

Requirements for the Provision of Services by County Departments of Social Services

Division of Aging and Adult Services Manual

**Developed in Conjunction with
NC Division of Social Services
NC Division of Child Development and
NC Division of Services for the Blind**

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I. Statement of Philosophy and Purpose

A. Legal Philosophy and Purpose

North Carolina's program of social services consists of an array of core and supportive services that may be provided alone or in various combinations best suited to addressing the particular levels of need of adults, children and families. The social services program is designed to address the following broad goals and priorities:

- Ensure that children and adults are protected from abuse, neglect, exploitation;
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- Strengthen family life in order to nurture children so that they may become productive, healthy and responsible adults;
- Assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies; and
- Ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

County departments of social services form a statewide network of agencies with primary responsibility for the delivery of services necessary to assist individuals and families in meeting these goals.

Services may be provided under a number of specific Federal, State, County or combined funding sources. Some services are defined exclusively for provision with certain funding sources. Other services are uniformly defined and may be provided with more than one funding source. A list of current services and applicable funding sources can be located in the Services Information System (SIS) Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Efforts have been made to create uniform policies governing the general requirements for the provision of services. However, there are additional specific requirements applicable to certain funding sources that must be met in order that reimbursement may be received from these sources.

This manual outlines *general* requirements for service delivery. Procedures addressed in this manual are not all inclusive. *Specific* requirements imposed by Federal regulations or State law on the provision of services under certain funding sources are addressed in specific service manuals. In order to assure that all service, funding and reporting requirements are met, this manual should be used in concert with the SIS Manual

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>; the appropriate chapters of the Family Services Manual [http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss](http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss;); Division of Aging and Adult Services Manual; the Fiscal Manual <http://info.dhhs.state.nc.us/olm/manuals/ooc/fsc/man/>; Child Care Subsidy Services Manual, <http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/> ; administrative letters <http://www.ncdhhs.gov/aging/admltrs/admltrs.htm>; and Medicaid Bulletins <http://www.dhhs.state.nc.us/DMA/bulletin.htm>.

B. Services Impacted

The Requirements for the Provision of Services by County Departments of Social Services replaces Volume VI, Chapter II (Conditions for the Provision of Social Services) of the Family Services Manual, and as such applies to the delivery of all social services provided by county departments of social services.

II. Application for Social Services

A. Application Requirements

The application for services shall be made through a form provided by the Department of Health and Human Services or an equivalent form. [NCAC 71R .0405]

All applicants for social services must initiate entry into the social services system via a written application except that no application shall be required for the following:

Evaluation of the need for protective services for adults;

<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/>

Guardianship services for adults; <http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/>

Protective services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Foster care services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Employment program services;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

[10A NCAC 71R 0401]

In all circumstances other than those listed above, an application must be signed and dated by the applicant or the applicant's representative, or in instances where the applicant executes his/her signature by making a mark (x), the application shall include a signature of a witness.

[10A NCAC 71R .0405]

When an individual makes an application for services, it is expected that the individual will sign the application. In some instances, the application may be signed by a member of the applicant's family or by some other representative of the applicant. If there is no one else that can sign, the applicant's representative may be agency staff, if necessary, to obtain the service for the client. Agency staff should document why no other family member or representative could sign for the services.

Although a signed application is not required for adult protective service evaluations, guardianship services for adults or child protective services, there are other documentation

requirements prior to the initiation of services. See Part D (Application Documentation Requirements) of this section for additional State policy.

While the DSS-5027 or an equivalent form approved by the appropriate State agency is considered the application form, the DSS-5027 has multiple uses. See <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.htm#P68.815> for a discussion of the uses of the DSS 5027.

B. Opportunity to Apply

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date. [10A NCAC 71R .0402]

Application for social services may be made by:

An adult or emancipated minor on his/her own behalf or on behalf of others in his/her family;

A parent, custodian or guardian acting on behalf of a minor;

Someone for the applicant if the applicant is believed to be incompetent or incapacitated; or

Agency staff on behalf of an individual in the event of an emergency, or when there is some urgency to provide services, or if arranging for the individual to make application would create a barrier to the receipt of services.

[10A NCAC 71R .0403]

Each individual for whom services are requested should have a separate application (DSS-5027 or an equivalent form approved by the appropriate State agency). The same person may sign all the applications as needed, for example a parent may sign on behalf of all family members who are not able to sign for themselves.

C. Methods for Making Application

When the application is made through a mailed or electronically transmitted request for service(s), the agency shall transfer the information to the application form and maintain the written request in the service record. [10 A NCAC 71R .0405]

An applicant or his/her representative may sign the application in the agency office, in the client or representative's home or any other designated location.

If there is insufficient information provided through a mailed or electronically submitted written request, agency staff should call or visit the applicant to complete the information. The applicant needs to sign the application when it has been completed.

D. Application Documentation Requirements

The application form must include at a minimum:

Identification of the individual for whom the service(s) is (are) requested;

Identification of the specific service(s) requested for both initial requests and additional requests;

Date of the request;

Signature of the applicant or his/her representative, the date of the signature and for situations where the person making the application executes his/her signature by making a mark (X), the signature of a witness;

Signature of the social worker determining eligibility and date that determination was made; and

Documentation that the application is voluntary and that the individual has been informed of the following rights and responsibilities associated with applications for social services:

The right to request and obtain a fair hearing if his/her application is not acted on by the rules of this Subchapter [see 10A NCAC 71R .0402] or if (s)he disagrees with the agency's action in response to his/her application for services;

The right to confidentiality and that the information given to the agency will be confidential and not be released without written consent except for information necessary to establish eligibility, information that may be revealed in the course of agency audits and monitoring and as otherwise required by law; and

His/her responsibilities to provide accurate and complete information necessary to determine eligibility and, if requested, to provide documentation of such information; to notify the agency within five days of any change in address, employment, income, living arrangement or family size; and that failure to provide accurate and complete information may subject him/her to prosecution.

[10 A NCAC 71R .0405]

The date of the application is when the applicant signs the application, the date of request for guardianship for adults or the date of the report for Adult Protective Services or Children's Protective Services.

[10 A NCAC 71R .0405]

When an applicant executes his/her signature by making a mark (X), the worker may serve as a witness if there is no other family member, friend or other staff available. The worker should document in the record that no other person was available to serve as a witness.

The signature of the worker and the date the eligibility decision was made are necessary for determining prompt service provision, appeals and fair hearings procedures and fiscal accountability.

E. Exceptions to Application Documentation Requirements

When a signature of the applicant or his/her representative is not obtained because obtaining the signature would create a barrier to the receipt of the service, the social worker shall document the request indicating the service(s) requested, the date of the request and the circumstances that prevented the worker from obtaining the signature.
[10 A NCAC 71R .0405]

The social worker must sign and date the application to indicate the date eligibility was determined.
[10 A NCAC 71R .0405]

In the case of applications for Health Support Services-Family Planning Component, the signature of the applicant is always required and must not be waived.
[10 A NCAC 71R .0405]

For purposes of Protective Services for Adults-Evaluation and Protective Services for Children, the DSS copy of the accepted report of abuse, neglect or exploitation should be maintained in the case record in addition to the DSS 5027 (or an equivalent form approved by the appropriate State agency).

III. Citizenship and Residency Requirements

A. U.S. Citizenship

The Personal Responsibility Work Opportunity Reconciliation Act of 1996 provides that U.S. Citizens and qualified aliens are eligible for a broader range of public benefits than are nonqualified aliens [Federal PL 104-193]. The Act states that a nonqualified alien is not eligible for Federal, State or Local Public Benefits except in some specific situations. See http://www.ssa.gov/OP_Home/comp2/F104-193.html for guidance.

Resources that will provide policy and guidance for specific issues about citizenship are:

Adult Medicaid Manual, Section MA-2504

[\[http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/index.htm\]](http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/index.htm);

Child Care Subsidies Manual, Chapter 4

[\[http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage\]](http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage);

Special Assistance for Adults Manual, Section 3240

[\[http://info.dhhs.state.nc.us/olm/manuals/doa/sa/man/index.htm\]](http://info.dhhs.state.nc.us/olm/manuals/doa/sa/man/index.htm);

DSS Administrative Letter No. Adult and Family Services 03-2002

[\[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/adm/aps_032002.htm#P10_0\]](http://info.dhhs.state.nc.us/olm/manuals/doa/aps/adm/aps_032002.htm#P10_0);

Personal Responsibility Work Opportunity Reconciliation Act of 1996 - PL104-193

[\[http://www.ssa.gov/OP_Home/comp2/F104-193.html\]](http://www.ssa.gov/OP_Home/comp2/F104-193.html);

Work First Manual, Section 111

[\[http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm\]](http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm); and

Work First User Manual, Section WF-500

[\[http://info.dhhs.state.nc.us/olm/manuals/dss/csm-96/man/index.htm\]](http://info.dhhs.state.nc.us/olm/manuals/dss/csm-96/man/index.htm).

B. State Residence

An individual must first meet the U.S. citizenship requirements outlined above.

[Federal PL 104-193]

In order to apply for social services, individuals must be residents of North Carolina.

[10A NCAC 71R .0404]

Unless otherwise defined by federal regulation, a resident of North Carolina is defined as:

A person who is living in North Carolina at the time of application with the intent to remain permanently or for an indefinite period;

**A person who enters North Carolina seeking employment or with a job commitment; or
[NCGS 108A-24 (6)]**

**A child living in North Carolina on other than a temporary basis.
[10A NCAC 71R .0403]**

No requirements as to the duration of the residence should be imposed as a condition to the receipt of services.

Notwithstanding state residence as an eligibility criterion, there are times that county departments are required or allowed to provide services to adults and children who do not meet this definition of resident, e.g., in protective services cases, in some adult placement circumstances, under the terms of the Interstate Compacts, in response to court orders, etc. Whenever services are provided in accordance with State program policy, costs should be reimbursable regardless of a client's status as a state resident.

C. County Residence

Legal residence in a county determines which county is responsible for social services required by the person.

Except as modified below, a person has legal residence in the county in which (s)he resides:

A legal residence continues until a new one is acquired, either within or outside this State. When a new legal residence is acquired, all former legal residences terminate.

If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, (s)he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located.

A minor has the legal residence of the parent or other relative with whom (s)he resides. If a minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility or similar institution or facility, (s)he has the legal residence of the person with whom (s)he resides.

Any other minor has the legal residence of the mother, or if her residence is not known, then the legal residence of his/her father. If his/her mothers or father's residence is not known, the minor is a legal resident of the county in which (s)he is found.

[NCGS 153A-257]

If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect or dependency case, any one of the county departments of social services may refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question.

[NCGS 153A-257]

Legal residence in a county determines which county is responsible for the provision of services required by an individual to the extent of the availability of services and the individual's eligibility for services; however, there are exceptions to which county is responsible for provision of services that are dictated by specific service policies.

No requirements as to the duration of residence may be imposed as a condition to the receipt of services.

If a person is in a hospital, mental institution, nursing home, confinement facility, or similar institution or facility, his/her legal residence is generally considered the county in which he/she last had legal residence.

An individual may make application for services at any county department of social services.

The county that assumes case management responsibilities is responsible for the cost of providing the services it authorizes for the individual.

When a county DSS has custody or guardianship of a child or guardianship of an adult, that county retains responsibility for service provision and case management regardless of where the individual resides. Additional guidance may be found in the following manuals:

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS-6510 III.B.3.b. (Receiving and Screening Reports)

[\[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510-01.htm#P25_1981\]](http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510-01.htm#P25_1981),

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS 6510, Appendix, U. (Adult Protective Services Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510xU.pdf>],

Family Services Manual Chapter VIII: Guardianship, Section III. A.5. (Inter-County Cooperation) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-11.htm#P1207_111272], and

Family Services Manual Chapter VIII: Guardianship, Section II.D.1. (Venue) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-05.htm#P471_32676].

For additional guidance involving adults, see the following manuals:

Family Services Manual, Volume V, Chapter IX: Adult Care Home Case Management Services, Section 9040, IX [http://info.dhhs.state.nc.us/olm/manuals/doa/achcm/man/ACHCM-08.htm#P729_91750] and

Family Services Manual, Volume V, Chapter III: Adult Placement Services, Section 5 (5520), A.2.b. (Residency Requirements) [<http://www.dhhs.state.nc.us/aging/manual/ncfast/AdultServices.pdf>].

For additional guidance involving minors, see the following manuals:

Chapter V: Cross County Issues and Chapter VIII: Protective Services, Conflict of Interest, Section 1410 [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/index.htm#TopOfPage>] and

Chapter VIII: Protective Services, Conflict of Interest, Section 1410 (Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1410.htm#TopOfPage>].

For additional guidance about applying for child care subsidies, see Child Care Subsidy Services, Chapter 4: Application, Eligibility Determination and Documentation Child Care [<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>].

IV. Eligibility Determination and Redetermination

A. Eligibility Determination Process

An eligibility determination means a decision pursuant to an application for social services which is based on information necessary to determine whether an individual meets the conditions of eligibility for the service(s) requested. Conditions of eligibility include:

basic eligibility criteria applicable to the program or funding source under which the service is made available; and

conditions of need specified in the target population for the services requested.

[10A NCAC 71R .0601]

The individual making application shall provide information which will enable the agency to reach an eligibility decision. Failure on the part of the individual making application to provide such information or to cooperate with the agency in determining eligibility are grounds for delay in processing an application and reaching an eligibility decision or for denial of services.

[10A NCAC 71R .0601]

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date.

[10A NCAC 71R .0402]

The agency has 30 calendar days from the date the applicant signed the application to make an eligibility decision on the service(s) requested. If the application is received through the mail the beginning date is the date the agency received the request.

Acceptable grounds for a delay beyond the thirty (30) calendar days occurs when the applicant delays in providing necessary information to reach an eligibility decision. The social worker should document the reasons for the delay.

B. Basis for Establishing Eligibility for Services

Eligibility for services is established on the basis of:

a signed, dated application, if required;

the agency's determination that the individual meets the conditions of eligibility;

availability of the service in the county in which the individual has legal residence; and

availability of the service to the individual's category of eligibility.

[10A NCAC 71R .0602]

Each service may have additional eligibility requirements, such as specified target populations and income requirements. Refer to the program manual that governs the specific requested service to see if there are additional eligibility requirements. For services funded with Social Services Block Grant (SSBG) funds, see section XI of this manual.

C. Basis for Denial, Modification and/or Termination

Reasons for the denial of an application for services and reasons for the termination of services include the following:

the individual has failed to cooperate with the agency in determining (or redetermining) eligibility;

the individual cannot be located to allow for determination (or redetermination) of eligibility;

the individual has been determined to be not eligible for the services requested on the basis that (s)he does not meet (or because of changing circumstances, no longer meets) the conditions of eligibility for the program funding sources under which the service is provided or the definition of the target population for receipt of the service;

the service is not available in the county in which the individual has legal residence;

the service will not be available in sufficient time to ensure its prompt provision;

the agency has exhausted its funds for the provision of the service for that program year;

the individual has notified the agency that (s)he no longer wants or needs the service;

the agency has determined that the individual is no longer able to avail himself/herself of the service because (s)he has moved to another county or is in an institution;

the individual has failed to utilize the service or to cooperate in service delivery;

the individual is residing in a facility or institution and the funding source prohibits provision of the service to clients in facilities or institutions; or

the individual fails to meet any other conditions set forth in Chapters 70 and 71 of 10A NCAC governing the delivery of the service. [10A NCAC 71R .0603]

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required as set forth in [10A NCAC 71R.0603]

Termination and modification should involve a discussion with the client/family prior to his/her receipt of a written notice. This discussion should be documented in the record.

D. Documentation of Eligibility Decision

The agency shall document information pertinent to meeting conditions of eligibility in the individual's service record.

The agency shall document the eligibility decision, the date of the decision and the service worker/case manager making the decision on the application form.

The agency shall document the beginning and ending date for all services provided with regard to income.

For all services provided without regard to income, except for child care services, the agency shall document the beginning date, which is the eligibility date. [10A NCAC 71R .0605]

If eligibility documentation is in the narrative recording, the date of the narrative should be noted in the comments section on the DSS-5027 or an equivalent form approved by the appropriate State agency. See SIS Manual <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>.

The date of the worker's signature should be the date of the eligibility decision unless the DSS 5027 is auto-generated by the DSS 5104.

Document the eligibility decision in Section B.8 of the DSS 5027; document the period of time covered by the eligibility decision in Section C of the DSS 5027.

For additional information about documentation of the period of time covered for child care services, see the Child Care Subsidy Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

E. Redetermination of Eligibility

Redetermination of eligibility and need must be made at least every twelve months for services available with regard to income.

The agency shall make a redetermination of eligibility and need for the following services every 12 months:

- **child care services;**
- **transportation; and**
- **health support – abortion and sterilization components which are federally funded.**

Requirements and procedures for a redetermination are the same as those for eligibility determination for services provided with regard to income.

Eligibility for services provided without regard to income is based on need, and services shall continue until determined no longer appropriate.

The agency shall make a redetermination of eligibility and need when there is new information provided to the agency about changes in the client's circumstances that affect his/her eligibility. [10A NCAC 71R .0604]

Some programs have specific documentation requirements at the time of redetermination. Refer to program specific manuals for these requirements.
<http://info.dhhs.state.nc.us/olm/manuals/default.aspx>

V. Notices of Action for Service Applications

A. Notification Requirements

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required. [10A NCAC 71 R .0603]

Except as otherwise provided by applicable program specific federal regulations, the county department of social services does not need to provide notification of action to the client when:

the agency is terminating services based on factual information confirming the death of the client;

the provision of protective services to children or protective services-evaluation to adults is initiated or terminated;

the county department of social services has applied for services in behalf of an individual for whom they have custody or guardianship for adults;

the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

When notice is required, all notices of action shall be documented in the record and at a minimum contain a clear statement of:

the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

B. Notification Time Frames

The agency shall ensure that the notice of the eligibility decision on the applicant's request for service(s) is delivered to the client or mailed and postmarked no later than 15 calendar days after the eligibility decision is made or within 30 calendar days of the date of application, whichever comes first.

For additional services requested after the initial application, but while the recipient is still receiving service(s), the agency shall deliver notice to the client or mail and postmark the notice no later than 15 calendar days after the date the mailed request is received in the agency.

[10A NCAC 71R .0801]

Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

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the county department of social services has applied for services in behalf of an individual for whom they have custody or guardianship for adults;

the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

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the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

B. Notification Time Frames

The agency shall ensure that the notice of the eligibility decision on the applicant's request for service(s) is delivered to the client or mailed and postmarked no later than 15 calendar days after the eligibility decision is made or within 30 calendar days of the date of application, whichever comes first.

For additional services requested after the initial application, but while the recipient is still receiving service(s), the agency shall deliver notice to the client or mail and postmark the notice no later than 15 calendar days after the date the mailed request is received in the agency.

[10A NCAC 71R .0801]

Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

VI. Prompt Provision of Services

When an individual's eligibility for a service is established in accordance with 10A NCAC 71R .0602, the service must be provided as follows:

Initial service(s) requested must be provided within fifteen (15) calendar days of the date the notice of eligibility is given or sent to the client.

For additional service(s) requested during an ongoing period of eligibility, the service must be provided within thirty (30) calendar days of the date the request was received by the agency.

When a requested service cannot be provided within timeframes above, the application for the service must be denied unless, for services funded with Social Services Block Grant (Title XX) funds administered by the Division of Social Services, the agency has adopted a local waiting list policy that provides otherwise as follows:

Local waiting list policies must be in writing and must be approved by the county board of social services.

Local waiting list policies must designate whether the waiting list is used for purposes of meeting prompt provision requirements or to respond to inquiries about services or both.

Local waiting list policies must assure that all individuals are treated equitably in terms of the manner in which they are advised of the upcoming availability of services.

Local waiting list policies must ensure that an individual's name does not remain on the waiting list indefinitely without the individual being notified of the status of his/her request and the anticipated availability of the service. To this extent, the waiting list policy must designate a reasonable time period, not to exceed 90 days, that an individual's name can remain on the waiting list prior to providing the service or notifying the individual that the service cannot be provided. [10A NCAC 71R .0803]

Provision of the service means the delivery of the service by agency staff, arranging for delivery of the service by agency staff or delivery of the service by another provider who is authorized by the agency to provide the service.

A county may decide not to maintain a waiting list, but instead choose to keep an inquiry list. The purpose of the inquiry list is to keep a list of names and contact information for individuals that expressed an interest in a particular program or service provided by the

county Department of Social Services. The inquiry list is an informal process and not subject to the same requirements for the maintenance of a waiting list. Best practice approach suggests that the agency utilizing inquiry lists needs to consider some important basic principles. When deciding whether to use a waiting list or inquiry list consider the following:

Prospective clients need to have the most current information in order to make informed decisions. It is important that individuals on an inquiry list know when a service or program will not be available to them due to limited funding or discontinuance of the service.

The agency may also provide alternative approaches or referrals to other services.

It is recommended that people on an inquiry list be contacted every ninety days to update them on the current availability of the service(s) in which they have an interest and/or to determine if they have an interest in remaining on the list.

It is also recommended that local policies and procedures governing the agency's use of inquiry lists be in writing and approved by the county board of social services.

VII. Policies and Procedures Governing Quarterly Reviews

The agency shall review and document the client's situation and service plan at least quarterly from the date of application except for clients whose only service(s) is (are):

transportation; <http://www.ncdhhs.gov/aging/transp.htm>

child care; <http://ncchildcare.dhhs.state.nc.us/general/home.asp>

foster care; <http://www.ncdhhs.gov/dss/fostercare/index.htm>

adoptions; and <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-50/man/>

housing and home improvement <http://www.dhhs.state.nc.us/aging/services/himprove.htm>

The agency shall conduct the review in the month it is due. The month the quarterly review is due is determined by the month in which the application was made.

The agency must label and date the quarterly review in the record.

[10A NCAC 71R .0606]

An annual re-assessment may take the place of the fourth quarterly review at the end of each twelve months of service provision.

The quarterly review includes an assessment of the client's progress since the last review, need for continued service or additional services and any significant changes in the client's situation/functional domains.

If possible, the review should be done with a face-to-face visit with the client.

If a face-to-face visit is not possible, collateral sources knowledgeable of the client's situation may be contacted to complete the quarterly review. Documentation should indicate the reasons the review was not done with the client.

The quarterly review is a minimum requirement. Reviews may occur more frequently than quarterly if needed.

VIII. Policies and Procedures Governing Appeals and Fair Hearings

A. Requirement to Provide Information to the Client

Each applicant or recipient shall be notified in writing (except when exempt from notice) of his/her right to appeal upon denial of his/her application for assistance and at the time of any subsequent action on his/her case. [NCGS 108A-79]

The client copy of the DSS-5027 <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/dss5027.pdf> contains information that advises the applicant/recipient of his/her right to a fair hearing. It includes procedures on how to obtain a fair hearing and documents that the information was provided to the applicant/recipient. (If another form is used, the agency is responsible for documenting that the same information contained on the DSS-5027 is provided to each applicant/recipient. See Notices Section)

B. Time Frames and Documentation of Requests

Failure to notify the agency before the end of the 60th day constitutes a waiver of the right to a hearing, except that for good cause shown, the county department of social services may permit an appeal notwithstanding the waiver. The waiver shall not affect the right to reapply for the service(s). [NCGS 108A-79]

The applicant /recipient may give notice of appeal verbally or in writing. The request should be documented in the record and referenced on the form developed by the local Department of Social Services.

The request for appeal should be made within sixty (60) calendar days from the effective date of the action.

In the case of approval or denial, the effective date of the action is the date the notice is sent or given to the client.

In the case of a termination or modification, the effective date of the action is the date the service(s) will be terminated or modified as specified on the notice of action.

For purposes of counting elapsed days to establish the period during which an appeal can be made, day one is the first day after the effective date of the action.

C. Right to Continued Service Provision Pending a Fair Hearing

If a recipient appeals a termination or modification of a service(s) (other than the lack of public funds to pay for the service(s)), (s)he has the right to continue to receive the service(s) at the present level pending the local hearing decision, providing the appeal is made prior to the effective date of the termination or modification (i.e., at least ten (10) work days after the notice is sent).

The individual may waive his/her right to continue to receive the service(s) during the period prior to the hearing. If so, it must be documented in the record. [G.S. 108A-79]

The client should be notified at the time (s)he requests continued service(s) that (s)he may be required to pay the cost of the service should (s)he lose the appeal.

D. Client Access to Records

The applicant/recipient shall have adequate opportunity prior to and during the hearing to review all documents and records that will be used at the hearing, including the right to have access to information in his/her case file.

Provisions for the client's access to his/her service record shall be made in accordance with policies governing confidentiality and access to client records.

[NCGS 108A-79; 10A NCAC 69; NCGS 108A-73; and NCGS 108A-80]

E. Procedures for Fair Hearings

For purposes of services appeals and fair hearings, the policies and procedures set forth in the Office of Administrative Hearings (OAH) must be followed <http://www.oah.state.nc.us/>.

For additional guidance see the Handbook on Public Assistance
<http://www.ncdhhs.gov/dss/county/docs/handbookonpublicassistanceappeals.pdf>

IX. Services Fraud

A. Obtaining Property by False Pretenses

If any person shall knowingly and designedly by means of any kind of false pretense whatsoever, whether the false pretense is of a past or subsisting fact or of a future fulfillment or event, obtain or attempt to obtain from any person within this State any money, goods, property, services, chose in action, or other thing of value with intent to cheat or defraud any person of such money, goods, property, services, chose in action or other thing of value, such person shall be guilty of a felony: Provided, that if, on the trial of anyone indicted for such crime, it shall be proved that he obtained the property in such manner as to amount to larceny or embezzlement, the jury shall have submitted to them such other felony proved; and no person tried for such felony shall be liable to be afterwards prosecuted for larceny or embezzlement upon the same facts: Provided, further, that it shall be sufficient in any indictment for obtaining or attempting to obtain any such money, goods, property, services, chose in action, or other thing of value by false pretenses to allege that the party accused did the act with intent to defraud, without alleging an intent to defraud any particular person, and without alleging any ownership of the money, goods, property, services, chose in action or other thing of value; and upon the trial of any such indictment, it shall not be necessary to prove either an intent to defraud any particular person or that the person to whom the false pretense was made was the person defrauded, but it shall be sufficient to allege and prove that the party accused made the false pretense charged with an intent to defraud. If the value of the money, goods, property, services, chose in action, or other thing of value is one hundred thousand dollars (\$100,000) or more, a violation of this section is a Class C felony. If the value of the money, goods, property, services, chose in action, or other thing of value is less than one hundred thousand dollars (\$100,000), a violation of this section is a Class H felony.

Evidence of non-fulfillment of a contract obligation standing alone shall not establish the essential element of intent to defraud.

For purposes of this section, "person" means person, association, consortium, corporation, body politic, partnership, or other group, entity, or organization. (33 Hen. VIII, c. 1, ss. 1, 2; 30 Geo. II, c. 24, s. 1; 1811, c. 814, s. 2, P.R.; R.C., c. 34, s. 67; Code, s. 1025; Rev., s. 3432; C.S., s. 4277; 1975, c. 783; 1979, c. 760, s. 5; 1979, 2nd Sess., c. 1316, s. 47; 1981, c. 63, s. 1; c. 179, s. 14; 1997-443, s. 19.25(I.) [NCGS 14-100]

In situations where there is evidence that leads an agency to believe that an individual has been fraudulent in providing information used to establish eligibility for the receipt of services, the agency may take steps to seek recovery for the cost of the services provided to the individual.

The Attorney General has given the following guidance that may be helpful. Elements of civil fraud, for purposes of the services program are:

The material misrepresentation or concealment of a past or existing fact; which representation is definite and specific; made with knowledge that is false; or made recklessly and as a positive assertion, without knowledge of its truth; or which concealment is done with knowledge that there is an affirmative duty to reveal; and with intent that the misrepresentation or concealment is reasonably acted upon to his/her detriment by the person (agency) sought to be defrauded.

Consultation among the agency director, agency attorney, and district attorney may be helpful in establishing a clear understanding of what constitutes fraud in the services program; how to evaluate evidence and make recommendations; and ensure that proceedings are handled in an equitable manner.

When there is evidence of fraud, the agency director and the county board of social services would examine the situation and, based on evaluation of the evidence, determine the manner in which to proceed.

Recommendations for action should be made in consultation with the agency attorney, particularly in determining the most appropriate means by which recovery is to be sought.

Decisions should be made on an equitable basis.

Discretion should be exercised in making a decision to seek prosecution under criminal statutes as the means to recover.

The agency may seek voluntary repayment from the client; or may seek recovery through court action, under civil or criminal proceedings, or both.

Both civil and criminal proceedings can be initiated; however, the agency can collect repayment only once.

X. Policies and Procedures Governing Record Keeping

A. Requirements to Establish and Maintain Service Records

An agency must open and maintain a service record for each individual for whom an application for social services is made and for each recipient of protective services.

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in 10A NCAC 69.

The service record must be updated and documented as necessary to reflect changes in a client's circumstances and to keep all information in the record current.

All changes must be documented in the service record. These include the addition of a service to a client's service plan, termination of service, redetermination of eligibility, changes in the recipient's circumstances that affect his/her need for or use of services, and any action taken by the agency that affects the client's receipt of a service and termination of the recipient's service. [10A NCAC 71R .0303]

In order to comply with the budgeting, planning and reimbursement requirements of G.S. Chapter 108A and 45 CFR 228.17, each county department of social services shall complete all forms specified and approved by the Department of Health & Human Services. [10A NCAC 67A .0107]

For certain services (e.g., adoptions, protective services), confidentiality requirements are such that separate case files must be maintained.

Service records include basic data, information necessary for determining eligibility and need for the services, providing case management and complying with documentation requirements set forth in policies governing the program funding source for the specific service(s).

An individual's case file may be maintained separately, maintained in a separate section or may be grouped in a family record provided appropriate documentation of eligibility and service provision is maintained for each individual, and provided confidentiality requirements can be accommodated.

Documentation is required in order to establish a record of changes for the client in the service system, to establish a record for fiscal accountability and to document agency action related to appeals, fair hearings and other legal proceedings.

If changes are documented in the quarterly review, additional documentation is not required. There may be additional service specific documentation requirements for updating recipient service records <http://info.dhhs.state.nc.us/olm/manuals/>.

B. Eligibility Documentation Forms

Use of the Department of Health and Human Services specified and approved forms is required. [10A NCAC 67 .0107]

The Division of Social Services, the Division of Child Development, the Division of Services for the Blind and the Division of Aging and Adult Services make available standardized forms that are designed to address documentation requirements applicable to all of the service programs and funding sources outlined in this Chapter. Standardized forms issued by the Divisions will assure compliance with Federal regulations and State law when the forms are used in accordance with eligibility and service policies and when completed in accordance with form instructions.

C. Narrative Recording

Narrative case recording includes any report, social work assessment or study that is prepared by the social worker or received by the social worker. Such may include summaries of an individual's adjustment and utilization of care outside his/her own home, information prepared for court, summaries prepared for purposes of consultation, etc. Regardless of whether the narrative is in the form of a summary report or in the form of general case dictation, recording should include only that information which contributes to a valid basis for reliable conclusions about the client and his/her situation. Such information should be objective, without prejudice and pertinent to the delivery of services and achievement of goals. Case recording is to help the worker assess the direction of service and provides a basis for the worker's self-evaluation. Additionally, case recording incorporates the worker's reflective thinking and professional judgment about the client and his/her use of services and resources.

Narrative recording serves the following purposes:

supportive documentation of the client's need/lack of need for services;

documentation of the completion of the quarterly review;

assistance to staff in the provision of quality service to an individual client and in identifying unmet needs and gaps in resources;

meeting the needs of supervision and supporting administrative planning; and

achieving more effective practice.

In general, the form and scope of narrative recording is determined by local agency policy. Where there are specific recording requirements with respect to certain services, those are set forth in the specific manuals governing provision of those services. For purposes of optional narrative recording, any locally developed form(s) or procedures may be used.

D. Confidentiality of Records

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in [10A NCAC 69].

Federal Law 42 CFR 431.300 requires states to provide safeguards to restrict the use or disclosure of information concerning Medicaid applicants.

It is unlawful for any person to obtain or disclose any information concerning individuals applying for or receiving public assistance or social services that may be directly or indirectly derived from the client's records. [NCGS 108A-80]

Federal Law 45 CFR 164-512 provides for some exemptions related to confidentiality and the release of information in situations of Adult and Child Protective Services and Guardianship. <http://hipaa.dhhs.state.nc.us/index.html> In addition to these requirements there are service specific confidentiality rules. The service record should be physically safeguarded and agencies need to establish and implement policies that keep service records confidential and safe from unauthorized access.

Become familiar with and follow your agency's release of information protocols. Consult with a supervisor or manager before releasing any information.

E. Retention of Records

Records Retention and Disposition Schedule: County Department of Social Services provides policy and guidelines for record retention. [[http:// www.ah.dcr.state.nc.us/records/default.htm](http://www.ah.dcr.state.nc.us/records/default.htm)].

XI. Social Services Block Grant

A. Social Services Block Grant

Services funded by the Social Services Block Grant shall be provided directly by the Department of Health and Human Services, its divisions or their local counterparts; or services shall be purchased from public or private providers by contracting in accordance with federal, state, and local regulations governing such purchases.

[10A NCAC 71R .0104]

Every two years North Carolina develops a Social Services Block Grant Plan. It is available for public review and comment before it is submitted to the United States Department of Health and Human Services. The current SSBG Plan can be found at <http://www.dhhs.state.nc.us/dss/publications/index.htm>

The North Carolina SSBG Plan requires local match funds for all SSBG funded services:

12.5% Local Match - State In-Home Fund (In-Home Services, including In Home Aide Services, Home Delivered Meals, Housing and Home Improvement Services and Preparation and Delivery of Meals);

25% Local Match – In-Home Services once a county’s State In-Home Fund allocation is exhausted; and

25% Local Match - All other SSBG funded services reimbursement is based on the actual cost of a service rather than an established unit rate.

The Department of Health and Human Services is the single designated agency in North Carolina for administering the Social Services Block Grant. All divisions receiving SSBG funding are also charged with administrative responsibilities to assure that SSBG funds are utilized in a manner consistent with the general approach applicable to their other services.

B. SSBG Services Supported by the Social Services Block Grant

Services which may be reimbursed with SSBG funds are:

Adjustment Services for the Blind and Visually Impaired*

Adoption Services*

Adult Placement Services*

Child Care Services*

Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services

Requirements for the Provision of Services by
County Departments of Social Services
Effective Date: 11/01/2007
Last Update: 7/11/2008

- Community Living Services**
- Day Care Services for Adults**
- Delinquency Prevention Services**
- Employment and Training Support Services**
- Family Planning Services***
- Family Preservation Services**
- Family Support Services**
- Foster Care Services for Adults***
- Foster Care Services for Children***
- Health Support Services* (sterilization component is optional)**
- Home Health Services (includes Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and/or Nutrition Care)**
- Housing and Home Improvement Services**
- Individual and Family Adjustment Services***
- In-Home Aide Services***
- In-Home Aide Services for the Blind***
- Intensive Family Preservation Services**
- Personal and Family Counseling**
- Preparation and Delivery of Meals**
- Problem Pregnancy Services**
- Protective Services for Adults***
- Protective Services for Children***
- Residential Treatment for the Emotionally Disturbed**
- Respite Care Services**
- Transportation Services**
- Youth Services**

(*indicates mandated services and are addressed below)

Mandated services shall be made available in each county. All other services specified above shall be considered optional for purposes of the SSBG. [10A NCAC 71R .0101 and .0103]

C. SSBG Requirements

In order for an individual to be eligible to receive services funded under the Social Services Block Grant (Title XX), it must be established that (s)he is eligible on the basis of need as specified in the target population for the services requested except that for purposes of providing child care services, transportation services or the federally funded sterilization resource item of health support services, eligibility must also be determined on the basis of his/her income maintenance or income eligible status. [10A NCAC 71R .0501]

Services Without Regard to Income

Individuals are eligible for the following services on the basis of need for the service and without regard to their income:

- Adjustment Services for the Blind and Visually Impaired;**
- Adoption Services;**
- Adult Placement Services;**
- Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services;**
- Child Care Services, when needed to support child protective services, child welfare services and for children receiving foster care services;**
- Community Living Services;**
- Day Care Services for Adults;**
- Delinquency Prevention Services;**
- Employment and Training Support Services;**
- Family Planning Services;**
- Family Preservation Services;**
- Family Support Services;**
- Foster Care Services for Adults;**
- Foster Care Services for Children;**
- Health Support (excluding the optional voluntary sterilization component);**
- Home Health Services (including Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and Nutrition Care);**
- Housing and Home Improvement Services;**
- Individual and Family Adjustment Services;**

In-Home Aide Services;
Intensive Family Preservation Services;
Personal and Family Counseling
Preparation and Delivery of Meals;
Problem Pregnancy Services;
Protective Services for Adults;
Protective Services for Children;
Residential Treatment for the Emotionally Disturbed;
Respite Care Services;
Transportation Services provided by the North Carolina Commission of Indian Affairs;
and Youth Services.

Documentation of need and how the individual meets the target population is required in the service record.

Services With Regard to Income

The delivery of the following SSBG services are restricted to individuals who are eligible based on either income maintenance status or income eligible status:

In-Home Aide Services for the Blind,
Child Care Services,
Transportation Services, or
The Federally Funded Sterilization Resource Item of Health Support Services

For an individual to be eligible on the basis of income maintenance status, it must be established that the individual is:

a current applicant/recipient of Work First Family Assistance, Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level) as defined in G.S. 108A-24; or a person whose needs were taken into account in determining the needs of Work First Family Assistance recipients;

a current recipient of Supplemental Security Income (SSI);

an individual who receives regular Optional State Supplementation payments from the State, known as State/County Special Assistance for Adults in North Carolina; or

a child with respect to whom foster care maintenance payments or adoption assistance payments are made under Public Law 96-272.

An individual whose eligibility is based on income maintenance status is eligible for any service funded under the Social Services Block Grant (Title XX) that is available in the county in which he lives. [10A NCAC 71R .0502]

Individuals who are receiving or are eligible to receive certain public assistance payments are considered “categorically eligible” for services provided either with regard to income or without regard to income. These individuals may be approved for any SSBG service regardless of the amount of the public assistance payments, as long as the need for the service is established for an individual to be categorically eligible for SSBG services, (s)he is receiving or is eligible to receive one of the following incomes:

Supplemental Security Income (SSI);

Work First Family Assistance (WFFA), Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level);

State/County Special Assistance for Adults in North Carolina; or

Public Law 96-272 Foster Care Maintenance or Adoption Assistance

The amount of the monthly assistance is not relevant to an individual’s eligibility for SSBG services.

Individuals other than those eligible on the basis of income maintenance status may be determined eligible on the basis of that individual’s income unit’s monthly gross income.

To determine income eligibility, it is necessary to determine: the number of individuals who reside in the same household who are financially obligated to one another (the income unit); and the amount of the gross monthly income available to them.

The following are defined as separate income units for purposes of determining eligibility and fees:

Biological or adoptive parents and their minor children;

A minor parent and his or her children;

Each adult, whether related or unrelated, other than spouses;

Children living with adults other than their biological or adoptive parents;

Minors who are emancipated through a court proceeding, marriage or participation in the armed services.

Sources of income which shall be considered for purposes of computing family monthly gross income are:

Gross earned wages or salary (earnings received for work performed as an employee, including wages, salary, commissions, tips, piece-rate payments and bonuses earned, before any deductions are made for taxes, bonds, pensions, union dues);

Adjusted gross income from taxable self-employment income;

Social Security benefits (includes Social Security pension, survivors/ benefits and permanent disability insurance payments);

Dividends; interest (on savings or bonds; income from estates or trusts; royalties; and adjusted gross rental income on houses, stores ore other property;

Pensions and annuities paid directly by an employer or union or through an insurance company;

Workers' compensation for injuries incurred at work;

Unemployment insurance benefits;

Alimony (includes direct and indirect payments, such as rent and utility payments);

Child support, direct or indirect;

Pension paid to veterans or survivors of deceased veterans;

On-the-Job (JOT) payments;

Job Training Partnership Act (TAP) payments made to an adult;

AmeriCorps stipend (living allowance);

Armed Forces pay (only the amounts taxable, such as base pay);

Work release payments;

Cherokee Tribal Per Capita Income paid to adult family members;

Work-study payments, if the income is from a program not administered under Title IV of the Higher Education Act or the Bureau of Indians Affairs; and

Recurring cash contributions paid directly to the parent. [10A NCAC 71R .0503]

The service record should document receipt of one of the income types listed above as well as information regarding the individual's need for the service.

The Federal Poverty Guidelines can be accessed at <http://aspe.hhs.gov/poverty/index.shtml#latest>.