Governor McCrory has proclaimed **August 2016 as Child Support Awareness month** in honor of dedicated child support professionals, district attorneys, clerks of court, judges, and law enforcement personnel, who continuously work to establish and enforce support orders impacting 414,627 children in North Carolina.

Our successes in child support are critical to enhancing child well-being and healthy family relationships. Every child deserves the kind of resources they need to succeed. For many NC families, economic security depends on consistent child support payments. The North Carolina Child Support Program strives to enforce court ordered support and serve the family by providing resources for steady employment.

In SFY 15-16, NC Child Support Services collected over $708 million in court-ordered support, an increase of $6.8 million over the previous SFY.

Wayne E. Black, Director, N.C. Division of Social Services

**MH/DD/SAS Updates**

**Child First - North Carolina** is a collaborative effort in partnership with Trillium Health Resources, Child First National Program Office and NC Council of Community Programs. Child First is a national, evidence-based, two-generation model that works with very vulnerable young children and families, providing intensive, home-based services. [Click here for more information.](#)

This article is from The North Carolina Council of Community MH/DD/SA Programs - Check out their newsletter: [http://www.nc-council.org/](http://www.nc-council.org/)

**Upcoming Events**

**August 2, 2016 (Tuesday)** – Statewide DSS Director and Fiscal Officer Webinar /Conference Call from 9am to 11:15am.

Please follow the link below to register for the meeting. [https://attendee.gotowebinar.com/register/2530633039979810820](https://attendee.gotowebinar.com/register/2530633039979810820)

Special Note: The recording of DSS Director/Fiscal Officer Webinar meetings are available at: [https://www2.ncdhhs.gov/dss/county/dssdirectormeetings.htm](https://www2.ncdhhs.gov/dss/county/dssdirectormeetings.htm)

**On the Radar Screen:**

**NC Adult Protective Services and Guardianship Listening Sessions 2016** – See page 4

**Quality Control (QC)**

USDA FNS staff will be conducting a special Quality Control Integrity Review the week of August 15, 2016. USDA FNS staff randomly sampled cases to be reviewed. Pat Moore, QC Unit Supervisor will notify the counties of the sampled case records that must be provided and the time frames for the review period. Additional information regarding the provision of these cases for this review are forthcoming to the affected counties

**FNS Employment & Training Convening**

The North Carolina Division of Social Services will be hosting the Food and Nutrition Services Employment and Training (FNS E&T) Convening event, **August 22-24, 2016** at the Sheraton Four Seasons (Koury Convention Center) in Greensboro, NC.

This special Convening Event will share useful information for the development and enhancement of FNS E&T programs. We anticipate representatives from all 100 counties, as well as staff from the Eastern Band of Cherokee Indians Tribe, Community Colleges, NC Department of Commerce and a host of Community Based Organizations throughout the state. Additional information about the FNS E&T Convening event will be forthcoming.
DSS Updates

Child Welfare Services:

2016A National Youth in Transition Database (NYTD) Report

On July 19, 2006, the NC DHHS received notice from the Administration for Children and Families (ACF) of “Initial Determination of Compliance” for the 2016A National Youth in Transition Database (NYTD) Report. Based on a review of the 2016A data file submitted by the State of NC, ACF determined that NC is in compliance with NYTD requirements for the period ending March 31, 2016.

Fostering Health NC (FHNC)

Good news: Fostering Health NC (FHNC) is off to a terrific start! In January 2015, the Duke Endowment awarded a two-year grant totaling over $316,000 to the Department of Health and Human Services’ Office of Rural Health for Fostering Health NC, an initiative to connect North Carolina’s children and youth in foster care with a primary care medical home and to employ best practices for improving health outcomes for the foster care population.

The Concept for Fostering Health NC arose during implementation of North Carolina’s Medicaid Children’s Health Insurance Program Reauthorization Act (CHIPRA) demonstration from the shared objectives of the Office of Rural Health, the NC Pediatric Society, the Division of Social Services, the Division of Medical Assistance, Community Care of North Carolina (CCNC) and a host of youth service organizations.

In Year One of the Fostering Health NC initiative (February 2015 through February 2016), efforts focused on four areas: (1) Leveraging Technology, (2) Training Personnel, (3) Changing Business Processes, and (4) Informing Policy. The uptake of the FHNC medical home modeled by NC’s department of social services and medical practices far exceeded initial expectations.

Accomplishments in Year One included:
- 40 DSS offices signed Technology-Enabled Care Coordination Agreements (TECCA) with CCNC and 26 DSS offices completed training to access Medicaid data in the CCNC Provider Portal
- FHNC staff conducted 77 training sessions on the FHNC model for medical providers, DSS staff, CCNC care managers, and child welfare officials
- The UNC-CH Jordan Institute for Families developed an on-demand, self-paced FHNC course for DSS staff that will be available in Year Two
- NC DHHHS issued two important Dear County Director Letters
  - 3/26/15 DCDL promoted the opportunity for counties to obtain access to CCNC’s Provider Portal
  - 1/31/16 DCDL reemphasized the importance of assigning children in foster care to a medical home
- Toolkits and comprehensive instruction on best practices for managing the care of foster children and optimizing the FHNC foster care medical home model are available in the FHNC Online Library at http://www.ncpeds.org/?page=FHNCLibrary
- 2,482 foster children have been linked to a medical practice implementing the FHNC foster care medical home model.

More information about Fostering Health NC and the FHNC foster care medical home model is available on the FHNC website at http://www.ncpeds.org/?page=FHNC or by calling 919-839-1156.
CSS Outcome Performance for End of Year 2015 and 2016

<table>
<thead>
<tr>
<th>County Name</th>
<th>Report Month</th>
<th>Caseload</th>
<th>Collections</th>
<th>% Pat Est</th>
<th>% Cases Under Order</th>
<th>% Current Collections</th>
<th>% Cases paying towards arrears</th>
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</thead>
<tbody>
<tr>
<td>STATEWIDE</td>
<td>201506</td>
<td>410,145</td>
<td>$707,371,333</td>
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<td>67.96%</td>
<td>67.13%</td>
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<tr>
<td>STATEWIDE</td>
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<td>-2534</td>
<td>$680,663</td>
<td>1.12%</td>
<td>-0.19%</td>
<td>1.30%</td>
<td>0.79%</td>
</tr>
</tbody>
</table>

Goal: 2016

|$707,371,333| 99.06% | 86.99% | 67.00% | 67.00% |

CSS Self-Assessment Performance

Passed 9 out of 8 Self-Assessment categories. Increased the Paternity Establishment by 3.41%. This is a significant step to improvement in this area. (Note: Red font indicates SFY2016)

<table>
<thead>
<tr>
<th>Case Closure</th>
<th>Enforcement</th>
<th>Establishment</th>
<th>Expedited Process 12 month</th>
<th>Expedited Process 6 month</th>
<th>Interstate</th>
<th>Medical</th>
<th>Review and Adjustment Inclusive</th>
<th>Review and Adjustment Needed</th>
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</thead>
<tbody>
<tr>
<td>98.66%</td>
<td>80.72%</td>
<td>65.60%</td>
<td>94.53%</td>
<td>89.31%</td>
<td>79.41%</td>
<td>83.52%</td>
<td>97.18%</td>
<td>84.44%</td>
</tr>
<tr>
<td>98.83%</td>
<td>80.94%</td>
<td>69.01%</td>
<td>94.41%</td>
<td>88.41%</td>
<td>79.47%</td>
<td>82.87%</td>
<td>97.82%</td>
<td>87.66%</td>
</tr>
<tr>
<td>0.17%</td>
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<td>3.41%</td>
<td>-0.12%</td>
<td>-0.90%</td>
<td>0.06%</td>
<td>-0.65%</td>
<td>0.64%</td>
<td>3.22%</td>
</tr>
</tbody>
</table>

DMA Updates

DMA 7/15/16 DCD Letter re: Updating/deleting Incorrect Social Security Numbers

Social security number deletion has been a role/function of Division of Medical Assistance (DMA) and Division of Social Services (DSS) for over a year now. This function will now be returned to the County DSS. Access will be given for up to four supervisors per county; however, the counties may choose to grant access to lead workers or other upper management. This process allows for quick and adequate corrections to occur on cases in order to expedite the application and redetermination process.

DMA 9/10/15 DCD Letter re: Non-Emergency Medical Transportation (NEMT) Compliance Reviews

Over the next year, the Division of Medical Assistance (DMA) will be conducting compliance reviews of the Non-Emergency Medical Transportation (NEMT) program in 43 counties of the state. The same consulting group that was employed last year, KFH Group, Inc., will conduct these reviews.

- April, May and June 2015 recipient NEMT files
- NEMT files to support your April, May and June 2015 Trip Logs including documentation verifying that Medicaid covered services were received on the date each trip was provided (DMA-5118, Verification of Receipt of Medicaid Covered Services or other equivalent)
- NEMT vendor verification and monitoring files
- NEMT safety files including driver, insurance, vehicle and drug testing records
- NEMT reimbursement request files and forms
**DAAS Updates**

**NC Adult Protective Services and Guardianship Listening Sessions 2016**

The NC DHHS Division of Aging and Adult Services (DAAS), in partnership with eleven NC county departments of social services (DSS), is convening a series of “Listening Sessions” to hear from local stakeholders about older adults and adults with disabilities who may need the rights and protections provided through Guardianship and Adult Protective Services. The input from these listening sessions will inform the work of the Department of Health and Human Services for the next several years in addressing the growing number of APS reports along with efforts to ensure the least restrictive alternatives are made available when adults need a surrogate decision maker or other alternatives to guardianship. These sessions are modeled after the successful effort the Department conducted in 2015 around child welfare issues.

The NC Association of County Directors of Social Services is a key partner in this effort. In addition to the county based listening sessions, DAAS will hold sessions at each of the regional DSS directors’ meetings and has proposed a session at the annual Social Services Institute. Department leadership representing divisions that work with this population will serve as the panelists for the sessions. Leadership from the UNC School of Government and legal counsel with the Attorney General’s Office will round out the panel.

The eleven host DSS’s are inviting local stakeholders to present the challenges they face on a daily basis to meet the needs of vulnerable adults along with opportunities that could be explored to improve and enhance the efficiency of services. Invited stakeholders include: state and local elected officials, law enforcement, the judiciary, public and private service providers, local advocates, and county DSS staff from the host county and surrounding counties as space permits. Locations, dates, and times are provided on the attached map for county hosted sessions. The Social Services Institute is schedule for October 19-21 in Hickory. If selected for a workshop, the date and time will be announced later.
Fiscal Reminders

Local Business Liaisons (LBLs)

- Due to the implementation of Temporary Assistance Payments to licensed facilities for State/County Special Assistance recipients for the period of October 1, 2016 to June 30, 2017, you will need to calculate additional funds needed for SFY 2016-17 at a rate of $17.00 (50% of $34.00/month temporary payments) per recipient times (x) # of recipients times (x) 9 months.

- Prepare and submit new ADP plans for items already approved in local budget. Reminder, unused portions from prior year ADP plans cannot be rolled forward/used for current fiscal year.

- Closely monitor WFBG spending, both TANF and MOE, especially due to recent day sheet coding changes for WF Employment.

- Update Indirect Cost Plan amounts as soon as available for SFY 16-17

- Remember to code to 0 (Zero) TANF CPS/FC/Adopt before R (TANF) when applicable

- Make sure Contracts have been updated using the appropriate contract procedures. The automated contract information can be found at: https://www2.ncdhhs.gov/dss/contracts/County%20Contract%20Forms.htm

- This site should be checked frequently for updates/changes. Contracts must be in place prior to claiming expenditures via the 1571.

DSS Fiscal Monitors

- Make sure to balance your receipt book to deposits made to the general ledger to what is reported on the 1571.

- If operational procedures change in the county and/or agency, you should also examine your checks and balances to ensure they are still adequate.

- Remember to enter the IV-E and NCHC Penetration Rates as they are issued. Never round any penetration rates.

- All costs approved on an ADP Plan are to be reported under the appropriate ADP Part II Code.

- Agencies need to remember to verify the SIS Code for Work First Purchases to determine whether the cost is reported on the Part II or Part IV. The SIS Manual and SIS-CARS Open Window Crosswalk may be used to help make this determination.

- Agencies should always reconcile their Payroll Journal to the General Ledger and if claiming salary and fringe expenditures which are not posted on the General Ledger – must have a reconciliation/documentation to substantiate the difference.

- Costs for building security officers and janitorial staff are considered Cost of Space expenditures and are to be reported on the Part II even if the security officer(s) or janitorial staff are included in the DSS budget and listed on the payroll ledger. These costs cannot be reported on the Part I. **to clarify we are not referring to the state systems security officer/IT/person who completes E-IRAFF forms
Operational Support Team (OST) Activities:

**New OST Risk Assessment Tool**

The Operational Support Team has implemented a new risk assessment tool that establishes the minimum on-site consultation that OST Representatives will provide this state fiscal year. The tool utilizes historical performance data from each program area that OST provides support such as timeliness, quality assurance, and single audit information. Based on the county’s overall performance, OST will conduct bi-monthly, quarterly, or semi-annual on-site consultation. The tool will be revised as more program responsibility is added to the OST and additional performance data becomes available.

**DHHS LEAN Updates**

The DHHS LEAN Teams currently have 15 projects in progress. Many of which (11) are with the local department of social services. We want to give a shout out to all of the local and state level agencies that have taken the initiative to begin projects, empowering their staff doing the day-to-day work to make valuable decisions for their organizations, and creating a team building, morale boosting environment. Current projects at the county level include Davidson, Chatham, Pender, Madison, Yancey, Richmond, McDowell, Moore, Harnett, Hyde, and Union.

**New Faces at DHHS (DSS) - Betty Kelly**

Betty has been a public servant for 32 years. She was employed by Guilford County for 29 years where she worked as a Child Protective Services (CPS) investigator and supervisor. As a Social Work Program Manager for 14 years Betty managed Intake, CPS Investigations, In-Home Services, Foster Care, Adoptions, Child Welfare Quality Assurance & Training Team, and Work First Employment Services.

In 2002, she was instrumental in assisting the State of North Carolina with its restructure of child welfare while serving as the coordinator for Guilford County. Betty is a graduate of East Carolina University with a Bachelor’s of Science Degree in Social Work and earned her Master’s in Social Work at the University of North Carolina at Chapel Hill.
DHHS Value: Accountability

We are excited to feature another video in the Mission, Vision, Values and Goals series. This video highlights the DHHS Value: **Accountability**. DHHS values are our guiding principles that dictate our behavior and action.

What does **Accountability** mean to DHHS?

- Accepts full responsibility for oneself and for one’s contribution as a team member
- Displays honesty and truthfulness
- Confronts problems quickly
- Displays a strong commitment to organizational success and inspires others to commit to goals
- Demonstrates a commitment to delivering on his or her public duty and presenting oneself as a credible representative of the agency and state, to maintain the public’s trust

See what Tammy Perry from Disability Determination Services says about **Accountability**. (open hyperlink)