. Proposed Regional Office Structure**

<b>Role</b>	<b>Number of Positions</b>	<b>Function</b>
<b>Leadership</b>		
Regional Director	1	Provide administrative direction and oversight to each regional staff member and function, develop strong relationships with county leaders, and liaise with the central office
Administrative Assistant	1	Provide clerical support for each regional office
<b>Aging and Adult Services</b>		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program
<b>Child Support</b>		
Continuous Quality Improvement Specialist/Trainer	2	Provide technical assistance, policy interpretation, training and monitoring of county performance in the areas of Adult Protective Services/Guardianship, Social Services Block Grant services, and State-County Special Assistance Program
<b>Child Welfare</b>		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of program performance for child protective services and prevention and in-home services, foster care, adoption, and kinship care
Trainer	2	Deliver regional/onsite training sessions for 1) child protective services and prevention and in-home services policy and best practices, and 2) foster care, adoption, and kinship care policy and best practices
<b>Economic Services</b>		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services
<b>Fiscal Support</b>		
Local Business Liaison	2	Help counties maximize federal funds for social services, establish sound administrative procedures, and develop their social services budgets

#### Additional Staffing Needs:

In addition to the regionally based positions described in the section above, DHHS also carefully analyzed the SSWG and CSF reports and current central office staffing to determine its capacity to support a new regional structure and an improved child welfare and social services system.

The CSF report identified the following resource deficiencies that DHHS has sought to address in its additional proposed staffing needs:

*"There are five primary resource issues that must be addressed in order to successfully reform the current social services system: inconsistent policy development and dissemination; deficiencies in workforce development in the form of staff training; a lack of high quality community resources; underserved populations in need of mental health services; and no easy access to reliable program and performance data...The need for clear, consistent, accessible and timely policy and training was raised during focus groups, stakeholder interviews and calls, document reviews, and county and state-level conferences and meetings. The need for improved access to high-quality training cut across social services programs and was strongly voiced by counties of all sizes, types, and tier ranking."*

DHHS has determined that with appropriate restructuring, central office staffing is adequate with the following important exceptions:

- Two (2) additional quality control and program integrity staff for completing the federally required On Site Review Instrument (OSRI) process for all 100 counties.

*Rationale:* States are required to use the OSRI on a percentage of all child welfare cases as part of the federal monitoring process. Currently, DHHS currently has 5 OSRI Quality Control/Program Integrity staff who conduct the review for some counties, while other counties conduct their own self-reviews. Previously, DHHS delegated this responsibility to certain counties due to resource constraints. DHHS should assume the role of quality control/program integrity for all counties to reduce this burden on counties and ensure equitable treatment and accountability.

- One (1) distance learning manager and four (4) curriculum specialists (2 child welfare, 1 economic services, and 1 aging and adult services curriculum specialist) to support a modernized approach to delivering child welfare and social services training that will ensure greater access to high-quality, interactive, in-depth training for county staff.

*Rationale:* County departments of social services experience turnover of a full third of their staff each year in many cases, and the demand for well-qualified and trained staff is high. At the same time, child welfare and social services policy and service delivery is increasingly complex due to continuous changes in best practices, federal and state policy and laws, technology, and accountability for outcomes. High-quality training must be accessible across the state and available with sufficient frequency to meet demand. The state has not capitalized on new approaches to training that allows high-touch, interactive training and coaching that is delivered remotely.

- Four (4) business analyst liaisons to work within each program area to identify and create requirements for improvements or replacements for current technology programs supporting county implementation of child welfare and social services.

*Rationale:* Technology products used to support child welfare and social service delivery require well-developed business requirements that specify what the product needs to do, how, and for what purpose. Further, technology must be continuously improved to increase productivity and



remain current with new practices and requirements. Currently, there are no business analyst liaisons embedded in the program areas.

- Two (2) technical writers to support policy staff in writing and updating policy manuals, guidance, and other communications to support counties in implementing high-quality child welfare and social services. Currently, there are no technical writers.

*Rationale:* Counties need easy-to-read, updated policy manuals, guidance and ongoing communications to stay current on federal and state requirements and best practices.

- Two (2) Trainers for Aging and Adult Services: Deliver regional/onsite training sessions for: 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program. Rather than put a trainer for Aging and Adult Services in every region, DHHS believes that two trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Aging and Adult Services.
- Three (3) Trainers for Economic Services: Deliver regional/onsite training sessions on: 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services. Rather than put a trainer for Economic Services in every region, DHHS believes that three trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Economic Services.
- Two (2) Fiscal Monitors: Audit county compliance with federal and state reporting rules, appropriate separation of duties, and internal controls. In addition, Fiscal Monitors communicate and coordinate audit findings, responses, follow-up, and resolution with Office of the Controller, DHHS Office of Internal Audit, and Office of the State Auditor. Currently there are two fiscal monitors who are not able to cover all counties well.
- Four (4) Data Analysts to both provide technical assistance to counties in analyzing and using data to improve practice and identify needs and conduct state level data analysis for continuous quality improvement and accountability in the areas of child welfare, child support, economic services, and aging and adult services. Currently there are no data analysts to support counties.
- Four (4) Policy Consultants to provide higher-level policy consultation and information to counties – two (2) for child welfare, and one each for aging and adult services, and economic services. Currently there are policy consultants to support counties.

#### Positions Repurposed/Needed:

Maximizing efficient use of existing personnel was a top priority in developing the reorganization plan. DHHS conducted extensive analyses which resulted in recommendations to repurpose/redeploy exiting central and home-based staff and identify the number of new positions needed. We have determined that one-hundred and four (104) positions can be repurposed/redeployed from existing positions and forty-three (43) new positions are needed.

While DHHS recognizes that counties also need support and consultation in human resources, we do not recommend establishing human resources consultants outside of the Office of State Human Resources (OSHR). OSHR provides support to counties through its Local Government Support Office. This small team is dedicated to providing consultation on human resources for counties. If additional support is needed, expanding this team could be explored.

DHHS recommends moving forward with repurposing/redeploying one-hundred and four (104) positions to support regionalization, repurposing/redeploying all managerial staff needed to support

regionalization in the central office, and phasing in funding and positions to support forty-three (43) new regional and central office staff described above. DHHS further recommends prioritizing staffing to improve the child welfare system and moving to full implementation of a regional model (with offices) by March 2022.

**Recommendation 2:** Appropriate funding and positions in fiscal year 2019-20 to support 11 new staff to improve regional supervision and support of child welfare services, and direct DHHS to establish seven regions for regional supervision of child welfare and begin providing oversight and support within those regions beginning in March 2020 as required by Rylan's Law.

**Recommendation 3:** Appropriate funding and positions in fiscal years 2020-2021 and 2021-2022 to support 32 new staff to improve regional supervision and support of social services, and direct DHHS to begin providing oversight and support for all social services within those regions beginning in 2022 with periodic review of regional staffing needs and functions.

#### D. Operational Needs

Most of work done regionally should occur inside county agencies, providing direct support and monitoring activities tailored to the needs of the individual agencies. Further, as is current practice, field staff will have home offices or set up temporary work space as needed within local DSS agencies.

However, DHHS concurs with the recommendations from the SSWG that regional "bricks and mortar" offices would be optimal to facilitating high-quality regional supervision to support: 1) on-site trainings and other educational events in-person or via distance-learning technologies; 2) meetings with counties, stakeholders, partners, and staff; and 3) coordination and appropriate supervision among the staff for each region. DHHS recommends that regional offices include:

- a training/meeting space large enough to accommodate fifty (50) persons;
- a conference room with space to accommodate up to thirty (30) participants;
- four (4) to six (6) private offices and an area of cubicles or communal space to house other regional staff who may, from time to time, need remote work space in the office;
- An appropriate workspace and other appropriate technologies, particularly video and teleconferencing platforms, necessary to fulfill the role.

Existing State properties – including those occupied by DHHS, other agencies, or technical colleges – may have appropriate existing space, while some locations may require build-to-suit office space due to market availability. Locations, once determined, would be subject to leasing option discussions and standard procurement processes for renovations to ensure compliance with state procurement laws, rules, and regulations. The Department's Division of Property and Construction (DPC) made a general estimate of the space necessary to satisfy these requirements, approximately 4,831 square feet per regional office. Table 4 provides a sample of space and costs estimates, and is only for illustration purposes.

Table 4. Sample Space Analysis and Cost Estimate

## DIVISION OF PROPERTY AND CONSTRUCTION

### Office Space Analysis and Cost Estimates

Region	County	Area of Office	Cost per Sq. Ft.	Monthly Cost	Other Comments
1	Burcombe County	Asheville	\$22.00	\$106,282.00	High likelihood of leasing existing office space through bid process
2	Iredell County	Statesville	\$17.00	\$82,127.00	High likelihood of leasing existing office space through bid process
3	Gulford County	Greensboro	\$18.00	\$86,958.00	High likelihood of leasing existing office space through bid process
4	Montgomery County	Troy	\$22.50	\$108,697.50	High likelihood of requiring build-to-suit office space due to market size and lack of available office space
5	Wake County	Raleigh	\$23.50	\$113,528.50	High likelihood of leasing existing office space through bid process
6	Duplin County	Kenansville	\$22.50	\$108,697.50	High likelihood of requiring build-to-suit office space due to market size and lack of available office space
7	Martin County	Williamston	\$22.50	\$108,697.50	High likelihood of requiring build-to-suit office space due to market size and lack of available office space

The offices would require the standard complement of desks, tables, chairs, telephones, copiers, printers, computers, etc., commensurate with an office that size. DHHS also recommends that each office be equipped with video and teleconferencing technologies that allow for virtual meetings, the broadcast and/or recording of on-demand or real-time trainings, and other similar activities.

While DHHS supports establishing physical offices for regional supervision of child welfare and social services, it will take significant time and cost to procure and renovate or build appropriate space. Therefore, DHHS recommends phasing in regional supervision by first establishing virtual regions and using existing community spaces for shared trainings and meetings, while the procurement of physical office space is pursued concurrently.

**Recommendation 4:** a) Direct DHHS to establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions beginning in March 2020 as required by Rylan's Law; b) Appropriate physical offices within each of the seven regions beginning in March 2021, and appropriate funds necessary to support the full costs of the offices.

## SECTION II: RECOMMENDED LEGISLATIVE CHANGES

Pursuant to Rylan's Law, the Department is "required to submit legislative changes necessary to implement the reform plan." The proposed legislative actions in this section address preliminary key changes needed to transform our social services and child welfare systems and are responsive to the preliminary recommendations identified in the CSF report and Stage Two of the SSWG report. Legislative changes, such as those specifically impacting child welfare, child support, and adult services are also listed here. These changes are important to ensure that our restructuring is responsive to the legislative intent

of Rylan's Law to enhance accountability and transparency, and improve outcomes for adults, children and families.

#### A. Child Fatality Review Process

North Carolina has multiple teams and processes to review child fatalities at the local and state level which involve both the social services and public health systems. The teams and processes have complex relationships with each other, each system performs varying types of fatality reviews, and there is not a centralized electronic data system. Streamlining these processes will serve to help collect and use statewide child fatality data to improve system efficiency and prevent child fatalities. The CSF report made recommendations to streamline the process, and the Child Fatality Task Force is submitting recommended legislative changes to the General Assembly to strengthen prevention of child fatalities and enhance system efficiency.

**Recommendation 5:** Adopt the child fatality review process recommendations made by the Child Fatality Task Force. Initial recommendations can be found at

<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/in%20the%20spotlight/CFTF%20Child%20Fatality%20Prevention%20System%20Recommendations%20for%202019.pdf>.

#### B. Family First Prevention Services Act - Criminal Record and Registry Checks for Adults working in Group Homes and Residential Facilities

The Family First Prevention Services Act is federal legislation which (among other changes) amends title IV-E requirements of the Social Security Act, requiring enhanced criminal record and registry checks. Specifically, the state must have a plan for all child-caring institutions (i.e. group homes and residential facilities for children) to include procedures for fingerprint-based criminal records checks of national crime information databases, and child abuse and neglect and sex offender registry checks on any adult working in a child caring institution (defined as a group home, residential treatment center, shelter, or other congregate care setting.)

Currently, North Carolina only requires background checks on employees of these facilities who have direct contact with children, and fingerprint background checks are only required for applicants who have resided outside of North Carolina for the previous 5 years. These legislative changes serve to protect children by enhancing the scope and depth of background checks for employees of these child caring institutions. This modification to title IV-E of the Social Security Act requires changes to the North Carolina statutes that govern criminal background checks for employees of facilities licensed by the Division of Health Services Regulation and the Division of Social Services.

**Recommendation 6:** Modify N.C.G.S. § 122C-80(b), N.C.G.S. § 143B-932 and N.C.G.S. § 131D-10.3A to require fingerprint background checks as well as checks of the abuse and neglect, and sex offender registries for *all* employees of licensed child caring institutions. DHHS further recommends the issuance of guidance related to appropriate evaluation and decision-making based on criminal record results.

### C. Multi-Ethnic Placement Act Compliance

The federal Multi-Ethnic Placement Act (MEPA) prohibits race from being assessed when making placement decisions and evaluating prospective adoptive placements. Subsection (c) of NCGS § 48-3-303 states, *"The preplacement assessment shall, after a reasonable investigation, report on the following about the individual being assessed...age and date of birth, nationality, race, or ethnicity and any religious preference..."* However, subsection (e) of the statute requires that all the items in subsection (c), including race, nationality, ethnicity and religious preference, be used to determine the strengths and weaknesses of the individual to determine whether the individual is suitable to be an adoptive parent. Administrative rule 10A NCAC 70H .0405, which further elaborates on preplacement assessment requires in part that *"The agency shall assess the following areas and shall record the information in the adoptive applicant's record...the applicant's age, date of birth, nationality, race or ethnicity..."*

**Recommendation 7:** Modify N.C.G.S. §48-3.303(e) to comply with the Multi-Ethnic Placement Act and require the Division of Social Services to work with the Social Services Commission to modify 10A NCAC 70H .0405 to remove language inconsistent with MEPA.

### D. Modification to the NC Reach Program

NC Reach, authorized by NC Session Law 2007-323 as the North Carolina Child Welfare Postsecondary Educational Support Program and established by section 10.34(a) of Session Law, is a state-funded scholarship that offers up to four (4) years of undergraduate study at NC public universities and community colleges for certain former foster youth. NC Reach provides comprehensive student support to help students navigate their post-secondary education. To be eligible for this program the youth must have been adopted from foster care after the age of 12, or, aged out of foster care from a North Carolina county department of social services at age 18. Available funding is awarded to students, after all other financial aid, public funds and scholarships have been processed.

The current structure of this program excludes youth who exit foster care through guardianship. Session Law 2015-241 provided for the development of a Guardianship Assistance Program. Guardianship assistance provides an alternative route to permanence when reunification and adoption has been ruled out as appropriate plans for youth. As more youth exit foster care through guardianship, former foster youth are not able to benefit from the NC Reach program.

**Recommendation 8:** Modify session law 2007-323 Section 10.34(a) to include youth who exit foster care to a permanent home through the Guardianship Assistance Program.

### E. Social Services Board Training

Social Services boards vary widely, from county to county. There are no standard requirements for what qualifies an individual to become a Social Services board member. This is in contrast to County Boards of Public Health, where interested individuals must meet specific minimum qualifications to be considered for a board position and must be appointed to the Board by the County Commissioners. Depending on county size, some board membership may be composed of professionals in areas that impact social services, while others may be composed of previous agency employees, former agency clients, or others with a personal interest.

Most new board members receive training at the annual association meeting. Depending on when a new board member joins a county social services board, there may be significant lag time between his or her joining the board, and the opportunity to receive training. Given the diverse backgrounds that board members bring, some members may not receive orientation to the complexities of social services structures and the needs of populations served well into their tenures. Additionally, it is unclear how ongoing training for existing board members is being provided.

Social services programs can undergo rapid change, based on changes to state and/or federal laws and regulations. Social Services Board Members have a fiduciary duty to the county and to municipal authorities for responsibilities such as selecting the county director; advising on policies and plans to improve the social conditions of the community; preparing budgets and other duties and responsibilities as the General Assembly, the Department of Health and Human Services, the Social Services Commission or the board of county commissioners may assign to it.<sup>7</sup> Providing more regular training for new and experienced board members will enhance competency and proficiency in their decision making processes.

**Recommendation 9:** Amend N.C.G.S § 108A to include a provision that training for Social Services Boards be provided no less than twice annually and direct DHHS to work with key stakeholders, including the North Carolina Association of County Boards of Social Services, DSS Directors Association, Association of County Commissioners, and the UNC School of Government, to create a formal education and training program.

#### F. Child Support Court Reform

CSF's preliminary recommendations illustrate the need for improvements related to enhancing engagement and collaboration between DHHS and the Administrative Office of the Courts (AOC) to improve outcomes for children and families served at the county level, particularly those in the child welfare system. Timeliness in court proceedings is essential to ensure children achieve stability and that parents receive due process.

The majority of child support matters that come before courts are standard. Because of federal statutes and child support guidelines for establishing support orders, most child support matters can be adjudicated relatively quickly. However, increasing the number of judicial officers that hear these matters is a critical step in achieving timeliness. Chapter 50 of the North Carolina General Statutes allows clerks, assistant clerks, and magistrates to serve as hearing officers. Anyone outside of that would require a statute change. Child support magistrates, court commissioners, or administrative law judges, for example, would expedite the establishment and enforcement of child support matters, at the same time freeing up precious court time for other matters. While expanding the scope of hearing officers is a statutory option, cross-agency collaboration is needed to determine potential funding and staffing strategies to support such a shift to improve timeliness in child support hearings.

**Recommendation 10:** Direct the Administrative Office of the Courts to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 of a proposed child support tribunal with dedicated court officers to hear child support matters using quasi-judicial procedures. The study should include strategies to address funding, staffing, and a plan for how the proposed changes would be implemented.

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<sup>7</sup> See § 108A-9. Duties and responsibilities.

## G. Conflicts of Interest

Conflicts of Interest (COI) in casework related to services provided by county departments of social services frequently occur in the provision of social services. Current state policy governing COIs relies on the discretion and professionalism of and the relationships among county directors. For example, county directors of social services determine whether a COI exists based on state policy direction, decide whether to accept a COI case from another county, and allocate financial responsibility between counties involved in a COI case.

The current system works well for some counties but not for all. Challenges involve policy interpretation and equitable case distribution. Because state statutes currently do not address COI management, counties rely heavily on DHHS policy for direction. A general statutory framework would be helpful, as well as promulgating regulations, and conforming existing policy.

**Recommendation 11:** Amend state law to provide a general framework for management of COIs. At a minimum, the law should: (1) define *conflict of interest*; (2) direct counties to resolve COIs as quickly as possible consistent with applicable law and policy; (3) require counties to notify DHHS (central or regional staff) when a COI is identified; (4) grant DHHS the authority to make final decisions regarding COI assignments when disagreements arise (i.e., regional staff have initial authority when the disagreement is between counties, central office staff when the disagreement is between regions); (5) outline county financial and practice responsibilities associated with COIs; (6) grant the Social Services Commission rule-making authority related to COI management including establishing reasonable and specific timelines for resolving COIs; and (7) require the Social Services Commission to report back to the Joint Legislative Oversight Committee on Health and Human Services regarding the regulations adopted.

## H. Publicly Funded Guardians

When a clerk of superior court determines that an adult is incompetent and must have a guardian appointed, the clerk will try to find a family member or friend to serve as guardian. If no one is available or willing to serve, the clerk may appoint a corporation or a director or assistant director of social services to serve.<sup>8</sup> If the incompetent adult has assets, those assets may be used to pay for a corporate guardian. If not, the state or the county may pay for a corporate guardian.

In 2012, the state decided that it would fund a certain number of "slots" for corporate guardianships. This happened because the federal government concluded that all incompetent adults who had previously had a public mental health agency (e.g., a Local Management Entity / Managed Care Organization (LME/MCO) serving as a guardian would need to change guardians.<sup>9</sup> At that time, county social services agencies were not prepared to assume responsibility for over one-thousand wards, so the legislature allowed DHHS to temporarily procure the services of corporate guardians to manage the increased workload. These slots were assigned to counties based on where the adults were living.

<sup>8</sup> See G.S. 35A-1214 (outlining the priorities for appointment and stating that "[n]o public agent shall be appointed guardian until diligent efforts have been made to find an appropriate individual or corporation to serve as guardian, but in every instance the clerk shall base the appointment of a guardian or guardians on the best interest of the ward.").

<sup>9</sup> For more background on the reasons for this transition, see Aimee Wall, *Changes In Store for Public Guardians? Coates' Canons: NC Loc. Gov't L., UNC Sch. of Gov't Blog* (June 26, 2012), <https://canons.sog.unc.edu/changes-in-store-for-public-guardians/>.

Since that time, some of the adults have passed away, but operationally, slots have remained assigned to those counties and refilled. Therefore, the "temporary plan" has thus become more permanent. This approach creates inequities among counties, and inequity in the way the state supports individuals entering into guardianship arrangements.

**Recommendation 12:** Direct DHHS to conduct a feasibility study and make recommendations to the General Assembly by April 1, 2020 for transferring adult guardianship cases from the Department to counties. The study and recommendations should address equitable distribution of slots and funds, capacity needs of counties to manage the cases, as well as any necessary legislative changes.

### SECTION III: OTHER KEY ENABLERS OF IMPROVED CHILD WELFARE AND SOCIAL SERVICES

#### A. County Staffing Capacity

Many county departments of social services have significant staff challenges that negatively impact the provision of quality, timely services to their citizens. Primarily those issues center on staffing: 1) having enough authorized FTEs necessary to meet the demand in any given county; 2) recruiting, hiring, and training enough qualified individuals into those positions; and 3) once hired, retaining them by offering competitive, fair salaries.

While all counties do not face an FTE deficit, the CSF report provides data that demonstrates shortages across multiple divisions and sections of social services. Child Protective Services faces significant staffing shortages. Its staffing survey indicates that the number of available FTEs was approximately 250 fewer than the number needed to meet statewide standards. Counties face a 21% shortage between available FTEs compared to the number of FTEs assessors deem as required.

Even when positions are authorized and filled, turnover among caseworkers remains high. In that same staffing survey, CSF reported that in any given year, Child Welfare Services across counties must recruit, hire, and train more than one-third (1/3) of their frontline social worker staff. Focus groups and interviews indicated that the primary reason for such upheaval was "caseworker burnout exacerbated by stressful work [and] workloads that are perceived as impossible to complete within a 40-hour workweek."<sup>10</sup>

Additionally, many entry-level caseworkers spend their formative professional years under the employ of smaller counties only to leave for a better salary in a different (often larger) county. This adds to the high levels of caseworker turnover and can foster tension between counties. CSF comprehensively documented this disparity across counties in their Social Services Preliminary Reform Plan. This discrepancy results in high turnover and decreased productivity for lower paying counties – typically rural and lower-resourced counties – as they continuously must find and train new staff.

High turnover and competition among counties for staff results in inconsistent quality of services across counties, and in more severe cases puts children and adults at greater risk.

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<sup>10</sup> Center for Support of Families, *Child Welfare Preliminary Reform Plan*, p. 161-165, <https://www.osbm.nc.gov/social-services-and-child-welfare-reform-reports>, September 2018.



**Recommendation 13:** Direct DHHS to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social services staff.

#### B. Child Welfare and Social Services Workforce Development, Recruitment and Retention

A competent workforce provides a foundation that is essential for improving outcomes for children and families. The National Child Welfare Workforce Institute has outlined an approach for leadership and workforce development that includes several critical components including, but not limited to: creating minimum standards for positions; preparing the workforce through the formal educational opportunities; effective recruitment and selection processes; creating monetary and non-monetary incentives to retain employees, promoting a healthy organizational culture and climate; engaging in strong community partnerships; providing effective supervision; and offering ongoing professional development.

Counties are facing significant challenges with recruiting, training, and retaining qualified employees at all levels in the organization. To achieve a high-quality social services system with consistent practices across the state, counties need strong leaders committed to developing relationships across county lines, building and supporting excellent staff, and following law and policy closely. The state should invest in workforce development for social services and child welfare services to ensure a pipeline of competent and qualified people are employed and equipped to effectively manage the work in this complex system.

**Recommendation 14:** Direct DHHS, in collaboration with community colleges, a state public university partner, and key stakeholder groups, to study and recommend to the General Assembly by January 15, 2021 a workforce development model for key positions in county departments of social services, regional offices, and the central offices.

## SECTION IV: SUMMARY OF RECOMMENDATIONS FOR CHILD WELFARE AND SOCIAL SERVICES REFORM

NC Session Law 2017-41, Rylan's Law<sup>11</sup> requires the Department of Health and Human Services (DHHS) to submit *"a plan [to the Joint Legislative Oversight Committee on Health and Human Services] that outlines regional supervision of and collaboration by local social services programs,"* and also requires DHHS to submit *"preliminary recommendations to the Committee...regarding legislative changes necessary to implement ...a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement."*

The recommendations presented by both the Social Services Working Group (SSWG) and the Center for Support of Families (CSF) were carefully analyzed by DHHS and have significantly informed the recommendations presented in this report. SSWG and CSF included significant external stakeholder input gathered through both surveys and focus groups held across the state in developing their reports. DHHS senior leadership actively participated as members of the SSWG, and the Secretary's leadership team, as well as various division directors and section chiefs engaged in informing the CSF report.

<sup>11</sup> NC Session Law 2017-41, Rylan's Law: <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H630v6.pdf>

DHHS also considered the following goals in developing recommendations:

- All North Carolina citizens should have equal access to whole person-centered, high-quality social services that:
  - Protect the safety, security, and well-being of children and vulnerable adults.
  - Ensure children get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.
  - Promote family economic independence and self-sufficiency.
  - Support individuals with disabilities and older adults in leading healthy and fulfilling lives.
- North Carolina's social services system should produce better outcomes for the citizens it serves and deliver maximum value to its customers, communities, and tax-payers by:
  - Providing high-quality training and professional development to support a well-qualified social services workforce.
  - Leveraging existing resources and partnerships.
  - Implementing processes to ensure effective, ongoing communication and feedback among stakeholders.
  - Implementing systems to ensure transparency, accountability, strong fiscal stewardship, and continuous quality improvement.

Detailed background and justifications for the fourteen (14) recommendations summarized below are contained in the full report.

#### A. GEOGRAPHIC REGIONS

The Department concurs with the recommendations from the SSWG regarding the following guiding principles related to how regional offices are ultimately established.

- No county should be split into different regions.
- Regions should be contiguous.
- Total county population and population served by each region should be comparable.
- Total geographic size should be comparable. This will allow the State to set up offices in naturally centralized locations and make it easier for staff to travel to their constituent counties.
- To the extent possible, judicial districts should not be disrupted. The child welfare system is inextricably linked to the court system.
- Regions should strive to preserve natural networks that have developed over time. Under our present system, many practitioners have built long-term professional relationships across county lines. A regional map should allow support for those networks to the extent possible.

**Recommendation 1:** Establish seven (7) regions for regional supervision of county-administered child welfare and other social services. Counties within each region should be contiguous. DHHS further recommends that any legislation directing the establishment of regions allow for flexibility in determining which counties fall within each of the regions. This will allow DHHS to make small adjustments as needed based on changes to judicial districts, new county level partnerships, significant population caseload changes, etc.

## B. ROLES, RESPONSIBILITIES, AND STAFFING FOR REGIONAL SUPERVISION

Both the CSF and SSWG Stage 1 reports recommended that each region be staffed with positions to cover all social services and child welfare areas, which are:

1. *Aging and Adult Services*: adult protective services, direct guardianship services and oversight of county guardianship, State and County Special Assistance cash supplement program for residential services, and administration of Social Services Block Grant funds which support an array of services including congregate and home-delivered meals and transportation.
2. *Child Support Services*: location, establishment of paternity, establishment or modifying of child support orders, enforcement of child support orders, and collection and processing of child support ordered payments.
3. *Child Welfare Services*: child protective services, prevention and in-home services, foster care, adoption, kinship care, and financial administration, including federal Title IV-E funds.
4. *Economic Services*: Food and Nutrition Services (FNS, formerly known as Food Stamps), Disaster Supplemental Nutrition Assistance Program (DSNAP), low-income energy programs, Work First cash assistance, and refugee assistance.

The Department concurs with the SSWG's general designation of key functions and responsibilities, as described below and in detail in Table 1 of this report. The Secretary holds general organizational and executive authority to set these expectations and responsibilities as a matter of departmental policy<sup>12</sup>. The SSWG report tasks regional offices with nine (9) functions to strengthen support and supervision to counties:

- 1) best practice dissemination,
- 2) compliance monitoring,
- 3) fiscal monitoring,
- 4) integrated data systems and recordkeeping,
- 5) interagency coordination,
- 6) policy guidance and technical assistance,
- 7) quality improvement,
- 8) staffing standards and support, and
- 9) training.

DHHS has identified a proposed staffing structure for the regions based on caseloads, complexity of the program, and current staffing and performance as illustrated in Table 1:

**Table 1. Proposed Regional Office Structure**

Role	Number of Positions	Function
<b>Leadership</b>		
Regional Director	1	Provide administrative direction and oversight to each regional staff member and function, develop strong relationships with county leaders, and liaise with the central office
Administrative Assistant	1	Provide clerical support for each regional office

<sup>12</sup> See, generally, provisions of G.S. 143B, the Executive Organization Act of 1973.

Role	Number of Positions	Function
<b>Aging and Adult Services</b>		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program
<b>Child Support</b>		
Continuous Quality Improvement Specialist/Trainer	2	Provide technical assistance, policy interpretation, training and monitoring of county performance in the areas of Adult Protective Services/Guardianship, Social Services Block Grant services, and State-County Special Assistance Program
<b>Child Welfare</b>		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of program performance for child protective services and prevention and in-home services, foster care, adoption, and kinship care
Trainer	2	Deliver regional/onsite training sessions for 1) child protective services and prevention and in-home services policy and best practices, and 2) foster care, adoption, and kinship care policy and best practices
<b>Economic Services</b>		
Continuous Quality Improvement Specialist	3	Provide technical assistance, policy interpretation, and monitoring of county performance in the areas of 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services
<b>Fiscal Support</b>		
Local Business Liaison	2	Help counties maximize federal funds for social services, establish sound administrative procedures, and develop their social services budgets

In addition to the regionally based positions described in the section above, DHHS has sought to address the following resource deficiencies identified by CSF:

*"There are five primary resource issues that must be addressed in order to successfully reform the current social services system: inconsistent policy development and dissemination; deficiencies in workforce development in the form of staff training; a lack of high quality community resources; underserved populations in need of mental health services; and no easy access to reliable program and performance data...The need for clear, consistent, accessible and timely policy and training was raised during focus groups, stakeholder interviews and calls, document reviews, and county and state-level conferences and meetings. The need for improved access to high-quality training cut across social services programs and was strongly voiced by counties of all sizes, types, and tier ranking."*

DHHS has determined that with appropriate restructuring, central office staffing is adequate with the following important exceptions:

- Two (2) additional quality control and program integrity staff for completing the federally required On Site Review Instrument (OSRI) process for all 100 counties.

*Rationale:* States are required to use the OSRI on a percentage of all child welfare cases as part of the federal monitoring process. Currently, DHHS currently has 5 OSRI Quality Control/Program Integrity staff who conduct the review for some counties, while other counties conduct their own

self-reviews. Previously, DHHS delegated this responsibility to certain counties due to resource constraints. DHHS should assume the role of quality control/program integrity for all counties to reduce this burden on counties and ensure equitable treatment and accountability.

- One (1) distance learning manager and four (4) curriculum specialists (2 child welfare, 1 economic services, and 1 aging and adult services curriculum specialist) to support a modernized approach to delivering child welfare and social services training that will ensure greater access to high-quality, interactive, in-depth training for county staff.

*Rationale:* County departments of social services experience turnover of a full third of their staff each year in many cases, and the demand for well-qualified and trained staff is high. At the same time, child welfare and social services policy and service delivery is increasingly complex due to continuous changes in best practices, federal and state policy and laws, technology, and accountability for outcomes. High-quality training must be accessible across the state and available with sufficient frequency to meet demand. The state has not capitalized on new approaches to training that allows high-touch, interactive training and coaching that is delivered remotely.

- Four (4) business analyst liaisons to work within each program area to identify and create requirements for improvements or replacements for current technology programs supporting county implementation of child welfare and social services.

*Rationale:* Technology products used to support child welfare and social service delivery require well-developed business requirements that specify what the product needs to do, how, and for what purpose. Further, technology must be continuously improved to increase productivity and remain current with new practices and requirements. Currently, there are no business analyst liaisons embedded in the program areas.

- Two (2) technical writers to support policy staff in writing and updating policy manuals, guidance, and other communications to support counties in implementing high-quality child welfare and social services. Currently, there are no technical writers.

*Rationale:* Counties need easy-to-read, updated policy manuals, guidance and ongoing communications to stay current on federal and state requirements and best practices.

- Two (2) Trainers for Aging and Adult Services: Deliver regional/onsite training sessions for: 1) Adult Protective Services/Guardianship, 2) Social Services Block Grant services, and 3) State-County Special Assistance Program. Rather than put a trainer for Aging and Adult Services in every region, DHHS believes that two trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Aging and Adult Services.
- Three (3) Trainers for Economic Services: Deliver regional/onsite training sessions on: 1) Food and Nutrition Services, 2) Work First, 3) Energy Programs, and 4) Refugee Services. Rather than put a trainer for Economic Services in every region, DHHS believes that three trainers can cover all regions, in combination with new distance learning modalities. Currently there are no trainers for Economic Services.
- Two (2) Fiscal Monitors: Audit county compliance with federal and state reporting rules, appropriate separation of duties, and internal controls. In addition, Fiscal Monitors communicate and coordinate audit findings, responses, follow-up, and resolution with Office of the Controller, DHHS Office of Internal Audit, and Office of the State Auditor. Currently there are two fiscal monitors who are not able to cover all counties well.

- Four (4) Data Analysts to both provide technical assistance to counties in analyzing and using data to improve practice and identify needs and conduct state level data analysis for continuous quality improvement and accountability in the areas of child welfare, child support, economic services, and aging and adult services. Currently there are no data analysts to support counties.
- Four (4) Policy Consultants to provide higher-level policy consultation and information to counties – two (2) for child welfare and one each for aging and adult services and economic services. Currently there are policy consultants to support counties.

Maximizing efficient use of existing personnel was a top priority in developing the reorganization plan. DHHS conducted extensive analyses which resulted in recommendations to repurpose/redeploy exiting central and home-based staff and identify the number of new positions needed. We have determined that one-hundred and four (104) positions can be repurposed/redeployed from existing positions and forty-three (43) new positions are needed.

DHHS recommends moving forward with repurposing/redeploying one-hundred and four (104) positions to support regionalization, repurposing/redeploying all managerial staff needed to support regionalization in the central office, and phasing in funding and positions to support forty-three (43) new regional and central office staff described above. DHHS further recommends prioritizing staffing to improve the child welfare system and moving to full implementation of a regional model (with offices) by March 2022.

**Recommendation 2:** Appropriate funding and positions in fiscal year 2019-20 to support 11 new staff to improve regional supervision and support of child welfare services, and direct DHHS to establish seven regions for regional supervision of child welfare and begin providing oversight and support within those regions beginning in March 2020 as required by Rylan's Law.

**Recommendation 3:** Appropriate funding and positions in fiscal years 2020-2021 and 2021-2022 to support 32 new staff to improve regional supervision and support of social services, and direct DHHS to begin providing oversight and support for all social services within those regions beginning in 2022 with periodic review of regional staffing needs and functions.

### **C. REGIONAL OFFICES**

DHHS supports the SSWG's recommendation for establishing physical offices for regional supervision of child welfare and social services. However, it will take significant time and cost to procure and renovate or build appropriate space. Therefore, DHHS recommends phasing in regional supervision by first establishing virtual regions and using existing community spaces for shared trainings and meetings, while the procurement of physical office space is pursued concurrently.

**Recommendation 4:** a) Direct DHHS to establish seven regions for regional supervision of child welfare and social services and begin providing oversight and support within those regions through home-based staff and the central office team beginning in March 2020 as required by Rylan's Law; b) Appropriate physical offices within each of the seven regions beginning in March 2021, and appropriate funds necessary to support the full costs of the offices.

## **D. LEGISLATIVE CHANGES**

The proposed legislative actions in this section address preliminary key changes needed to transform our social services and child welfare systems and are responsive to the preliminary recommendations identified in the CSF report and Stage Two of the SSWG report.

### **Child Fatality Review Process**

North Carolina has multiple teams and processes to review child fatalities at the local and state level which involve both the social services and public health systems. The teams and processes have complex relationships with each other, each system performs varying types of fatality reviews, and there is not a centralized electronic data system. Streamlining these processes will serve to help collect and use statewide child fatality data to improve system efficiency and prevent child fatalities.

**Recommendation 5:** Adopt the child fatality review process recommendations made by the Child Fatality Task Force. Initial recommendations can be found at

<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/in%20the%20spotlight/CFTF%20Child%20Fatality%20Prevention%20System%20Recommendations%20for%202019.pdf>

### **Family First Prevention Services Act - Criminal Record and Registry Checks for Adults working in Group Homes and Residential Facilities**

The Family First Prevention Services Act is federal legislation which (among other changes) amends title IV-E requirements of the Social Security Act, requiring enhanced criminal record and registry checks. Specifically, the state must have a plan for all child-caring institutions (i.e. group homes and residential facilities for children) to include procedures for fingerprint-based criminal records checks of national crime information databases, and child abuse and neglect and sex offender registry checks on any adult working in a child caring institution. Currently, North Carolina only requires background checks on employees of these facilities who have direct contact with children, and fingerprint background checks are only required for applicants who have resided outside of North Carolina for the previous 5 years. These legislative changes serve to protect children by enhancing the scope and depth of background checks for employees of these child caring institutions.

**Recommendation 6:** Modify N.C.G.S. § 122C-80(b), N.C.G.S. § 131D-10.3A and N.C.G.S. § 143B-932 to require fingerprint background checks as well as checks of the abuse and neglect, and sex offender registries for *all* employees of licensed child caring institutions. DHHS further recommends the issuance of guidance related to appropriate evaluation and decision-making based on criminal record results.

### **Multi-Ethnic Placement Act Compliance**

The federal Multi-Ethnic Placement Act (MEPA) prohibits race from being assessed when making placement decisions and evaluating prospective adoptive placements. Subsection (c) of NCGS § 48-3-303 states, *"The preplacement assessment shall, after a reasonable investigation, report on the following about the individual being assessed...age and date of birth, nationality, race, or ethnicity and any religious preference..."* However, subsection (e) of the statute requires that all the items in subsection (c), including race, nationality, ethnicity and religious preference, be used to determine the strengths and weaknesses of the individual to determine whether the individual is suitable to be an adoptive parent. Administrative

rule 10A NCAC 70H .0405, which further elaborates on preplacement assessment requires in part that *"The agency shall assess the following areas and shall record the information in the adoptive applicant's record...the applicant's age, date of birth, nationality, race or ethnicity..."*

**Recommendation 7:** Modify N.C.G.S. §48-3.303(e) to comply with the Multi-Ethnic Placement Act and require the Division of Social Services to work with the Social Services Commission to modify 10A NCAC 70H .0405 to remove language inconsistent with MEPA.

### **Modification to the NC Reach Program**

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**Recommendation 8:** Modify session law 2007-323 Section 10.34(a) to include youth who exit foster care to a permanent home through the Guardianship Assistance Program.

### **Social Services Board Training**

Social Services boards vary widely, from county to county. There are no standard requirements for what qualifies an individual to become a Social Services board member. Social services programs can undergo rapid change, based on changes to state and/or federal laws and regulations. Board Members have a fiduciary duty to the county and to municipal authorities for responsibilities such as selecting the county director; advising on policies and plans to improve the social conditions of the community; preparing budgets and other duties and responsibilities as the General Assembly, the Department of Health and Human Services or the Social Services Commission or the board of county commissioners may assign to it.<sup>13</sup> Providing more regular training for new and experienced board members will enhance competency and proficiency in their decision making processes.

**Recommendation 9:** Amend N.C.G.S § 108A to include a provision that training for Social Services Boards be provided no less than twice annually and direct DHHS to work with key stakeholders, including the North Carolina Association of County Boards of Social Services, DSS Directors Association, Association of County Commissioners, and the UNC School of Government, to create a formal education and training program.

### **Child Support Court Reform**

The majority of child support matters that come before courts are standard. Because of federal statutes and child support guidelines for establishing support orders, most child support matters can be

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adjudicated relatively quickly. However, increasing the number of judicial officers that hear these matters is a critical step in achieving timeliness. Chapter 50 of the North Carolina General Statutes allows clerks, assistant clerks, and magistrates to serve as hearing officers. Anyone outside of that would require a statute change. Child support magistrates, court commissioners, or administrative law judges, for example, would expedite the establishment and enforcement of child support matters, at the same time freeing up precious court time for other matters. While expanding the scope of hearing officers is a statutory option, cross-agency collaboration is needed to determine potential funding and staffing strategies to support such a shift to improve timeliness in child support hearings.

**Recommendation 10:** Direct the Administrative Office of the Courts to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 of a proposed child support tribunal with dedicated court officers to hear child support matters using quasi-judicial procedures. The study should include strategies to address funding, staffing, and a plan for how the proposed changes would be implemented.

### **Conflicts of Interest**

Conflicts of Interest (COI) in casework related to services provided by county departments of social services frequently occur in the provision of social services. Current state policy governing COIs relies on the discretion and professionalism of and the relationships among county directors. For example, county directors of social services determine whether a COI exists based on state policy direction, decide whether to accept a COI case from another county, and allocate financial responsibility between counties involved in a COI case. The current system works well for some counties but not for all. Challenges involve policy interpretation and equitable case distribution. Because state statutes currently do not address COI management, counties rely heavily on DHHS policy for direction. A general statutory framework would be helpful, as well as promulgating regulations, and conforming existing policy.

**Recommendation 11:** Amend state law to provide a general framework for management of COIs. At a minimum, the law should: (1) define *conflict of interest*; (2) direct counties to resolve COIs as quickly as possible consistent with applicable law and policy; (3) require counties to notify DHHS (central or regional staff) when a COI is identified; (4) grant DHHS the authority to make final decisions regarding COI assignments when disagreements arise (i.e., regional staff have initial authority when the disagreement is between counties, central office staff when the disagreement is between regions); (5) outline county financial and practice responsibilities associated with COIs; (6) grant the Social Services Commission rule-making authority related to COI management including establishing reasonable and specific timelines for resolving COIs; and (7) require the Social Services Commission to report back to the Joint Legislative Oversight Committee on Health and Human Services regarding the regulations adopted.

### **Publicly Funded Guardians**

When a clerk of superior court determines that an adult is incompetent and must have a guardian appointed, the clerk will try to find a family member or friend to serve as guardian. If no one is available or willing to serve, the clerk may appoint a corporation or a director or assistant director of social services to serve.<sup>14</sup> If the incompetent adult has assets, those assets may be used to pay for a corporate guardian. If not, the state or the county may pay for a corporate guardian. In 2012, the state began funding and

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<sup>14</sup> See G.S. 35A-1214 (outlining the priorities for appointment and stating that "[n]o public agent shall be appointed guardian until diligent efforts have been made to find an appropriate individual or corporation to serve as guardian, but in every instance the clerk shall base the appointment of a guardian or guardians on the best interest of the ward.").

directly overseeing a certain number of “slots” for corporate guardianships. This happened because the federal government concluded that all incompetent adults who had previously had a public mental health agency (e.g., a Local Management Entity / Managed Care Organization (LME/MCO) serving as a guardian would need to change guardians.<sup>15</sup> At that time, county social services agencies were not prepared to assume responsibility for over one-thousand wards, so the legislature allowed DHHS to temporarily procure the services of corporate guardians to manage the increased workload. These slots were assigned to counties based on where the adults were living. Since that time, some of the adults have passed away, but operationally, slots have remained assigned to those counties and refilled. Therefore, the “temporary plan” has thus become more permanent. This approach creates inequities among counties, and inequity in the way the state supports individuals entering into guardianship arrangements.

**Recommendation 12:** Direct DHHS to conduct a feasibility study and make recommendations to the General Assembly by April 1, 2020 for transferring adult guardianship cases from the Department to counties. The study and recommendations should address equitable distribution of slots and funds, capacity needs of counties to manage the cases, as well as any necessary legislative changes.

## **E. OTHER KEY ENABLERS OF IMPROVED CHILD WELFARE AND SOCIAL SERVICES**

### **County Staffing Capacity**

Many county departments of social services have significant staff challenges that negatively impact the provision of quality, timely services to their citizens. Primarily those issues center on staffing: 1) having enough authorized FTEs necessary to meet the demand in any given county; 2) recruiting, hiring, and training enough qualified individuals into those positions; and 3) once hired, retaining them by offering competitive, fair salaries. High turnover and competition among counties for staff results in inconsistent quality of services across counties, and in more severe cases puts children and adults at greater risk.

**Recommendation 13:** Direct DHHS to conduct a feasibility and cost study and report to the General Assembly by April 1, 2020 on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social services staff.

### **Child Welfare and Social Services Workforce Development, Recruitment and Retention**

A competent workforce provides a foundation that is essential for improving outcomes for children and families. Counties are facing significant challenges with recruiting, training, and retaining qualified employees at all levels in the organization. To achieve a high-quality social services system with consistent practices across the state, counties need strong leaders committed to developing relationships across county lines, building and supporting excellent staff, and following law and policy closely. The state should invest in workforce development for social services and child welfare services to ensure a pipeline of competent and qualified people are employed and equipped to effectively manage the work in this complex system.

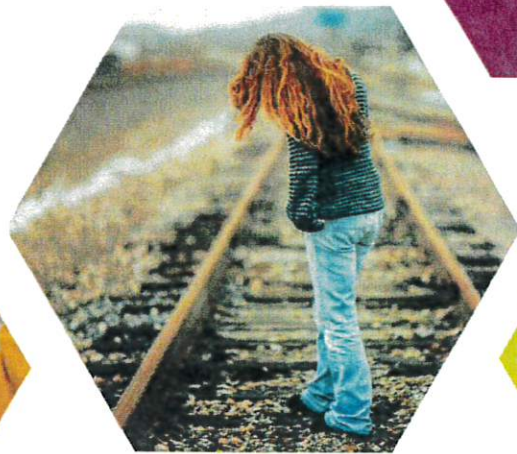
**Recommendation 14:** Direct DHHS, in collaboration with community colleges, a state public university partner, and key stakeholder groups, to study and recommend to the General Assembly by January 15, 2021 a workforce development model for key positions in county departments of social services, regional offices, and the central offices.

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<sup>15</sup> For more background on the reasons for this transition, see Aimee Wall, *Changes in Store for Public Guardians?* Coates' Canons: NC Loc. Gov't L., UNC Sch. of Gov't Blog (June 26, 2012), <https://canons.sog.unc.edu/changes-in-store-for-public-guardians/>.

Attachment VII.

NC Child Health Report Card 2019



**NORTH CAROLINA**  
**Child Health**  
**REPORT CARD**  
**2019**



*Focus On:*  
**YOUTH SUICIDE**



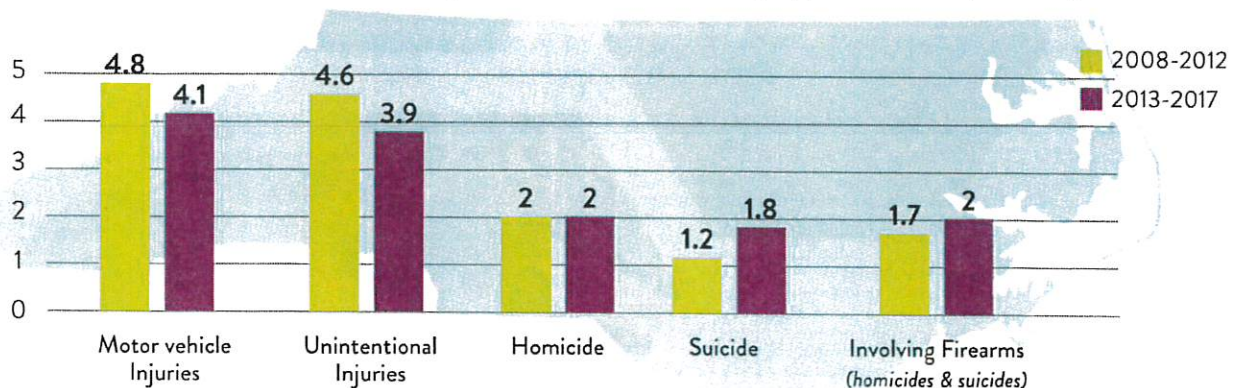
# Secure Homes & Neighborhoods

Children's health is influenced by where they live, play, and learn. 43% of children in North Carolina live in poor or low-income homes (less than 200% of the federal poverty level), and from 2012-16, 13% of kids lived in high-poverty neighborhoods. Children living in families that cannot afford the basics in life often have reduced access to safe living conditions, healthy food, and opportunities for exercise, all of which increase their risk for poor health. To improve children's health and well-being, North Carolina needs to ensure economic development, safe housing, and other policies to support healthy families.



GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
<b>F</b>	<b>Housing &amp; Economic Security</b>										
	Children who live in high-poverty neighborhoods	2012-16, 2008-12	13.0%	12.0%	8.3%						
	Children who live in poor or low-income households (<200% FPL)	2017, 2013	43.0%	49.0%	-12.2%	64.0%		29.0%	71.0%	48.0%	31.0%
<b>B</b>	<b>Environmental Health</b>										
	Children who have an asthma diagnosis	2016-17, 2012	15.1%	17.5%	-13.7%	14.7%					13.0%
<b>D</b>	<b>Child Abuse and Neglect</b>										
	Children who are investigated for child abuse or neglect	SFY 2017, SFY 2013	5.6%	5.7%	-1.8%	8.7%	6.9%		3.9%	10.9%	4.6%
	Children who exit to a permanent living situation within 24 months	SFY 2016, SFY 2012	66.3%	69.1%	-4.1%	63.6%	82.5%			61.8%	67.6%

North Carolina Resident Child (Ages 0-17) Death Rates by Type of Death/per 100,000



# Access to Care

Access to health care is an important determinant of children's health, and health insurance is critical to ensure affordable access to care. North Carolina has made tremendous strides in enrolling children in health care coverage that allows them access to preventive care services such as well child visits, immunizations, and dental cleanings. The health and well-being of parents and other caregivers is critical to their ability to serve as nurturing caregivers for children. The number of parents without health insurance has decreased from 20.6% in 2011 to 13.5% in 2016. Ensuring that parents and other caregivers have access to prevention and treatment for mental and physical health problems is an essential step towards providing the safe, supportive, nurturing environments in which children thrive.

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
<b>C</b>	<b>Oral Health</b> Kindergarten students with untreated tooth decay	2016-2017, 2013	14.3%	13.0%	10.0%	18.3%	20.3%	19.9%	15.4%	14.6%	11.4%
<b>D</b>	<b>School Health</b> School counselor ratio	2014-15, 2010-11	1:378	1:375							
	School nurse ratio	2016-17, 2013-14	1:1,073	1:1,160							
<b>B</b>	<b>Health Services Utilizations and Immunization</b> Children with Medicaid who received a well-child checkup in the past year	2017, 2013	57.7%	57.2%	0.9%						
	Children ages 19-35 months w/ appropriate immunizations	2017, 2014	73.6%	83.0%	-11.3%	79.7%			76.4%		69.9%
	Adolescents ages 13-17 who have received 1 or more HPV vaccinations	2017, 2016	66.8%	57.5%	16.2%	77.2%			74.4%		62.3%
<b>A</b>	<b>Insurance Coverage</b> Children with health insurance coverage	2017, 2013	95.2%	93.7%	1.6%						
	Parents without health insurance coverage	2016, 2011	13.5%	20.6%	-34.5%	13.7%	21.1%	10.1%	53.7%	15.5%	8.7%

# Healthy Births

The health of people of childbearing age is essential to improving the health of our state and future generations. Women's health before and during pregnancy is inextricably linked to the health and well-being of their babies and families. The most serious negative pregnancy outcomes, including infant death and low birth weight, are largely determined by a woman's health prior to and during the first weeks of pregnancy. Unaddressed or poorly managed health issues like tobacco use, diabetes and hypertension - conditions which all disproportionately affect poor women and women of color - increase the likelihood of pregnancy complications and contribute to racial and ethnic disparities in birth outcomes. Disparities in infant mortality, the leading cause of child death in North Carolina, have persisted, with African American babies more than twice as likely as white babies to die in the first year of life.

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
<b>B</b>	<b>Breastfeeding</b> Newborns who are breastfed exclusively for at least 6 months	2015, 2012	27.0%	23.1%	16.9%						
<b>C</b>	<b>Preconception and Maternal Health and Support</b> Women aged 18-44 with health insurance coverage	2017, 2013	80.4%	73.5%	9.0%	81.8%	91.7%		42.4%	84.1%	88.1%
	Women who receive early prenatal care	2016, 2012	69.0%	71.3%	-3.2%	61.4%	61.8%		58.0%	67.3%	75.6%
	Pregnancy-related deaths per 100,000 live births (Women who die during pregnancy or shortly after childbirth)	2009-13, 2004-08	18.0	16.2	11.1%						
<b>D</b>	<b>Birth Outcomes</b> Infant mortality rate per 1,000 live births	2016, 2012	7.2	7.4	-2.7%	13.4	7.6		6.0	6.2	5.0
	Babies who are born before 37 weeks of pregnancy	2016, 2012	10.4%	11.5%	-9.6%	13.8%	13.1%		9.0%	8.8%	9.4%
<b>B</b>	<b>Teen Births</b> Rate of births to teen girls ages 15-19 per 1,000	2016, 2012	21.8	31.8	-31.4%	27.5	43.6		39.6	9.7	15.5



# Health Risk Factors

Many additional factors impact children's ability to be healthy and well. Like family economic security, education is tightly intertwined with health; success in school and the number of years of schooling positively impact health across the lifespan. More than 2 out of 5 children in North Carolina do not read at grade level at the end of third grade, with persistent racial disparities in both third-grade reading and high school graduation rates. Access to healthy and nutritious food also impacts children's health. In North Carolina, nearly one in three kids between age 10 and 17 are overweight or obese. At the same time, more than one in five kids live in households that don't have reliable access to affordable, nutritious food. Investments in education and food security will lead to healthier kids and stable families.



GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
D	<b>Healthy Eating &amp; Active Living</b>										
	Children ages 10-17 who are overweight or obese	2016-17, 2011-12	30.7%	31.4%	-2.2%	43.3%			40.5%	35.2%	21.4%
	Children who live in food insecure households	2016, 2014	20.9%	24.6%	-15.0%						
D	<b>Tobacco, Alcohol, and Substance Use</b>										
	High school students who currently use:										
	Current cigarette use	2017, 2013	12.1%	15.0%	-19.3%	8.2%		7.7%	8.9%	12.1%	13.9%
	Electronic vapor products	2017, 2015	22.1%	29.6%	-25.3%	18.4%		14.1%	16.7%	24.2%	24.5%
	Alcohol (including beer)	2017, 2013	26.5%	32.2%	-17.7%	22.7%		11.9%	25.6%	28.3%	28.8%
	High school students who have ever used:										
	Prescription pain medicine without a prescription	2017	15.0%			16.3%		6.0%	13.8%	20.9%	13.5%
D	<b>Mental Health</b>										
	High school students who attempted suicide in the past year	2017	8.2%			11.1%		5.1%	9.3%	17.9%	5.1%
	Past-year major depressive episode among adolescents aged 12-17	2017, 2014-15	13.3%	12.4%	7.3%	9.5%	16.3%	11.3%	13.8%	16.9%	13.1%
	Adolescents aged 12-17 with major depressive episode who received treatment for depression	2017, 2011-15	41.5%	40.5%	2.5%	35.1%			32.7%	44.8%	47.5%
C	<b>Education</b>										
	Third grade students reading at grade level	SY 2016-2017, SY 2012-2013	57.8%	60.2%	-4.0%	40.9%	42.3%	76.4%	42.6%	62.1%	71.9%
	High school students who graduate on time	SY 2017-2018, SY 2014-2015	86.3%	85.6%	0.8%	83.2%	84.3%	93.3%	79.9%	84.1%	89.5%



## SUICIDE

is the second  
leading *cause of death*  
for children  
ages 10-17

# Special Issue: Youth Suicide

Suicide is rising as a leading cause of death for children and adolescents. According to the North Carolina State Center for Health Statistics, the rate of youth suicide in North Carolina has nearly doubled over the previous decade.<sup>1</sup> Despite this worrying trend, significant barriers remain for many who need access to mental health services.

Thoughts of suicide and suicide attempts are more common among children who experience mental health issues like anxiety and depression. However, mental health is only one of a variety of factors that impact youth suicide. Other factors include adolescents' still-developing impulse control, access to "lethal means of self-harm" such as firearms and prescription drugs, and exposure to a range of personal and social risk factors.<sup>2</sup>

### SOME RISK FACTORS CAN INCLUDE:

PERSISTENT  
STRESS



ACUTE LOSS  
or REJECTION



BULLYING



CHILDHOOD  
ABUSE

TRAUMA



SOCIAL  
ISOLATION



FAMILY VIOLENCE  
or DISRUPTION



Gender and sexual orientation can also have significant impact on suicide risk, because of the social discrimination that LGBTQ youth experience. In North Carolina, 16% of high school students in 2017 reported seriously considering suicide. This figure included 12% of heterosexual students, and a staggering 43% of gay, lesbian, or bisexual students.<sup>3</sup>

### STAKEHOLDERS CAN PREVENT YOUTH SUICIDE BY:

- *Reducing barriers to mental health care*
- *Making it harder for youth to get access to lethal means (e.g., safe storage of firearms and prescription drugs)*
- *Ensuring that caring adults in a child's life are trained to detect and address risk factors for dying by suicide. These include caregivers, as well as school safety personnel such as nurses, social workers, and psychologists.*

The influence of caring and well-trained adults, combined with evidence-based solutions that reduce family and community stressors, can prevent dangerous feelings of hopelessness in children and adolescents. Effective strategies include strengthening our crisis response system; increased investment in behavioral health systems; more partnerships between schools and behavioral health providers; and screening more children and youth for mental health needs. By pursuing these solutions, stakeholders can promote a healthier, stronger North Carolina and keep our children safe.

Youth suicide  
rate nearly  
**DOUBLED**  
from  
2008 to 2017

National Suicide  
Prevention Lifeline



1-800-SUICIDE

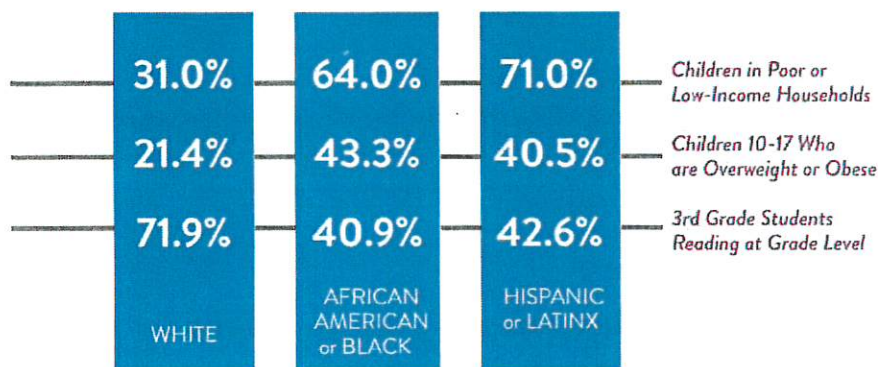


# DEMOGRAPHICS

In **North Carolina** there were  
**120,099** live births  
 & **2,301,190** children under  
 the age of 18 in **2017**

	TOTAL CURRENT	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
Number of babies born (Live births)	120,099	28,950	1,592		18,461	5,782	65,314
Percent of total live births	100%	24.1%	1.3%		15.4%	4.8%	54.4%
Children under age 18 (%)	100% (2,301,190)	22.8% (524,563)	1.2% (29,175)	3.1% (71,658)	16.1% (370,303)	5.8% (133,550)	61.7% (1,420,559)

## DISPARITIES BY RACE PERSIST IN NORTH CAROLINA ACROSS MANY AREAS OF CHILD WELL-BEING:



**INFANT  
MORTALITY**  
rate per **1,000**  
live births

White 5.0  
 Hispanic 6.0  
 Black 13.4



**GRADES AND CHANGE OVER TIME:** Grades are assigned by a panel of health experts to bring attention to the current status of North Carolina children in salient measures of health and well-being. Grades are subjective measures of how well children in North Carolina are faring in a particular area, and are not meant to judge the performance of state agency or agencies providing data or services. Please note that several agencies have made a great deal of progress in recent years, which may not be reflected in these grades.

Percent changes have not been given for population count data involving small numbers of cases. Grades and trends are based on North Carolina's performance year-to-year, disparities by race/ethnicity, and what level of child health and safety North Carolina should aspire to, regardless of how we compare nationally.

Data sources and additional references can be found online at:  
[www.nciom.org](http://www.nciom.org) or [www.ncchild.org](http://www.ncchild.org)

This project was supported by the Annie E. Casey Foundation and the Blue Cross and Blue Shield of North Carolina Foundation. NC Child and the North Carolina Institute of Medicine thank our supporters and acknowledge that the findings and conclusions do not necessarily reflect the opinions of financial supporters.

QUESTIONS?

**NC Child**

The Voice for North Carolina's Children

3101 Poplarwood Court, Suite 300  
 Raleigh, NC 27604  
[www.ncchild.org](http://www.ncchild.org) | 919.834.6623

**NCIOM**

Keystone Office Park  
 630 Davis Drive, Suite 100  
 Morrisville, NC 27560  
[www.nciom.org](http://www.nciom.org) | 919.445.6500

## Attachment VIII.

Save the Dates



# Free Over-the-Counter Medicine GiveAway!

**Date:** Friday, April 26, 2019

**Time:** 9:00 AM—2:00 PM

**Cost:** **FREE**

**Bring:** Friends, Family & Neighbors

**Where:** First Christian Church

625 Meadowbrook Drive  
King, NC 27021

Event Made Possible By:



## **Event Details:**

- ♦ Take Home **FREE** Over-the-Counter Medicine Items!
- ♦ Learn more about NC MedAssist *Free Pharmacy Program*
- ♦ On-site Health Screenings Available

**OTC Items Include:** cold, cough and flu medicine, Band-Aids, pain and allergy relief, vitamins and children's medicine, and much more while

supplies last! **No ID Required—Must Be 18 or Older.**

For more event information or to volunteer visit:  
[www.medassist.org](http://www.medassist.org) or call 336-416-3067.



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supplies last! **No ID Required—Must Be 18 or Older.**

For more event information or to volunteer visit:  
[www.medassist.org](http://www.medassist.org) or call 336-416-3067.



# SAVE THE DATE

May 16, 2019

9:30 a.m. – 2:00 p.m.

Event for Pastors/Ministers/Youth Ministers  
Regarding Mental Health & Substance Abuse

Where: Stokes County Arts Council

What's Involved: Breakfast Snacks, Panel for  
Q & A, the Kevin Hines film, Lunch, Speaker about  
Opioids with Narcan Demonstration & Training

Free of Charge. More Information to Come.

Contact Kimberly Childress with questions – (336)593-2433



## STOKES COUNTY CAREGIVER WORKSHOP

Have you shared with your loved ones what your wishes are regarding Advanced Care Planning? Whether you are caring for a loved one or thinking about your own future, this is an important conversation! Do not miss this helpful and informative workshop regarding this topic!

Carroll Spinks , Gerontological Nurse Practitioner will share invaluable information. We will also have a guest who will share her personal story about the importance of this conversation with your loved ones.

**When: Friday, May 10th**

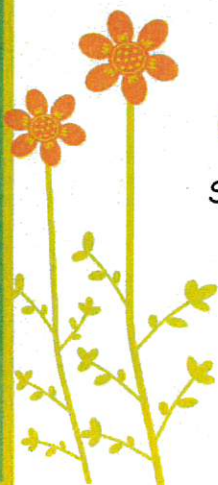
**Time: 10:00- 1:00**

**Where: King Library  
101 Pilot View Drive  
King, N.C**

RSVP to Beth Berry at Stokes County DSS  
336-593-2861 ext 1131 by May 3rd. Snacks and lunch will be provided. Respite care is also available for your loved one if needed.

Sponsored by:

Piedmont Triad Regional Council Area Agency on Aging,  
Stokes County DSS, Capella Church of Christ, and Triad  
Health Care Network





## STOKES COUNTY CAREGIVER WORKSHOP

Have you shared with your loved ones what your wishes are regarding Advanced Care Planning? Whether you are caring for a loved one or thinking about your own future, this is an important conversation! Do not miss this helpful and informative workshop regarding this topic!

Carroll Spinks, Gerontological Nurse Practitioner will share invaluable information. We will also have a guest who will share her personal story about the importance of this conversation with your loved ones.

**When: Friday, May 17th**

**Time: 10:00- 1:00**

**Where: Stokes County Art's Council  
500 North Main Street  
Danbury, NC**

RSVP to Beth Berry at Stokes County DSS 336-593-2861 ext 1131 by May 10th. Snacks and lunch will be provided. Respite care is also available for your loved one if needed.

Sponsored by:

Piedmont Triad Regional Council Area Agency on Aging,  
Stokes County DSS, Capella Church of Christ, and Triad  
Health Care Network



Attachment IX.

Request for Positions



*Stokes County*  
*Department of Social Services*  
Post Office Box 30  
Danbury, North Carolina 27016  
[www.co.stokes.nc.us/dss](http://www.co.stokes.nc.us/dss)

*Stacey S. Elmes*  
Director

*Agency - Phone - (336)593-2861 - Fax - (336)593-9362*  
*Child Welfare Fax - (336)593-2431*  
*Child Support Fax - (336)593-2477*

**MEMORANDUM**

**TO:** Stokes County Board of County Commissioners  
**FROM:** Stacey Elmes, Director  
**DATE:** March 9, 2019  
**RE:** Request for Positions

It is with much thought and consideration that I write this memo. I am a firm believer in asking for things that are needed, not things that are wanted. I have had the privilege of being the DSS Director for five and a half years and during that time, I have never asked for things that were not absolutely necessary. While over the years, our department has been given some positions, there are others that we have asked for out of necessity that we have not been given. In order to serve our constituents and in order to provide the mandated services that we are to provide, we must have people to do the work. The state has continuously increased the amount of work that is required. We once thought and were told and were even hopeful that NC Fast would cut down some of our work and perhaps even the workforce. After years of working in that system, that has not and will not ever prove to be true. Our employees are overwhelmed in most DSS units. We lose people because of low salaries and we lose people because the workload is more than it should be. We are struggling and the struggle is often more than we can bear. I am resistant to make this request at this time because it isn't budget time and I respect that, but I feel that one of my duties as the Director is to continue to make you aware of our needs and struggles and ask for what we need, especially when I see no change. I am making a plea for help. We cannot continue providing good customer service, timely service, and protection to our most vulnerable without additional assistance.

**Current Needs:**

**Social Work Supervisor in Child Welfare** – We have asked for this position in the last three budget cycles and this has not been granted. This position is essential to the work that is done day in and day out in child welfare. We have not been in compliance with the supervisor to staff ratio of 1 supervisor to 5 line staff for each program area in several years. [NCDSS policy states that social worker and supervisor shall staff cases frequently enough to ensure the safety of all victim children. NCDSS policy states supervisor to worker ratios shall not exceed an average of one full time equivalent supervisory position to five full time equivalent social work positions.] Our supervisors and program manager in child welfare work around the clock many times to make sure our social workers are doing all that must be done in a case and to ensure the safety of the children that we serve. Child Welfare has gone live in NC Fast and this has put an extra burden on the



units as well as the supervisors. In addition, our Program Manager has carried an Adoption Assistance caseload for years along with supervising a group of child protective service social workers. We really need for this Program Manager position to manage our programs, not be a working supervisor. *(Requested this position in the '19-'20 budget.)*

Approx. Cost of Position: \$39,300

Three pay periods left until June 30: \$9,069.30

State: \$331.74    Federal: \$5,330.61    **County: \$3,406.95**

**Community Social Services Assistant** – With over 100 children that the agency is working with and with supervised visitation having to be provided between parent and children, our agency is in desperate need for another position. We are very grateful for the CSSA position that we were given already during this fiscal year, but this is not enough. Our three full time positions are working between 40 and 60 + hours per week and a couple of them are getting paid out comp time each pay period with little time to take off work. Our workers are overwhelmed, overworked, and at their wits end. When we tell our CSSA's that they must take time off work to get their comp time down, all we are doing is increasing the workload of our social workers who can barely get their work completed as it is. *(Requested this position in the '19-'20 budget.)*

Approx. Cost of Position: \$20,175.87

Three pay periods left until June 30: \$4,655.97

State: \$170.31    Federal: \$2,736.61    **County: \$1,749.05**

**Processing Assistant III** – Our foster care unit is and has been in need of a clerical worker to help them with all things clerical. Social Workers are having to complete all clerical tasks themselves. This would alleviate so much work for them as they are trying to work with these kids and families to reunify or find permanent placements. These social workers must have some clerical help. Foster Care goes live in NC Fast on May 21. Before that time comes, we have been told that we must get our active foster care cases in order and uploaded into NC Fast. This is an added burden that social workers do not have time to tackle. *(Requested this position in the '19-'20 budget, however as a PA IV.)*

Approx. Cost of Position: \$22,694.75

Three pay periods left until June 30: \$5,237.25

State: \$191.57    Federal: \$3,078.27    **County: \$1,967.41**

**Social Worker III** – Our foster care unit struggles (even when fully staffed- which does not happen often). The workload in foster care is more than most can handle. The requirements for foster care social workers are astronomical. I provided a two page list at one of our meetings that was just a skim of the job duties of a foster care social worker and that list was a per child list. We currently have one vacancy in foster care, but we really need another social worker to try to break the cycle that we are in. NC Fast goes live in foster care in May. We have already seen the duplication in work that CPS has encountered with this and know that we will see it in foster care. There is no time for duplication in this work, but we have no choice. You may ask what we would do if our foster care caseload dropped. We will always have needs that a social worker can fill. We can use a social worker in CPS or in Adult Services if the foster care caseload decreased. Or there is always the option of reduction in our workforce if that were needed.

Approx. Cost of Position: \$33,594.05

Three Pay periods left until June 30: \$7,752.48

State: \$283.58      Federal: \$4,556.63      County: \$2,912.27

My plea at this time would be that you allow us some of these most needed positions so that we can continue providing mandated services as timely and as accurately as possible to those who need it the most.

Total Request for the remainder of '18-'19 fiscal year:

State: \$977.20

Federal: \$15,702.12

County: \$10,035.68

Looking at the end of February statement of expenditures, it looks like we would have this \$10,035.68 in lapsed salaries for this fiscal year.

Again, I do not feel that I am doing my job if I do not let you know about our struggles. I feel that I am not advocating for our staff and the jobs that we must complete day in and day out if I do not express our needs. I feel that I am not advocating for those that we serve who so desperately need us to complete our jobs accurately and timely if I do not tell you our struggles and ask for assistance.

While I am grateful for the things that we have accomplished over the last few years and for the positions that the BOCC has allowed us to receive, we are desperate for additional help in order to continue to serve those most vulnerable in Stokes County and continue to provide appropriate mandated services.

Please know that I am available at any time for questions or discussion. I also want to remind you that we would love for you to come spend some time with our workers so that you can gain personal knowledge about the important work that we do.

Thank you for your time and consideration.

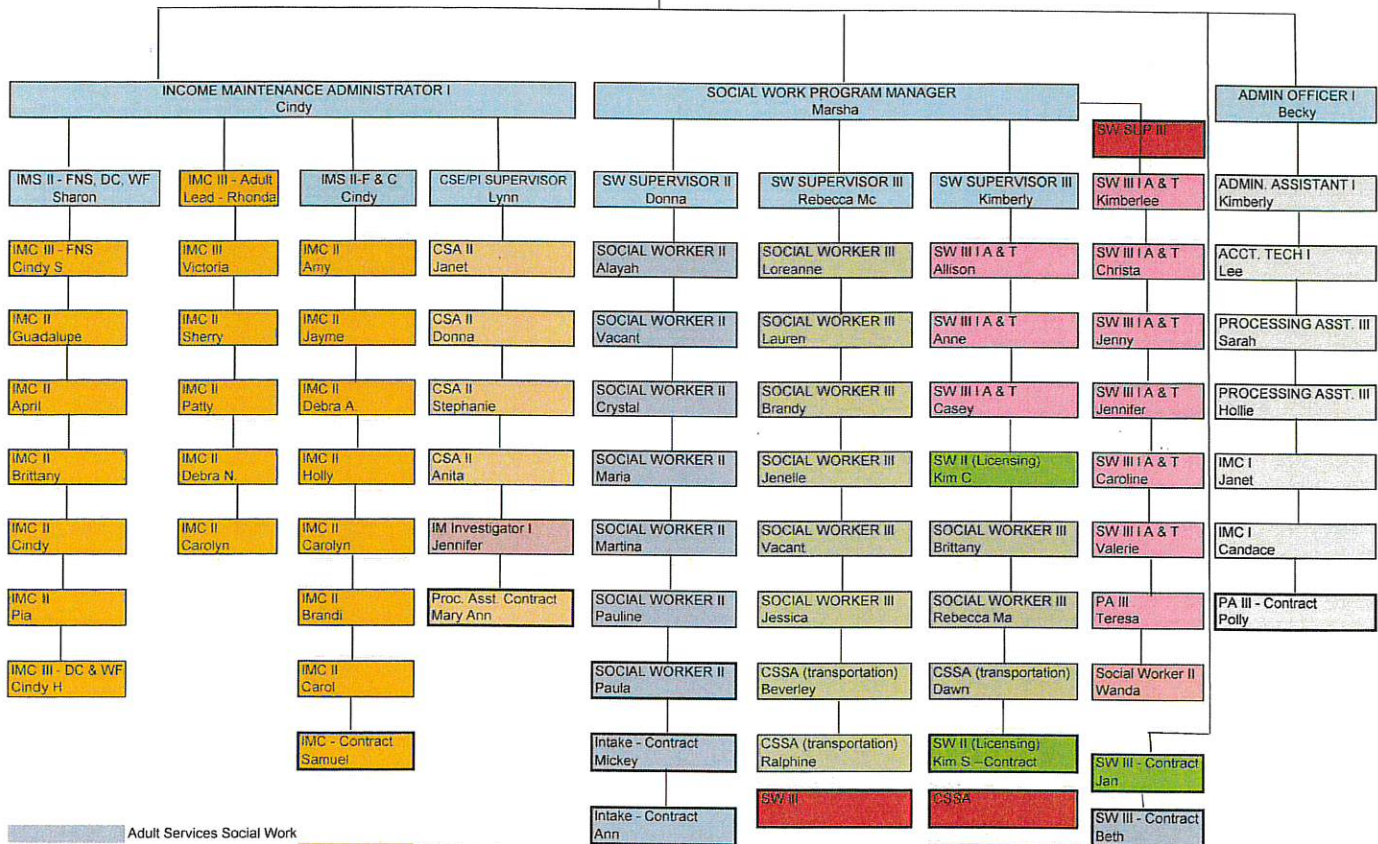


**Stokes County Department of Social Services  
Organizational Chart  
Updated: 1/11/2019**

Stokes County Board of Commissioners - effective 1/1/2013

John Carter, County Manager

Stacey Barnes, Director



- Adult Services Social Work
- Foster Care Case Management
- CPS & In Home Services
- Foster Home Licensing/Adoptions
- Substance Abuse Liaison
- Child Support
- Income Maintenance
- Clerical
- Management Team
- Program Integrity

**MANDATED PROGRAMS & SERVICES**  
Administered by Local Departments of Social Services  
March 2018

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
	<u><i>Programs and Services below are required by State and Federal Law</i></u>			
Adult Protective Services	Protective Services for Adults	Social Services Block Grant (SSBG)- Social Security Act, Title XX, as amended; Omnibus Budget Reconciliation Act of 1981, as amended, Public Law 97-35; Jobs Training Bill, Public Law 98-8 and 473; Medicaid and Medicare Patient and Program Act of 1987; Omnibus Budget Reconciliation Act of 1987, Public Law 100- 203; Family Support Act of 1998, Public Law 100- 485; Omnibus Budget Reconciliation Act of 1993, Public Law 106-66, 42 U. S. C. 1397 BT seq.	G. S. 108A, Article 6 & 6A; G. S. 143B-153	10A NCAC 71R .0103(a)(12), .0915, .0104(3), .0401(1), .0506(5), and .0101(25); 10A NCAC 71A
Guardianship	Individual & Family Adjustment Services; includes Guardianship Services	Social Services Block Grant (SSBG)	G. S. 143B- 153; G. S. 35A	10A NCAC 71R .0103(a)(10), .0910, .0104(4)(b), .0405(d), .0401(2), .0506(11), .0101(18), 10A NCAC 71B and 10A NCAC 71F

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
Adults at Risk for Out of Home Placement	Adult Placement Services	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71C 10A NCAC 71R .0101(3), .0103(a)(6), .0104(1), .0506(3) and .0919
Home and Community Based Services	In-Home Aide Services	Social Services Block Grant (SSBG)	G. S. 143B-153 G. S. 181.1(c)	10A NCAC 71R .0103(a)(11), .0911, .0101(19), .0201(3)(b), .0506(16) 10A NCAC 06A 10A NCAC 06X 10A NCAC 71S.0201
Case Management and Counseling	Health Support Services	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0908, .0103(a)(9), .0101(15), .0506(10); 10A NCAC 71J
Case Management and Counseling	Family Planning Services (component of Health Support Services)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71J .0103(1)(a); 10A NCAC 71R .0101(10), .0103(a)(5), .0201(3)(c), .0405(f), .0506(23), .0908(b)(2)
State-County Special Assistance Adult Care Home/State-County Special Assistance In-Home	State/County Special Assistance Program (SA)	20 CFR 416.2001-2099	G. S. 108A-25; G. S. 108A-40-47.1	10A NCAC 71P
Child Support Enforcement	Child Support Enforcement	Title IV-D of the Social Security Act; 42 U. S. C. 1673-6103-6; 45 CFR Chapter III 300-308	G. S. 50, 52c G. S. 110-128 through G. S. 110-142	10A NCAC 71T .0101-.0104
Food and Nutrition Services Employment and Training	Food and Nutrition Services Employment and Training	7 CFR Parts 271 and 373 P. L. 115-31	G. S. 108A-25	
Work First Family Assistance	Work First Program	Title IV-A of the Social Security Act; Personal Responsibility and Work	G. S. 108A-27 G. S. 108A-29.1	10A NCAC 73A.0101 to 10A NCAC 73A.0108

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
		Opportunity Act of 1996; Deficit Reduction Act of 2005; 42 USC 601 et. seq.; 45 CFR Chapter II part 260 P. L. 104-193		
Low Income Energy Assistance Program	LIHEAP	Low Income Home Energy Assistance Act of 1981, as amended; The Omnibus Budget Reconciliation Act of 1981; Energy Policy Act of 2005, P. L. 109-58; P. L. 97-35; P. L. 114-223; 42 U. S. C. 8621-8630	G. S. 108A- 25.4;	10A NCAC 71V .0101-.0108
Crisis Intervention Program	LIHEAP	Low Income Home Energy Assistance Act of 1981, as amended; The Omnibus Budget Reconciliation Act of 1981; Energy Policy Act of 2005, P. L. 109-58; P. L. 97-35; P. L. 114-223; 42 U. S.C. 8621-8630	G. S. 108A- 25.4;	10A NCAC 71V .0201-.0205
Food and Nutrition Services	Food and Nutrition Services	7 USC 2011; 7 CFR Chapter II 271-283 P. L. 110-246	G. S. 108A-25	
For Foster Care Related Services- Foster Care Services	Licensure of maternity homes, child- placing agencies, family foster homes, therapeutic foster homes and residential child care facilities	Titles IV-B and XX of the Social Security Act Title IV-E, Section 470, et seq.; as amended. 42 U. S. C. 677 et. seq.; 45 CFR Chapter XII 1355- 1357	G. S. 131D, Article 1A; G. S. 143B-153	10A NCAC 70 B, F, G,H,I,J,K,& L
Foster Care Services	Interstate/Intercountry services, including ICPC	Titles IV-B and XX of the Social Security Act Social Security Act, Title IV-E, Section 470, et seq.; as amended.	G. S. 7B-3800, G. S. 143B-153	10A NCAC 70C

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
		42 U. S. C. 677 et. seq.; 45 CFR Chapter XII 1355- 1357; P. L. 105-89; 109-239; P. L. 106-279		
Adoption Services	Adoption/ Adoption Assistance	Titles IV-B and XX of the Social Security Act; Social Security Act, Title IV-B, Section 470 et seq; as amended P. L. 96-272, P. L. 105-89 P. L. 106-169 P. L. 109-171 P. L. 104-188 P. L. 110-351 P. L. 108-145	G. S. 108A-49 & 50  S. L. 2016-115 requires "DHHS to develop a program to provide needed supports to families at risk of adoption dissolutions in order to keep families together"	10A NCAC 70M .0500 Out of State Adoption Fees
Child Protective Services	Child Protective Services	Titles IV-B; IV-E; XX of the Social Security Act, Child Abuse Prevention & Treatment Act (P. L. 93- 247); Keeping Children Safe Act of 2003 (P. L. 108-36); P. L. 112-34; P. L. 111-320; P. L. 109-288; P. L. 109-248; P. L. 404-235; P. L. 107-133; P. L. 106-177 CAPTA Section 106 as amended; 42 U. S.C.-5101 "	G. S. 7B	10A NCAC 70A

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
Family Support Program Services	Family Preservation and Support Services (Safe and Stable Families Program and Community Based Child Abuse Prevention)	IV-B, Subpart 2 of the Social Security Act; Adoption and Safe Families Act (P.L. 105-89); 42 U. S. C. 5101 et. seq. 42 U. S. C. 5116 et. seq. P. L. 106-177; P. L. 104-235; P. L. 107-133 P. L. 111-320	G. S. 143- 152.10-15	
Foster Care Services	Foster Care Assistance	Titles IV-B and XX of the Social Security Act; CAPTA (P. L. 93-247) Social Security Act, Title IV-B, Section 470, et seq.; as amended; 42 U. S. C. 677 et. seq.; P. L. 110-351; P. L. 109-113; P. L. 106-169	G. S. 108A-48; G. S. 108A-49; 45 G.S.143B- 153(2)(d)	10A NCAC 70D
Multiple DHHS Open Window Program Names	Medicaid	Title XIX and Section 1634 of the Social Security Act; 42 CFR 430-460	G. S. 108A Part 6; G. S. 108A-79; G. S. 108A-80	10A NCAC 21; 10A NCAC 23
County Transportation	Medicaid Transportation	42 CFR 431.53		
Health Choice Program	North Carolina Health Choice for Children (SCHIP)	Title XXI of the Social Security Act; 42 CFR 457	G. S. 108A, Part 8; G.S. 108A-79, G.S.108A-80	
Subsidized Child Care Program	Subsidized Child Care Program	Federal Child Care and Development Fund; 45 CFR, Parts 98 and 99; APA	G. S. 110-107 Article 7, including 110- 107 referencing	10A NCAC 10



Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
			child care subsidy payments	
N/A	Voter Registration	National Voter Registration Act of 1993; P. L. 103-31	G. S. 163.82.20	
Community Services Block Program	Community Services Block Program	Community Opportunities, Accountability, And Training And Educational Services Act of 1998; 45 CFR 96	G. S. 108B-1 through 108B-20.	10A NCAC 97A 10A NCAC 97B 10A NCAC 97C
	<u><i>Below are Federal Optional Programs and Services that NC provides</i></u>			
Family Violence Prevention	Family Violence Prevention and Services Act Grant (Optional)	45 CFR Chapter XII 1370		
Refugee Cash Assistance/ Refugee Medical Assistance/ Refugee Social Services	Refugee Cash, Medical Assistance and Social Services (Optional)	8 USC 1521 Sec. 411 & 412 P. L. 99-605; P. L. 82-414		
Food and Nutrition Services Education	Access, Outreach/Food & Nutrition Services Nutrition Education (Optional)	Food and Nutrition Act of 2008 as amended		

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
Home and Community Based Services	Day Care Services for Adults (Optional)	Social Services Block Grant (SSBG); 42 U. S. C., Chapter 35, subchapter III, 1321; 42 U. S. C. Chapter 35, subchapter III, Part B 303d	G. S. 143B-153; G. S. 131D-6; G. S. 143B- 181.1 (c) Session Law 1999-334	10A NCAC 06P, 10A NCAC 06Q, 10A NCAC 06R, 10A NCAC 06S, 10A NCAC 06T; 10A NCAC 71R .0101(7), .0201(3)(b), .0506(14), .0903 10A NCAC 71S.0201
Case Management and Counseling	Community Living Services (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(6), .0506(13), .0902; 10A NCAC 71M
Case Management and Counseling	Employment and Training Support Services (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(9), .0506(9), .0905; 10A NCAC 71N
Home and Community Based Services	Health Support- Mobility/Companionship/Special Health Needs/Communication Assistance (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(15), .0908(c)(2); 10A NCAC 71J .0106-.0111
Case Management and Counseling	Health Support Services-Voluntary Sterilization (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(15), .0103(a)(9), .0501, .0506(10), .0604(a), .0908(c)(1); 10A NCAC 71J .0101, .0104
Home and Community Based Services	Housing and Home Improvement Services (Optional)	Social Services Block Grant (SSBG); 42 U. S. C. Chapter 69, 5301	G. S. 143B-153	10A NCAC 71R .0101(17), .0104(4)(a), .0201(3)(b), .0506(15), .0606(a), .0909 10A NCAC 06W 10A NCAC 71S.0201
Home and Community Based Services	Preparation and Delivery of Meals (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(23), .0201(3)(b), .0506(18), .0913 10A NCAC 06V 10A NCAC 71S.0201

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
Case Management and Counseling	Personal and Family Counseling (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(22), .0506(17), .0912; 10A NCAC 71H 10A NCAC 71S.0201
Home and Community Based Services	Transportation Services (Optional)	Social Services Block Grant (SSBG)	G. S. 143B-153	10A NCAC 71R .0101(29), .0501, .0604(a), .0606(a), .0918; 10A NCAC 71I
	<u><i>Programs and Services below are required by State Law Only</i></u>			
N/A	Child Medical Evaluations		(Required as a part of CPS investigations; G. S. 7B-300, et. seq.)	
Child Welfare Training	Child Welfare Training		G. S. 131D- 10.6A	
N/A	Work Permits		G. S. 95-25.5	
N/A	Disaster Shelter Management	Robert T. Stafford Disaster Relief & Emergency Assistance Act (P. L. 93- 288); Homeland Security Act of 2002; Post-Katrina Emergency Management Reform Act of 2006; Pets Evacuation & Transportation Standards Act of 2006; Public Health Service Act, as amended;	G. S. 166A	

Program Name in DHHS Open Window	Program/Service	Federal Statute	State Statute	Administrative Rule
		Social Security Act of 1935, as amended; Americans with Disabilities Act of 1990, as amended		
N/A	Fishing License		G. S. 113- 351(d)	15A NCAC 10C.0216