NORTH CAROLINA DEPARTMENT OF
HEALTH AND HUMAN SERVICES
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

Subrecipient Monitoring Plan
Local County Social Service Agencies

Revised 09/2019

Table of Contents

I. INTRODUCTION

Purpose.....5
Subrecipient Monitoring.....5
Monitoring Plan Requirements.....6
Description of Subrecipient and Programs/Services Funded.....6
Program Areas and Services to be Monitored.....7
Link to Compliance Supplements.....7
Core Areas to be monitored.....8
Documentation of Monitoring Activities.....10
Sanctions for Non-Compliance.....10

II. MONITORING OF LOCAL COUNTY SOCIAL SERVICE AGENCIES

A. FISCAL MONITORING

1. Budget Office Fiscal Monitoring Plan

Purpose.....11
Program Areas and Services to be Monitored.....11
County Subrecipient Self-Assessment of Internal Controls.....12
Monitoring Activities Process.....13
Budget Office Monitoring Worksheet.....15
Scheduled Monitoring.....20

B. PROGRAM MONITORING

1. Economic and Family Services

Introduction.....21
Program Areas and Services to be Monitored.....22
Food and Nutrition Services.....23
Management Evaluation Objectives.....23
Overview of Review Elements.....23
Planning the Review.....28
Conducting the Review: On/Off-Site Activities.....32
Energy Programs.....38
Reporting the Findings.....40
Follow Up.....40
Refugee Assistance Programs.....40
Monitoring Staff and Frequency.....41
Monitoring Schedule.....41
Monitoring Tools.....43
Sample Size.....42

Process of Review and Program Improvement Plan.....43
Maintenance of Monitoring Documentation.....44
Work First.....44
Monitoring Staff.....44
Monitoring Tools.....45
Sample Size.....45
Process of Monitoring and Performance Improvement Requirements.....45
Maintenance of Monitoring Documentation.....49
List of Counties Based on Work First Caseload Size.....49
Scheduled Monitoring.....50

Work First Attachments
Work First Attachment A – Work First Monitoring Cash Assistance Tool..53
Work First Attachment B – Work First Employment Services Tool.....58
Work First Attachment C – Work First 200% Services Tool.....61
Work First Attachment D – Child Support Non-Cooperation Sanction.....64

2. NC Child Support Services

Overview.....66
Program Area and Services to be monitored.....65
Documentation of Monitoring Activities.....67
Monthly Quality Reviews.....68
Exit Conference.....68
Federal OCSE Self-Assessment.....68
Self-Assessment Methodology for Case Reviews.....69

CSE Attachments

CSE Exhibit 1 – OCSE Action Transmittal 98-12.....70
CSE Exhibit 1(a) – OCSE AT 98-12 Tool.....72
CSE Exhibit 2 – Quality Review Checklist.....78
CSE Exhibit 3 – Quality Review Instructions.....79

3. Child Welfare Services

Purpose.....83
Program Areas and Services to be monitored.....83
Monitoring Staff.....86
Monitoring Tools.....86
Monitoring Schedule.....87
Sample Size.....87
Review Process.....88
Process for Single and Special Audits.....91
Risk Assessment for Subrecipients.....92

CWS Attachments
CWS Attachment A – Compliance Monitoring County Assignments.....93
CWS Attachment B – SSBG and TANF to SSBG Monitoring Tool.....94
CWS Attachment C – Title IV-E Foster Care Eligibility Review Tool.....97

CWS Attachment D – Title IV-E Foster Care Eligibility Review Tool 18-21…111
CSW Attachment E – IV-E Adoption Assistance Monitoring Tool.....118
CWS Attachment F – IV-E Corrective Plan.....124
CWS Attachment F – Payment Adjustment Referral Form.....125

4. Medicaid Administrative Claiming

Purpose.....126
Program to be Monitored.....126
Monitoring Staff.....127
Monitoring Tools.....127
Monitoring Schedule.....127
Monitoring Sample.....128
Monitoring Process.....128
Reporting Findings and Follow-up.....128
Maintenance of Monitoring Documentation.....128
Medicaid Administration Claiming Monitoring Tool Instructions.....129
MAC Monitoring Tool.....133

NCDHHS DIVISION OF SOCIAL SERVICES
SUBRECIPIENT MONITORING PLAN
LOCAL COUNTY SOCIAL SERVICE AGENCIES

I. INTRODUCTION

PURPOSE

This document describes the protocol the North Carolina Division of Social Services (NCDSS) will utilize in carrying out its subrecipient monitoring responsibilities. This plan serves as the manual for implementing the Division's subrecipient monitoring policy. This plan is applicable to all units and individuals within NCDSS that have a role in subrecipient monitoring as identified in this plan.

SUBRECIPIENT MONITORING

The Federal Office of Management and Budget (OMB) 2 CFR Part 200, Subpart F- Audit Requirements (http://www.whitehouse.gov/omb/circulars_index-slg/) requires pass-through entities to monitor their subrecipients' use of federal funds. This is to ensure reasonable compliance with federal program laws and regulations and that provisions of contracts or grants and performance goals are achieved. Pass-through entities must ensure that any subrecipients expending $750,000 or more in federal grants or awards during a given fiscal year have a single or program-specific audit performed in accordance with 2 CFR Part 200, Subpart F- Audit Requirements. In addition, N.C. G.S. § 143-6.1 requires the category of financial assistance contracts funded with State dollars and other dollars that flow through the appropriation process to be monitored as subrecipients.

Subrecipient monitoring promotes accountability and continuous quality improvement. This document incorporates monitoring activities undertaken by the various sections and teams within the Division to the extent that those activities maintain the integrity of the monitoring requirements outlined in this plan. The Division's subrecipient monitoring activities are coordinated through the DSS Budget Office with Kim Goodwin serving as the DSS Budget Office Lead Monitor Coordinator.

Ongoing monitoring of Federal and State funds determines if the awards are used for authorized purposes in compliance with laws, rules, regulations, and grant provisions. Deficiencies identified are shared with agency management and designated Division staff for corrective measures and ongoing training.

In order to carry out its mandate to provide basic support to assist individuals to become self-supportive and self-reliant in a manner consistent with the rights, and responsibilities of all North Carolina citizens (G. S. § *108A*-) NCDSS provides financial assistance funding to local county governments, non-profit agencies, universities, and other non-governmental entities utilizing federal grants and funds appropriated by the General Assembly of North Carolina. Those services provided on behalf of NCDSS are designed to enable individuals and families to become self-supportive, self-reliant and to achieve well-being through ensuring safety and permanence.

This plan outlines how NCDSS, as a pass-through entity, will comply with its responsibilities under OMB 2 CFR Part 200, Subpart F – Audit Requirements and G.S. § 143-6.2 (Reports on Use of State Funds by Non-State Entities) to monitor the disbursement and use of federal and state dollars for the intended purpose according to the compliance requirements of each funding source and the stipulations of the contract or performance agreement with the subrecipient. These requirements are consistent with the expectations of federal agencies and states addressed in the Federal Financial Assistance Management Improvement Act.

MONITORING PLAN REQUIREMENTS

Each Section shall develop and maintain a monitoring plan for all financial assistance subrecipients in accordance with DHHS Policy at

http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-40/man/monitoring_of_programs1.htm

A list of subrecipients and program funding is found in the DHHS Open Window database at

http://dhhsopenwindow.nc.gov/index.aspx

Options can be selected by Services or by Contracts.

Expenditures for Local County Social Service Agencies by program and fund source are shown at the following web site:

https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports

There is a drop down list of all counties, then a list of reports for each, including WC302(cash) which details all the expenditures by program and segregated by federal state and county.

In addition, the DSS Budget Office web site shows budget estimates for each county, as well as funding authorizations for capped allocations:

http://www2.ncdhhs.gov/dss/budget/county.htm

DESCRIPTION OF SUBRECIPIENTS AND PROGRAMS/SERVICES FUNDED

NCDSS receives funds from several federal and state programs and, in turn, issues funding authorizations to 100 county governments and also contracts with a number of public, non-profit, for profit, and private agencies and organizations. These agencies provide a variety of services for NCDSS ranging from direct services and support to advocacy and training. Financial assistance awards support such activities as crisis/emergency services and services to specific target populations. These services are funded by a variety of federal grants and state appropriations. The Social Services Block Grant (SSBG), Temporary Assistance to Needy Families (TANF) Block Grant, IV-E, CBCAP, IV-E and Food and Nutrition Services – USDA (FNS) are significant sources of funding for NCDSS services.

PROGRAM AREAS AND SERVICES TO BE MONITORED

Area	Federal/State Compliance Number
Social Service Block Grant for Children: CPS, Foster Care, Adoption, and Links	93.667-1 93-667-13
IV-E Foster Care	93-658
IV-E Adoption Assistance	93-659
Work First	93.558
State Maternity Fund	93.645-1
Medicaid Administrative Claiming	93.645
Child Support	93.563
Food and Nutrition Services	10.561
Low Income Home Energy Assistance Program-LIEAP	93.568-2
Low Income Home Energy Assistance Program-CIP	93.568-3
Refugee Assistance	93.566

Compliance Supplements and other audit resources for monitoring the above programs can be found at the following web page:

https://www.nctreasurer.com/slg/Pages/Compliance-Supplements-and-Single-Audit-Links.aspx

CORE AREAS TO BE MONITORED*

The OMB 2 CFR Part 200, Subpart F – Audit Requirements specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that requires policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may **not** be applicable to the funding source.

The core areas of compliance monitoring involve fiscal monitoring (i.e., review of financial statements and audit findings and internal controls) and program monitoring (i.e., determination of whether the eligibility criteria were met or review of the scope of work to see if the objectives of the contract have been met). Following is a brief description of each of the core areas:*****

CC: *Crosscutting Requirements:* These are supplements written by state agencies to detail in one location the common compliance requirements that span across several programs.

A/1: Activities Allowed or Unallowed: This requirement refers to specific activities identified in the grant agreement, contract, allocation, letters, policy manuals and state or federal regulations that are allowed or that may be unallowed. The purpose of this requirement is to provide reasonable assurance that State and Federal funds are used for the intended purposes.

B/2: Allowable Costs/Cost Principles: This requirement seeks to assure that the costs paid to the contractor are reasonable and necessary for the operation and administration of the program and that the subrecipient uses an acceptable method of allocating costs, including indirect costs.

C/3: Cash Management: This requirement is only applicable if the contractor receives an advance of funds from NCDSS of more than 60 days from when the funds would ordinarily be disbursed. In accordance with the DHHS Cash Management Policy, the Controller's Office is responsible for reviewing the cash needs of subrecipients that receive advances every three months to determine whether or not the advance represents more than a 60-day cash requirement.

E/5: Eligibility: This requirement ensures that only those individuals and organizations that meet the eligibility requirements for receiving services or financial assistance from the program participate in the program. The eligibility requirement for an individual diagnosis, risk factors, medical necessity criteria, income, etc. Similarly, an organization may qualify to participate in a program based on the extent to which the type of program and the mission of the organization are consistent with the requirements of the funding source.

F/6: Equipment and Real Property Management: This requirement refers to tangible property that has a useful life of more than one year and costs more than $5,000. Such equipment may only be purchased per the conditions of the approved contract or grant agreement.

G/7: Matching, Level of Effort, Earmarking: These requirements are specifically addressed in the grant documents, allocation letters, contracts and state or federal regulations.

- *Matching* refers to the specific amount or percentage of funds the subrecipient is required to match the state or federal grant. The matching portion must be verifiable in the accounting records, incurred during the period of the award, must not be used to meet the match of another program, allowable under cost principles and derived from non-federal or non-state funds unless specifically authorized.
- *Level of Effort* refers to the specific level of service that must be provided (e.g., the number of clients the subrecipient must serve) or a specified level of service (e.g., maintenance of effort) or the requirement that federal or state funds may only be used to supplement the non-state or non-federal funding of the service.

- *Earmarking* refers to the requirement that an amount or percentage of a program's funding must be used for specific activities.

H/8: Period of Performance: This requirement refers to the time period authorized for state and federal funds to be expended. State funds are authorized for the fiscal year (July 1 – June 30); however, NCDSS may allow a subrecipient to carry forward unexpended funds into the next fiscal year. Most federal funds allow additional time after the end of the grant period for obligations incurred during the grant period to be paid.

I/9: Procurement and Suspension and Debarment: This requirement assures that the subrecipient follows the state and federal policies and procedures for procurement, that the subrecipient has not been suspended or disbarred from receiving funding from the state or federal government, and that the subrecipient does not use federal funds to purchase goods or services costing more than $100,000 from a vendor that has been disbarred by the federal or state government..

J/10: Program Income: The purpose of this requirement is to assure that program income is being used appropriately. This requirement refers to the gross income received by the subrecipient on activities, services or goods purchased with state or federal funds. Program income may be used to provide matching funds when approved by the state or federal agency.

L/12: Reporting: Contract administrators are required to monitor the financial, performance and special reporting of the subrecipient in order to provide assurance that funds are being managed efficiently and effectively to accomplish the objectives of the program as specified in the compliance supplement, applicable laws and regulations, and contract or grant agreements.

M/13: Subrecipient Monitoring: Program Monitors/Contract administrators /Program coordinators are required to provide assurance that any NCDSS subrecipient that subcontracts with another agency monitors the agency with which the subrecipient subcontracts as specified in the compliance supplement for the funding source.

N/14: Special Tests and Provisions: Program Monitors/Contract administrators/Program coordinators must provide assurance that all special requirements found in the laws, regulations, or the provisions of the contract or grant agreement are monitored appropriately. Such special tests and provisions may relate to fiscal and/or programmatic requirements or may include actions that were agreed to as part of the audit resolution of prior audit findings or in corrective action plans identified as a result of monitoring reviews.

15: Conflict of Interest: This requirement applies to any private, non-profit entity eligible to receive state funds, either by General Assembly appropriation, or by grant, loan or other allocation from a State agency (S.L. 1993-321, Section 16 of the Appropriations Act). An agency official is required to sign a notarized copy of the policy before a contract is executed. Copies of the organization's attestation to the Conflict of Interest Policy is kept by the Program Compliance section in the organization's file. The Division's Conflict of Interest Policy for Private Not-for Profit Agencies can be found at http://www.ncdhhs.gov/dss/budget/forms.htm

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. The compliance supplement identifies those core areas which at a minimum must be monitored. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. (See Attachment B for an overview of compliance requirements for each program for which NCDSS is the pass-through entity). Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance

Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

***Note: With the exception of the No Overdue Taxes requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.*

DOCUMENTATION OF MONITORING ACTIVITIES

Each Program Compliance Monitor and Fiscal Compliance Monitor is responsible for reporting their monitoring activities. Documentation shall follow the format developed by the Section's Monitoring Coordinator. Any ensuing technical assistance required as a result of subrecipient monitoring activities shall be referred to the appropriate Program Representative and/or Local Business Liaison (Fiscal) for follow-up.

In addition, copies of monitoring documents will be kept in a centralized location to facilitate easy access and review. This should include copies of source documents such as the Self-Assessment Review Summary, the risk assessment tool, monitoring tools and instruments. Copies of communication to and from the subrecipient which pertains to subrecipient monitoring should also be maintained. This includes copies of the notification, the monitoring results report, plans of correction and notification to the subrecipient of the disposition of the outcome of the review and/or the corrective action plan (closure letter).

SANCTIONS FOR NON-COMPLIANCE

This section describes the recourse NCDSS has when monitoring activities confirm that the subrecipient is out of compliance with state and federal regulations based on the requirements of the type of funding received and as outlined in the program or grant agreement. If NCDSS suspects or determines that a subrecipient has failed to adhere to required guidelines, the following actions should be completed and documented as necessary:

1. Section/program staff should first make every effort to work with the subrecipient agency to identify and document problems, plan steps to resolve them, and monitor the results of corrective actions taken.
2. If necessary, NCDSS will request assistance from the DHHS Controller's Office or from other appropriate external entities.

If a Program Compliance Representative/Monitor suspects internal fraud, it will be reported to the Local Department of Social Services Director and the NC Director of Social Services. The Division will prepare an SBI Report in consultation with the Internal Auditor and the Division of Budget and Analysis. In the event the Internal Auditor agrees that the Division's suspicions are well founded, the DHHS Office of the Internal Auditor will coordinate an audit/investigation as deemed appropriate with the Office of State Auditor, internal staff, Federal authority, local law enforcement authorities, and/or the SBI.

II. MONITORING OF LOCAL COUNTY SOCIAL SERVICE AGENCIES

A. FISCAL MONITORING OF LOCAL COUNTY SOCIAL SERVICE AGENCIES

1. Budget Office Fiscal Monitoring Plan

PURPOSE

The Division of Social Services is responsible for administering a budget in excess of $1 billion for Public Assistance and Social Service Programs throughout the State of North Carolina. The Budget Office supports the financial and operational activities as well as administrative management functions and contract related activities. Fiscal monitoring will be completed by the Fiscal Compliance Monitors (FCM).

PROGRAM AREAS AND SERVICES TO BE MONITORED

Food and Nutrition Services

The Food and Nutrition Services Program (FNS) provides cash like benefits for eligible low income individuals and families to use to purchase nutritious food. Benefits are based on family size and income; benefits are made available monthly via an Electronic Benefits Transfer (EBT) card. Food and Nutrition Services benefits are accessed through the 100 Local County Social Service Agencies. After applicants are determined eligible to receive benefits by their respective Local County Social Service Agencies, they are issued an EBT (Electronic Benefits Transfer) card to purchase food.

Child Support Services

The Child Support Program aids in the establishment and collection of child support to ensure that both parents support their children. The program processes include 1) location of the noncustodial parent for establishment and enforcement of child support orders, 2) paternity establishment for children born outside of marriage, 3) establishment and modification of new and existing orders of support, 4) enforcement of support obligations, and 5) collection and distribution of support. The goal of the program is to consistently collect as much child support as possible and to help families become self-sufficient. All Child Support Offices will be subject to this monitoring.

Work First

North Carolina's Temporary Assistance for Needy Families (TANF) program, called Work First (WF), is based on the premise that parents have a responsibility to support themselves and their children. The Work First program promotes a strengths-based, family-centered practice approach and shares in the mission of the North Carolina Department of Health and Human Services (NC DHHS), in collaboration with its partners, to protect the health and safety of all North Carolinians and provide essential human services. Work First provides parents with short-term training and other services to help them become employed and move toward self-sufficiency. The services provided to families include but are not limited to education/training, employment services, childcare, transportation services and retention services to the employed. These services provided to recipients enable the state to meet employment goals for able-bodied adults entering employment and able-bodied adults remaining off Work First for employment. Generally, these services are provided by a Work First employment worker or by other community agencies.

Other families, in which grandparents and relatives are caring for their relative children and legal guardians can receive services and support that prevent children from unnecessarily entering the foster care system._Work First emphasizes three strategies: Diversion, Work, and Job Retention. Work First Family Assistance is also provided for eligible children whose caretaker is not eligible for benefits themselves. Work First Family Assistance provides monthly financial assistance to assist in meeting the basic needs of families with children such as food, shelter, etc.

Low Income Home Energy Assistance Program (LIHEAP)

Crisis Intervention Program (CIP) is part of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant. Applicants apply for CIP funds to alleviate a heating or cooling related crisis. Households have a maximum benefit limit of $600.00 per year. The Low Income Energy Assistance Program (LIEAP) is a Federally-funded program that provides for a one-time vendor payment to help eligible households pay their heating bills. The application period is December 1st through March 31st, with priority in eligibility given to households who have a disabled person receiving services through the Division of Aging and Adult Services, or households with a member age 60 and older during December 1st through December 30th or until funds are exhausted.

Foster Care Title IV-E Administration

Foster Care Title IV-E Administration is reimbursement for staff cost related to services provided for clients who are IV-E eligible. IV-E eligibility is based on connectivity to the old Aid to Families with Dependent Children (AFDC) Program. This is currently for children who are in Foster Care, or children who are at risk of coming into foster care or other related functions. In addition IV-E funding can be utilized to pay for Foster Care Room & Board. Administrative reimbursement for certain training and recruitment cost are allowed.

Adoption Assistance IV-E Administration

Adoption Assistance IV-E Administration is reimbursement for staff cost for services provided to clients who are IV-E eligible. IV-E eligibility is based on connectivity to the old Aid to Families with Dependent Children (AFDC) Program. This is currently for children who are in Adoptive Placements or other related services. In addition, IV-E Adoption Assistance funding can be utilized to pay for Adoption Assistance and Adoption Assistance Vendor payments. Administrative reimbursement for certain training and recruitment cost are allowed.

Social Services Block Grant (SSBG) Administration

Social Services Block Grant (SSBG) Administration is reimbursement for staff cost and direct purchased services for clients who are eligible. SSBG funds are made available under Title XX of the Social Security Act. SSBG funding is broken into sub funding sources: SSBG, State In-home, TANF to SSBG and Adult Day Care Federal. SSBG and State In-home can be used to provide in-home services for elderly or disabled adults. TANF to SSBG is used for administrative funding for staff cost and purchased services. Adult Day Care is paid to providers who provide eligible clients with Adult Day Care Services.

COUNTY SUBRECIPIENT SELF-ASSESSMENT OF INTERNAL CONTROLS

Each local DSS and Stand-Alone Child Support Office is required to submit a self-assessment of internal controls annually. The Fiscal Compliance Monitor (FCM) will review the Self-Assessment for completeness and signature, complete a Self-Assessment Review Summary and post the documents on the Division's server. The

FCM will utilize the pertinent data within the self-assessment in addition to monitoring and single audit reports to complete a Local County Social Service Agency Risk Assessment each calendar year.

The Self-Assessment Survey can be downloaded at the following website:
http://www2.ncdhhs.gov/dss/Monitoring/assessments.htm

MONITORING ACTIVITIES PROCESS

Each Local County Social Service Agency and stand-alone Child Support Agency will have an on-site fiscal monitoring at least once each state fiscal year. Beginning in April, as the County Single Audits are received, the FCM's will complete an annual risk assessment. The risk assessment will be used to establish the upcoming state fiscal year monitoring schedule and determine if adjustments to the current schedule is needed or if an additional monitoring is necessary. Local County Social Service Agencies and stand-alone Child Support Agencies will be notified via e-mail prior to each Budget Office fiscal monitoring visit with a list of information required. The monitoring will review two month's data that will be randomly selected by the FCM. The review period may be reduced to one month if there were no findings on both the prior two monitoring and county single audits. The 12 month monitoring timeline is subject to adjustment due to factors such as staffing, schedule conflicts, or other uncontrollable events.

Fiscal monitoring will consist of Administrative reimbursement from Federal and State fund sources: Food and Nutrition Services, Medicaid, Health Choice, Child Support Services, Work First (TANF funding for this monitoring are the Federal and County dollars in the Work First Block Grant), LIHEAP/CIP**,** Foster Care Title IV-E Administration, Adoption Assistance IV-E Administration, and Social Services Block Grant (SSBG) Administration. These fund sources are selected by their CFDA number as some of these have multiple coding options. State Funds for this monitoring are those State dollars in the administration of Child Welfare and Adult Services with multiple coding options. This review will monitor how the county reported applicable cost for reimbursement only and will not monitor the individual client's eligibility.

The monitoring consists of direct staff cost and purchased/contract or non-direct staff cost. Direct staff cost is reported on Part I-A, B, or C of the DSS-1571. Except for Child Support agents, all direct staff time is reported within the Services Information System (SIS). Each county imports the data from the state directly in to the Time and Effort Calculation program within the NC-CoReLS fiscal reporting software utilized by the counties to submit their monthly expenditures for reimbursement. For the fund sources monitored, the FCM will review the Worker Effort Detail Audit Report generated by NC-CoReLS to determine if the county has made any modification to the imported time which is not subject to a monthly Penetration Rate. For time that has been modified, the FCM will determine if the adjustment(s) are allowable and if required, verify supporting documentation is on file. The FCM will also review the monthly Penetration Rates that are applicable to direct staff time to ensure the correct rates and eligible fund sources are within the NC-CoReLS system. Should the FCM find incorrectly reported time, a sample of 5% of the affected staff or a minimum of five staff charged to the specific program funding area will be used to determine the extent of the error. If the 5% sample is less than five staff, then all staff within the affected program funding will be reviewed. Salaries and benefits reported on DSS-1571, Part I will be compared to the County general ledger or other supporting documents. Child Support staff, those within a Local County Social Service Agency or Stand-alone Child Support agency do not report staff time within the SIS system.

Purchase, contract or non-direct Staff costs are reported on DSS-1571 Part II or IV. All cost reported on the DSS-1571 Part II or Part IV will require reconciliation to the county general ledger. Based on the monitoring month, a county may not have expenditures in the funding sources being monitored. If a county does not have any expenditure for a particular fund source it will be documented on Attachment A and considered compliant for this monitoring.

The Budget Office Monitoring Worksheet (Attachment A) will be used to document monitoring findings. After the monitoring is completed, a letter along with Attachment A will be sent to the Local County Social Service Agency Director with the monitoring results. The monitoring report is due seventy-five (75) calendar days from the date of the review. The report must, at a minimum, include a summary of the monitoring findings; a list of findings for all documents reviewed; and corrective actions if necessary.

When a reporting error is found, the FCM will inform the county of the correcting entries required. Correcting entries will be reported on the agency's 1571 as stipulated within the Monitoring Letter issued by the FCM. The county will send the FCM a copy of any adjustments made as a result of the finding.

If the County disagrees with the monitoring results, they may submit a written appeal to Section Chief Monitoring/Audit, within thirty (30) days from the date of the letter notifying the county of the monitoring results. If the county does not appeal follow-up will be conducted to insure items noted in the monitoring are corrected. If the county submits a written appeal, the Section Chief of Monitoring /Audit and the FCM will follow up with the county and work to resolve the county's concerns to insure the monitoring requirements are being maintained. When deficiencies have been resolved a new notice will be sent to the county noting that deficiencies have been corrected.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Social Services

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

DSS County Fiscal Monitoring Worksheet

Local County Social Service Agency: Name

Director: Name

Fiscal Officer: Name

Periods Monitored: Month & Year

Fiscal Compliance Monitor: _____ Date of Visit: _____

Monitoring Procedure	Comments / Findings	
GENERAL		
I. Review the DSS Internal Control Questionnaire and assess the risk that internal control structure will insure that costs charged to the grant are in accordance with the terms of the grant.		
II. Verify the organization has or expects to have an audit in accordance with Government Auditing Standards. If an audit has been performed, determine if any there are any audit findings related to DSS. Based on your review of the audit findings determine additional fiscal areas to be monitored		
DSS-1571 Part I (Administrative Costs)	**<Month>**	**<Month>**
• 1571 Part I, Payroll Journal and General Ledger reconciled		
• All agency staff providing direct client service record their time on a daysheet and the time is reported to the State in the Service Information System (SIS).		
• The agency utilizes SIS Import to report direct client service time in NC-CoReLS. Effort Detail Audit Reports – Employees w/ Modified Records and Employees w/Multiple Import Sources are reconciled by monitor to Part I for minutes coded to Program Codes.		

Program Codes to Review	<Month>	<Month>
• FNS Part I-A: 11/10, 11/11, Part I-B: 64/14, 65/16 65/16, 99/15 (App Codes 458, 461 404, 405, 417)		
• Medicaid Part I-A: 01/15 Part I-B: 63/14, 64/10, 64/15 (App Codes 412)		
• NC Health Choice 63/09 (App Code 440)		
• IV-D Child Support Part I-C: 79/09, 79/10, 99/16 (App Codes 123, 425, 430)		
• TANF Part I-A: 03/11, 03/13, 03/14, 03/15, 54/10, 54/12, 54/15, 55/09, 55/10, 55/11, 55/12, 55/13, 55/14, 55/15, 55/16 (App Codes 051, 058, 060, 089, 226, 238, 240)		
• Work First Maintenance of Effort (MOE) Part I-A: 53/09, 53/11, 53/13, 53/15, 54/09, 54/11, 54/14 (App Codes 039, 044, 046, 048, 049, 092, 319)		
• LIHEAP/CIP Part I: 01/16-A, 64/16-B, 66/16-B (App Code 406)		
• IV-E Foster Care Administration and IV-E CPS Part I-A: 27/15, 38/09, 38/10, 38/14, 38/15, 38/16, 39/09, 67/09, 99/13; and Part I-B: 67/09 (App Codes 072, 074, 097, 230, 302, 304, 355, 407, 431)		
• IV-E Adoption Assistance Administration Part I-A: 38/12, 38/13, 39/09, 39/10, 39/15, 99/14 (App Codes 083, 094, 095, 132, 133, 304)		
• SSBG Administration Part I-A: 01/09, 01/10, 01/11, 01/12, 01/13, 01/14, 02/09, 03/12, 05/09, 05/13, 05/14, 05/15, 05/16, 07/09, 14/11, 15/11, 16/11, 16/12, 16/16, 17/11, 18/11, 38/11, 39/11 (App Codes 010, 012, 020, 030, 101, 120, 140, 170, 214, 248, 249, 250, 308, 354, 385)		
• State-In-Home: Part I-A: 01/13, 14/13, 15/13, 15/15, 16/10, 16/13, 16/14, 16/15, 17/13, 18/13, 19/12, 19/13, 39/13, 40/13, 41/13, 42/13, 44/13, 45/13, 46/13 (App Codes 022, 035, 125, 145, 150, 151, 152, 154, 155, 156, 184, 185, 190, 192, 193, 237, 247, 311, 396)		
• TANF to SSBG Part I-A: 03/09, 03/16 (App Codes 050, 088)		

Monitoring Procedure	<Month>	<Month>
DSS-1571 Part II		
• **General Ledger** General ledger reconciles to expenditures claimed – review cost allocated codes 310, 311, 349, 359, 361, 380, 381, 382, 383. Budget Office approval on file for Contracted rates claimed above state published rate		
• **FNS Employment and Training Vouchers** 245, 354, 362, 404, 456, 458, 472		
• **Medicaid** 412, 433		
• **Health Choice** 441, 440		
• **IV-D** 123, 423, 424, 432, 449, and/or 450		
• **TANF** 060, 089, 200, 203, 204, 205, 206, 207, 246, 276		
• **Work First Maintenance of Effort (MOE)** 43, 049, 221, 225, 233, 234, 235, 277		
• **LIHEAP/CIP** 352, 358, 360, 372, 379		
• **IV-E Foster Care Administration and IV-E CPS** 072, 074, 097, 230, 302, 336, 355, 363, 364, 431		
• **IV-E Adoption Assistance Administration:** 095, 132, 133, 304		
• **SSBG Administration** 050, 088, 101, 170, 190, 308, 321, 323, 331, 332, 333, 334, 335, 345		
DSS-1571 Part IV (LIHEAP/CIP Not Allowed)		
• **IV-D Fees** Fees are posted to county general ledger and receipts issued. Fees reported on 1571 – Fund ID 3		
• **TANF** Fund ID T (unless service code 351), Y		
• **Work First Maintenance of Effort (MOE)** Fund W		
• **Food and Nutritional Services** Fund ID H or S		
• **IV-E Foster Care Administration and IV-E CPS** Fund R, X		
• **SSBG Administration** Fund IDs: 3, 4, 7, 8, A, H, L, M, or P		

Monitoring Procedure	Comments / Findings
CONSOLIDATION / OTHER COUNTY DEPARTMENTS	
Is the DSS part of a Consolidated Human Services Agency? Are other County Departments / Programs supervised / administered by DSS staff?	
GRANTS	
Is the agency a recipient of grants awarded from non-DSS agencies or entities? If so, does the grant fund a non-DSS funded service? Is there a cost-share or match requirement? Is DSS staff time utilized for the match? Does any DSS staff provide services funded by the grant? Are any DSS staff salaries funded by the grant?	

Worker Time Reporting Errors

County:_____ **Date:**_____

Program	MM/YY	Employee	Function & Column	Minutes Imported from SIS	Minutes Reported in TEC	Correct Amount Charged to Fund Source Y/N
	1					
	2					
	3					
	4					
	5					
	Notes:					
	MM/YY					
	1					
	2					
	3					
	4					
	5					
	Notes:					
	1					
	2					
	3					
	4					
	5					
	Notes:					
	MM/YY					
	1					
	2					
	3					
	4					
	5					

	Notes:

2019-2020 Fiscal Compliance Monitoring Schedule			
This schedule is subject to change due to factors such as staffing, schedule conflicts, or other uncontrollable events			
1st Quarter	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
July, August, September 2019	October, November, December 2018	January, February, March 2019	April, May, June 2019
Carteret	Ashe	Alamance	Alleghany
Chowan	Bertie	Anson	Burke
Cumberland DSS	Brunswick	Avery	Chatham
Durham	Catawba	Beaufort	Currituck
Jones	Cherokee	Bladen	Dare
Montgomery	Clay	Camden	Franklin
Moore CSS	Cleveland	Chowan	Harnett
Moore DSS	Craven	Columbus	Haywood
Scotland	Davie	Cumberland CSS	Macon
Vance	Edgecombe	Cumberland DSS	Pasquotank
Alexander	Granville	Duplin	Person
Beaufort	Guilford CSS	Guilford DSS	Randolph CSS
Caswell	Hoke	Halifax	Randolph DSS
Davidson	Johnston	Henderson	Robeson
Forsyth	Johnston CSE	Hertford	Rowan
Madison CSS	Lee	Hyde	Rutherford
Madison DSS	Lincoln	Iredell	Sampson
Mecklenburg CSS	Madison CSS	Jackson	Stanley
Mitchell	Madison DSS	McDowell	Stokes
Polk	Martin	Montgomery	Surry
Swain	Perquimans	Nash	Transylvania
Wilson	Scotland	Northampton	Tyrrell
Cabarrus	Vance	Onslow	Union
Pitt	Warren	Orange DSS	Washington
Camden	Watauga	Pamlico	Wilkes
Currituck	Wayne	Polk	Yadkin
		Richmond	
		Swain	
		Yancey	

PROGRAM MONITORING OF LOCAL COUNTY SOCIAL SERVICE AGENCIES

1. Economic and Family Services

The Economic and Family Services Section is responsible for Food and Nutrition Services (FNS), the Low Income Energy Assistance (LIEAP) and Crisis Intervention (CIP) Program components of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant, Refugee Assistance Programs, and Work First. Each federally funded program has different compliance requirements for program and fiscal accountability. This plan provides guidance and direction for Economic and Family Services staff in monitoring program requirements at local Departments of Social Services.

Economic Services Staff Performing Subrecipient Monitoring & Related Support Activities	
Staff Person	Area of Responsibility
Lead Monitor-Programs Compliance Representative	
Betsy E. Moore	FNS, LIEAP and CIP
Connie Dixon	FNS Nutrition Education
Nicola Allen	FNS Employment and Training
Lynne Little	Refugee Assistance Program
Johnice Tabron	Work First Program
Economic and Family Services Monitors	
Crystal Smith	FNS, LIEAP and CIP
Tabitha Tucker	
Emma Burgy-Burnette	
Harold Weaver, Jr.	
Vacant	FNS Employment and Training
Connie Dixon	FNS Nutrition Education
Clarissa Gunter	Refugee Assistance Program
Shelia Justice	Work First Program
Gillettia Morgan	Work First Program
Economic and Family Services Policy Consultants	
Arlisha Cooper	LIEAP and CIP
Valerie Dixon	FNS
Alesha Jones-Garrett	FNS Employment and Training
Arlease Hill-Johnson	Program Integrity
Clarissa Gunter	Refugee Assistance Program
Kisha Gorham	Work First Program
Vacant	Work First Program
Gretchen Williams	Work First Program
Support Staff	
Linda Skaggs	FNS, LIEAP and CIP, FNS Employment & Training, FNS Nutrition Education

Program Areas and Services to be Monitored

Food and Nutrition Services

The Food and Nutrition Services Program provides cash like benefits for eligible low-income individuals and families to use to purchase nutritious food. Benefits are based on family size and income. Food and Nutrition Services benefits are accessed through the 100 Local County Social Service Agencies. After applicants are determined eligible to receive benefits by their respective Local County Social Service Agencies; they are issued an EBT (Electronic Benefits Transfer) card to purchase food.

Improving program access helps to increase food security among low-income, eligible persons. Staff conduct interviews of local office staff, FNS applicants/participants and community organizations; review case files; and observes local office operations.

Food and Nutrition Services Employment and Training Program

The Food and Nutrition Services (FNS) Employment and Training (E&T) Program offers FNS recipients opportunities to gain skills, training or work experience that will improve employment prospects and reduce the reliance on FNS benefits. The program contracts with other agencies to operate and fund portions of the FNS E&T program and provide related supportive services to participants. Currently, the program serves voluntary participants only.

Low Income Energy Assistance Program-LIEAP

The Low Income Energy Assistance Program (LIEAP) is a Federally-funded program that provides for a one-time vendor payment to help eligible households pay their heating bills. Priority in eligibility is given to households with a disabled person receiving services through the Division of Aging and Adult Services, or households in which a member is age 60 and older. Applications for those households will be taken December 1st through December 31st or until funds are exhausted.

Applications for all other households will be taken from January 1st through March 31st of each year or until funds are exhausted. The amount of the vendor payment is based on the household's size, income and heating source.

Payments are issued by the county as a direct vendor payment.

Crisis Intervention Program-CIP

CIP is part of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant. Applicants apply for CIP funds to alleviate a heating or cooling-related crisis. Households can receive up to $600 per state fiscal year.

Core Areas to be monitored include the fourteen areas of compliance monitoring specified in OMB 2 CFR Part 200, Subpart F – Audit Requirements (see DSS Plan Introduction)

FOOD AND NUTRITION SERVICES

The Management Evaluation Objectives

- Identify barriers to program access at the local office level
- Provide technical assistance to local offices to eliminate or minimize the barriers
- Promote a partnership with the State agency and the local offices to further improve program access for Food and Nutrition Services applicants and participants

Overview of Review Elements

A. CLIENT SERVICES

Local Office Operations

- Food and Nutrition Services applicants are not subject to additional application or application processing requirements beyond the Food Stamp Act of 1977, as amended, Federal regulations or FNS-approved waivers
- The hours of operation and location of the local office serve households including those with special needs as applicable
  - Elderly and/or disabled households
  - Homeless households
  - Non-English speaking households
  - Working households
  - Households in rural areas or located on reservations

Availability of Applications

- Applications are freely available to potentially eligible clients and to anyone who asks for one
- Applications are mailed to households on the same day they contact the Food and Nutrition Services office by phone or letter

Availability of Bilingual Staff/Services/Materials

- If required for the project area in which the local office is located, informational materials, staff/interpreters, and certification materials are provided by the local office in the appropriate languages

Level of Caseworker Services

- Case workers are generally able to handle FNS responsibilities for the cases assigned to them on a timely basis
- Complaints that have been made by clients or advocates concerning poor customer service by case workers are resolved
- The local office is responsive to clients when they need to communicate information or ask questions related to their application or case

Local Office Program Access Initiatives

- Have any practices been initiated that have led to improved program access for applicants/clients? Describe any new practices and the problems or barriers the practices are designed to address.

- Were the improvements initiated by the State agency or local agency?
- Does the local office participate in any meetings with advocates or community organizations to discuss program access? Describe the meetings – dates, participants, and outcomes.

B. APPLICATION SUBMISSION AND SCREENING

Application Submission

- The local agency accepts applications submitted in person, through an authorized representative, by fax, by other electronic transmission, by mail, or online (if available)
- The local agency documents the date an application is received
- Households are permitted to file an application on the same day they contact the Food and Nutrition Services office during office hours. The local agency begins processing the application upon receipt of an application (paper or digital) that contains a name, address, and signature
- The local agency posts a notice of the right to file an application for Food and Nutrition Services benefits that includes: an explanation of the application processing standards and the right to file an application on the date of initial contact
- If a household withdraws its application, the local office:
  - Confirms the withdrawal and record in the case file the withdrawal and the reason if provided by the household;
  - Advises the household of the right to reapply at any time; and
  - Provides assistance in completing verification if the household cooperated but failed to provide required documents.

Application Screening

- Applicants are screened for eligibility for expedited service at the time assistance is requested.
- Households are informed that they can apply without an interview.
- Households are informed that they may submit an application that contains only the name, address, and signature of a responsible household member or an authorized representative.
- Households are encouraged to apply when they first contact the office requesting food assistance or expressing concern about food insecurity.
- Households are informed that receiving Food and Nutrition Services does not affect other programs' time limits.
- If a person contacts the wrong Food and Nutrition Services office, the local office gives the correct the address and phone number.
- If a person submits an application with sufficient information (i.e., name, address, and signature) to the wrong office, the local office offers to send the application to the correct office so that it will arrive the same day or the next day. The local office tells the applicant that application processing begins when the application arrives at the correct office.

Online Application Interface with Local Office (If applicable)

- When applying online, do applicants experience any barriers or delays as a result of any activities, processes, systems, or procedures occurring at the local office?
- What assistance, if any does the local office provide applicants, including those who are visually impaired and those with limited English proficiency (LEP), who use the online application?

C. APPLICATION PROCESSING AND CASE MANAGEMENT (APPLICATIONS, RECERTIFICATIONS, DENIALS, and TERMINATIONS)

Interview procedures

- An interview is scheduled if a household cannot be interviewed on the same day the application is submitted.
- When scheduling an interview, the local office:
  - Explains that the interview can be conducted by phone if the household is unable to come into the office
  - Exempts households from face-to-face interviews on a case-by-case basis and documents the reason for the exemption in the case file
  - Grants a face-to-face interview if requested by the applicant
  - Schedules interviews to accommodate applicants with special needs, including those who work or need translator/interpreter services, to the extent possible
  - Schedules interviews so that eligible households may participate within 30 days of the application filing date
- When conducting an interview, the local office:
  - Conducts the interview as an official discussion of the household's circumstances, ensuring the privacy and confidentiality of the interview and resolving any unclear or incomplete information
  - Advises households of their rights and responsibilities, including appropriate application processing standards and responsibility for reporting changes
  - Permits the household to bring another person to the interview (or authorizes a representative for that purpose in writing and documents the case file with this information)
  - Advises households that receipt of Food and Nutrition Services benefits is not affected by PA requirements, such as time limits for participation.
- If a household misses the interview, the local office:
  - Sends a notice of missed interview (NOMI) to the household that explains that the household is responsible for rescheduling the interview
  - Schedules a second interview during the 30-day application processing period if requested by the household and prorates benefits to the date of application if the household is determined eligible based on the application and rescheduled interview.

Federal Application Timeliness Standards:

- Benefits are provided by the 7th day following the application filing date for households eligible for expedited service.
- For all other eligible households who do not qualify for expedited service, benefits are provided by the 30th day following the application date.
- If the State or local office causes a delay in certifying an eligible household, the household notified of the delay and told what action the household must take to receive benefits.
- If determined eligible during the second 30-day period, the household is certified back to the month of application for agency-caused delays.
- When eligibility is not determined by the 60th day after application filing and the household is determined eligible to receive benefits, households are:
  - Certified back to the month of application if the State/local office causes the delay

- Certified back to the month following the application month if the delay is shared by the household and the State/local agency
- Notified of the actions the State/local office is taking when eligibility cannot be determined

Verification

- For households entitled to expedited service, the local office:
  - Verifies the applicant's identity
  - Postpones other required verification if necessary to meet the 7-day expedited processing requirement
- Households have at least 10 days to provide verification; they are told when the verification is due and what time period the verification covers, and they are given examples of acceptable documentation.
- Regarding verification of social security numbers (SSNs), the State agency/local office:
  - Submits the household SSNs to the Social Security Administration (SSA) based on SSA procedures
  - Issues benefits on time even if the SSNs of an otherwise eligible household have not been verified
  - Permanently annotates the case file with verified SSNs, so verification is not required again
  - Requires households to provide their SSN, rather than requiring households to show their SSN cards
- The local office accepts documents that reasonably establish residency and identity. (Specific documents, such as birth certificates to verify identity, are not required for Food and Nutrition Services purposes.)
- The local agency assists cooperating households obtain verification. Households are not required to present verification in person.

Notices

- The local agency correctly issues appropriate notices to households when required on a timely basis.
- Depending on household circumstances, the following notices are typically found in the case file (paper or electronic):
  - Notice of Eligibility (for normal 30-day processed applications)

    The notice must:
    - ❖ Identify the amount of allotment
    - ❖ Explain the benefit amount if the notice covers more than one month
    - ❖ Identify the beginning and ending of the certification period
    - ❖ Explain fair hearing rights
    - ❖ Provide the name of the case worker to contact and the telephone number of the Food and Nutrition Services office
    - ❖ If available, identify the organization that provides free legal services
    - ❖ Be provided no later than 30 days after the date of initial application

  - Notice of Eligibility (for applications processed under expedited service)

    The notice must:
    - ❖ Explain that the household must provide verification
    - ❖ Explain certification periods and consequences of failure to provide verification and be issued within 7 days.

  - Notice of Denial

    The notice must:
    - ❖ Explain the reason for the denial

- Provide the telephone number of the Food and Nutrition Services office
- Explain the household's right to request a fair hearing
- If available, identify the organization that provides free legal services
- Be sent not later than 30 days from the application filing date.

- Notice of Pending Status

  The notice must:
  - Inform the household that its application has not been completed and is still being processed
  - Explain what action the household must take and that its application will be denied if the household fails to take the required action by a specific date, which, based on State option, could be within 60 days of the date the application was filed or 30 days following the date verification was first requested
  - Be sent 30 days after the application filing date

- Notice of Required Verification

  The notice must:
  - Inform the household of the verification requirements the household must meet;
  - Be written in clear and simple language
  - Meet LEP requirements;
  - Explain the period of time the verifications should cover;
  - Provide a due date and examples of the types of documents that would be acceptable
  - Explain the State agency's responsibility to help the household obtain required verification if the household is cooperating
  - Be provided at the time of application and recertification

- Notice of Missed Interview
  - At application, the notice must:
    - Inform applicants that they missed their scheduled interview and that they are responsible for contacting the local office to reschedule the interview
    - Be sent prior to the Notice of Denial
  - At reapplication, the notice must:
    - Inform applicants that they missed their scheduled interview and that they are responsible for contacting the local office to reschedule the interview
    - May be combined with the Notice of Denial

- Notice of Adverse Action

  The notice must:
  - Explain the proposed action and the reason for the action
  - Provide a toll-free telephone number and, if possible, the name of a contact
  - Explain the fair hearing process, the continuation of benefits at the higher level if a fair hearing is requested, and the liability for over issuances if the fair hearing decision upholds the State agency
  - The availability of free legal representation, if available
  - Be sent at least 10 days prior to the proposed action

- Notice of Expiration

  The notice must:
  - ❖ Be sent before the first day of the last month of the certification period;
  - ❖ Provide the date the certification period expires
  - ❖ Provide the date by which the household must reapply in order to receive uninterrupted benefits
  - ❖ Explain the consequences of failure to apply for recertification in a timely manner

- Notice of Termination (Note: this is for household's subject to monthly reporting and retrospective budgeting)

  The notice must:
  - ❖ Explain the proposed action and the reason for the action
  - ❖ Provide a toll-free telephone number and, if possible, the name of a contact
  - ❖ Explain the fair hearing process, the availability of continued benefits if a fair hearing is requested, and the liability for over issuances if the fair hearing decision upholds the State agency
  - ❖ Explain how benefits may be reinstated if this option is available
  - ❖ Be received by the household no later than the date benefits would be issued

- Interface with TANF, Medicaid, and Other State Assistance Programs
  - ❖ Households applying for TANF are notified of their right to apply for Food and Nutrition Services at the same time
  - ❖ Except for categorically eligible households, applications for Food and Nutrition Services processed based on FNS criteria
  - ❖ If TANF redetermination is untimely, categorical eligibility for Food and Nutrition Services benefits assumed
  - ❖ For purposes of work registration, FNS exemptions applied to individuals in categorically eligible households
  - ❖ For households applying simultaneously for SSI and Food and Nutrition Services, Food and Nutrition Services eligibility is treated as NPA until categorical eligibility has been determined
  - ❖ If the State agency opts to apply a TANF (or other means-tested program) sanction to a TANF/FNS household, the sanction is extended only to the individual who violated the TANF (or other means-tested program) requirement and not the entire Food and Nutrition Services household.

Planning the Review

Selecting Local Offices

The United States Department of Agriculture, Food and Nutrition Service (USDA-FNS) requires a county level review of the management of the Food and Nutrition Services Program on a prescribed schedule. Areas covered by the review include timeliness of application and review processing, program access, customer service, compliance with civil rights laws, including Americans with Disabilities (ADA), employment and training activities, claims, payment accuracy, and Nutrition Education programs.

Reviews are scheduled according to the size of the Food and Nutrition Services caseload in the county, with the largest (caseload in excess of 25,000) being reviewed every year, the next largest every two years (caseload

from 5,000 to 25,000) and the small counties every three years (caseload below 4,999). The review period runs from October through September each year. In FFY 19/20, reviews will be conducted in the (42) counties using the following schedule:

	Management Evaluations			
Large Counties	**FFY 20 10/19 to 9/20**	**FFY 21 10/20 to 9/21**	**FFY 22 10/21 to 9/22**	**FFY 23 10/22 to 9/23**
Cumberland	X	X	X	X
Guilford	X	X	X	X
Mecklenburg	X	X	X	X
Wake	X	X	X	X
Total	4	4	4	4

	Management Evaluations			
Medium Counties	**FFY 20 10/19 to 9/20**	**FFY 21 10/20 to 9/21**	**FFY 22 10/21 to 9/22**	**FFY 23 10/22 to 9/23**
Alamance		X		X
Brunswick	X		X	
Buncombe	X		X	
Burke	X		X	
Cabarrus	X		X	
Caldwell	X		X	
Catawba	X		X	
Cleveland		X		X
Columbus	X		X	
Craven		X		X
Davidson		X		X
Durham	X		X	
Edgecombe		X		X
Forsyth	X		X	
Gaston	X		X	
Halifax		X		X
Harnett		X		X
Iredell	X		X	
Johnston	X		X	
Lenoir		X		X
Nash		X		X
New Hanover	X		X	
Onslow	X		X	
Pitt	X		X	
Randolph		X		X

Richmond	X		X	
Robeson	X		X	
Rockingham	X		X	
Rowan		X		X
Rutherford		X		X
Sampson		X		X
Surry	X		X	
Union	X		X	
Vance		X		X
Wayne		X		X
Wilkes		X		X
Wilson		X		X
Total	**20**	**17**	**20**	**17**

Management Evaluations				
Small Counties	**FFY 20 10/19 to 9/20**	**FFY 21 10/20 to 9/21**	**FFY 22 10/21 to 9/22**	**FFY 23 10/22 to 9/23**
Alexander		X		
Alleghany			X	
Anson			X	
Ashe			X	
Avery	X			X
Beaufort			X	
Bertie	X			X
Bladen	X			X
Camden			X	
Carteret		X		
Caswell	X			X
Chatham	X			X
Cherokee		X		
Chowan			X	
Clay	X			X
Currituck			X	
Dare			X	
Davie	X			X
Duplin			X	
Franklin	X			X
Gates			X	
Graham			X	
Granville		X		
Greene			X	
Haywood			X	
Henderson	X			X
Hertford		X		
Hoke		X		
Hyde			X	
Jackson	X			X
Jones	X			X
Lee			X	
Lincoln			X	
Macon		X		
Madison		X		
Martin			X	
McDowell			X	
Mitchell			X	
Montgomery		X		

Moore		X		
Northampton		X		
Orange			X	
Pamlico			X	
Pasquotank	X			X
Pender			X	
Perquimans	X			X
Person			X	
Polk			X	
Scotland	X			X
Stanly			X	
Stokes			X	
Swain	X			X
Transylvania		X		
Tyrrell	X			X
Warren	X			X
Washington		X		
Watauga			X	
Yadkin		X		
Yancey	X			X
Total	18	14	27	18

Preparing for the Review

- Provide formal notification to the Local agency of the upcoming review.
  Relevant information about the review, such as dates of the review, purpose of the review, and identification of the FNS review team should be communicated in writing to the Local office well in advance of the review. As discussed below, other more specific information can be provided in this letter, a second letter, or communicated via telephone conference call.
- Request specific information from the local office.
  Obtain as much information about the local office as possible prior to the review. This will save time during the on-site portion of the review. This information can be gathered during the telephone entrance conference or during another conference call prior to the fieldwork.

Local Office Survey

- Logistics –office name, address, phone number, office hours, staff contact, organizational chart, workstation space for review, computer access, etc.
- Program information – modernization efforts including interface with online applications and call centers, office functions, caseload information, recent reviews, recent staff training, etc. A sample of cases for review, including recent approvals, denials, terminations, and cases due for recertification to be pulled for the review. The sample month for case file selection should be at least twelve months prior to the month in which the on-site review occurs. This will give the local office at least 60 days to act on initial applications. (If using data mining to identify cases with specific circumstances, explain the procedures during the phone call or in written correspondence.)

Conducting the Review On/Off-Site Activities

In preparation for the review, a random sample of cases will be pulled using the random audit sample generator within NC FAST system. Samples are pulled according to a logarithm accepted as standard practice for such activities. Samples are pulled for: initial approvals, initial denials, ongoing terminations, and new recertifications. Case sample sizes are:

- Small counties (fewer than 4,999 cases):
  10 initial approvals
  10 initial denials
  10 ongoing terminations
  10 recertifications
  10 ABAWD cases
  10 supplement and restoration
  10 Data Matches to include Death, PARIS, Veterans Administration, New Hire, and Prison Matches
- Medium counties (fewer than 25,000 cases):
  15 initial approvals
  15 initial denials
  15 ongoing terminations
  15 recertifications
  15 ABAWD cases
  10 supplements and restorations
  10 Data Matches to include Death, PARIS, Veterans Administration, New Hire, and Prison Matches
- Large counties (over 25,000 cases):
  20 initial approvals
  20 initial denials
  20 ongoing terminations

20 recertifications
20 ABAWD cases
10 supplements and restorations
10 Data Matches to include Death, PARIS, Veterans Administration, New Hire, and Prison Matches

Part of the ME Review process requires interviews with the Director of the Department of Social Services (or his/her designee), the Food and Nutrition Services Supervisor, FNS caseworkers, Reception staff, clients, and community representatives who have probable knowledge of any problems that may exist regarding civil rights and program access. All work papers and copies of each summary will be maintained on the Economic Independence Server (G: drive).
The following review activities may be performed off-site if it is deemed appropriate for the county and will not negatively impact the results of the review. The review activities that may be completed off-site before traveling to the local office to conduct the on-site portion of the review are as follows:

- Entrance Conference
- Local Level Client Services
- Local Office On-line Application
- Interviews of staff, clients, and grass-roots organizations
- NC Fast Case File Reviews

Off-site Entrance Conference
Conduct the entrance and/or exit conferences and the Local Office Survey via telephone (or computer video if equipment is available). This allows all parties (State, local) to be present on the calls. In addition, by conducting the exit conference after the fieldwork is completed allows the review team to sort out their notes and complete analysis of the data. It's good to remain flexible, however, should it be necessary to conduct informal face-to-face meetings at the beginning and end of the fieldwork. For specific information to convey and to request, see the discussion in the previous section, planning the Review.

On-site Entrance Conference
If the entrance conference was not already conducted by telephone prior to arriving at the local office, meet with the local office staff when arriving at the local office. This provides an excellent opportunity to meet the people who will be working with the review team during the review and also provides an opportunity to explain to the staff why and how the team is conducting the reviews.

Review Local Level Client Service via Telephone
Call the local office anonymously to determine level of customer service, availability of public transportation and translation services for languages other than English or hearing-impaired. If possible, enlist the help of a bilingual staff person to make separate calls in English and Spanish (or other language appropriate to the local review area) to compare the information provided in both languages.

If clients of the project area are able to utilize a call center for client services, conduct an anonymous review of the call center by posing as a person who wants to apply for Food and Nutrition Services. Test the call center's customer service for LEP and hearing-impaired callers.

Local Office Online Application Processing
If applicants have the option to apply via the Internet, review the process as it interfaces with the local office. This is not intended to be a review of the online application itself for compliance with regulations; rather, it is intended to be a guide to determine if any barriers or delays for customers exist as a result of any activities, processes, systems, or procedures at this office.

Conduct Interviews

Interviews of advocates/community organizations can be completed by phone prior to the review. Also, some client interviews can be completed by phone once the case file review sample has been received. Clients that are part of the case file recertified sample and were recertified by telephone interviews or clients that failed to complete the recertification process would be good candidates for program access telephone interviews. Finally, it may be appropriate to conduct some or all of the interviews with Food and Nutrition Services staff over the phone. Agency staff to include the Food and Nutrition Supervisor, Caseworkers, Civil Rights Officer, Program Integrity Officer, and Receptionist will be sent a questionnaire containing the interview questions to complete prior to the scheduled interview. Follow-up questions can be asked during the scheduled interview or on-site at the local offices to confirm information.

Interviews

Interviews of Food and Nutrition Services staff, clients, and advocates/community organizations are an important part of a program access review. The purpose of conducting these interviews is to learn first-hand about program access issues at the local office.

- Staff Interviews
  - Interview Results

    Interviews highlight how Food and Nutrition Services staff understand and apply rules and how various functions related to the Food and Nutrition Services application process are implemented. The interview process will help to:
    - ❖ Determine the local agency process/procedures used to accommodate, certify, and process applicant/households;
    - ❖ Provide an explanation of the system used to track the number of applications filed and number of cases processed as expedited; and
    - ❖ Determine if a certain worker does not understand a particular rule or procedure.
  - Interview Approach

    In conducting interview, the review team should be flexible and recognize the need to ask follow-up questions to clarify information or speak with additional staff to resolve inconsistencies as necessary.
  - Minimum Requirements

    A minimum of 6 local office staff should be interviewed to help determine if the local office is in compliance with Federal regulations for program access. The following staff should be interviewed:
    - ❖ Local Office FNS Director/Manager (if appropriate) (1)
    - ❖ Food and Nutrition Services Eligibility Supervisor (1)
    - ❖ Eligibility Workers (2) – Depending on the office organization, include both intake and ongoing workers, or both non-public assistance (NPA) and public assistance (PA) caseworkers.
    - ❖ Receptionist/Screener (1)
    - ❖ Program Integrity Worker/Supervisor (1)

- Clients
  - Conditions for Conducting Interviews

    Interviews should be conducted away from the waiting area, if possible, to protect client confidentiality. Randomly select clients, choosing a mix of new applicants and ongoing participants, if possible. As previously discussed, it may be possible to interview some clients over the phone prior to the on-site review.

- Minimum Requirements
  A minimum of 6 clients for all counties should be interviewed to learn about the types of experiences they have had as applicants and recipients at the local office.

- Advocates/Community Organizations
  - Types of organizations to Interview
    The first organization to interview is the legal aid organization recommended choices include; legal aid organization, organizations that serve the non-English speaking community, homeless, migrant farm worker, battered women and children communities, or local food banks and soup kitchens.
  - How to Identify Advocates/Community Organizations
    Advocate/Community Organizations should not be obtained from the local Department of Social Services. Advocate groups may be identified by: State FNS Directors; State Civil Rights Directors; FNSRO Directors of Civil Rights and Public Affairs; listings in local phone book; on the Internet; legal aid agencies; food banks; immigration or civil rights agencies; and FNS field offices located in the State. Advocate groups will likely provide information on the areas of the FNS they perceive as problems or information on areas that are noteworthy from a community standpoint.
  - Minimum Requirements
    A minimum of 3 community organizations or advocate organizers should be interviewed. As previously discussed, these interviews may be conducted by telephone from the regional office prior to the on-site review.

- Case File Reviews
  Monitor will review casefiles in NC FAST before the onsite visit to determine compliance with program requirements. Monitor can use any documentation or notes in NC FAST to verify program compliance. If verifications area needed, Monitor can review these items during the site visit.

OBSERVATIONS

The following review activities must be conducted on-site:

- Observations of Local Office Functions
- Review of Case Files
- Exit Conference

- Purpose of Observations
  The purpose of observing certain local office functions as part of the review is to see first-hand how the office works. The information obtained from observations will help the reviewer to learn how the client service operations flow and allow the reviewer to compare the observations with the information received from the staff interviews.
- What To Observe
  - Physical Environment
    - Office location – note accessibility and whether public transportation is available
    - Building – note accessibility for elderly and disabled persons including the registration counter, worker offices, finger imaging site, and other areas that applicants must use, the availability of public restrooms, etc.
    - Waiting rooms –whether the following is posted:
      - Nondiscrimination poster, “And Justice for All”, and
      - An explanation of the FNS application processing standards and the right to file an application on the date of initial contact.
    - Privacy requirements for interviews including computer kiosks, or designated telephones for online application or making phone calls to a call center
    - Whether the flow of office organization presents barriers to applying for benefits

- Processes
  - Steps an applicant must take to apply for Food and Nutrition Services or drop off applications or documents.
  - Receptionist functions – are customers treated respectfully and provided clear instructions?
  - Screening functions – what information is provided to applicants and does it reflect correct policy?
- Materials

  Note the availability of the following information and if available whether the information contains the correct non-discrimination statement:
  - Food and Nutrition Services applications;
  - Other Food and Nutrition Services information
  - Information about other programs/services for the Food and Nutrition Services population.

CASE FILE REVIEWS

- Purpose of the Case File Reviews

  Reviewing case files provides a check against the information provided by staff during the interviews and is a critical component of the Management Evaluation. Although the minimum number of cases to be reviewed (as discussed below) is not large enough to yield statistically valid findings, enough cases are reviewed to give a clear indication of the local office compliance in meeting basic application processing requirements.

- Minimum Requirements for large counties (over 25,000 cases)

  A minimum of 80 case files are required to be examined during the review. The following types of case actions should be reviewed in approximately equal number:

  - 20 Initial approvals
  - 20 Initial Denials
  - 20 Ongoing Terminations
  - 20 Recertifications
  - 20 ABAWD cases
  - 10 Supplements and Restorations
  - 10 Data Matches to include Death, PARIS, Veterans Administration, New Hire, and Prison Matches

- Minimum Requirements for medium counties (fewer than 25,000 cases)

  A minimum of 60 case files are required to be examined during the review. The following types of case actions should be reviewed in approximately equal number:

  - 15 Initial approvals
  - 15 Initial Denials
  - 15 Ongoing Terminations
  - 15 Recertifications
  - 15 ABAWD cases
  - 10 Supplements and Restorations
  - 10 Data Matches to include Death, PARIS, Veterans Administration, New Hire, and Prison Matches

- Minimum Requirements for small counties (fewer than 4,999 cases)

  A minimum of 40 case files are required to be examined during the review. A sample size of 85 cases is unrealistic and burdensome for a county with less than 4,999 cases so a more statistically representative sample of 40 cases will be used for these counties. The following types of case actions should be reviewed in approximately equal number:

- 10 Initial approvals
- 10 Initial Denials
- 10 Ongoing Terminations
- 10 Recertifications
- 10 ABAWD cases
- 10 Supplements and Restorations
- 10 Data Matches to include Death, PARIS, Veterans Administration, New Hire, and Prison Matches

- Program Requirements to Review
  - Initial Applications
  - Review these cases to determine compliance with program requirements for application screening for expedited service and processing requirements, timeliness of eligibility determinations, notices, interviews, verification, case file documentation, and work requirements. Note whether benefits were correctly prorated.
  - Denials
  - Review these cases for compliance with program requirements for application screening for expedited service and processing, timeliness of eligibility determinations, notices, interviews, verification, case file documentation, and work requirements. Note whether the denials were correct and whether Food and Nutrition Services determinations were independent of any other program's case actions.
  - Terminations
  - Review these cases to determine if the basis for the termination as stated on the Notice of Adverse Action was correct, if the household was sent a correct and timely notice, and if the termination was effective within the State's timeframes. If the household was terminated for failure to provide verification, ensure that the household was informed of the verification required to be submitted.
  - Recertifications
  - Pull a sample of households that were sent a Notice of Expiration in the sample month. Half of the sample should be households that were recertified and the other half should consist of households that were not recertified. Review these cases for compliance with program requirements for application processing, notices, interviews, verification, case file documentation, and work requirements. Note whether the eligibility redeterminations were correctly made and whether Food and Nutrition Services determinations were independent of any other program's case actions. Consider calling some households that did not file a recertification application or whose recertification was denied as part of the client interviews. This can provide insight to access barriers at recertification.

FNS EMPLOYMENT AND TRAINING

A review of the management of the FNS Employment and Training (E&T) Program is conducted for participating county DSS offices as well as contracted partners annually, based on the federal fiscal year. The monitoring activity may be conducted as a site visit or a desk review. Areas covered by the review include case file reviews, funding spent for participant reimbursements and program expenses, programmatic and fiscal reporting and monitoring of county partners.

The case file reviews are evaluated based on but not limited to the following elements: eligibility, referrals, assessments, information transmittal, component enrollment, methods and amounts issued for participant reimbursements and participant communication. The case file reviews for the county DSS offices and the contracted partners are completed together during the county monitoring. Contracted partners are monitored separately for fiscal and programmatic reporting and funding spent for program expenses.

Preparation for the reviews and on/off site activities are conducted the same as FNS, as applicable to the program. The FNS E&T Referral Report and, when necessary, the FNS E&T Outcome Exception Report from NCFAST are used to determine which cases to review. The number of cases reviewed for each participating county is based on the size of the county as identified by FNS and shown below.

The E&T Reviewer monitors:

- Fourteen DSS Counties
  - Chatham, Lincoln, Moore – 10 cases
  - Buncombe, Durham, Edgecombe, Forsyth, Iredell, New Hanover, Orange, Pitt, Wilson – 15 cases
  - Mecklenburg, Wake – 20 cases
- Nine Contracted Partners
  - North Carolina Community College System
  - Centre for Homeownership
  - I-Care, Inc
  - Tri-County Nash-Edgecombe-Wilson (N.E.W.) Nc Community Action Agency (NCCAA) Re-entry Council
  - Opportunities Industrialization Center (OIC) One of Rocky Mount
  - Passage Homes, Inc.
  - ResCare, Inc.
  - Sandhills Community Action Agency
  - TCK Providence, Inc.

Subcontractor Monitoring

All participating counties that subcontract with community-based organizations to fulfill any portion of the county's E&T program, are responsible for monitoring those contractors for compliance with the county contract, state policy, and USDA-FNS E&T guidelines. This monitoring is to be completed annually and are a part of the county's ME review by NC DSS.

ENERGY PROGRAMS

LIEAP and CIP Energy programs monitoring will be completed in conjunction with the Management Evaluation whenever possible. Management Evaluations completed in the months of October and November will not have the LIEAP monitoring completed until after December of the same Federal Fiscal year. Weatherization monitoring will follow a schedule of an annual onsite review at the Department of Environmental Quality (DEQ) followed by a desk review every other year.

LIEAP MONITORING INSTRUCTIONS

- LIEAP Monitoring will follow the county schedule for Management Evaluation. .
- Review a minimum of 20 LIEAP cases in medium and large counties (> 4,999); and a minimum of 10 LIEAP cases in small counties (< 4,999).
  The following types of reports are needed:
  - **Applications Approved listing report**:
    - Reviewer will run the applications approved report for the last 6 months of the review year (note: can go back up to 12 months if necessary).
      - Small County (<4,999) minimum of 5 cases.
      - Medium and Large Counties (>4,999) minimum of 10 cases.

- Reviewer will review accuracy in Timeliness, application of policy, appropriate authorized amounts, and documentation.
  - **Applications Denied listing report**:
    - Reviewer will run the applications denied report for the last 6 months of the review year (note: can go back up to 12 months if necessary).
      - Small County (<4,999) minimum of 5 cases.
      - Medium and Large Counties (>4,999) minimum of 10 cases.
    - Reviewer will review accuracy in valid denial reason, appropriate documentation, and timeliness.

CIP MONITORING INSTRUCTIONS

- CIP Monitoring will follow the Management Evaluation Review Schedule for counties.
- Review a minimum of 20 CIP cases in medium and large counties (> 4,999); and a minimum of 10 CIP cases in small counties (< 4,999).
- The following types of reports are needed:
  - **Applications Approved listing report**:
    - Reviewer will run the applications approved report for the last 6 months of the review year (note: can go back up to 12 months if necessary).
      - Small County (<4,999) minimum of 5 cases
      - Medium and Large Counties (>4,999) minimum of 10 cases.
    - Reviewer will review accuracy in Timeliness, application of policy, appropriate authorized amounts, and documentation.
  - **Applications Denied listing report**:
    - Reviewer will run the applications denied report for the last 6 months of the review year (note: can go back up to 12 months if necessary).
      - Small County (<4,999) minimum of 5 cases.
      - Medium and Large Counties (>4,999) minimum of 10 cases.
    - Reviewer will review accuracy in valid denial reason, appropriate documentation, and timeliness.
  - **Adjustment report**:
    - Reviewer will run the applications denied report for the last 6 months of the review year (note: can go back up to 12 months if necessary
      - Small County (<4,999) minimum of 5 cases.
      - Medium and Large Counties (>4,999) minimum of 10 cases.
    - Reviewer will review accuracy in valid adjustment reason, appropriate documentation, and timeliness.

WEATHERIZATION MONITORING INSTRUCTIONS

- **Weatherization monitoring will follow a schedule of an annual onsite review followed by a desk review every other year.**
- **Review a minimum of 20 cases no more than 5% of the total number of applications taken for the year.**
- The following types of reports will be reviewed:
  - **Ad Hoc Case Report for specific FFY:**
    - DEQ will run the report that will show approved, denied, and pending applications for the fiscal year in which is being monitored. A random pull of cases will be done from report up to appropriate total.
    - Reviewer will review accuracy in timeliness, application of policy, appropriate authorized amounts, and documentation.

- **FSR-286 report:**
  - DEQ will run the financials report for at three Community Action Agencies for the specific month given.
  - Reviewer will review for accuracy in validation of expenditures, appropriate documentation, and timeliness.

Reporting the Findings

The review report will be comprised of the completed Management Evaluation Tool and The Management Evaluation Summary Letter.

Follow-Up

Depending on the extent of the review findings, follow-up may be easy or protracted. The Local agency is required to provide corrective action by the due date required by the Management Evaluation, as stated in the review report. If the report is not received within the required timeframe, reviewer will need to follow-up with the Local agency.

Once the Local Agency's PIP is received, review the PIP for adequacy. Ensure that all deficiencies are addressed and the corrective action is appropriate to the findings. If the Local Agency's response is unclear or inadequate, contact the Local agency in writing and request additional information. When the corrective action is considered adequate, reviewer may close out the report

REFUGEE ASSISTANCE PROGRAMS

Program Area and Service to be monitored:

Area	Federal/State Compliance Number	Sub recipients to be monitored	Review Tool
Refugee Cash and Medical Assistance	**93.566**	**Chart included in document**	**Available Upon Request**

North Carolina's Refugee Cash and Medical Assistance Programs are two short-term public benefit programs available to refugees, deemed eligible pursuant to federal immigration and United States Department of Health and Human Services/Administration for Children and Families/ Office of Refugee Resettlement policy, for the first eight months after their date of entry into the country.

Refugee Cash Assistance (RCA) includes cash benefits and employment services to singles and couples without minor children. Families/individuals are assisted with pre-employment (an introduction to the world of work in the United States), obtaining and retaining employment, vocational skills training and other support services designed for economic self-sufficiency as soon as possible.

Refugee Medical Assistance (RMA) is health care coverage established for refugees who do not meet qualifications for any other health care program. Refugees must first be evaluated for all Medicaid program categories including Modified Adjusted Gross Income (MAGI) and determined ineligible prior to being placed on RMA. RMA provides health care to refugees who are adults without minor children.

Additional critical services include case management, English language training, immigration assistance, information and referral, interpretation and transportation services. The services provided to clients enable the state to meet its Refugee Assistance Program Annual Goal Plan objectives. Generally, these services are provided by a North Carolina Refugee Service Provider under contract with the North Carolina Division of Social Services. The local department of social services assumes this responsibility in geographic areas without a North Carolina Refugee Service Provider.

Monitoring Staff and Frequency

Refugee Assistance Program (RAP) monitoring for the refugee program includes one State Refugee Office (SRO) Program Consultant dedicated to county monitoring for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) programs. The SRO Consultant is responsible for conducting the eligibility monitoring for the SRO Program in the counties with one or more RCA and/or RMA recipients. The SRO Consultant monitors the eligibility records through either an onsite visit or desktop monitoring. Reviews are scheduled according to the number of newly arrived refugee recipients who receive RCA and/or RMA in the county where they reside.

Large Counties - The frequency of performance monitoring is **annual** (once every year). North Carolina's large counties for "refugee" eligible recipients or other eligible populations may vary by program size each fiscal year. North Carolina Refugee Resettlement Agencies operate and are available to assist refugees located in these counties.

Medium Counties - The frequency of performance monitoring is **triennial** (once every three years). The counties monitored may vary depending on which county the "refugee" or other eligible populations reside in during the current state fiscal year.

Small Counties -The frequency of performance monitoring is **quinquennial** (once every five years) contingent on arrival numbers and newly opened RCA/RMA cases in the small counties for "refugee" or other eligible populations.

Monitoring Schedule

Local County Social Services (government subrecipients) are divided into three levels small, medium and large. County DSS agencies will be notified prior to their monitoring. As stated above, the frequency of the performance monitoring is once every year for large counties, once every three years for medium counties and once every five years or as needed for all other counties depending on arrival numbers and resettlement of refugee's in the specific county. The proposed schedule is in the chart below.

Large Counties					
		SFY 19 7/18 – 6/19	**SFY 20 7/19 – 6/20**	**SFY 21 7/20 – 6/21**	**SFY 22 7/21 – 6/22**
1.	Durham	X	X	X	X
2.	Forsyth	X	X	X	X
3.	Guilford	X	X	X	X
4.	Mecklenburg	X	X	X	X
5.	Wake	X	X	X	X

Medium Counties (specific county subject to change)					
		SFY 19 7/18 – 6/19	**SFY 20 7/19 – 6/20**	**SFY 21 7/20 – 6/21**	**SFY 22 7/21 – 6/22**
1.	Buncombe		X		
2.	Craven	X			
3.	Cumberland			X	
4.	Davidson				
5.	Johnston			X	
6.	New Hanover				
7.	Orange	X			
8.	Randolph				X
9.	Union		X		
10.	Wayne				X

Small Counties (specific county subject to change)					
1.	Alamance	29.	Franklin	58.	Pamlico
2.	Alexander	30.	Gaston	59.	Pasquotank
3.	Alleghany	31.	Graham	60.	Pender
4.	Anson	32.	Gates	61.	Perquimans
5.	Ashe	33.	Granville	62.	Person
6.	Avery	34.	Greene	63.	Pitt
7.	Beaufort	35.	Halifax	64.	Polk
8.	Bertie	36.	Harnett	65.	Richmond
9.	Bladen	37.	Haywood	66.	Robeson
10.	Brunswick	38.	Henderson	67.	Rockingham
11.	Burke	39.	Hertford	68.	Rowan
12.	Cabarrus	40.	Hoke	69.	Rutherford
13.	Catawba	41.	Hyde	70.	Sampson
14.	Caldwell	42.	Iredell	71.	Scotland
15.	Camden	43.	Jackson	72.	Stanly
16.	Carteret	44.	Jones	73.	Stokes
17.	Caswell	45.	Lee	74.	Surry
18.	Chatham	46.	Lenoir	75.	Swain
19.	Cherokee	47.	Lincoln	76.	Transylvania
20.	Chowan	48.	McDowell	77.	Tyrrell
21.	Clay	49.	Macon	78.	Vance
22.	Cleveland	50.	Madison	79.	Warren
23.	Columbus	51.	Martin	80.	Washington
24.	Currituck	52.	Mitchell	81.	Watauga
25.	Dare	53.	Montgomery	82.	Wilkes
26.	Davie	54.	Moore	83.	Wilson
27.	Duplin	55.	Nash	84.	Yadkin
28.	Edgecombe	56.	Northampton	85.	Yancey
		57.	Onslow		

Monitoring Tools

Standardized monitoring tools and instructions have been developed to monitor the above-mentioned program areas. The monitoring tools currently in use are based on applicable laws and regulations that govern the SRO Program. The State Refugee Coordinator and Program Consultant along with Division Management review the monitoring plan and the monitoring tools to ensure that both are current and consistent with federal and state rules and regulations, the North Carolina State Refugee Plan, and the Office of Refugee Resettlement Annual Goal Plan for NC. The specific monitoring tools and instructions currently in use are available upon request.

Sample Size

	SMALL COUNTIES	**MEDIUM COUNTIES**	**LARGE COUNTIES**
Refugee Cash Assistance Cases	Minimum of 3 cases	Minimum of 5 cases	Minimum of 15 cases
Refugee Medical Assistance Cases	Maximum of 10 cases	Maximum of 15 cases	Maximum of 20 cases

An Audit Plan is completed in NC FAST for a random selection of cases for monitoring in all categories, such as approved, denied, and terminated RCA/RMA cases.

The monitoring sample size for large and medium counties will depend on the number of refugees resettled in the county, previous performance, and other factors identified by the SRO. The sample size of cases for large counties will not be less than 15 per year, unless the total number of recipients falls under that number, or more than 35 cases.

The monitoring sample size for small counties which have at least one RCA recipient, and no more than 10 cases will be randomly selected by the SRO for county desk-top monitoring.

Review & Performance Improvement Plan (PIP)

The SRO consultant conducting the monitoring notifies the county of the sample of cases selected for review via email correspondence in advance of the monitoring visit. The monitor instructs the county staff to pull all verifications necessary to confirm compliance and confirm accurate and timely processing of applications with the funding criteria for the RCA and RMA programs. Onsite monitoring is preferable to facilitate a partnership with the county staff and North Carolina Refugee Service Providers to discuss expectations, and potential outcomes of the performance monitoring process. However, under special circumstances, desktop monitoring may be substituted for onsite monitoring to ensure counties are monitored as required.

> **Onsite Monitoring** – The onsite monitoring visit will include an entrance interview with the program Director and any staff s/he wishes to have present. The SRO consultant conducting the monitoring selects a sample of cases to be reviewed during each on-site monitoring visit to ensure complete and accurate documentation regarding client eligibility, appropriate payment level and compliance with all performance requirements. An exit interview provides the opportunity for discussion regarding the results of the county performance monitoring process.

Desktop Monitoring – The SRO consultant conducting the monitoring selects a sample of cases to be reviewed for the desktop monitoring process. Counties are sent an informative letter with a monitoring checklist and a sample case list of requested items for them to submit copies of case file narratives, and other required documents and forms for desktop monitoring. The purpose of the monitoring is to ensure complete and accurate documentation regarding client eligibility, appropriate payment level and compliance with all performance requirements. Opportunities are provided for discussion regarding the results of the county performance monitoring process through a telephone conference or an on-site exit visit.

If there are findings of non-compliance, the county is required to develop a Performance Improvement Plan (PIP) or file an appeal of the monitoring results within 30 days of the date of the letter/notice of results. When a county indicates no intention to appeal, the county has up to 30 days from receipt of the results to implement the PIP. In determining the amount of overpayment, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. The PIP must address each error element and action taken to prevent reoccurrence.

Maintenance of Monitoring Documentation

The monitoring files and all other monitoring documents are kept for audit purposes. Soft copies of the monitoring appointment letters, case selection worksheet, results letters, completion letters, and appeal response letters are filed on the S drive under the folder Monitoring, then by SFY and finally by county name. Monitoring tools, relevant verification information, compliance findings, program improvement plans, and monitoring correspondence will be maintained in the Division's Office at 820 S. Boylan Avenue (McBryde Building), Raleigh, NC. The Division maintains the records according to the North Carolina Records Retention Policy. Program Consultants have responsibility for the maintenance of monitoring documentation.

Program Area and Service to be monitored:

Area	Federal/State Compliance Number	Subrecipients to be monitored	Review Tool
Work First	**93.558**	**Attachment 1**	**Attachment A-D**

WORK FIRST

Monitoring Staff

The Economic and Family Services Section (EFSS)/Work First program has two positions identified as Work First Program Monitors (WFPM) whose duties include the responsibility to conduct monitoring for the Work First program. EFSS/Work First Program has one Work First Consultant position that is identified to complete follow-up for monitoring and state audits. Work First Staff Performing Subrecipient Monitoring and Related Support Activities are identified in the DSS Monitoring Plan Introduction above.

The Work First Program Monitors have the responsibility for conducting the Work First Eligibility Compliance Monitoring for the Work First Program in the state's 100 Local County Social Service Agencies. The WFPM monitor their assigned counties through either an onsite monitoring or desktop monitoring. The frequency of the monitoring process is at least once a year for large counties and every three years for medium and small size counties. Based on the criteria stated above, there are 37 counties that require Work First Eligibility Monitoring

in the 2019 state fiscal year. Work First Program Monitors and County Assignments are assigned each state fiscal year.

Monitoring Tools

The monitoring tools currently in use are based on applicable laws and regulations that govern the Work First Program. The Work First Program Monitors and Division Management conduct a yearly review of the monitoring plan and the monitoring tools to ensure that both are current and consistent with the Work First Program Policy Manual, the North Carolina TANF State Plan, and the North Carolina Work Verification Plan. Starting SFY 2013 the monitoring tools have been incorporated into a computer based system. Attached are Work First Monitoring tools in a Word Document format, which reflects the Work First Monitoring Excel spreadsheet information and instructions currently in use. The monitoring tools terminology may change throughout this monitoring cycle to reflect the transition to North Carolina Families Accessing Services Through Technology (NCFAST). However, it will cover the same policy requirements.

Sample Size

Current – Work First Monitoring Process

Local County Social Service Agencies (government subrecipients) are divided into three levels. This monitoring plan includes the list of counties by levels for the 100 DSS subrecipients.

Case Levels

SMALL COUNTIES	MEDIUM COUNTIES	LARGE COUNTIES
Cash Assistance Cases 10	Work First Cash Cases 10	Work First Cash Cases 15
Employment Services 10	Employment Services 10	Employment Services 15
200% Services Cases 10	200% Services Cases 10	200% Services Cases 15
IV-D Non-Coop Cases 10	IV-D Non-Coop Cases 10	IV-D Non-Coop Cases 15

An Audit plan is completed in NC FAST for a random selection of cases for monitoring. In all categories, an over sample is drawn in order to have potential substitutes in the event that a case pulled for monitoring is found not applicable. Beginning in SFY 2018/2019, the Work First Program Monitors will implement monitoring for application and recertification timeliness. Ensuring all applications and recertifications/reviews are processed within a 95% timeliness rate. In addition, the WFPM will monitor the Work Participation Rate for counties. The WFPM will utilize reporting in the Client Services Data Warehouse (CSDW) to gather and evaluate whether counties have achieved the 50% All Family and 90% Two-Parent Work Participation Rates(WPR). Finding are not being cited for the WPR until the data in Client Services Data Warehouse is correct.

Process of Monitoring & Performance Improvements Requirements

The WFPM conducting the monitoring notifies the county director of the sample of cases selected for review via email encryption letter 30 days in advance of the monitoring event. The monitor instructs the county staff to pull all verifications necessary to confirm compliance with the funding and eligibility criteria for the Work First Program. Site visit monitoring is preferable in order to facilitate a partnership with the county staff and to generate discussion regarding the process, expectations, and potential outcomes of the monitoring. However, under special circumstances, desktop monitoring may be substituted for on-site monitoring to ensure counties are monitored as required. For example, travel restrictions or vacant positions may necessitate desktop monitoring instead of on-site monitoring.

Onsite Monitoring – The WFPM conducting the monitoring selects a sample of cases to be read during each on-site monitoring visit to ensure complete and accurate documentation regarding client eligibility, appropriate payment level and compliance with all program requirements. Entrance and exit interviews are held with the director or the director's designee(s) provides the opportunity for discussion regarding the results of the county monitoring process.

Desktop Monitoring – The WFPM conducting the monitoring selects a sample of cases to be read for the desktop monitoring process. Counties are requested to provide copies of case file documentation and other required documents for desktop monitoring to ensure complete and accurate documentation regarding applicant/recipient eligibility, appropriate payment level and compliance with all program requirements. The county must utilize a secure emailing source when providing information to the monitor. The WFPM conducting the monitoring provides opportunities for discussion regarding the results of the county monitoring process through either conference calls or an on-site exit conference.

The WFPM conducting the monitoring reviews necessary documents and conducts any necessary interviews with subrecipient staff in order to complete the standardized review instrument for Work First Monitoring, according to instructions provided. The results of the monitoring process are documented in a written letter/notice for the subrecipient that identifies any areas needing improvements/recommendations or out of compliance for the Work First Program.

The WFPM conducting the monitoring sends a notification letter to the county director within 30 days prior to the monitoring event informing the county of the date of the onsite review, cases selected for review, and the period under review. The same timeframe is used for desktop monitoring. The WFPM conducting the monitoring determines the period under review as a selected month in the current State Fiscal Year (SFY). For example if a monitoring is scheduled for June 2015, the monitoring period is a month between July 2014 and June 2015. In most cases, the month being monitored is two months prior to the monitoring event. However, situations can arise that can make the monitoring event farther away than two months from the monitoring month. Should the date of a county's onsite monitoring change for any reason, the period and cases selected will remain the same.

The WFPM conducting the monitoring submits a report of the findings from the monitoring event to the Local County Social Service Agency director, the WFPM assigned to the county, the WFPM's manager , and Lead Monitor within 30 calendar days following the monitoring event.

These written reports include any instructions required for Performance Improvement Plans, such as county responsible overpayments (CROPS), and/or instructions on how to file an appeal of the monitoring results. If the WFPM conducting the monitoring finds a non-compliance issue, the county is required to develop a Performance Improvement Plan or file an appeal of the monitoring results within 30 days of the date of the letter/notice of results. When a county indicates no intention to appeal, the county has up to 30 days from receipt of the results letter from the WFPM conducting the monitoring regarding the monitoring, to determine the amount of the CROP(s), if any that must be included in the PIP. In determining the amount of overpayment, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. This applies even if the period of ineligibility includes previous state fiscal years. For each CROP, the county must include the EPICS referral number, overpayment period, amount of overpayment, entry and closure dates. The county works in conjunction with its WFPM geographically assigned to the county to provide a Performance Improvement Plan that addresses each error element and action taken to prevent reoccurrence.

The county forwards the Performance Improvement Plan and any required CROP documentation within the 30-day period following receipt of the county's monitoring results letter to the WFPM who conducted the monitoring, and to the WFPM Manager. The WFPM who conducted the monitoring receives the Performance Improvement Plan and documentation that confirms entry of any CROP into EPICS. If the plan is acceptable, the WFPM who conducted the monitoring sends a letter to the Local County Social Service Agency director accepting their Performance Improvement Plan.

Procedure for Monitoring Results with Appeals

In the case of an appeal by the county of the monitoring results, the Local County Social Service Agency director submits an appeal request to the Work First Program Manager of the Economic and Family Services Section detailing the reason for the appeal within 30 days of the date of the written notification from the WFPM. The appeal request must be on the agency's letterhead and signed by the director.

In October 2007, the North Carolina Department of Health and Human Services, Division of Social Services, implemented a protocol for collecting County Responsible Overpayments for cases found to be ineligible for IV-A (TANF) funding through the Work First Program monitoring process. This process is as follows:

1) If the Work First Lead Monitor upholds the monitoring findings, the county will determine the amount of the county responsible overpayment (CROP), if any, with the assistance of the WFPM geographically assigned to the county, if needed, within 30 days of the date of the appeal decision letter. For each CROP, the county must include the NC FAST claim number, case referral number, overpayment period, amount of overpayment, entry and closure dates of the claim . The county works in conjunction with its WFPM to provide a Performance Improvement Plan that addresses each error element and action taken to prevent reoccurrence. The county then submits the Performance Improvement Plan to the to the WFPM who conducted the monitoring, and the WFPM assigned to that county on an on-going basis within 30 calendar days of the county's appeal results letter. If the appeal decision is in favor of the county, no follow-up will be necessary by the county.

2) The WFPM who conducted the monitoring files the county's Performance Improvement Plan and all other monitoring documents in the county's Work First Monitoring file. The WFPM who conducted the monitoring maintains monitoring documentation in county files for audit purposes. Soft copies of the monitoring appointment letters, case selection worksheet, results letters, completion letters, and appeal response letters are filed on the S drive under the file Work First Monitoring, then by SFY and finally by county name.

   Follow-up for Work First Monitoring Performance Improvement Plans (PIP)

   Follow-up is completed for PIPs 3 – 6 months after the PIP approval letter for the SFY monitoring is emailed to the county. The Work First staff assigned to complete the monitoring follow-up is required to send a notice to the county two weeks prior to the follow-up. A case type audit plan is completed in NC FAST based on the findings cited in the PIP. Ten cases are pulled for each finding if cases are available. If ten cases are not available for each finding, all available cases are monitored. Follow-up monitoring can be conducted by conference call with the DSS agency sending required documents to the DSS or by an on-site monitoring. The process is the same as above for Work First Monitoring. Counties are emailed a results letter for the monitoring follow-up within 30 days of the conducted follow-up monitoring. The letter is a PIP closure letter if no findings cited for the follow-up. If findings are cited when the follow-up is conducted, the PIP will continue until another SFY monitoring is conducted or another follow-up is completed. A closure letter is required to be sent to the county for all PIPs closures.

   Follow-up from Single County, State or Federal Audits

   Designated Economic and Family Services Section Management receive findings from the Single County Audits from the Local Business Liaisons (LBL) Manager or the manager's designee. State auditors may also review monitoring activities and send their findings directly to the Economic and Family Services Section's designated management for state or federal findings. In both of these instances, the Section

Management reviews the findings in light of the program operations, roles and responsibilities of staff within the Section.

Follow-up for county action identified in the Performance Improvement Plan resulting from a single county, state, or federal audit may be assigned to a Work First Program Consultant, Work First Program monitor or to a program designee depending on staff availability and audit deadlines. The assigned Work First staff member must contact the county for audit follow-up 3 – 5 days from the audit follow-up assignment. The assigned worker has 2 weeks to conduct the audit follow-up. A case type audit plan is completed in NC FAST based on the finings cited in the Local Single County Audit for the follow-up. Ten cases are pulled for each finding if cases are available. If ten cases are not available for each finding, all available cases are monitored. PIPs are required for all audit findings and audit follow-up is required within 3-6 months of the approved PIP for implementation. PIP closure letters are sent for all audit PIP.

A state response is required from the Division for all Local Single County Audits. The assigned staff member is often involved in the state response, as many of these responses center around training and technical assistance to the county in the specific program rules of operation. The designated Section Management collects documentation from the assigned staff member and the WFPM Manager and uses this information to formulate the Division's response and that the finding(s) have been addressed fully or if further actions are needed. Division management sends this documentation to the respective auditor when a report is requested on the status of the prior year audit findings.

Subrecipients may be categorized as low, medium, or high risk based on results from:

- The data collected from monitoring activities
- Findings from the single county audit
- Findings and follow-up from any previous deficiencies and/or corrective action or Performance Improvement Plans
- Complexity of the program and/or eligibility criteria
- Analysis of relevant evaluation data
- Prior experience with the subrecipient by Division staff (support staff, section consultants, etc.)
- Past experience with paybacks
- Evaluation of the "Subrecipient Self-Assessment of Internal Controls and Risks" completed annually by Local County Social Service Agencies
- Any other self-assessment provided by the county or contract provider
- Any other relevant factors identified by the WFPM

Based on the determination of High Risk Level, the WFPM geographically assigned to the county may develop a schedule for more comprehensive monitoring for subrecipients determined to be High-Risk. High Risk is determined by errors cited for benefits and services authorized for ineligible cases. The WFPC may use increased frequency of on-site monitoring visits or desk reviews, performance improvement plans, progress reports, and/or expanded sample sizes to conduct more comprehensive monitoring for high-risk subrecipients. This is based on the risk levels for errors cited for ineligible cases in the categories below and staff being available to complete the monitoring.

Risk Levels

COUNTY SIZE	HIGH RISK	MEDIUM RISK	LOW RISK
Large County Errors	4	3	0-2
Medium County Errors	3	2	0-1
Small County Errors	2	1	0

Maintenance of Monitoring Documentation

Monitoring tools, relevant verification information, compliance findings, performance improvement plans, and monitoring correspondence will be maintained in the Division's Central Office in the Hargrove Building, 820 S. Boylan Ave, Raleigh, NC. The Division maintains the records according to the North Carolina Records Retention Policy. Work First Program Consultants have responsibility for the maintenance of monitoring documentation. The Work First Program Consultants develop a year-end Error Report after completion of the SFY monitoring process. This report is located on the "S" drive in the "Econindp: Work First Monitoring" folder.

A LIST OF COUNTIES BASED ON WORK FIRST CASELOAD SIZE

Small Counties – Program Caseload size 1 - 200

Alamance	Columbus	Johnston	Richmond
Alexander	Craven	Jones	Rockingham
Alleghany	Currituck	Lee	Rowan
Anson	Dare	Lenoir	Rutherford
Ashe	Davidson	Lincoln	Sampson
Avery	Davie	Macon	Scotland
Beaufort	Duplin	Madison	Stanly
Bertie	Edgecombe	Martin	Stokes
Bladen	Franklin	McDowell	Surry
Brunswick	Gates	Mitchell	Swain
Buncombe	Graham	Montgomery	Transylvania
Burke	Granville	Moore	Tyrell
Cabarrus	Greene	Nash	Union
Caldwell	Halifax	Northampton	Vance
Camden	Harnett	Onslow	Warren
Carteret	Haywood	Orange	Washington
Caswell	Henderson	Pamlico	Watauga
Catawba	Hertford	Pasquotank	Wayne
Chatham	Hoke	Pender	Wilkes
Cherokee	Hyde	Perquimans	Wilson
Chowan	Iredell	Person	Yadkin
Clay	Jackson	Polk	Yancey

Medium Size Counties – Program Caseload size 201- 299

Cleveland	Gaston	Pitt
Durham	New Hanover	Randolph

Large Size Counties – Program Caseload size 300 or more

Cumberland	Mecklenburg	Guilford	Forsyth
Wake	Robeson		

	Work First Monitoring			
Large Counties	**SFY 2019 7/18 to 6/19**	**SFY 2020 7/19 to 6/20**	**SFY 2021 7/20 to 6/21**	**SFY 2022 7/21 to 6/22**
Cumberland	X	X	X	X
Guilford	X	X	X	X
Forsyth	X	X	X	X
Mecklenburg	X	X	X	X
Robeson	X	X	X	X
Wake	X	X	X	X
Total	6	6	6	6

	Work First Monitoring			
Medium Counties	**SFY 2019 7/18 to 6/19**	**SFY 2020 7/19 to 6/20**	**SFY 2021 7/20 to 6/21**	**SFY 2022 7/21 to 6/22**
Durham		X		
Gaston			X	
New Hanover		X		
Pitt		X		
Randolph		X		
Total	0	4	1	0

Work First Monitoring				
Small Counties	**SFY 2019 7/18 to 6/19**	**SFY 2020 7/19 to 6/20**	**SFY 2021 7/20 to 6/21**	**SFY 2022 7/21 to 6/22**
Alamance	X			X
Alexander		X		
Alleghany		X		
Anson	X			X
Ashe	X			X
Avery	X			X
Beaufort		X		
Bertie		X		
Bladen		X		
Brunswick		X		
Buncombe	X			X
Burke	X			X
Cabarrus			X	
Caldwell	X			X
Camden			X	
Carteret		X		
Caswell			X	
Catawba	X			X
Chatham	X			X
Cherokee			X	
Chowan		X		

Clay		X		
Cleveland			X	
Columbus		X		
Craven			X	
Currituck			X	
Dare		X		
Davidson	X			X
Davie			X	
Duplin			X	
Edgecombe	X			X
Franklin			X	
Gates			X	
Graham		X		
Granville			X	
Greene			X	
Halifax			X	
Harnett			X	
Haywood			X	
Henderson	X			X
Hertford			X	
Hoke	X			X
Hyde		X		
Iredell			X	
Jackson	X			X
Johnston	X			X
Jones		X		
Lee	X			X
Lenoir		X		
Lincoln	X			X
Macon	X			X
Madison			X	
Martin		X		
McDowell	X			X
Mitchell	X			X
Montgomery			X	
Moore			X	
Nash		X		
Northampton		X		
Onslow		X		
Orange	X			X
Pamlico		X		
Pasquotank			X	
Pender			X	
Perquimans		X		
Person	X			X
Polk	X			X
Richmond			X	
Rockingham			X	
Rowan	X			X
Rutherford		X		
Sampson		X		
Scotland	X			X
Stanly		X		
Stokes			X	
Surry		X		

Swain	X			X
Transylvania			X	
Tyrrell		X		
Union			X	
Vance	X			X
Warren			X	
Washington	X			X
Watauga	X			X
Wayne			X	
Wilkes	X			X
Wilson	X			X
Yadkin		X		
Yancey		X		
Total	31	28	29	31
Grand Total	37	38	37	37

Attachment A

WORK FIRST ELIGIBILITY MONITORING CASH ASSISTANCE

County Name

_____

☐ **All Required Elements Present**

☐ **Problems Noted**

Instructions: This form must be dated and signed by the Program Manager or Supervisor. Each question must be answered. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

Case Head Name _____

CASE TYPE ☐ **Single Parent** ☐ **2 Parents** ☐ **Child Only** ☐ **Adult only** **Work Eligible** _____

Case ID #_____

Action taken prior to payment month being reviewed (i.e., application, review, change in situation) _____

Month being monitored: ____/____ -
Payment review period for month being monitored: ____/____ to ____/____ **Payment Amt. $_____**

Office of Civil Rights Verifications

- What was the applicant/recipient's stated language of preference at application or review? _____
- Did the applicant/recipient request or indicate a need for an interpreter? ☐ Yes ☐ No
- Was an interpreter provided to the applicant/recipient? ☐ Yes ☐ No ☐ N/A
  If No, Why not? _____
- Did the applicant/ recipient complete the DSS 10,001? ☐ Yes ☐ No
- Did the Interpreter/translator complete the DSS 10,001? ☐ Yes ☐ No
- Was the applicant/recipient asked, at application or review, if they wished to report any disabilities? ☐ Yes ☐ No
- Was an informal assessment (Learning Needs Screening Tool, DSS-5327 or Emotional Health Inventory) offered? ☐ Yes ☐ No
- Was the Learning Needs Screening Tool (DSS-5327) completed? ☐ Yes ☐ No
- Was the Learning Needs Screening Tool Waiver (DSS-5330) signed? ☐ Yes ☐ No Was a formal assessment completed? (Was a referral made to Vocational Rehabilitation or other Qualified Professional)? ☐ Yes ☐ No

- Was application and review process timely? ☐ Yes ☐ No
- Did the applicant/recipient indicate the need for any reasonable accommodations? ☐ Yes ☐ No
  If Yes, what accommodations were requested? _____
- Were all accommodation requests able to be fulfilled? ☐ Yes ☐ No ☐ N/A
  If No, what problems were encountered? _____

Non-Financial Eligibility

1. Was each child living with a parent or step-parent in the monitoring month? [Section 112]				Date _____ ☐Statement at application only ☐Collateral ☐SSI Parent ☐Other Relationship _____ ☐Legal custody ☐Guardianship ☐Birth Certificates ☐Other
➢ If this was a **child only case**, was the child living with an adult who meets the kinship rule or an adult who has legal custody or guardianship? [Section 112]	☐ Yes	☐ No	☐ N/A	
➢ If none of the above does the individual meet the requirements for **temporary absence**? [Section 112]	☐ Yes	☐ No	☐ N/A	
2. Is each parent or stepparent who is *required* to be included in the case included? [Section 104]	☐ Yes	☐ No		☐Profile ☐IEG Application
➢ If no, who is not included but should be?				
3. Do all the children included in the case meet the age rule [Section 109]	☐ Yes	☐ No		☐Birth Certificates ☐Statement at application only
➢ If there is an 18 year old child included in the assistance has it been verified that the child is expected to graduate by age 19?	☐ Yes	☐ No		
4. Is anyone who is included in the case fleeing prosecution or custody, or in violation of probation or parole requirements? [Section 104A]	☐ Yes	☐ No		☐DSS 8228 ☐NC FAST application
➢ Is the payment level correctly reduced?	☐ Yes	☐ No	☐ N/A	
5. Is anyone included in the case fleeing felon prosecution or custody or in violation of probation or parole requirements? (Section 104A)	☐ Yes	☐ No		
➢ Is the payment level correctly reduced?	☐ Yes	☐ No	☐ N/A	

➢ Is the individual who has been convicted of an H or I controlled substance felony meeting the requirements to be eligible?	☐ Yes ☐ No ☐ N/A	
6. Is there signed documentation in the case record referencing answers to questions 4 and 5 above?	☐ Yes ☐ No	☐ Date _____
7. Is there a child who is subject to the Family Cap? [Section 108] ➢ If so, is family cap evidence entered in NC FAST?	☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A	DOB on birth certificate
8. Has Residency been verified? [Section 108]	☐ Yes ☐ No	Date _____ 2 Types of Verification ☐ Yes ☐ No
9. Does each family unit member have a **social security number**? [Section 110] If yes, go to 8. ➢ For a child or adult with no social security number, has an application been made for one? ➢ Which family members have no social security number and have not applied for one?	☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A	☐Statement at application only Copies in file? ☐ Yes ☐ No ☐Other verification _____
10. Is **each** family unit member a **US citizen**? [Section 111] ➢ For children or adults who are not citizens, are they qualified immigrants?	☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A	☐SSA Citizenship/identity data match ☐Birth Certificate ☐ Other ☐INS Papers
11. Has **Identity** been verified?	☐ Yes ☐ No	
12. Has each adult who is included been screened for potential **substance abuse**? [Section 104B]	☐ Yes ☐ No ☐ N/A	☐Audit/DAST in file for each adult included ☐ Yes ☐ No Date_____
13. Is there a **current Mutual Responsibility Agreement (DSS 6963-A)** properly completed, signed and dated? [Section 103]	☐ Yes ☐ No	Date _____ Signed by both Parents if applicable ☐ Yes ☐ No
14. Is OVS completed at Application/review?	☐ Yes ☐ No	

15. Was the Job Quit Policy discussed	☐ Yes ☐ No ☐ N/A	Date _____
16. Are all requirements being met for a **minor parent** included in the case? [Section 107]	☐ Yes ☐ No ☐ N/A	
17. How many months of the **12-month time** limit has the family received? [Section 105] (Child under 12 months of age)	# Mos._____or N/A	☐ N/A Child Only case
18. .How many months of the **24-month time** limit has the family received? [Section 105] State Limit	# Mos._____or N/A	☐ N/A Child Only case
19. How many months of the Federal **5-year time** limit has the family received? [Section 105]	# Mos._____or N/A	☐ N/A Child Only case
20. How many months of the State 5-year limit has the family received?	# Mos._____or N/A	
21. Was Substance Use Testing Required?	☐ Yes ☐ No ☐ N/A	
22. Is it indicated that Voter Registration was discussed at application/review?	☐ Yes ☐ No	

Financial Eligibility

23. Are the family's **resources under the $3,000** asset limitation? [Section 115]	☐ Yes ☐ No	☐Statement at application (Section 104) ☐Bank, etc. ☐Other _____
24. Is there any **countable income** for the case? [Section 114]	☐ Yes ☐ No	☐Statement ☐Tax return ☐Wage stubs ☐Other ☐ OVS
25. Was the correct month's income used to calculate the review month's payment? [Section 114]	☐ Yes ☐ No	
26. If appropriate, was the **job bonus** applied?	☐ Yes ☐ No ☐ N/A	

Sanctions

27.Does the record indicate that a sanction should have been applied for the review month? [Section 120]	☐ Yes ☐ No	
28. Was the **sanction [s] applied appropriately**? [Section 120]	☐ Yes ☐ No ☐ N/A	

- **Are all individuals included in the case eligible for WF Family Assistance?** ☐ Yes ☐ No
  If no, who is not eligible, and why? _____

- **Is the payment amount correct for the review month?** ☐ Yes ☐ No
  If the payment is not correct, why?_____

Comments and Corrective Action Needed:

☐ **All Required Elements were present**.
☐ **Problems noted**:

Program Manager/Supervisor		**DATE**	
Monitor		**DATE**	

Attachment B

WORK FIRST MONITORING TOOL **EMPLOYMENT SERVICES**

County Name_____

☐ **All Required Elements Present**

☐ **Problems Noted**

Instructions: This form must be dated and signed by the **Program Manager or Supervisor**. Each question must be answered. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

Participant's Name_____ Case ID#: _____

Outcome Plan Reference #: _____ Month Being Monitored ____/____

Work Verification

Has the Assessment of Strengths and Needs (DSS-5298) been completed timely in evaluating the participant(s)?	☐ Yes ☐ No	

List all open components, scheduled hours, completed hours and weeks keyed in NC FAST for the month being monitored.

Component	Scheduled Hours	Completed Hours	Federal Excused Hours	Holiday Hours	Total Hrs for Component
1.					
2.					
3.					

Does the activity meet the definition of the component code keyed? [NC FAST]	☐ Yes ☐ No	
Does the case meet work participation rate?	☐ Yes ☐ No	

If holiday hours were granted, are they correctly based on the day and the time missed?	☐Not Applicable ☐ Yes ☐ No	
If federal excused hours were granted, are they correct based on the day and time missed?	☐Not Applicable ☐ Yes ☐ No	

Are all completed hours keyed in NC FAST correctly verified by time cards and/ or attendance reports in the record?	☐ Yes ☐ No	
Does the MRA/Outcome plan reflect the activities keyed? Did the participant complete the MRA/Outcome plan activities? Was the check issued within 3 days of receiving supporting documentation? Was good cause established for not completing the MRA/Outcome Plan activities? Was the check held based on non-compliance with the stated MRA/Outcome Plan activities?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐Not Applicable ☐ Yes ☐ No ☐ Yes ☐ No	If No, why?
• <u>For the Monitoring Month, Projected employment hours</u> are documented by at least two-week check stubs or other employer-generated documentation of hours worked? • Is the calculation correct?	☐Not Applicable ☐ Yes ☐ No ☐Not Applicable ☐ Yes ☐ No	

• "FLSA" calculation of hours on file for AW and/or CS 1. Is calculation correct?	☐Not Applicable ☐ Yes ☐ No ☐Not Applicable	

2. Did the individual exceed the number of hours permitted by FLSA calculation:	☐ Yes ☐ No	
• If the Job Search (JS) component is scheduled, did the individual register for work with ESC before beginning this activity? • If the JS hours are keyed as countable, was the reporting limited to four consecutive weeks? • For every four consecutive weeks of Job Search, did the worker conduct one random check as required.	☐Not Applicable ☐ Yes ☐ No ☐Not Applicable ☐ Yes ☐ No ☐Not Applicable ☐ Yes ☐ No	
For vocational training, GED/HS, skill training, education directly related to employment, education directly related to employment, secondary school or GED, is unsupervised study time supported by a recommendation from the institution?	☐Not Applicable ☐ Yes ☐ No	

☐ All Required Elements present

☐ Problems noted:

Required signatures			
Program Manager/Supervisor		**Date**	
Monitor		**Date**	

Attachment C

WORK FIRST SERVICES MONITORING **FAMILIES OR NCP'S That Meet 200% OF POVERTY**

County Name_____

☐ **All Required Elements Present**

☐ **Problems Noted**

Instructions: This form must be dated and signed by the Program Manager or Supervisor. Each question must be answered. "NA" may be used only if it is offered as an option. This form may be annotated with additional information regarding eligibility as necessary (use comments section).

Case Head Name _____

Month Being Reviewed and Services Received in that Month:_____

PDC #_____**SIS ID #**_____

Is the county's 200% plan on file as required? ☐ Yes ☐ No
Is the **original DSS-5027 signed and keyed** into SIS? ☐ Yes ☐ No
If no, explain:_____
Is the Notice of Action Taken in Section C of the DSS-5027 completed correctly? ☐ Yes ☐ No

Is the Work First Services application keyed into NC FAST? ☐ Yes ☐ No

Office of Civil Rights Verifications

- What was the applicant/recipient's stated language of preference at application or review? _____
- Did the applicant/recipient request or indicate a need for an interpreter? ☐ Yes ☐ No
- Was an interpreter provided to the applicant/recipient? ☐ Yes ☐ No ☐ N/A
  If No, why not? _____
- Did the applicant/recipient complete the DSS-10001? ☐ Yes ☐ No
- Did the interpreter/translator complete the DSS-10001? ☐ Yes ☐ No
- Was the applicant/recipient asked, at application or review, if they wished to report any disabilities? ☐ Yes ☐ No
- Was an informal assessment completed? (Learning Needs Screening Tool, DSS 5327 or Emotional Health Inventory) ☐ Yes ☐ No
- Was the Learning Needs Screening Tool Waiver (DSS 5330) signed? ☐ Yes ☐ No
- Was a formal assessment completed? (Was a referral made to Vocational Rehabilitation or other Qualified Professional?) ☐ Yes ☐ No

- Did the applicant/recipient indicate the need for any reasonable accommodations? ☐ Yes ☐ No
  If Yes, what accommodations were requested? _____
- Were all accommodation requests able to be fulfilled? ☐ Yes ☐ No ☐ N/A
  If No, what problems were encountered? _____

Non-financial Eligibility (Check the type of case being reviewed.)

☐ **Family with income at or below 200% of poverty**		**Method of Verification**
1. Was each **child living with a parent, specified relative, or legal custodian or guardian** in the month being reviewed?	☐ Yes ☐ No	☐ Statement ☐ Collateral Date _____
2. Is each **child age** 17 or younger or 18 attending high school and expected to graduate by age 19? [Section 109]	☐ Yes ☐ No	☐ Statement ☐ Birth Certificates ☐ Other
3. Is **each** person receiving services a **US citizen?** [Section 111]	☐ Yes ☐ No	☐ Statement ☐ Birth Certificates ☐ Other
➢ For children or adults who are not citizens, are they qualified immigrants?	☐ Yes ☐ No ☐ N/A	☐ INS Papers ☐ Other
➢ Which included individuals are not citizens or qualified immigrants?		
☐ **Non-Custodial Parent of Work First Child**		
4. Is the parent a non-custodial parent of a child who was a Work First recipient in the month being reviewed?	☐ Yes ☐ No	☐ EIS Individual screen ☐ Other verification
5. Is the non-custodial parent a US citizen? [Section 111]	☐ Yes ☐ No	☐ Statement ☐ Birth Certificates ☐ Other
➢ If not, is the non-custodial parent a qualified immigrant?	☐ Yes ☐ No	Gross Income: $

Financial Eligibility

6. Does the family or non-custodial parent have any earned or unearned income? [Section 114]	☐ Yes ☐ No	➢ Statement ➢ Tax Return ➢ Wage Stub ➢ Other _____
7. Is the total gross income at or below 200% of poverty for Monitoring year?	☐ Yes ☐ No ☐ N/A	Gross Income $_____

Service

8. Was the service(s) provided TANF allowable? 9. Was the family or non custodial parent eligible for TANF funded services? 10. Does the service provided meet the federal definition of assistance? (WF 102 III.E.). 11. Was client notice provided and the case closed timely based on Section C on the 5027?	☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ Yes ☐No ☐ Yes ☐No	
12. Was the Criminal Violations Fleeing Felon Form DSS 5271 completed?	☐ Yes ☐No	

Comments and Corrective Action Needed:

☐ All Required Elements were present.
☐ Problems noted:

Required signatures			
Program Manager/Supervisor		**Date**	
Monitor		**Date**	

Attachment D

WORK FIRST MONITORING CHILD SUPPORT NON-COOPERATION SANCTION

Instructions: Answer each question and provide information requested. The Program Manager or Supervisor must sign and date the tool.

County: _____ **Payee's Name** _____

Case ID #_____ **Payment Month Monitored:** _____

1	Was the adequate notice (DSS-8110) sent within 10 days of the Work List View Date? • Work List View Date as displayed on DHREJ NC F NONCOOP WTHOT IVD SANC Report _____ • Date the DSS-8110 was mailed (manual notice) or keyed (automated notice) _____	☐ Yes ☐ No
2	Was the sanction imposed for a minimum of one month or until compliance? If no, why not: _____ Was the check for the month of non-cooperation canceled?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
3	What was the date the sanction took effect? _____ Was the sanction imposed for the correct month?	☐ Yes ☐ No

☐ All required actions were completed correctly and timely.

☐ Problems noted:

Program Manager or Supervisor Signature _____ **Date** _____

Monitor Signature _____ **Date** _____

2. North Carolina Child Support Services

OVERVIEW

The Child Support Program operates as a section of the Division of Social Services (DSS). The operation of Child Support Services differs significantly from other DSS programs. Child Support is not an eligibility program and does not provide financial assistance to participants. The Child Support Program establishes child support obligations. Payments are distributed according to federal regulations. Child Support offices are operated by local DSS Offices, Private Vendors or County Managers. Regional Program Representatives are assigned to each county. All child support offices are funded on a reimbursement basis. Federal Financial Participation (FFP) funding is available for all allowable expenditures at 66% federal and 34% non-federal funding level.

The Child Support Program's monitoring goal is to improve program performance. The Child Support Program Monitoring Plan addresses monitoring every child support office in the state. The North Carolina Child Support Program Monitoring Plan consists of two monitoring components.

- Continuous Quality Improvement (CQI) Plans - performance
- Incentives
- Self-Assessment

1. Quality Reviews - performance

The federal Office of Child Support Enforcement program (OCSE) requires that the state agency responsible for the child support program shall monitor program compliance and submit an annual self-assessment report to OCSE. This federal requirement is referred to in the child support community as "Self-Assessment." (OCSE Action Transmittal 98-12). OCSE requires that the Self-Assessment review be conducted annually and that it must include a statistically valid sample from the statewide caseload without regard to individual county risk.

Every county develops a State Fiscal Year (SFY) CQI Plan with their Regional Program Representative. Goals are set for incentives categories within this CQI Plan. The CQI plans are completed quarterly, monitoring performance incentives and Self-Assessment scores. The last component of the Child Support Program Monitoring Plan consists of a system of quality reviews for each local child support office. Quality review case information is reported monthly. Results are shared with the local office supervisor upon the completion of the case reviews. Additionally, the quality reviews are held in every county without regard to risk.

PROGRAM AREA MONITORED:

Area	**Federal/State Compliance Number**	**Subrecipients to be monitored**	**Funding Source and Amount* SFY 2015**	**Review Tools**
Child Support	93.563	All counties	Title IV-D of the Social Security Act $116,074,458 (Estimated)	Attachments A and B

CHILD SUPPORT SERVICES

The Child Support Program assists in the establishment and collection of child support to ensure that both parents support their children. The program services include:
1) location of the noncustodial parent for establishment and enforcement of existing child support orders;
2) paternity establishment for children born outside of marriage;
3) establishment and modification of new and existing orders of support;
4) enforcement of support obligations; and
5) collection and distribution of support.

The goal of the program is to consistently collect as much child support as possible and to help families become self-sufficient.

CORE AREAS MONITORED

The applicable compliance requirements for a funding source are outlined in the compliance supplement for the specific federal or state program. In cases where a program is funded by multiple funding sources, the funding source with the most stringent requirements would be the criteria used to monitor the program. Monitors are not precluded from looking at additional areas as long as the minimum core areas are also examined. Monitoring the compliance requirements helps to fulfill part of the intent of the Federal Financial Assistance Management Improvement Act of 1999 (i.e., to improve the effectiveness and performance of federal financial assistance programs).

DOCUMENTATION OF MONITORING ACTIVIES

Each Program Monitor is responsible for reporting their monitoring activities. Any ensuing technical assistance required as a result of subrecipient monitoring activities shall be referred to the contract administrator or the appropriate program representative for follow-up.

Monitoring documents will be kept in a centralized location. Pertinent information used for monitoring will be included in the subrecipient's file. Communications sent out to the subrecipient and received from the subrecipient that pertain to subrecipient monitoring will also be included in the file. The file will include the notification, the monitoring results, plans of correction and notification to the subrecipient of the disposition of the outcome of the review of the corrective action plan (closure letter).

Regional Program Representatives monitor child support performance related to the data reliability, incentives and self-assessment for each of their counties. On an annual basis, they utilize the prior year performance results and work with local supervisors to formulate a continuous quality improvement (CQI) plan when needed for each local office. Program Representatives follow up to ensure compliance with the CQI plans. These reviews continue quarterly throughout the year. For each county not meeting their performance measures, strategies for improvement are incorporated into each county's plan.

Quality reviews are completed monthly by the Child Support Regional Program Representatives. Scores are entered for each case reviewed on the quality review form. The results are posted to the child support central office shared drive after they are completed. The scores are available for monitoring as well as to identify opportunities for improvement.

MONTHLY QUALITY REVIEWS

The Child Support Program developed a monitoring tool that utilizes local office quality desk reviews. The objectives of the process are:

1) To ensure that cases are being processed according to federal requirements and child support policy;
2) To ensure that correct ACTS procedures are being followed;
3) To provide a tool in identifying training needs;
4) To provide feedback regarding effective case management;
5) To identify practices utilized by the most productive workers; and
6) To ensure supporting documentation is included in case files.

A detailed quality review checklist and an instruction packet are used to conduct the case reviews (Exhibits 2 and 3). These instruments are utilized for each case as it is reviewed. Sample cases are selected from Data Warehouse reports. In each local office, Regional Program Representatives review the number of cases based on the county's caseload for each month. The Program Representative ensures that the local office supervisor is familiar with the quality review instruments and understands the purpose of the case reviews. This information is used by the Central Office Policy and Training staff to identify training needs in specific offices and statewide.

For local offices, the quality review checklists are scored and tabulated. Deficiencies are reviewed with each local office. Results of the quality reviews are monitored by the Regional Program Representatives and utilized to formulate each office's corrective action plan.

QUARTERLY CONTINUOUS QUALITY IMPROVEMENT PLANS

CQI plans are developed yearly for all counties administering the child support program. The plan monitors the performance standards for incentives and self-assessment. The purpose of the plan is to improve program outcomes and assist the local child support offices to better achieve the goals of the program and the benchmarks of self-assessment. If a plan for improvement is needed, actions and best practices are documented clearly aimed at improving performance.

EXIT CONFERENCE

The exit conference provides an opportunity to close the review with the local office staff. CQI plans and monthly quality reviews are provided to the IV-D supervisor with a general discussion of the overall findings. This may also be an appropriate time to discuss specific findings from the case file review. The Program Representative will give the local office an opportunity to find missing documents or to respond to individual case findings. All correspondence and reviews will be shared with the county DSS Director.

FEDERAL OFFICE OF CHILD SUPPORT ENFORCEMENT PROGRAM SELF ASSESSMENT

The purpose of the federal Office of Child Support Enforcement (OCSE) Self-Assessment is to determine whether states are meeting federal requirements for providing child support services. The OCSE self-assessment requirements and the procedure for implementing them are found in OCSE Action Transmittal 98-12 (Exhibit 1). This Action Transmittal includes implementation methodologies, case review requirements, case review instruments, reporting requirements and instructions to the states. The Action Transmittal governs the North Carolina Child Support Program's Self-Assessment case review and reporting process. In order to comply with OCSE Self-Assessment, the Child Support Central office reviews and reports program compliance in eight program areas:

1) Case Closure
2) Establishment of Paternity and Support Orders
3) Expedited Process
4) Disbursement of Collections
5) Enforcement of Support Orders
6) Medical Support Enforcement
7) Review and Adjustment
8) Interstate Services

Each federal fiscal year, reviews are performed for cases throughout the state. The annual report is completed each March. The Reports Unit, located at the Child Support Central Office, is responsible for preparing the Self-Assessment annual report to OCSE. The Self-Assessment review process is carried out in an automated manner using the Client Services Data Warehouse (CSDW). Using the data warehouse to identify the case population and to perform the case reviews, allows the Child Support Program to review each case in the population instead of samples. This complete review process gives the child support program the opportunity to identify every case throughout the state that is in or out of compliance and to identify the reason for the non-compliance.

The Child Support Program also uses the CSDW to perform monthly self-assessment reviews. Child Support Program management and local offices are able to drill down to obtain complete caseload compliance results for each county and for each responsible worker for the annual reviews and for the quarterly reviews.

SELF-ASSESSMENT METHODOLOGY FOR CASE REVIEWS

The North Carolina Child Support Program uses the Client Services Data Warehouse (CSDW) to select and evaluate all cases for the annual review. OCSE-AT 98-12 advised states to create a statistically valid plan for selecting cases that would achieve a 90% confidence level to review findings. Using the Data Warehouse, the Child Support Program eliminates the possibility of human error or bias when evaluating each category and therefore has achieved a 100% confidence level.

SUMMARY OF METHODOLOGY

Data from the Automated Collection and Tracking System (ACTS) is loaded to the Client Services Data Warehouse (CSDW) monthly. The time frame for the review is the Federal Fiscal Year (October 1 through September 30). Once a population has been gathered, the evaluation process begins to determine if a case passes (meets all requirements/action case), fails (does not meet all the requirements/error case), or is NA (Not Applicable, case meets the initial requirements; however, it does not meet the evaluation criteria – not enough time to evaluate, etc.). The total number of cases passed is then divided by the total number of cases evaluated minus the not applicable cases to arrive at a percentage passing statewide.

By using the data warehouse, the North Carolina Child Support Program eliminates the possibility of human error or bias when evaluating each category. The program also allows the Child Support Program to identify a separate focused case population for each category and to evaluate every case within the population. As the system (ACTS) evolves, so does the ability to process the data in the Data Warehouse, giving management and the local workers the opportunity to focus on problem areas.

SECTION VI - EXHIBITS:

Exhibit 1 - OCSE Action Transmittal 98-12
Exhibit 2 - Quality Review Checklist

EXHIBIT 1 – OCSE Action Transmittal 98-12

THE OFFICE OF CHILD SUPPORT ENFORCEMENT

ACTION TRANSMITTAL
AT-98-12

Date: March 31, 1998

To: State and Tribal Agencies Administering Child Support Enforcement Plans under Title IV-D of the Social Security Act and Other Interested Individuals

Subject: Self-Assessment Report summarizing the activities, processes and recommendations of the Self-Assessment Core Workgroup which includes the Group's consensus on Review Requirements and the Minimal Review Requirements instrument which they developed.

CONTENT: This Action Transmittal contains instructions which provide clarification and guidance to the States in order that they can meet the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requirement to annually assess the performance of their own IV-D program, and submit a report of their operations to the Office of Child Support Program.

State procedures for conducting their annual self-assessment should be developed or modified, at a minimum, to address the scope of review suggested in this instruction.

BACKGROUND: Section 342. "FEDERAL AND STATE REVIEWS AND AUDITS," of PRWORA amended Section 454 of Title IV-D of the Social Security Act to require the States to provide for a process of annual reviews of and reports to the Secretary, HHS on the State child support program, including such information as may be necessary to measure State compliance with Federal requirements for expedited procedures, using such standards and procedures as are required by the Secretary, under which the State agency will determine whether the program is operated in compliance with Title IV-D requirements.

The Self-Assessment Core Workgroup Report summarizes the recommendations of the Workgroup and includes their determination of an appropriate Report Format. The objectives of the Workgroup were to: determine what criteria the States would be required to address in their annual report; establish a process or methodology to be used to review the criteria; and to suggest a format to be used to report the results of these reviews.

STATUTORY REFERENCE: Section 454(15) of the Social Security Act, as amended by PRWORA of 1996, PL 104-193

SUPERSEDED MATERIAL: DCL 97-94

ATTACHMENT: Self-Assessment Core Workgroup Report which contains the Workgroup’s consensus and recommendations concerning Reporting Instructions and Review Requirements

EFFECTIVE DATE: The effective date for the PRWORA provisions for Federal and State reviews is October 1, 1997. The proposed review period for the first required State self-assessment will be a 12-month period, beginning no later than October 1, 1997, and each 12-month period thereafter. The first Self-assessment report is due by March 31, 1999.

INQUIRIES TO: Keith E. Bassett, Director, Division of Audit, OCSE PROGRAM

SUPPLEMENTARY INFORMATION: It is the intent of the Office of Child Support Enforcement Program to regulate the Self-Assessment review process in the future. In the interim, we believe that the reporting criteria recommended by the Workgroup should be accepted by States as preliminary guidance on this important matter. Before Federal regulations are in effect, States may submit their statutorily required annual report in this format or in any other manner which is sufficient to provide all of the information necessary for the Secretary to measure State compliance with the requirements of title IV-D. Any State report that addresses the Workgroup's criteria will be considered to have included the necessary information. This AT is being issued to assist States in the process of developing their own self-assessment capability, and to provide guidance to help States meet the requirement to report annually to the Secretary as set forth in PRWORA.

David Gray Ross, Commissioner Office of Child Support Enforcement Program

Attachments:

Exhibit 1A

EXHIBIT 1A – AT-98-12

THIS EXHIBIT IS INTENDED TO BE A GUIDELINE OR TOOL FOR STATES TO USE FOR THEIR CASE REVIEWS, AND WILL BE MADE AVAILABLE FOR THE STATES USE UPON REQUEST; HOWEVER, IT IS NOT A MANDATORY REVIEW INSTRUMENT AND STATES MAY DESIGN THEIR OWN REVIEW INSTRUMENTS OR FORMS TO CONDUCT CASE REVIEWS.

Case Closure					
Questions	**Yes**	**No**	**Reasons for Deficiency**	**References**	**Comments**
1. Was case closed during the review period?					If Yes, continue with Question C1. If No, go to Question 2.
C1. If the case was closed, did it meet one or more of the Federal closure criteria?				167303.11(b)(1) - (12)	If Yes, go to Question C2. No represents an Error case.
C2. If closed, was 60 day notice sent, if appropriate?				167303.11(c)	Yes or N/A represents an Action case. No represents an Error case.
General Case Closure Comments:					

ESTABLISHMENT OF PATERNITY AND CHILD SUPPORT ORDERS					
Questions	**Yes**	**No**	**Reasons for Deficiency**	**References**	**Comments**
2. Was child support order establishment an issue during the review period?					If Yes, Continue with Question OE1; If No, Go to Question #3.
OE1. Was a child support order established during the review period?				303.4	Yes represents an "Outcome Action Case"; go to Question #3. If No, go to Question OE2.
ONLY EVALUATE ONE QUESTION BETWEEN OE2 AND OE4:					Evaluate the last required action during the review period for which the time frame can be evaluated.
OE2. If the non-custodial parent was located, was service accomplished within 90 calendar days of locate, or if service was unsuccessful, were unsuccessful				303.4(d) and 303.3(c)	Yes represents a "Process Action Case"; go to Question #3.

attempts documented in accordance with State's definition of diligent efforts.					No represents an Error case.
OE3. If location was needed, was the latest Federal locate requirement met?				303.3(b)(3) and (5)	Yes represents a "locate action case" go to question #3. No represents an Error case.
OE4: If case opening was needed, was the Federal requirement met?				303.2(b)	Yes represents a "case opening action case." No represents an Error case.
General Establishment Comments:					

EXPEDITED PROCESSES					
Question	**Yes**	**No**	**Reason for Deficiency**	**References**	**Comments**
3. Was expedited process an issue (support order need to be established in the review period and non-custodial parent had been served either prior to or during the review period)?					If Yes, Continue with Question EP1; If No, Go to Question 4.
EP1.Were actions taken to establish support orders (and paternity if needed) from the date of service to the time of disposition within 6 months? (If long-arm jurisdiction used, credit given for 6-month standard if action completed within 12 months.)				167303.101(b)(2)(i) and 167303.101(b)(2)(iii)	Yes represents an **"Outcome Action Case." Also, EP2 would also receive a Yes for the second time frame.** If No, Go to Question EP 2. N/A if insufficient time to complete.
EP2. Were actions taken to establish support orders (and paternity if needed) from the date of service to the time of disposition within 12 months?				167303.101(b)(2)(i)	Yes represents an **"Outcome Action Case",** go to Question 4. No represents an error case. N/A if insufficient time to complete.
General Expedited Process Comments:					

ENFORCEMENT OF SUPPORT OBLIGATIONS					
Question	**Yes**	**No**	**Reason for Deficiency**	**References**	**Comments**
4. Was Enforcement of Support Obligations an issue during the review period?					If Yes, Continue with Question E1; If No, Go to Question 5.
E1. Was a wage withholding (ww) collection received in the last quarter of the review period?				303.6(c)(1)	Yes represents an **"Outcome Action Case"** and do not need to review time frames; but must

					also review question E7. If No, go to Question E2.
E2. If ww not appropriate, was any collection received as a result of an enforcement action?				303.6(c)(2)	Yes represents an **"Outcome Action Case"** and do not need to review time frames; but must also review question E7 If no, go to Question E3.
ONLY EVALUATE ONE QUESTION between E3 and E6 :					Evaluate the last required action during the review period for which the time frame can be evaluated.
E3. If ww was appropriate, was ww actions initiated within required time frames?				303.100(c)(2), 303.100(f)(2), and 167453A(g)(1) of the Act.	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.
E4. If ww was not appropriate, was other appropriate enforcement action(s) initiated within Federal time frames, or if service of process necessary but unsuccessful, were unsuccessful attempts documented to meet State's diligent efforts definition?				303.6(b), 303.6(c)(2), and 303.3(c)	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.
E5. If non-custodial parent's address and/or employer needed to be located, was the latest Federal requirement met?				303.3(b)(3) and 303.3(b)(5)	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.
E6. If case opening required, was the Federal requirement met?				303.2(b)	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.

ANSWER THE FOLLOWING QUESTION IF CASE HAS ARREARS					
E7. If case had arrearages, was it submitted for Federal and State Tax Refund Offsets, if appropriate?				303.6(c)(3), 303.72(a), and 303.102(a)	If yes or N/A, and previous Federal requirements met (Question E2 through E6), then Case is an Action case. No represents an Error case; go to Question 5.

General Enforcement Comments:

DISBURSEMENT OF COLLECTIONS					
Questions	**Yes**	**No**	**Reasons for Deficiency**	**References**	**Comments**
5. Were collections received during the last quarter of the review period? (If more than one collection, review the latest collection received during the last quarter of the review period.)					If Yes, Continue with Question d1; If No, Go to Question 6. **This requirement is effective 10/1/98 or 10/1/99 (for courts handling collections prior to PRWORA)**
D1. From date of receipt, did the State disburse amounts payable under 167457(a) of the Act within 2 business days after receipt from the employer or other source of income.				167454B(c)(1) of the SSA	Yes represents an **"Outcome Action Case",** go to Question 6. No represents an "E**rror" case.**

General Disbursement of Collections Comments:

Securing and Enforcing Medical Support Orders					
Questions	**Yes**	**No**	**Reasons for Deficiency**	**References**	**Comments**
6. Was securing and enforcing a Medical Support Obligation an issue during the review period?					If Yes, Begin with Question MS1; If No, Go to Question 7.
MS1. For support orders being established or modified, was medical support ordered? If not ordered, was medical support included in the petition for support?				167466(a)(19) of the Act and 167303.31(b)(1)	If Yes or N/A, go to Question MS3. No to the second question represents an Error case.

MS2. If medical support ordered, did IV-D take steps to determine if health insurance was available?				167303.30(a)(7) and 167303.30(a)	No represents Error case.
MS3. If medical insurance was available, but not obtained, were steps taken to enforce the order?				167303.31(b)(7)	No represents Error case.
MS4. If health insurance was obtained, was the Medicaid agency informed?				167303.31(b)(6)	No represents Error case.
MS5. If health insurance obtained, was custodial parent notified?				167303.31(b)(5)	No represents Error case.
MS6. Did IV-D request insurance provider to inform them of lapses of coverage?				167303.31(b)(9)	No represents Error case.
MS7. If non-custodial parent was providing health insurance coverage and changes employment and the new employer provides health care coverage, did the State transfer notice of the health care provision to the new employer, which would enroll the child in the non-custodial parent's health plan, unless the non-custodial parent contested the notice				167466 (a)(19) of the Act	No represents Error case.
General Medical Support Comments:					

REVIEW AND ADJUSTMENT OF ORDERS					
Questions	**Yes**	**No**	**Reasons for Deficiency**	**References**	**Comments**
7. Was review and adjustment an issue during the review period?					If Yes, Continue with Question R1; If No, Go to Question 8.
R1. If case was reviewed and adjusted, or a determination is made, as a result of a review, during the review period, that an adjustment was not needed, the State will be considered to have taken appropriate action.				167303.8(f)(3)	Yes represents an **Action Case,** go to Question 8. If no, answer appropriate question R2 through R5.
ONLY EVALUATE ONE QUESTION between R2 and R5 :					
R2. If request received during the review period and a review is necessary, was both parties given 30 days to contest any adjustment to that support order if the cost-of living or automated methods had been utilized?				167466(a)(10)(A)(ii) of the Act	Yes represents an Action case. No represents an Error case.
R3. Was a review completed within 180 days of determining that a review should be conducted or locating the non-requesting parent, whichever occurs later?				167303.8(f)(1)(ii)	Yes represents an Action case. No represents an Error case.
R4. Were the custodial and non-custodial parents provided notices not less often then once every three years informing them of their right to request a review?				Section 466 (a)(10)(C) of the Act	Yes represents an Action case. No represents an Error case.

R5. If non-custodial parent's address and/or employer needed to be located, was the latest Federal requirement met?				303.3(b)(3) and 303.3(b)(5)	Yes represents an Action case. No represents an Error case.
General Review and Adjustment Comments:					

INTERSTATE SERVICES					
Questions	**Yes**	**No**	**Reasons for Deficiency**	**References**	**Comments**
8. Was Interstate an issue during the review period?					If Yes, Continue with Question IN1; If No, not applicable.
INITIATING INTERSTATE CASE:					
IN1: Was interstate time frame met? [Only need to evaluate the latest time frame.]				167303.7(b)(2), 167303.7(b)(4), 167303.7(b)(5), and 167303.7(b)(6)	Yes represents an Action case. No represents an Error case.
RESPONDING INTERSTATE CASE:					
IN2: Was interstate time frame met? [Only need to evaluate the latest time frame.]				167303.7(a)(2), 167303.7(a)(4), 167303.7(c)(5), 167303.7(c)(6), 167454B(c)(1) of the Act, 167303.7(c)(7)(iv), and 303.7(c)(9).	Yes represents an Action case. No represents an Error case.
General Interstate Comments:					

EXHIBIT 2 – Quality Review Checklist

ATTACHMENT A

Quality Review Form

1		
	County	
	IVD Case Number	
	NCP	
	CP	
	EIS Case Number	
	Date Review Completed	
	Date Reviewed with Supervisor	

Item_Num	Description	Outcome
50	Screen C8F completed? (marriage and separation/ divorce dates)	N
90	Paternity indicators correct? BOW and PAI, check PEST event, (OOPS if born of marriage)	N
160	Orders entered correctly in ACTS? (terms, extensions, start date)	N
230	Is Only Child 17.5 years or emancipated? CSUP closed if emancipated? Verification requested from CP on status of Child if child is 17.5 years?	N
240	Case Closure? Was it a proper closure?	N
250	Signed Application for NPA Cases, (DSS-4451 or DSS-1344)	N
260	Supplemental Data Sheet (DSS-4688)	N
270	All Legal Documents: Court Orders, Guideline Worksheets, etc.	N
280	Affidavit of Parentage or court order addressing paternity, if appropriate	N
290	Birth Records for all Children	N
905	**ALL ITEMS**	**10**
906	**Total P**	**0**
907	**Total F**	**0**
908	**Total N**	**10**
909	**OVERALL SCORE**	**0.00%**
Reviewer Comments		

EXHIBIT 3– Quality Review Instructions

QUALITY REVIEW
Objectives:

- Provide a tool to assist in identifying training needs.
- Ensure cases are being processed according to IV-D Policy and ACTS procedures.
- Provide feedback to agents, supervisors and IV-D management staff regarding effective case management and quality.
- Develop consistency in case reviews.

Caseload Monitoring Scheme

Case selection process – Random pull of cases from the DW query "Cases on Line 1"

- Caseloads over 10,000 – Ten reviews per month ; 12 reviews (Mecklenburg)
- Caseloads from 9,999 to 5,000 – Eight reviews per month
- Caseloads from 4,999-2,000 – Six reviews per month
- Caseloads under 2,000 – Four reviews per month

Quality Review Instructions

10. Searched ACTS for all participants, check for duplicate MPI #'s and case #'s? (02.01. name search feature) (N/A)

Search by names to confirm no duplication of participants. (DOB, SSN to confirm duplication). Are the relationships correctly coded in ACTS?

20. IV-D Status (Case Type) on C8C is correct? (N/A)

IV-D status is correct based on EIS information. Example: MIC Class C equals MAO in ACTS.

30. Correct Custodial Parent in ACTS? (02.02.F9) (N/A)

Custodial Parent's name on application or casehead in EIS match. In foster care cases, where the ACTS case is not coded IV-E or SFHF, cases events must include detailed explanation on the casehead and case coding. Reference tool for foster care cases is the PQA020 report in XPTR.

50. Screen C8F completed, (02.02.F9.F2) (marriage and separation/ divorce dates)

Supporting documentation would be located in the initial custodial parent interview (ICLI event) or from supporting documents in the case file (*not counted off if only the marriage date is entered on this screen)*

60. If ever TANF/IV-E, is URPA/URPF and current grant on 05.08? (TANF – 05.08. custodial parent MPI#) (URPF – 05.08, child MPI#) (N/A)

The URPA/URPF balance is reflected on the top balance line with today's date in the "URPA/URPF Open" column. If the case is currently TANF/IV-E status, make sure the current month's grant is reflected. If the case is a TANF/IV-E case or prior TANF/IV-E case, the grant amounts should be reflected.

70. If NPA, are full services being given? Fee Paid? Documented on C8C? (02.02.F9) (Line should pass in the instance where a case has been built as NPA and no application fee is charged if there notes on the OP4D event referencing pending Medicaid or Work First application as of 1/15/14) (N/A)

Review the "APPL DT/AMT field on C6B (02.02, IV-D #, F9). Ensure the "FEE" and "APPL DT/AMT" fields are completed for the appropriate cases. MAO cases have clear documentation of the services sought by the custodial parent. Any NPA cases opened after July 1, 2012 must have the three application fields completed.

80. If case is Interstate, are FIPS codes entered correctly? (02.02.F9) (N/A)

Compare State FIPS codes to the most recent information from the other state.

81. Order entered on IOD? (12.10) (N/A)

Interstate order (s) entered on 12.10 if appropriate.

90. Paternity indicators correct? BOW and PAI, (check PEST event, OOPS if born of marriage)? (02.02, select child)

If BOW = N, is there supporting notes in ACTS or documentation in file? Paternity at Issue - are there event notes on the ICLI, supporting documentation in the case file? (interview checklist comments, birth certificate, supplemental data sheet)

100. North Carolina IV-D DNA test records/scheduling complete (02.14, Child's MPI#), case events documented per policy and procedures (02.10, Child MPI#)? (N/A)

Copy of signed Stipulation for paternity testing in case record when test is not court-ordered (Original filed in court record). Paternity established by CSS with affidavit of parentage generated - PEAP events created and dispositioned with "SIGN". Look for the PEST event, was paternity record documented correctly? If multiple test records, is the data up to date on each record.

110. PEAP case Event for AOP signed prior to IVD? (02.10.F9, enter event type PEAP). (N/A)

North Carolina AOP: correct disposition code on the child's participant record in the Paternity disposition field. PEAP event created and the custodial parent and NCP information attached to the notes per policy instructions.

120. Employment records updated appropriately? (end dates, medical ins available, verification dates) (02.08). (N/A)

Was new employer record verified within 30 days? Only current employment record with open end date. Current employment record is updated with current employer data (start date, salary, pay frequency, pay cycle date, verification date, source, and medical insurance availability field). Was the employment record created correctly for self employed/other income?

130. Address Maintenance, are addresses updated/verified? Notes? (02.05) (N/A)

Was new address record verified within 30 days? POTN, RES or MAIL addresses have verified address? If not, has POV been sent? Other codes (OTHR, CONT, DUTY, PRNT) have notes of explanation.

140. If no employer and no address, is case in LOCT processing status? (02.02.F9) (N/A)

All employment records have end dates. All addresses are coded OLD, INVL or RESO.

150. Are the events updated with process service dates, dispositions, and appropriate notes? (02.10. case number. F9). (N/A)

Refer to manual for specific event codes to determine what fields require the service data and dispositions. All hearing events and financial order events must include notes documenting results or reason for financial changes. Other reference tools in the CSS internal website - Self Assessment Folder and the Report Folder, ASR (Agent Statistical Report). Review period is previous 12 months.

160. Orders entered correctly in ACTS? (terms, extensions, start date) (to view – 02.16 select order or 05.05 select order).

Compare financial order to event notes for accuracy. Compare financial order to actual court order for accuracy.

161. Order date correct and medical support services field updated in ACTS (to view – 02.16 select order or 05.05 select order). (N/A)

Does order date match court order and is medical support services field up to date.

170. Was PPPA requested? Was PPPA repayment addressed in court order or notes? (suspend evaluation of this line item as of 1/15/14) **(N/A)**

(PPPA – retroactive support owed to the State) Is TANF Type Field on child's participant's screen (Q2A) coded F or C. If so, is one of the following documented in ACTS; 1) PPAS event code on child's participant event screen, 2) documentation in court order or 3) notes documenting why PPPA not pursued.

180. Was medical ordered? (02.16.select order or 05.05.select order) If not, reason documented? (02.10.F9 select order event) Insurance provided? Record Built? (02.07 select NCP) (N/A)

Does court order terms include medical ins and/or support? If no medical ordered for the NCP, does medical support services field in financial order have coding documenting the reason medical was not ordered for the NCP. Does the court order have notes supporting the medical support field code. If NPA custodial parent elects to carry health insurance, is this reflected on Screen C6B (02.02.IV-D #.F9.F9)

190. Worklist checked by case # and mpi #, worked and deleted? (03.01.F2) (N/A)

Requires multiple searches to confirm. Worklist search – 03.01.F2. Select option 3, enter worker number and case number, press enter. Follow this process for case and all participants to verify no outstanding worklists exceed 30 days.

200. Is guideline worksheet with notes present? (02.10.F9, enter event type OBAM) (N/A)

Does OBAM event include notes documenting income calculations for both parties and credits for either participant?

210. Non-cooperated custodial parent? Was the reason documented? Custodial Parent cooperation documented when completed (02.02.F9. enter event type NCOR) (N/A)

Case events clearly document custodial parent's lack of cooperation or NCOR event with notes documenting the multiple actions CSS initiated to interact with custodial parent and action needed by the custodial parent to achieve cooperation status. Case events clearly document custodial parent's cooperation or NCOD event with notes documenting custodial parent's cooperation.

220. Tax Indicator set correctly? (N/A)

Review Tax Intercept Data screen (02.15 NCP's MPI#) for combined Federal and State tax intercept request Was rollover completed correctly?

230. The Only Child 17.5 years or emancipated? CSUP closed if emancipated? Verification requested from CP on status of Child if child is 17.5 years?

If the child reaching the age of emancipation has an ongoing obligation, are there case notes documenting child's current school enrollment status supporting the basis for continuing current CSUP obligation? If child has emancipated, was ongoing obligation stopped in the correct emancipation month? If not, was adjustment made in financials to correct arrears.

240. Case Closure? (02.02.F9) Was it a proper closure? (02.10.F9)

Does the case follow the Case Closure checklist. (CSS internal web site, Forms & Document Folder, Case Management Sub-Folder, Case Closure checklist).

250. Signed application for NPA Case (DSS-4451 or DSS-1344)

Pre-conversion, DSS-1344. After conversion, DSS-4451. Must have custodial parent signature for NPA custodial parent. If case created through EIS/ACTS interface since custodial parent /child was receiving TANF, Medicaid or MIC, was case created by a valid referral.

260. Supplemental Data Sheet (DSS-4688)

Every new case from 7/01/2012 forward must have a completed, signed DSS-4688 in every case record whether the custodial parent was public assistance or not. This document is the supporting record for data loaded into ACTS. Custodial parent failure to provide this document does not constitute a non-coop action. It is the agent responsibility to obtain/complete this document.

270. Legal Documents: Court Orders, Guideline Worksheets, etc.

Paper file must match the legal actions involving the establishment of an ongoing obligation and modifications to the ongoing obligation.

280. Affidavit of Parentage or court order addressing paternity, if appropriate

When paternity is at issue, the case file must include a copy of the legal action settling the paternity issue.

290. Birth Certificates for Children

Effective 7/01/2012 a copy of the valid birth record is required for every child as supporting documentation for child's personal data.

300. Paternity Test Results(N/A)

A copy of the IV-D initiated test results should remain in the case file. If the test results are owned by the County Foster Care Unit, a copy of the first page with the test results will suffice.

2. Child Welfare Services

Process for Monitoring Local Government Program Subrecipients

PURPOSE

The Child Welfare Services Section provides services to improve family functioning and to ensure the safety, permanence, and well-being of children. Some of the program services that are used to achieve these outcomes are: Adoption, Medicaid Administration Claiming, Child Protective Services, Foster Care Services, and the State Maternity Fund. These federal and state funded child welfare programs and services must be monitored on regular intervals. The purpose of this plan is to establish a formal monitoring plan that will define and review the programs and services to achieve the outcomes listed above.

Program Areas and Services to be monitored:

Area	Federal/State Compliance Number	Subrecipients to be monitored	Review Tool
Adoption	CS-93.658-4CL 93.667	Attachment 1	Attachment B and E
Medicaid Administration Claiming		Attachment 1	Attachment A for Tool and Instructions
Child Protective Services-CPS	CS-93.658-4CL	Attachment 1	Attachment B
Foster Care Services	CS-93.658-2CL	Attachment 1	Attachment B for SSBG Tool and Instructions C or D IV-E Tools
State Maternity Fund	93.645.1	Attachment 1	Attachment F

Description of Programs

Adoption

"Adoption is the method provided by law to establish the legal relationship of parent and child between persons who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parent." **-Child Welfare League of America, Standards for Adoption Services, Revised Edition, page 11 (From the Family Services Manual-Chapter VI Adoption Services).**

The primary purpose of adoption is to help children whose parents are incapable of assuming or continuing parental responsibilities to become part of a new family. To offer additional support to the adoptive families, IV-E Adoption Assistance is available.

1. **IV-E Adoption Assistance**
   Many children available for adoption are eligible for monthly maintenance payments, medical benefits, and other services. Adoption Assistance is available for all children whose status and special needs meet certain criteria. Children who are considered special needs include children with physical, mental, developmental, and emotional disabilities as well as sibling groups, older children, and minority groups. The child's Department of Social Services determines individual eligibility based on specific criteria. The agency then negotiates with adoptive parents to meet needs through an adoption assistance agreement. Adoption Assistance payments begin for qualified children after the final order of adoption. The monthly adoption assistance payment in North Carolina is computed on a graduated level based on the age of the child. IV-E Adoption Assistance is monitored by the Division's Child Welfare monitors.

2. **Non IV-E Adoption Assistance**
   Child Welfare Monitors review the use of SSBG and TANF Transferred to SSBG related to the services provided through Adoption and Foster Care Services. These services are Administrative costs charged to these funding sources

3. **Guardianship Assistance Program (GAP)**
   Guardianship assistance is available for children who meet eligibility requirements and for whom reunification and adoption have been ruled out as appropriate plans for permanency. In order to qualify for benefits, children must be at least 14 years of age but not yet 18 or be a child who is being placed for guardianship with a sibling who meets the age requirements. The child's Department of Social Services determines individual eligibility based on specific criteria and negotiates with prospective guardians to meet needs through a guardianship assistance agreement. Payments begin the month following the order granting guardianship. The monthly guardianship assistance payment in North Carolina is computed on a graduated level based on the age of the child. Guardianship assistance is monitored by the Division's Child Welfare monitors.

4. **Special Children Adoption Fund Program**
   Division staff provides opportunities for ongoing technical assistance and support to help subrecipient partners reach project goals. An individual monitoring schedule is developed for each agency participating in the Special Children Adoption Fund Program that includes the following activities:

   a. **Desk Monitoring** – staff reviews copies of monthly reimbursement request *(DSS-1571, part IV)* to ensure complete and accurate documentation regarding client eligibility, appropriate payment level for activity and compliance with all program requirements.

   b. **Annual Onsite Reviews** – staff selects a sample of cases to be read on visit to ensure case documentation reflects services for which reimbursements have been requested and compliance with all applicable laws and program requirements. Opportunities are provided for discussion of deliverables and problem issues.

Child Protective Services

Protective services are legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caregiver. Child Protective Services, provided by Local County Social Service Agencies, are designed to protect children from further harm and to support and improve parental/caregiver abilities in order to assure a safe and nurturing home for each child. Generally, such services provided in the homes of these families are preventive,

rehabilitative, and non-punitive with efforts directed toward identifying and remedying the causes of the maltreating behavior. This is accomplished through parent/caregiver cooperation and consent or, in the event conditions pose serious issues for the child's safety, through the agency's petition to the court. When the safety of the child cannot be assured, the Local County Social Service Agency takes the child into legal custody. Child Protective Services are available 24 hours a day, 7 days a week through all 100 Local County Social Service Agencies in North Carolina.

Program Monitoring for CPS Intake and Assessments and Foster Care and Adoptions occurs through the Child and Family Services Review (CFSR).

Foster Care Services

Foster Care Services include temporary substitute care provided to a child who must be separated from his/her parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care. Foster Care Services are designed to strengthen, preserve, and/or reunite families after children have come into agency legal custody or placement responsibility. Every child needs and deserves a stable, permanent home that is safe and that provides love, care, and nurture. North Carolina law defines a safe home as one in which a child is not at substantial risk of physical or emotional abuse or neglect. North Carolina law defines reasonable efforts as the diligent use of preventive or reunification services by a department of social services when a juvenile's remaining home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable length of time. Local County Social Service Agencies are required to provide services to preserve or reunify families until the court has made a determination that reunification would be futile or inconsistent with the child's need for safety and permanency within a reasonable length of time.

1. **IV-E Foster Care**
   Foster parents receive financial compensation from the placement agency for a child's room, board, and other living expenses. Sometimes there are supplemental payments for the care of children with special needs. The amount of the financial compensation may vary based on the individual needs of the child in foster care. Title IV-E Foster Care is monitored by the Division's Child Welfare monitors.

2. **Non IV-E Foster Care/Adoption Assistance Administrative Costs**
   Child Welfare Monitors review the use of SSBG and TANF Transferred to SSBG related to the services provided through Adoption and Foster Care Services. These services are Administrative costs charged to these funding sources

Medicaid Administrative Claiming

The goal of Medicaid Administrative Claiming (MAC) - Adults and children (MAC) is to identify and enroll eligible clients into Medicaid, and to refer, coordinate and monitor services covered under the North Carolina Medicaid State Plan (State Plan).

Medicaid Administrative Claiming monitoring services are currently under evaluation by the Division of Social Services. Monitoring activities may include Site visits or Desk audits.

The State Maternity Home Fund (SMHF)

The SMHF is not allocated to subrecipients. It is a payment made directly to providers based on the admission of eligible individuals to their facilities. Each application for care paid for by the State Maternity Home is reviewed for approval by the State Maternity Fund Coordinator. Approval is contingent upon the availability of funding. All State Maternity Home Fund applications are reviewed and approved by the Coordinator prior

to the authorization of funds. An individual is eligible for residential care for up to six months or 183 days. If a client is eligible, TANF funding can cover the first four months or 120 days of the 183 day total. The Coordinator authorizes the period of eligibility (beginning and ending dates) for an individual and notifies the DHHS Controller's Office to encumber funds for the specified number of days of care at an established rate for the home. The Coordinator reviews and approves individual invoices from each Service Provider, after monthly residential care is delivered, and notifies the DHHS Controller's Office to process payments. In the event that care is no longer necessary, prior to the end of the authorization period, funding is unencumbered. No sample is necessary since one hundred percent of the caseload is reviewed and approved independently.

The process for issuing State Maternity Funds, for residential services, is initiated at the local level by an assigned Case Worker from the Local County Social Service Agency or a Licensed Private Adoption Agency. The Case Worker is responsible for interviewing clients, building a service plan, and determining the services needed. If residential services are deemed necessary, an application (Form DSS-6187) is submitted to the State Maternity Fund Coordinator to review and determine eligibility based on Pregnancy Services guidelines. Approval for applications are issued on a Notice of Action funding authorization (DSS-6188) and distributed to the Case Worker and Service Provider. In addition, the funding approval is distributed to the DHHS Controller's office for encumbrance of funding.

The DHHS Controller's office issues a preliminary monthly statement to Service Providers, detailing approved placement information for clients receiving services. The Provider reviews the preliminary statement, determines the need for any changes or input of client discharge data and updates the statement to reflect correct enrollment information. After the review and any applicable changes, the Provider certifies services provided by signing and dating the statement. The completed statement is forwarded to the State Maternity Fund Coordinator for final approval. After review, the Coordinator approves the payment and returns the statement to the DHHS Controller's office for processing of payment directly to the service provider. Further, the State Maternity Coordinator manages the monitoring activities for this program.
Core Areas to be monitored and Link to Compliance Supplements are included in DSS Monitoring Plan Introduction.

Monitoring Staff

In the Child Welfare Services Section, two Program Compliance Monitors conduct the monitoring for the child welfare programs. In addition to the Program Compliance Monitors, there are Program Coordinators within the Child Welfare Services section conducting the monitoring for their specific program area. Staff performing subrecipient monitoring and related support activities are listed in the DSS Monitoring Plan Introduction.

Children's Program Representatives for each county, and their contact information, is shown at this web site: http://www2.ncdhhs.gov/dss/team/CPRList.html

Monitoring Tools

Standardized monitoring tools and instructions have been developed to monitor the aforementioned program areas. The monitoring tools currently in use are based on applicable laws and regulations that govern the program being monitored. The specific monitoring tools and instructions currently in use are attached to this document. Monitors review the appropriate eligibility determination forms that are included in the child's record in order to validate initial and current eligibility for the period under review (PUR) as a substantial part of the monitoring process. These forms are not attached to the monitoring plan but are included in the Child Welfare Funding Manual.

Monitoring Schedule

The Child Welfare Program Compliance Monitors will keep the same assigned counties for three years. Afterwards, the monitors' county assignments will rotate. Each monitor will schedule monitoring activities for the counties that fall in his/her assigned area. The monitoring activity will generally take the form of site visits although desk audits, review of sub-recipient reports, and other methods may also be utilized as determined necessary.

The Child Welfare monitors will complete reviews for 33 or 34 counties annually resulting in each program being monitored in all 100 counties every three years. Refer to the section on sample size for additional information. The following documents the number of counties scheduled for an annual review in each program area:

Medicaid Administration Claiming (MAC)	IV-E Adoption Assistance	IV-E Foster Care	Social Services Block Grant (SSBG)	Guardianship Assistance (GAP)
33/34	33/34	33/34	33/34	33/34

Sample Size

Local County Social Service Agencies are divided into three levels. These levels are fairly standardized across the Division of Social Services and are used by other Sections in the Division of Social Services for monitoring and reporting purposes. The sampling process will be the same for all counties based on the county's level, as defined below. In any case, if the county does not have the minimum number of sample cases to review, all the cases in that program area will be reviewed for the county. The county levels are defined on the following page. Because the monitoring system uses the county level to determine sample size, number of visits, and other monitoring decisions, the attached county level listing will be used for the entire monitoring year, which corresponds to the State Fiscal Year.

LEVEL I COUNTIES Sample Size		LEVEL II COUNTIES Sample Size		LEVEL III COUNTIES Sample Size	
IV-E Foster Care	5 cases	IV-E Foster Care	10 cases	IV-E Foster Care	12 cases
IV-E Adoption Assistance	5 cases	IV-E Adoption Assistance	5 cases	IV-E Adoption Assistance	5 cases
SSBG	5 cases	SSBG	5 cases	SSBG	5 cases
MAC – 2 claims for each Service		MAC – 4 claims for each Service		MAC – 5 claims for each Service	
Guardianship Assistance	5 cases	Guardianship Assistance	5 cases	Guardianship Assistance	5 cases

Oversample Cases

During the random case selection process, monitors should only be selecting cases that have been identified as using the services by the code entered on the 5094, 5095, 5027, day sheet, or other coding document. If the case was improperly keyed on the day sheet, 5094, 5095, 5027, or other coding document, then that results in an error and not a need to select another case for sampling. In the unusual circumstance that a substitute case is necessary, the monitor will proceed with another case selection. The oversampling should be a part of the monitor's review preparation and case selection process. The additional cases shall be stated in the notification letter as "oversampling", this will allow the county to prepare the additional cases. One case per

program area should be selected for oversample and will be included in the monitoring notification letter. The Child Welfare monitor and/or team supervisor will make the determination to select an oversample case.

REVIEW PROCESS

Notification Requirements

The monitors will send a notification letter to the county no later than 30 calendar days prior to the scheduled review date. The notification letter will include:

1. The date(s) of the review,
2. Sample cases and oversample cases selected for the review,
3. The period under review

Determining the Period Under Review

The period under review is determined to be the six (6) month period prior to sending the notification letter. For example, if the county's review date is scheduled for July, the notification letter would be sent in June to comply with the notification requirements. However, the period under review would be six (6) months prior to the month the notification letter is being sent out. Therefore, the review period would be December through May.

Rescheduling an Onsite Review

Once a review is scheduled, due to the potential impact of the PUR, rescheduling due to unforeseen events, require approval from Division Management Staff.

In the event the scheduled review date is changed, the period under review may need to change as well, in order to comply with 'period under review' determination policy written above.

A rescheduled monitoring visit should have in the file:

1. A written request from the department of social services
2. The written response to the request from the Division Management Staff
3. A revised notification letter sent to the county with any adjustments to the PUR, etc.

The Review

For site reviews, the Program Compliance Monitors will conduct an entrance conference with the county to reiterate the information in the notification letter and address questions from county staff. After the entrance conference, the review should begin. A 'Summary of Findings', that addresses deficiencies and tentative findings/errors, will be given to the county during the exit conference.

For all reviews, the Monitors will review all necessary documents before making a finding, which may include but is not limited to: dictation, court orders, case plans, eligibility verifications, etc. Further, the monitor will be expected to conduct any necessary interviews with the county staff in order to complete the appropriate standardized review instrument. A written monitoring result report will be provided to the county no later than 30 calendar days of completion of the review. The county can request an appeal no later than 30 calendar days from the date of the written monitoring result report.

Program Non-Compliance

Within 30 days of the on-site review, a final results report of the findings will be completed by the monitor and sent to the county and the Children's Program Representative (CPR). This report will include information concerning the monitoring findings, including any areas of non-compliance, and the appeal process. If the

county chooses not to appeal the findings, the county will develop a Corrective Action Plan no later than thirty (30) calendar days of the date of the final results report. The county may consult with their CPR or the monitor to develop the Corrective Action Plan and to resolve the findings. Once the Corrective Action Plan is complete a copy should be sent to the Program Compliance Monitor responsible for the monitoring of that county. Documentation of the county's implementation of the Corrective Action Plan must be provided to the Program Compliance Monitor. If the county selects to implement the option to appeal the monitoring findings, the county must notify the Division of Social Services and the Monitor within thirty (30) calendar days of the final results report.

The intent to appeal should be filed with:

North Carolina Division of Social Services
Kristin O'Connor, Assistant Section Chief
Child Welfare Services Section
820 S. Boylan Avenue
Mail Service Center 2417
Raleigh, NC 27699-2417

The Division of Social Services has thirty (30) calendar days from the notice to appeal in which to make a decision. If the findings are overturned by the Division, the county will be notified in writing of the decision. The case will then be closed. If the findings are upheld by the Division, the county has thirty (30) calendar days to complete a Corrective Action Plan (CAP). A blank corrective action plan is included in the monitoring plan in **Appendix E** and is available for use. Complete and final closure to the monitoring process will occur when the corrective action steps have been completed. The county will provide the completed referral form to the monitor within thirty (30) calendar days of the final results report.

Payment Adjustments

In the cases of a County Responsible Overpayment, the LBL will work with the county to complete a Payment Adjustment Referral (PAR) Form, within 30 calendar days of the final results report. A blank (PAR) form is located in **Appendix F** and is available for use. This form should be complete and a copy provided to the monitor. If the county intends to file an appeal, the intent to appeal instructions listed above should be followed.

In the event an appeal is filed and the monitoring decision (s) are upheld, the LBL has 30 days to complete a Payment Adjustment Referral Form with the county and the LBL shall provide a copy to the monitor.

In May 2006, the North Carolina Department of Health and Human Services, Division of Social Services implemented a protocol for recouping County Responsible Overpayments of Title IV-E Funds for over payments. This process was revised again in the fall of 2008 and again in January 2009 and is as follows:

1) The Child Welfare Program Compliance Monitors will provide a written final result report within 30 days of the completion of the review to the following:
    a. The Local County Social Service Agency
    b. The CPR and the team leader
    c. The LBL and the team leader
    d. Monitoring team leader
    e. Financial Resource Coordinator

2) On the same date of the result report, the Monitor will provide the LBL with a Payment Adjustment referral form and the CPR with a Corrective Action Plan form. The forms will contain at minimal, the case findings, SIS#, and questioned cost.

3) The Program Compliance Supervisor may review IV-E Foster Care findings before adjustments are made.

4) When a county indicates it does not intend to appeal, within 30 calendar days of receipt of the letter from the Child Welfare Compliance Monitor regarding the monitoring results, the amount of the County Responsible Overpayments for Maintenance (board) and Admin Costs (per 1571), if any, must be determined and adjusted. In determining the amount of ineligible payments, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. This applies even if the period of ineligibility crosses into a previous state fiscal year(s). Any federal funds disbursed for an ineligible or otherwise un-reimbursable child must be recouped. This includes non-error cases (because ineligible payments were made outside the PUR) with ineligible payments.

5) When ineligible payments are discovered for Title IV-E Foster Care and Social Services Block Grant (SSBG), the Financial Resource Coordinator will:

    a. Calculate the IV-E Maintenance overpayment, if applicable.
    b. Make the adjustment
    c. Notify the DHHS Controller Office to deduct the payment
    d. Post the corrections to the Child Placement and Payment System.
    e. Provide final Adjustment copies to the county, the CPR, LBL and the Monitor.

6) When ineligible payments are discovered for IV-E/SSBG the LBL will:

    a. Work with the county to calculate the Title IV-E/SSBG Administrative overpayment, if applicable.
    b. Ensure that the 1571 reflects appropriate adjustment(s).
    c. Report any adjustment crossing into a previous fiscal year, to the Controller's Office as required in the Fiscal Manual.
    d. Work with county in completing a payment adjustment referral form. A blank payment adjustment referral form is included in **Appendix F** of this plan and is available for use.
    e. Provide a completed copy of the Payment Adjustment Referral form to the Program Compliance Monitor within the time frames established in the monitoring plan.

In October of 2008, the Division implemented a protocol for recouping County Responsible Overpayments for applicable IV-E Adoption Assistance error cases. This protocol addresses both County and Client Error Cases and has been revised as indicated below:

1) The Child Welfare Program Compliance Monitors will provide a written final result report within 30 days of the completion of the review to the following:
    a. The Local County Social Service Agency
    b. The CPR and the team leader
    c. The LBL and the team leader
    d. Monitoring team leader
    e. Special Needs Adoption Coordinator

2) On the same date of the result report, the Monitor will provide the LBL with a Payment Adjustment referral form and the CPR with a Corrective Action Plan form. The forms will contain at minimal, the case findings, SIS#, and questioned cost.

3) The Program Compliance Supervisor may review the IV-E Adoption Assistance findings before adjustments are made.

4) When a county indicates it does not intend to appeal, within 30 calendar days of receipt of the letter from the Child Welfare Compliance Monitor regarding the monitoring results, the amount of ineligible IV-E Adoption Assistance and Admin Costs (per 1571), if any, must be determined and adjusted. In determining the amount of ineligible payments, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. This applies even if the period of ineligibility crosses into a previous state fiscal year. Any federal funds disbursed for an ineligible or otherwise un-reimbursable child must be recouped.

5) The Program Compliance Monitor will:

   Provide the CPR, LBL, and the Special Needs Adoption Coordinator with the protocol to recoup ineligible payments which is:

   i. Upon receipt of the monitoring result report, the County is to update DSS 5095 with the correct funding source.

   ii. If the county has not appealed the findings within 30 calendar days of the result report or if the findings are upheld following an appeal, the Program Compliance Supervisor will use information obtained from the result report to request adjustments as appropriate to the Controller's Office, inform the county of actions taken and request an updated 5095 with the corrected funding source.

   iii. The Controller's Office forwards final adjustment copies to the Monitor Supervisor, who will maintain and file.

   iv. The county will provide a completed copy of the corrective action plan and documentation of its implementation to the Program Compliance Monitor within the time frames established in the monitoring plan.

   v. The LBL will address the administrative cost payments, if any, on the payment adjustment referral form APPENDIX F. The LBL will provide this to the Program Compliance Monitor within the time frames established in the monitoring plan.

6) The above actions will post to the PQA 045, which is the Adoption Assistance Adjustment Register.

Process for Single and Special Audits

Single Audit findings are submitted to the DSS Budget Officer and Fiscal Compliance Monitors, as well as other Division management to include Children's Program Representative Team Leader, Monitoring Team Leader, and the Child Welfare Services Assistant Section Chief.

To follow up on the single audits the following steps are generally taken:

1) A written request is submitted to the Children's Program Representative Team Leader for distribution to a designated CPR. The CPR is to:
   a. Work with the county to resolve the findings
   b. Assist in the development of a corrective action plan
   c. Collaborate to generate a collective State response

d. Continue to support the local counties in the operation of a Child Welfare program by providing technical assistance and consultation

2) The Program Compliance Manager will gather and analyze the information from the CPR's to:
   a. Construct a Division response to the findings
   b. Respond to the internal auditor as needed

Findings and responses will also be entered into Open Windows when available.

Risk Assessment for Subrecipients

Subrecipients will be categorized as low, medium, or high risk based on results from:

- The data collected from previous monitoring activities
- Findings from the single county audit
- Findings and follow-up from any previous deficiencies and/or corrective action or Program Improvement Plans
- Complexity of the program and/or eligibility criteria
- Analysis of relevant evaluation data
- Prior experience with the subrecipient by Division staff (CPR's, LBL's, Section consultants, contract administrators, etc.)
- Past experience with paybacks
- Evaluation of the "Subrecipient Self-Assessment of Internal Controls and Risks" completed annually by Local County Social Service Agencies
- Any other self-assessment provided by the county or contract provider
- Any other relevant factors identified by the PCM

Based on the determination of risk, a schedule will be developed for more comprehensive monitoring for subrecipients determined to be high-risk while they remain high-risk. Increased frequency of on-site monitoring visits or desk reviews, corrective action plans and progress reports, and/or expanded sample sizes will be used to conduct more comprehensive monitoring for high-risk subrecipients. Low and medium risk subrecipients will be monitored at least once every three years according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence.

Monitoring Documentation – refer to DSS Monitoring Plan Introduction

Attachment A

FY 2019 – 2020 Monitoring Schedule is under Development

Attachment B

SOCIAL SERVICES BLOCK GRANT (SSBG)
and TANF Transferred to SSBG SOCIAL SERVICES BLOCK GRANT MONITORING TOOL
Effective July 2017

County:	**Review Date:** / /	
Review period: / / to / /		**Sample Number:**
Reviewed by:	**SIS ID:**	
Child's Name:	**Date of Birth:** / /	
Service/Program Code: *(Service) (Program code)*		
Child is eligible: YES☐ NO ☐		

	YES	NO	NA
I. ELIGIBILITY CRITERIA FOR SERVICE			
1. Child is a US citizen or a qualified alien	☐	☐	
2. Child is in foster care	☐	☐	
3. Child has been adopted	☐	☐	
Comments:			
II. APPLICATION FOR SERVICE			
1. DSS-5027 or approved equivalent is in the record	☐	☐	
2. Name of specific service is listed	☐	☐	
3. Service Request Dated (MM/DD/YY) / / *(If Yes, record the date that opened the requested/needed service. This can be obtained by one of the following: DSS-5027, Family Service Agreement, Adoption Assistance Agreement or an approved equivalent such as a VPA or Case Service Plan. State what document was used to obtain date in 'comments')*	☐	☐	
4. Signed and dated by client or representative *('NA' for Involuntary Services)*	☐	☐	☐
5. Signature witnessed- if signed with (X) *('NA' for Involuntary Services)*	☐	☐	☐
Comments:			
III. DECISION ON ELIGIBILITY FOR IV-E FUNDS			
1. Child is IV-E eligible **IV-E Eligibility established (MM/DD/YY) / /**	☐	☐	
2. Child is IV-E Eligible and placed in non-licensed / non-reimbursable placement	☐	☐	
3. Child is IV-E and is in a licensed foster care home/facility	☐	☐	

4. Child is IV-E and is in an adoption placement *(child has been adopted)*	☐	☐	
5. Child is IV-E and is placed with a relative who is actively pursuing FH license.	☐	☐	
6. Child is IV-E and placement is a trial home visit that does not exceed 6 months **Trail home visit began:** / /	☐	☐	
Comments:			
IV. DECISION ON ELIGIBILITY FOR SERVICE FOR SSBG PROGRAM	**N/A** ☐		
1. Documentation indicates child is in need of the service *Petitions, Case Service Plan, narratives are examples of documents that can support need*	☐	☐	
2. Service and program is available without regard to income *The SSBG Program which is identified as code "X", provides CPS-in home service, Foster Care and Adoption Services without regard to income.*	☐	☐	
3. Income is determined and documented *Can be found on the 5120 and/or the 5120A.*	☐	☐	☐
4. Income eligibility period is documented and covers the PUR *Can be found on the 5120 and/or the 5120A. '*	☐	☐	☐
5. The service claimed is an allowable SSBG service	☐	☐	
6. Decision is consistent with eligibility criteria for the service(s)	☐	☐	
Comments:			

V. DECISION ON ELIGIBILITY FOR SERVICE FOR TT/SSBG PROGRAM	**N/A** ☐		
1. Documentation indicates child is in need of the service *Petitions, Case Service Plan, narratives are examples of documents that can support need*	☐	☐	
2. Service and program is available with regard to income as relates to TANF guidelines *The TT/SSBG Program which is identified as code "V", provides CPS-in home service, Foster Care and Adoption Services based TANF income requirements.*	☐	☐	
3. Income is determined and documented *Can be found on the 5120 and/or the 5120A.*	☐	☐	☐
4. Income eligibility period is documented and covers the PUR *Can be found on the 5120 and/or the 5120A.*	☐	☐	☐
5. Child's own income total at or below 200% of the Federal Poverty Level *NA' if child has been adopted*	☐	☐	☐
6. Adoption has been finalized and Adoptive parents' income total at or below 200% FPL *'NA' if child has NOT been adopted*	☐	☐	☐
7. The service claimed is an allowable TT/SSBG service	☐	☐	
8. Decision is consistent with eligibility criteria for the service(s)	☐	☐	
Comments:			
VI. ONGOING SERVICE PROVISION AND REDETERMINATIONS			
1. Contacts are accurately documented on the DSS-4263	☐	☐	
2. Ongoing eligibility related to need, target population, or income is reviewed and documented quarterly *NA for post-adoption services*	☐	☐	☐
3. Redetermination of service eligibility is done annually.	☐	☐	☐

NA: If service has not been open for at least 12 months by the end of the PUR			
4. Eligibility is reviewed within 30 days of a reported change in the client's circumstances	☐	☐	☐
Comments:			
Issues that result in ineligibility and or unallowable/improper claims:			

7-1-2017 version

Attachment C

Title IV-E Foster Care Eligibility Review Instrument

June 2015 Version

A. CASE FINDINGS

NON-ERROR CASE: ☐ **ERROR CASE:** ☐

Underpayments: YES : ☐ **NO :** ☐ **Ineligible Payments: YES :** ☐ **NO :** ☐

(B) QUALITY ASSURANCE CHECK COMPLETED SIGNATURES

QA Reviewer's Signature:

(D)GENERAL CASE INFORMATION

1. **Sample PUR (month/day/year):** / / **to** / /
2. **State postal code and random sample selection number:**
3. **Case ID:**
4. **County or Local Office:**
5. **Review Date** (MM/DD/YY) **:**
6. **Reviewed By :**

(E)CHILD INFORMATION

7. **Child's Name:**
8. **Child's Date of Birth:** (MM/DD/YY) / /
9. **Child's age as of the first day of the PUR:**

(F) RELEVANT DATES (may precede PUR)

10. On what date was the child removed from the home?

Removal date: (MM/DD/YY) / /

Comments:

11. On what date did the child enter foster care: (MM/DD/YY) / /
N/A ☐

(G) REMOVAL PURSUANT TO A COURT ORDER

[Statutory Citation: §§472(a)(1), 471(a)(15)(B)(i); Regulatory Citation: 45 CFR §1356.21(c)]

12. Is the child's removal the result of a court order? **Yes ☐ No ☐ NA ☐**

Comments:

13. If Question 12 was YES, Was there a judicial finding of *Contrary to the Welfare*?

Yes ☐ No ☐ NA ☐

Comments:

13(a). If the child was removed from the home before March 27, 2000, was the *Contrary to the Welfare* finding stated in a court order issued within 6 months of the child's removal? Or was there a removal petition filed within 6 months of the child's removal that results in a judicial finding of *contrary to the welfare*? **Yes ☐ No ☐ NA ☐**

Judicial finding date: (MM/DD/YY) / /
Removal Petition date: (MM/DD/YY) / /

13(b). If the child was removed from the home on or after March 27, 2000, was the *Contrary to the Welfare* finding stated in the removal court order?

Yes ☐ No ☐ NA ☐

Judicial finding date: (MM/DD/YY) / /

13(c). Was the requirement for a judicial finding of *Contrary to the Welfare* met?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(G) REMOVAL PURSUANT TO A COURT ORDER *Continued*

[Statutory Citation: §§472(a)(1), 471(a)(15)(B)(i); Regulatory Citation: 45 CFR §1356.21(c)]

13(d). Were title IV-E funds paid before the month that the *Contrary to the Welfare* requirement was met?

Yes ☐ **No** ☐

14. If Question 12 is *YES*, was there a judicial finding regarding *reasonable efforts to prevent removal*?

Yes ☐ **No** ☐ **NA** ☐

Comments:

14(a). If the child was removed from the home before March 27, 2000, what is the date of the judicial finding regarding *reasonable efforts*?

N/A ☐

Reasonable efforts to prevent removal date: (MM/DD/YY) / /

Reasonable efforts to reunify date: (MM/DD/YY) / /

14(b). If the child was removed from the home on or after March 27, 2000, what is the date of the judicial finding regarding *reasonable efforts to prevent removal*? Was the judicial finding regarding *reasonable efforts to prevent removal* determined within 60 days of the child's removal?

Judicial finding date: (MM/DD/YY) / /

Comments:

(G) REMOVAL PURSUANT TO A COURT ORDER *Continued*

[Statutory Citation: §§472(a)(1), 471(a)(15)(B)(i); Regulatory Citation: 45 CFR §1356.21(c)]

14(c). Was the requirement met for the judicial finding of *reasonable efforts to prevent removal*?

Yes ☐ **No** ☐ **NA** ☐

Comments:

14(d). Were title IV-E funds paid before the month of the judicial finding of *reasonable efforts to prevent removal*?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(H) VOLUNTARY PLACEMENT

NA ☐

[Statutory Citation: §472(d)(e) and (f); Regulatory Citation: 45 CFR §1356.22]

15. Was the child's removal pursuant to a voluntary placement agreement?

Yes ☐ **No** ☐

16. If Question 15 is *YES*, was the *voluntary placement agreement* signed by the parent or legal guardian and the title IV-E agency?

Yes ☐ **No** ☐ **NA** ☐

Voluntary placement agreement signature date: (MM/DD/YY) ____/____/____

Comments:

16(a). Were title IV-E funds paid for a period prior to when the *voluntary placement agreement* was signed by the parent, legal guardian or the title IV-E agency?

Yes ☐ No ☐ NA ☐

17. Was there a judicial determination regarding the child's *best interests* within 180 days of the foster care placement through a *voluntary placement agreement*?

.

Yes ☐ No ☐ NA ☐

Judicial finding date: (MM/DD/YY) ____/____/____

17(a). If Question 17 is *NO*, were title IV-E funds paid for the period of ineligibility?
Indicate ***N/A*** if this was a court-ordered removal. Otherwise, indicate ***YES*** or ***NO***, based on a ***NO*** response to Question 17.

Yes ☐ No ☐ NA ☐

Comments:

(I) VALID REMOVALS

Statutory Citation: §§ 472(a)1 & 2 of the Act; Regulatory Citation: 45 CFR § 1356.21(k)(2)]

18. Has there been a *valid removal* of the child from the home during the most recent foster care episode?

Yes ☐ No ☐

Comments :

(J)ONGOING JUDICIAL ACTIVITY (Reasonable Efforts to Finalize the Permanency Plan)

Applicable to Court-Ordered Removals Only

[Statutory Citation: §§472(a)(1), 471(a)(15)(B)(ii) and (C); Regulatory Citation: 45 CFR §1356.21(b)(2)]

Periodicity Chart for Judicial Determination of Reasonable Efforts to Finalize the Permanency Plan

Date Removed: / / **Date Entered Foster Care:** / /

Date judicial determination due (month/year)	Date judicial determination made (month/year)	Is this decision timely? (Indicate Yes or No)	If decision is untimely, is title IV-E maintenance paid for the period? (Indicate Yes or No)
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐	Yes ☐ No ☐

19. Was the child in foster care 12 months or more <u>before</u> the last day of the PUR?

Yes ☐ No ☐ NA ☐

19(a). If Question 19 is *YES*, what was the date of the most recent judicial determination of

Yes ☐ No ☐ NA ☐

Date of most recent judicial finding (MM/DD/YY): / /

Comments:

19(b). What was the due date of the judicial determination due 12 months from the date recorded in Question 19(a)?

NA ☐

Due date of judicial finding (MM/DD/YY): / /

19(c). On what date was the judicial determination in Question 19(b) made?

NA ☐

Date of judicial finding (MM/DD/YY): / /

Comments:

19(d). Was the judicial determination recorded in Question 19(c) timely? **Yes** ☐ **No** ☐ **NA** ☐

Comment:

19(e). If Question 19(d) is NO, were title IV-E funds paid as a result of the untimely judicial determination?

Yes ☐ **No** ☐ **NA** ☐

19(f). Is the requirement met for the judicial finding of *reasonable efforts to finalize the permanency plan*?

Yes ☐ **No** ☐ **NA** ☐

(K) AFDC (Aid to Families with Dependent Children) ELIGIBILITY

[Statutory Citation: §§472(a)(1) and (4); Regulatory Citation: 45 CFR §1356.21(k)(l)]

20. Was the child removed from the home of a specified relative?

Yes ☐ **No** ☐

Removal Home:

Comments:

21. If Question 20 is *YES*, was the child *living with* that specified relative in the month court proceedings were initiated or the date the voluntary placement agreement was signed?

Yes ☐ No ☐

NA ☐

Date child last lived with specified relative: (MM/DD/YY) / /
Date court proceedings initiated (judicial removal only: (MM/DD/YY)
/ /
Date *voluntary placement agreement* signed : (MM/DD/YY) / /

Comments:

21(a). If Question 21 is *NO*, had the child lived with the specified relative within 6 months of the date the court proceedings were initiated, or the date the *voluntary placement agreement* was signed?

Indicate ***N/A*** if Question 20 is ***NO*** or Question 21 is ***YES***. Otherwise, indicate ***YES*** or ***NO***.

Yes ☐ No ☐ NA ☐

Date child last lived with specified relative: (MM/DD/YY) / /
Date court proceedings initiated (judicial removal only: (MM/DD/YY)
/ /
Date *voluntary placement agreement* signed : (MM/DD/YY) / /

Comments:

22. Were the removal from and living with requirements met by the same specified relative?

Yes ☐

No ☐

Comments:

23. Was AFDC *eligibility* based on the circumstances in the home of the specified relative against whom the *contrary to the welfare judicial determination* was made or who signed the *voluntary placement agreement*?

Yes ☐ **No** ☐

AFDC Home:

Comments:

24. Was AFDC *eligibility* based on the circumstances in the specified relative's home in the month the court proceedings were initiated or the month the voluntary placement agreement was signed?

Yes ☐ **No** ☐

AFDC Eligibility Month/ Year: /

Comments:

24(a). Was *financial need* established?

Yes ☐ **No** ☐

24(b). Was deprivation of parental support or care established?

Yes ☐ **No** ☐

Comments:

25. Did the child meet the AFDC requirements for eligibility?

Yes ☐ **No** ☐

Comments:

25(a). If Question 25 is *NO*, were title IV-E funds paid for the period of ineligibility?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(L) AGE AND EXTENDED TITLE IV-E FOSTER CARE ASSISTANCE

Statutory Citation: §§ 406, 472(a)(1) and (3) of the Act; Regulatory Citation: 45 CFR § 233.90(b)] **NA** ☐

26. Was the youth *18 years or older* at any point during the PUR? **Yes** ☐ **No** ☐

26(a). If Question 26 is *YES*, does the title IV-E agency have an approved title IV-A plan option to extend title IV-E coverage to youth age 18-19 years old? **Yes** ☐ **No** ☐ **NA** ☐

26(b). If the title IV-A plan option was exercised, was the youth a *full-time student* in a secondary school or equivalent? **Yes** ☐ **No** ☐ **NA** ☐

Comments:

26(c). If the title IV-A plan option is exercised, is the youth expected to *complete that educational program* before his or her 19th birthday?
Yes ☐ **No** ☐ **NA** ☐

26(d). Are the requirements met to extend eligibility coverage under the title IV-A plan option?

Yes ☐ **No** ☐ **NA** ☐

26(d)(1). If Question 26(d) is *NO*, were title IV-E funds paid for the period of ineligibility?

Yes ☐ **No** ☐ **NA** ☐

M) TITLE IV-E AGENCY RESPONSIBILITY FOR PLACEMENT AND CARE

[Statutory Citation: §§ 472(a)(2)(B)(i) of the Act; Regulatory Citation: 45 CFR § 1356.71(d)(1)(iii)]

27. Did the title IV-E agency have *responsibility for the placement and care* of the child for the period the child was in an out-of-home placement during the PUR?
Yes ☐ **No** ☐

Agency Name:

Comments:

27(a). If Question 27 is *NO*, did another public agency have *responsibility for the placement and care* of the child?
Yes ☐ **No** ☐ **NA** ☐

Comments:

27(b). If another public agency had this responsibility, was there a *title IV-E agreement* in effect between this agency and the title IV-E agency? **Yes** ☐ **No** ☐ **NA** ☐

27(c). Were the requirements regarding *placement and care* met?
Yes ☐ **No** ☐
Indicate ***YES*** or ***NO***.

27(d). If Question 27(c) is *NO*, were title IV-E funds paid for the period in which the *placement and care* responsibility requirement was not met?
Yes ☐ **No** ☐ **NA**☐

(N) PLACEMENT IN LICENSED FOSTER CARE SETTINGS

[Statutory Citation: §§ 472(b) & (c) of the Act; Regulatory Citation: 45 CFR §§ 1355.20 and 1356.71(d)(1)(iv)]

28. Provider Name:

29. Provider Street Address:

30. Provider City: **31. Provider State:**

32. Date(s) of child's stay in this foster care placement (month/day/year):

from / / to
/ /

from / / to
/ /

33. Type of foster care setting (check one):

☐ **FFH** ☐ **GH** ☐ **Public Child Care Institution(25 children or fewer)** ☐ **Private Child care Institution** ☐ **Supervised Independent Living Placement** ☐ **Other** *(specify)*

33(a). If Question 33 is *Other*, were title IV-E funds paid for the period in which the child resided in the placement during the PUR?
Yes ☐ **No** ☐ **NA** ☐

Comments:

34. Was the foster care provider in Question 33 *fully licensed* during the child's placement that falls within the PUR?
Yes ☐ **No** ☐ **NA** ☐

Licensure period (MM/DD/YY): from / / to / /
from / / to / /

Comments:

34(a). If Question 34 is *NO*, were title IV-E funds paid for the period during which the foster care provider was not *fully licensed* during the PUR?

Yes ☐ **No** ☐ **NA** ☐

35. Were the title IV-E requirements related to the licensure of the child's placement met?

Yes ☐ **No** ☐

(O) SAFETY REQUIREMENTS

[Statutory Citation: § 471(a)(20) of the Act; Regulatory Citation: 45 CFR §§ 1355.20, 1356.30, and 1356.71(d)(1)(iv)]

36. Was the child's placement during the PUR a foster family home?

Yes ☐ **No** ☐ **NA** ☐

36(a). If the foster family home was newly licensed before October 1, 2008, and the title IV-E agency did not "opt out" of the 1997 criminal record check requirement, was a *CRC* completed satisfactorily on the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(O) SAFETY REQUIREMENTS – Continued

[Statutory Citation: § 471(a)(20) of the Act; Regulatory Citation: 45 CFR §§ 1355.20, 1356.30, and 1356.71(d)(1)(iv)]

36(a)(1). If Question 36(a) is *NO*, were title IV-E funds paid for the period the *CRC* requirement was not satisfied for the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

Comments:

36(b). If the foster family home was newly licensed before October 1, 2008, and the title IV-E agency "opted out" of the 1997 *CRC* requirement, were the *safety measures* completed satisfactorily on the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

Comments:

36(b)(1). If Question 36(b) is NO, were title IV-E funds paid for the period the safety measures were not satisfied for the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

36(c). If the foster family home was newly licensed on or after October 1, 2008, was a *fingerprint-based CRC* of the *National Crime Information Databases (NCID)* completed satisfactorily on the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

Comments:

36(c)(1). If Question 36(c) is *NO*, were title IV-E funds paid for the period the *fingerprint-based CRC of the NCID* was not completed satisfactorily on the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

37. If the child's placement during the PUR was a childcare institution, were the *safety requirements* completed satisfactorily for the caregiver staff of the institution?

Yes ☐ **No** ☐ **NA** ☐

37(a). If Question 37 is *NO*, were title IV-E funds paid for the period that the *safety requirements* were not completed satisfactorily for the caregiver staff of the childcare institution?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(P) CASE FINDINGS GLOSSARY

Findings:

Attachment D

Title IV-E Foster Care Eligibility Review Instrument for Foster Care 18-21

July 2017 Version

A. CASE FINDINGS

NON-ERROR CASE: ☐ **ERROR CASE:** ☐

Underpayments: YES : ☐ **NO :** ☐ **neligible Payments: YES :** ☐ **NO :** ☐

(B) QUALITY ASSURANCE CHECK COMPLETED SIGNATURES

QA Reviewer's Signature:

(C)GENERAL CASE INFORMATION

7. **Sample PUR (month/day/year):** / / to / /
8. **State postal code and random sample selection number:**
9. **Case ID:**
10. **County or Local Office:**

11. Review Date (MM/DD/YY) :

12. Reviewed By :

(D)YOUNG ADULT INFORMATION

7. Young Adult's Name:

8. Young Adult's Date of Birth: (MM/DD/YY) / /

9. Young Adult's age as of the first day of the PUR:

(E) VOLUNTARY PLACEMENT NA ☐

[Statutory Citation: §472(d)(e) and (f); Regulatory Citation: 45 CFR §1356.22]

10. Was the young adult's removal pursuant to a voluntary placement agreement?

Yes ☐ **No** ☐

11. If Question 10 is *YES*, was the *voluntary placement agreement* signed by the young adult and the title IV-E agency?

Yes ☐ **No** ☐ **NA** ☐

Voluntary placement agreement signature date: (MM/DD/YY) / /

Comments:

12. Were title IV-E funds paid for a period prior to when the *voluntary placement agreement* was signed by the young adult or the title IV-E agency?

Yes ☐ **No** ☐ **NA** ☐

13. Was there a judicial determination regarding the young adult's *best interests* within 180 days of the foster care placement through a *voluntary placement agreement*?

.

Yes ☐ **No** ☐ **NA** ☐

Judicial finding date: (MM/DD/YY) ____ / ____ / ____

13(a). If Question 13 is *NO*, were title IV-E funds paid for the period of ineligibility?
Indicate ***YES*** or ***NO***, based on a ***NO*** response to Question 13.

Yes ☐ **No** ☐ **NA** ☐

Comments:

(F)REQUIREMENTS TO QUALIFY FOR FOSTER CARE 18-21

14. Is there verification that the young adult met one of the five requirements for the foster care 18-21 program at the time the VPA was signed?
Yes ☐ **No** ☐

14(a) Is there verification that the young adult has continued to meet one of the five requirements for the foster care 18-21 program during the period under review?
Yes ☐ **No** ☐

14(b)If Question 14 or 14(a) is *NO*, were title IV-E funds paid for the period of ineligibility?

Yes ☐ **No** ☐

Comments :

(G) AFDC (Aid to Families with Dependent Children) ELIGIBILITY

[Statutory Citation: §§472(a)(1) and (4); Regulatory Citation: 45 CFR §1356.21(k)(l)]

15. Was AFDC *eligibility* based on the circumstances in the home/life of the young adult?
Yes ☐ **No** ☐

Individuals in the AFDC Home:

Comments:

16. Was AFDC *eligibility* based on the circumstances in the young adult's home/life in the month the voluntary placement agreement was signed?

Yes ☐ **No** ☐

AFDC Eligibility Month/ Year: /

Comments:

17. Was *financial need* established?
Yes ☐ **No** ☐

18. Did the young adult meet the AFDC requirements for eligibility for foster care 18-21?
Yes ☐ **No** ☐

Comments:

19. If Question 18 is *NO*, were title IV-E funds paid for the period of ineligibility?
Yes ☐ **No** ☐ **NA** ☐

Comments:

(H) PLACEMENT TYPE

Identify all placements for the young adult during the period under review and indicate whether the type of placement is a semi-supervised arrangements, licensed foster care setting, or childcare institution

Type of Placement	Name of Licensed foster home or childcare institution (Indicate NA if semi-supervised living arrangement	Dates of Placement

(I) PLACEMENT IN LICENSED FOSTER CARE SETTINGS

[Statutory Citation: §§ 472(b) & (c) of the Act; Regulatory Citation: 45 CFR §§ 1355.20 and 1356.71(d)(1)(iv)]

20. Provider Name:

21. Provider Street Address:

22. Provider City: **31. Provider State:**

23. Date(s) of young adult's stay in this foster care placement (month/day/year):

from / / to / /

from / / to / /

24. Type of foster care setting (check one):

☐ **FFH** ☐ **GH** ☐ **Public Child Care Institution(25 children or fewer)** ☐ **Private Child care Institution** ☐ **Supervised Independent Living Placement** ☐ **Other** *(specify)*

25. If Question 33 is *Other*, were title IV-E funds paid for the period in which the young adult resided in the placement during the PUR?

Yes ☐ **No** ☐ **NA** ☐

Comments:

26. Was the foster care provider in Question 33 *fully licensed* during the young adult's placement that falls within the PUR?

Yes ☐ **No** ☐ **NA** ☐

Licensure period (MM/DD/YY): from / / to / /
from / / to / /

Comments:

26(a) If Question 26 is *NO*, were title IV-E funds paid for the period during which the foster care provider was not *fully licensed* during the PUR?

Yes ☐ **No** ☐ **NA** ☐

27. Were the title IV-E requirements related to the licensure of the young adult's placement met?

Yes ☐ **No** ☐

(J) SAFETY REQUIREMENTS

[Statutory Citation: § 471(a)(20) of the Act; Regulatory Citation: 45 CFR §§ 1355.20, 1356.30, and 1356.71(d)(1)(iv)]

28. Was the young adult's placement during the PUR a foster family home?

Yes ☐ **No** ☐ **NA** ☐

28(a). If the foster family home was newly licensed before October 1, 2008, and the title IV-E agency did not "opt out" of the 1997 criminal record check requirement, was a *CRC* completed satisfactorily on the foster parent(s)?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(J) SAFETY REQUIREMENTS – Continued

[Statutory Citation: § 471(a)(20) of the Act; Regulatory Citation: 45 CFR §§ 1355.20, 1356.30, and 1356.71(d)(1)(iv)]

28(a))(1). If Question 36(a) is *NO*, were title IV-E funds paid for the period the *CRC* requirement was not satisfied for the foster parent(s)? **Yes** ☐ **No** ☐ **NA** ☐
Comments:
28(b). If the foster family home was newly licensed before October 1, 2008, and the title IV-E agency "opted out" of the 1997 *CRC* requirement, were the *safety measures* completed satisfactorily on the foster parent(s)? **Yes** ☐ **No** ☐ **NA** ☐
Comments:
28(b)(1). If Question 36(b) is NO, were title IV-E funds paid for the period the safety measures were not satisfied for the foster parent(s)? **Yes** ☐ **No** ☐ **NA** ☐
28(c). If the foster family home was newly licensed on or after October 1, 2008, was a *fingerprint-based CRC* of the *National Crime Information Databases (NCID)* completed satisfactorily on the foster parent(s)? **Yes** ☐ **No** ☐ **NA** ☐
Comments:
28(c)(1). If Question 36(c) is *NO*, were title IV-E funds paid for the period the *fingerprint-based CRC of the NCID* was not completed satisfactorily on the foster parent(s)? **Yes** ☐ **No** ☐ **NA** ☐
29. If the young adult's placement during the PUR was a childcare institution, were the *safety requirements* completed satisfactorily for the caregiver staff of the institution? **Yes** ☐ **No** ☐ **NA** ☐

29(a). If Question 37 is *NO*, were title IV-E funds paid for the period that the *safety requirements* were not completed satisfactorily for the caregiver staff of the childcare institution?

Yes ☐ **No** ☐ **NA** ☐

Comments:

(K) CASE FINDINGS GLOSSARY

Findings:

Attachment E

IV-E Adoption Assistance
Monitoring Instrument

NON-ERROR CASE: ☐ **ERROR CASE:** ☐

QUALITY ASSURANCE CHECK

First-Level QA Reviewer's Signature: **Date:**

Second-Level QA Reviewer's Signature: **Date:**

Each initial question of each section must be answered. Answers in **bold** indicate **potential risk areas.** The reviewer must verify every eligibility factor and document his/her decisions on the form for each sample case. The form may be annotated with information regarding eligibility

County : **Review Date** (MM/DD/YY): / /

Sample Number: **Review period:** / / - / /

Child's Name: **Case ID:**

Child's Date of Birth: / / **Child's age as of the first day of the PUR:**

A birth certificate or equivalent source document is used to verify the birth date. **Reviewed By:**

A. GENERAL REQUIREMENTS

1. Child is a US citizen or a qualified alien. Yes ☐ **No** ☐

Birth certificate or other appropriate documentation has been viewed for verification of citizenship or Qualified Alien status.

2. Child was legally cleared for adoption. Yes ☐ **No** ☐

3. Custody was with a licensed placing Agency. Yes ☐ **No** ☐

4. Criminal records, including fingerprint-based checks were done on Adoptive parent(s) and other adult household member. Yes ☐ **No** ☐ N/A ☐

NA if Adoption Assistance Checklist is dated before January 1,1999

4a. A statewide registry check for child abuse and neglect was done on Adoptive parent(s) and other adult household member(s). (RIL Check) Yes ☐ **No** ☐ N/A ☐

NA if Adoption Assistance Checklist is dated before October 15, 2010

*Section 471(a)(20) of the Social Security Act: 20)(A) provides procedures for criminal records checks, including fingerprint-based checks of national crime information databases (as defined in section 534(e)(3)(A) of title 28, United States Code[222]), for any prospective foster or adoptive parent before the foster or adoptive parent may be finally approved for placement of a child regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child under the State plan…*State shall—(i) check any child abuse and neglect registry maintained by the State for information on any prospective foster or adoptive parent and on any other adult living in the home of such a prospective parent, and request any other State in which any such prospective parent or other adult has resided in the preceding 5 years.

5. The adoption assistance agreement is in effect prior to the finalization of the adoption, unless a fair hearing rules in favor of an eligible child after the finalization of the adoption?

Yes ☐ **No** ☐

Prior to the finalization of the adoption the agreement must be signed and dated by all parties, namely, the adoptive parent(s) and State agency representative *and a signed copy given to each party.*

Comments:

B. SPECIAL NEEDS DETERMINATION

A child's eligibility for title IV-E adoption assistance is based, in part, on a determination by the State that the child is a child with special needs. A determination of special needs is a three-part requirement established in section 473(c) of the Act. All three parts of the special needs provision must be met in order for a child to be considered a child with special needs. The determination of special needs must be made by the State prior to the finalization of the adoption. Those three parts are as follows:

(1) It has been determined that the child cannot or should not be returned to the home of his or her parent(s). Yes ☐ **No** ☐

This determination can be based on evidence by an order from a court of competent jurisdiction that terminates parental rights, the existence of a petition to the court for a TPR, or a signed relinquishment by the parent(s). In addition, if a child can be adopted in accordance with State or Tribal law without a TPR or relinquishment, the requirement of section 473(c)(1) of the Act can be satisfied as long as the State has documented the valid reason why the child cannot or should not be returned to the home of his or her parent(s).

(2) Based on an existing specific factor(s) or condition(s), it has been determined that the child cannot be adopted without providing title IV-E adoption assistance. Yes ☐ **No** ☐

Check ALL factor(s)/condition(s) which qualify the child as special needs

For Applicable Child

Part I: *[At least one must exist]*

☐ Age

☐ Sibling to an applicable child

☐ In foster care for 60 consecutive months (5 years)

Part II: *[At least one must exist]*

☐ Child is six years of age or older

☐ Child is two years of age or older **and** a member of a minority race or ethnic group

☐ Child is a member of a sibling group of three or more children to be placed in the same adoptive home

☐ Child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other criteria for special needs

☐ Child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment

☐ Child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services

☐ Child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment

☐ Child is diagnosed to be mentally retarded by a qualified professional

☐ Child meets all of the medical and disability requirements for Supplemental Security Income (SSI)

For Non-Applicable Child

[At least one must exist]

☐ Child is six years of age or older

☐ Child is two years of age or older **and** a member of a minority race or ethnic group

☐ Child is a member of a sibling group of three or more children to be placed in the same adoptive home

☐ Child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other criteria for special needs

☐ Child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment

☐ Child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services

☐ Child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment

☐ Child is diagnosed to be mentally retarded by a qualified professional

☐ **Special need determination is based on:** Placement with a known and approved family, including relative, foster family, with whom the child has established a close attachment. (case prior to 12/2009)

_____

Potential Special Need

a. The only criterion initially determined. **Yes** ☐ No ☐

b. IV-E subsidy was made prior to the manifestation of the potential special need? **Yes** ☐ No ☐ N/A ☐

Check the N/A box if this was not the only criterion initially determined. Otherwise, indicate Yes or No.
*Note: When this is the only basis for the child's eligibility for subsidy, benefits may begin **only** at the point of the manifestation of the potential condition.*

Comments:

_____

(2a) It has been determined that child is a (check only one):

☐ **Applicable child** (answer 3, and C and 'N/A' in D) ☐ **Non-Applicable Child** (answer 3, and D, 'N/A' in C)

(3) The agency made a reasonable, but unsuccessful, effort to place the child for adoption with appropriate adoptive parent(s) without providing adoption assistance. The only exception to this requirement is in situations where it would not be in the child's best interests due to such factors as the existence of significant emotional ties with the prospective adoptive parent(s) while in their care as a foster child. This exception also extends to other circumstances that are not in the child's best interests, including adoption by a relative in keeping with the statutory emphasis on the placement of children with relatives: Yes ☐ **No** ☐

A State can meet the requirement to make a reasonable effort to place the child without assistance by using adoption exchanges, making referrals to appropriate specialized adoption agencies, or other such activities.

Comments:

C. PATHWAYS TO ELIGIBILITY FOR APPLICABLE CHILD

N/A ☐

Federal law requires that any child who is determined by the State to be a child with special needs and meets the criteria under one of four pathways to eligibility be eligible for title IV-E adoption assistance (section 473(a)(2)(A) of the Social Security Act. The four pathways to eligibility are:

*** At least one must be checked 'yes' for applicable child**

(1) The child, at the time of the initiation of the adoption proceedings, is in the care of a public or private child placing agency as a result of either a judicial determination that it was contrary to the welfare of the child to remain in the home or a voluntary placement agreement or a voluntary relinquishment.

Yes ☐ No ☐

(2) The child meets all of the medical and disability requirements of SSI with respect to eligibility for SSI benefits.

Yes ☐ No ☐

(3) The child was residing in a foster home or child care institution with his/her minor parent and the minor parent was removed from the home as a result of either: (1) an involuntary removal by a judicial determination that it was contrary to the child's

welfare to remain in the home; or (2) a voluntary placement agreement or a voluntary relinquishment.

Yes ☐ No ☐

(4) The child adopted and determined eligible for title IV-E adoption assistance in a prior adoption (or would have been eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption), and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died.

Yes ☐ No ☐

Comments:

D. PATHWAYS TO ELIGIBILITY FOR NON-APPLICABLE CHILD

N/A ☐

Federal law requires that any child who is determined by the State to be a child with special needs and meets the criteria under one of four pathways to eligibility be eligible for title IV-E adoption assistance (section 473(a)(2)(A) of the Social Security Act . The four pathways to eligibility are:

At least one must be checked 'yes' for non- applicable child

(1) Did the child, at the time of removal, meet eligibility requirements for AFDC?

(a) Removal from a specified relative, (b) If removed by judicial determination, Contrary to the Welfare finding,

(c) If removed by VPA, IV-E foster care payment must have been made, (d) AFDC Deprivation and Need

Yes ☐ No ☐

Note: Reasonable Efforts are not a requirement for IV-E adoption assistance.

(2) The child meets all of the eligibility requirements of SSI with respect to eligibility for SSI benefits prior to the finalization of the adoption.

Yes ☐ No ☐

(3) The child, prior to finalization of the adoption, was residing in a foster home or child care institution with the minor parent and Title IV-E payment was made that covered the needs of the minor parent and the child of the minor parent.

Yes ☐ No ☐

(4) The child was adopted and determined eligible for title IV-E adoption assistance in a prior adoption (or would have been eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption), and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died.

Yes ☐

No ☐

Comments:

CASE REVIEW FINDINGS

(1) Child meets general requirements. Yes ☐
No ☐

(2) Child meets the criteria for an 'applicable/ non- applicable child'. Yes ☐
No ☐

(3) Child meets the 'special needs criteria'. Yes ☐
No ☐

(4) Child meets at least one criterion for the pathway that applied. Yes ☐
No ☐

All of the above must be checked 'yes' to be eligible for IV-E Adoption Assistance. If not, enter beginning date of ineligibility.

INELIGIBILTY BEGINNING DATE: _____

Attachment F

NC-DSS Child Welfare Services Section Monitoring
Corrective Action Plan
Revised July 2017

APPENDIX E

Instructions: This plan is to address the key issues of the monitoring findings that were identified. The plan must clearly state the corrective action taken, action taken to recoup/adjust ineligible/improper payments, and actions to prevent reoccurrences. **A completed copy of this form is to be submitted to the Monitor within 30 calendar days of receipt.**

Section I: Corrective Action Request (To be completed by the Child Welfare Monitor)

County:	Date of Review: / /	PUR: / / to / /
Program:	Case Name Initial:	SIS Number:
Monitor:	Report/CAP Date: / /	CAP Due Date: / /

Issue / Finding	
Questioned Cost	

Section II: Corrective Action Plan (To be completed by the Agency)

PREVENTIVE ACTION NEEDED

Competencies needed to be addressed	Person Responsible	Target Action date

PREVENTIVE ACTION PLAN

Specific steps to be taken	Person Responsible	Target Implement date

PREVENTIVE ACTION COMPLETED

Specific steps taken	Person Responsible	Completion date

County's Appeal Date: / /	Division's Appeal Decision Date:: / /	
If appeal has been denied, this form is to be completed and forward within 30 calendar days of 'Decision Date' to the Monitor.		
CAP submitted and approved by Agency Director or Agency Designee, _____ Print name and Title _____/_____ **Signature** Date	(This section is to be completed by Monitor) CAP received / / Date _____ Monitor's Signature	

Attachment G

Payment Adjustment Referral Form
July 2017

NC-DSS Child Welfare Services Section Monitoring

APPENDIX F

Instructions: Whenever a monitor identifies a finding, this form is to be completed with county's input. **A completed copy of this form is to be submitted to the Monitor within 30 calendar days of receipt.**

Section I: Referral (To be completed by the Child Welfare Monitor)

County:	Date of Review:	PUR:
Program:	Case Name Initial:	SIS Number:
Monitor:	Report and PAR sent:	**PAR due Back:**

Issue / Finding	NW: Ineligible claims were made before all IV-E Adoption Assistance requirements were met, specifically the RILs. Agency completed RILs for the adoptive parents on 5/03/17.
Questioned Cost	Ineligible Payment **January 2015 thru May 2017**

Section II: Payment Adjustments (To be completed by LBL)

Specific steps to be taken	By Date	Person Responsible	Date Accomplished

County's Appeal Date: / /	Division's Appeal Decision Date:: / /
If appeal has been denied, this form is to be completed and forward within 30 calendar days of 'Decision Date' to the Monitor.	
LBL: Date:	County Representative: (position) Date:

Date submitted to Monitor: Submitted by:

4. Medicaid Administrative Claiming

Purpose

The purpose of this compliance monitoring plan (henceforth as the plan) is to establish monitoring objectives and processes for Medicaid Administrative Claiming for Adults and Children (MAC). This monitoring plan (monitoring henceforth is synonymous with auditing) will ensure that utilization of this funding source results in compliance with applicable federal and state laws and regulations. The plan will help to ensure the integrity of claiming allowable activities that supports a Medicaid beneficiary and a non-Medicaid beneficiary to access and receive Medicaid covered services under the Medicaid State Plan Amendment (SPA). The plan will also provide baseline data to determine if MAC is applied and evaluated appropriately. The results will be derived cumulatively using the monitoring tool. The cumulative results gathered from all counties monitored may show areas of performance that may require additional consultation and training.

About Medicaid Administrative Claiming

Medicaid Administrative Claiming provides reimbursement to County Departments of Social Services (CDSS) for administrative activities that directly support efforts to identify and enroll eligible clients into Medicaid, to refer, coordinate and monitor services covered by Medicaid, to remove barriers to accessing Medicaid services and to reduce gaps in Medicaid service.

Medicaid covered services are those Medicaid services in North Carolina's Medicaid State Plan. If a CDSS assists an individual to enroll in Medicaid, or obtain a Medicaid service it is likely these activities would be reimbursable according to federal MAC guidelines.

Medicaid administrative costs are allowed as claimable under Title XIX of the Social Security Act. Title XIX authorizes federal reimbursement to states for quarterly expenditures for medical assistance under the approved Medicaid State Plan, and for expenditures necessary for administration of the state plan. This joint federal-state financing of expenditures is described in section 1903(a) of the Social Security Act and sets forth the rates of federal financing for different types of expenditures. Furthermore, Title 42 CFR Part 433.15 provides the most detailed compendium on Medicaid administrative activities as allowed through Title XIX.

Medicaid Administrative Claiming is reimbursable Medicaid administrative activities performed by CDSS. It is used for both adults and children. The Division of Aging and Adult Services (DAAS) and Division of Social Services (DSS) are responsible for carrying out monitoring of MAC.

Approved MAC reimbursable activities are:

- Arranging for Transportation to Access Medical Services
- Facilitating Medicaid Program Eligibility Determination
- Medicaid Outreach and Public Awareness
- Referral, Coordination, and Monitoring of Medicaid Services

Monitoring Staff

Staff of DMA, DAAS and DSS is responsible for monitoring MAC. DAAS and DSS are responsible for management and oversight of all aspects of MAC and monitor CDSS adherence to federal MAC guidelines. DMA establishes and updates procedures for the administration and operation of MAC.

Performance measures reported semiannually as described in the MAC Intra-Departmental Memorandum of Agreement (IMOA).

1) The number and names of counties claiming MAC;
2) The number and names of counties monitored during the previous period;
3) Total number of claims for each MAC code reviewed per county during the reporting period, and the percent of claims found in compliance
4) Number and percent of claims that were billed (as described in measure #3) to non-reimbursable activities necessitating a payment adjustment referral (PAR).
5) Number of counties with monitoring errors that required a corrective action plan;
6) Number and percent of counties with a completed corrective action plan remedying all corrective actions from the previous reporting period (if applicable).

Monitoring Tools

MAC monitoring is responsible for maximizing compliance with federal statutes [1]dealing with utilization, documentation and financial reporting of MAC activities. In using the monitoring tool, DMA through its partners monitor activities under five (5) separate areas including:

1) Required documents to claim MAC activities;
2) Requirements for Referral, Coordination and Monitoring (SIS Code 340)
3) Requirements for Facilitating an Application for the Medicaid Program (SIS Code 341)
4) Requirements for Outreach for Medicaid Services (SIS Code 342)
5) Requirements for Arranging Transportation Services for Clients to Access Medicaid Services (SIS Code 343)

The MAC monitoring tool and instructions are included with this compliance monitoring plan.

Monitoring Schedule

Desk reviews and on-site monitoring of MAC activities will begin in State Fiscal Year 2015 (SFY'15). Management and monitoring staff of DAAS and DSS will determine the schedule for CDSS monitoring. MAC monitoring will be scheduled in conjunction with other planned program monitoring.

Desk reviews and on-site monitoring are conducted in accordance to the monitoring schedule established by DAAS and DSS. Each county will be provided and presented with an On-site Monitoring Notification letter at least 30 days prior to an audit review. According to the established monitoring schedules, DSS will monitor 33-34 counties each SFY and DAAS will monitor 25 counties each SFY. Access to the respective plans can be located through these links:

---

[1] Section 1903(a)(7) of the Social Security Act; CFR §433.15

DAAS: http://www2.ncdhhs.gov/aging/monitor/DAAS_MonitoringPlan.pdf

DSS: http://www2.ncdhhs.gov/dss/Monitoring/docs/NC%20DSS%20Monitoring%20Plan-SFY%2015-16.pdf

Monitoring Sample

Monitoring staff of Adult Services and Family Support/Child Welfare Services will monitor a representative sample of claimed MAC activities. The claims to be reviewed are selected using a simple random sample method. Each CDSS is required to achieve a minimum ninety-five percent (95%) success rate based on the sample of claims monitored. Any CDSS with an error rate below this standard value is subject to corrective action. In the event that there are fewer claims to be monitored than the sample size, all available claims will be monitored.

Important Note: The success rate based on the sample of claims monitored is irrespective of a CDSS financial liability of payment adjustments for disallowed claims. All non-reimbursable activities discovered during an audit are subject to repayment in accordance to MAC guidelines.

Monitoring Process

Claims will be reviewed using the standardized MAC monitoring tool. CDSS will be notified of the sample of claims selected for review prior to the scheduled monitoring dates. Monitoring will occur by desk review or on-site at the county department of social services in order to review the documentation for the claims identified in the sample.

Reporting Findings and Follow up

Once the desk review or on-site monitoring is completed, results, as determined through the use of the MAC Compliance Monitoring Tool, will be summarized and communicated to the county during the exit conference. An audit summary letter will be sent to the counties according to the respective monitoring plans to identify their success rate and any areas indicating a need for corrective action.

Staff conducting the monitoring will compile the findings and provide the findings to the CDSS to develop a corrective action plan if needed and respective Division staffs will arrange additional training or technical assistance to address specific problems. Adult and Children's Programs Representatives (APRs and CPRs), assigned to CDSS will follow up on the plan to assure all areas needing remediation have been addressed and completed.

Aggregate results of the monitoring will be reported to DMA on an ongoing basis. The results will represent problems identified and areas where additional training and consultation are required. The results will establish a baseline to assist in determining level of risk due to inappropriate utilization of MAC.

Ongoing Monitoring of MAC

After cumulative data from the first six months of the initial implementation of this monitoring tool are collected, the monitoring plan may be adjusted to increase or decrease the sample size depending upon results of the monitoring. On-going evaluation of the sample size will be addressed on a quarterly basis as outlined in the MAC Intra-departmental Memorandum of Agreement

Maintenance of Monitoring Documentation

Monitoring tools, written reports and related correspondence for MAC monitoring will be maintained by DMA, DAAS and DSS according to record retention schedules.

Medicaid Administration Claiming
Program Compliance Monitoring Tool
Instructions

The goal of Medicaid Administrative Claiming MAC - Adults and children (MAC) is to identify and enroll eligible clients into Medicaid, and to refer, coordinate and monitor services covered under the North Carolina Medicaid State Plan (State Plan).

The purpose of this document is to provide instructions to compliance staff in evaluating whether activities performed by Local County Social Service Agency (CDSS) case managers are appropriately claimed according to the federal regulations governing MAC activities.

I. Referral, Coordination and Monitoring Medical Service (340)

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but all required fields related to MAC are not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case documentation to ensure that activities claimed supported referral, coordination, or monitoring of Medicaid covered services in the State Plan.

0* = A) No documentation present OR,

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

*Value requires comment on monitoring tool.

II. Arranging Transportation Services for Clients to Access Medicaid Services (343)

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case note narrative to ensure that documentation exists which necessitate activities to arrange for or schedule transportation to Medicaid State Plan Services.

0* = A) No documentation present OR,

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

*Value requires comment on monitoring tool.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

III. Outreach for Medicaid Services (342):

1. Establish if there is documentation that support outreach for Medicaid services.

0 = No documentation of activities exist in according to MAC guidelines.

1 = Documentation exists, but activities of outreach or amount of time to complete the outreach activity is not documented.

2 = Documentation of activity and amount of time is in accordance to MAC guidelines

IV. Facilitating an Application for the Medicaid Program (341)

1. Establish if there is documentation that support facilitating an application to the Medicaid Program.

0 = No documentation of activities exist in according to MAC guidelines.

1 = Documentation exists but activities related to facilitating a Medicaid application is not in accordance to MAC guidelines.

2 = Documentation of activities related to facilitating a Medicaid application is in accordance to MAC guidelines

MAC Tool

			Revised April 7, 2015			
Medicaid Administrative Claiming					CASE NUMBER:	
Compliance Monitoring Tool					COUNTY NAME:	
					DATE COMPLETED:	
					MONITOR NAME:	
	Max Points Applicable	Applicable	Applicable Values	Points Earned	Percentage Earned	Comments
I. Referral, Coordination and Monitoring Medical Service (340)						
1. Documentation reflects client is an active Medicaid beneficiary at time of claiming for 340	2		0* or 2			
2. Record contains a completed DSS-5027 with SIS Codes for MAC	2		0, 1 or 2			
3. Case documentation describes activities to refer, coordinate, or monitor Medicaid services supported by the Medicaid State Plan	2		0*, 1* or 2			
II. Arranging Transportation Services for Clients to Access Medicaid Services (343)						
1. Documentation reflects client is an active Medicaid beneficiary at time of claiming for 343	2		0* or 2			
2. Record contains a completed DSS-5027 with SIS Codes for MAC	2		0, 1 or 2			
3. Case note narratives and other supporting documentation documents activities to arrange for or schedule transportation to Medicaid State Plan services	2		0*, 1* or 2			
III. Outreach for Medicaid Services (342):						
1. Documentation is available that describes activities related to information about Medicaid services	2		0, 1 or 2			
IV. Facilitating an Application for the Medicaid Program (341)						
1. Documentation is available that describes activities related to assisting with a Medicaid application	2		0, 1 or 2			
Subtotals	**16**	**0**		**0**	**0%**	

*Applicable values point requires a comment