

## **SOCIAL SERVICES**

### **General Information**

Department Head: Beth Whitley Duncan (since January 1, 2007)  
Location: 1528 N. Fayetteville Street, Asheboro, NC 27203  
Phone Numbers: Main Number: 683-8000  
Beth Whitley Duncan, Director: 683-8042  
Adoption & Foster Care: 683-8036  
Adult Protective Services: 683-8028  
Child Protective Services: 683-8200  
Commodities, Transportation Services: 683-8125  
Food and Nutrition Services: 683-8094  
Medicaid (Adult): 693-8071  
Medicaid (Family & Children): 683-8068  
Social Worker for the Blind: 683-8107  
Work First Employment Services: 683-8009  
Work First Family Assistance: 683-8009  
Work Permits: 683-8000  
Fax: 683-8056

### **Mission**

The Randolph County Department of Social Services provides residents of Randolph County access to programs that promote economic independence and family stability. We seek to preserve the dignity of the family/individual and to provide good customer service in an efficient, cost-effective, timely and professional manner.

### **Summary**

Services are provided to the citizens of Randolph County that will assist families and individuals to live in safe environments and to remain self-sufficient. The programs administered by this department are funded by a combination of federal, state, and county funds. Federally mandated programs include Income Maintenance programs such as Medicaid, Food Stamps, Work First, and Crisis Assistance. These programs are open-ended and eligibility is based on income, reserve, and household size.

Other service programs that are federally mandated are Child Welfare Services, including Child Protective Services, Foster Care, Adoptions, and Adult and Family Services, which include Child and Adult Day Care, Work First Employment Services, and Adult Protective Services.

The department is also involved in a variety of other related services and coordinates with many community agencies to provide the most appropriate services to citizens in Randolph County.

The department benefits from the guidance of an advisory board consisting of five members: two appointed by the Governor, two appointed by the County Commissioners, and one appointed by the first four.

## Overview

On August 15, 1935, the Social Security Act was passed, which had an impact on family welfare and the welfare of the poor people. It created public responsibility for the people and assisted state child welfare programs. It also established government responsibility at some point of the individual's well being.

Prior to 1937, the Welfare program at the county level consisted primarily of operating a county home for the aged and infirm, providing cash and services to the needy, and a limited public assistance program to women and children, called Mother's Aid. Families were still the most responsible party for caring for their sick and invalid relatives and their deprived children. Each county did not have a full-time welfare department, but due to such a large number of people becoming eligible for benefits with the passage of the Social Security Act, thirty-one North Carolina counties had to set up departments with full-time superintendents rather than using the same superintendent as for public schools.

Public assistance actually began July 1, 1937 and made it necessary to create a special division of casework training and family rehabilitation to take care of the certifying services. Thus, a Division of Public Assistance was created in the state of North Carolina. This legislation provided a structure for state supervision of county administration through a county welfare board in each of the 100 counties.

The Randolph County Department of Public Welfare began July 1, 1937. The agency's first location was in the basement of the courthouse (which is the vacant building now known as the Historic Courthouse). The staff consisted of the superintendent and two other workers. During this first year the County allotted \$9,000 for the Old Age Assistance Program and also funded another program called Aid to Dependent Children (ADC), both of which were mandatory programs. By the fiscal year 1949-50, the County was offering Old Age Assistance, ADC, Aid to the Blind, General Assistance, and Other Financial Assistance (which included Hospitalization, Medical Care, Tuberculosis Sanatorium Care, Pauper Burial, and Boarding Home Care of Dependent Children). In the next fiscal year the Aid to the Permanently and Totally Disabled Program came into existence.

On July 30, 1965, Congress passed Public Law 89-97, enacting the Medicare and Medicaid Programs. In 1969, the N.C. General Assembly enacted a recodification of the basic laws governing the legal authority for the programs administered by the Department of Public Welfare. Along with this recodification was a change in the name of the department to the Department of Social Services (DSS).

The agency changed location in May of 1970, when the Central School building was renovated to house DSS. That same year the County began the Food Commodities Program, which eventually turned into the Food Stamp Program.

The seventies brought many major changes in welfare programs. In 1975, the Social Security Administration took over payments for Old Age Assistance and Aid to the Permanently and Totally Disabled Programs, as well as implementing the new Supplemental Security

Insurance Program, known as SSI. This left DSS with Medicaid, Food Stamps, and ADC to administer.

The seventies also brought the creation of block grants to states for the funding of the service programs administered by the agency. These monies allowed DSS to provide such services as Transportation, Adult Protective Services, Rest Home and Nursing Home Placement, Family Planning, Day Care for Adults and Children, Chore Services, and Problem Pregnancy Counseling. Through other Child Welfare funds, the agency provided Foster Care Services to children, Adoption, and Child Protective Services.

The Recession of 1974-75 had a great impact on Social Services and caused caseloads to skyrocket. Volunteers were used to meet the demands that staff could not provide. It was during this phase that the County created a Volunteer Director's position. (Child Support Enforcement Offices were established – but separate from DSS. In July 2010, Randolph County Child Support Enforcement will move from state-operated to a local county-operated department.)

The eighties and nineties brought more changes in DSS funding and more moves for the agency. In 1981 the department moved to its first building that was built specifically for them at the Ira McDowell Governmental Complex, located at 2222 S. Fayetteville St. in Asheboro. Programs were geared more toward prevention and maintenance. Expanded Medicaid programs were implemented to help the growing elderly population as well as to help in the state's high infant mortality rate. Title XX funds were replaced with Social Services Block Grant funds and fewer federal dollars to help with the growing social concerns. A sharp rise in Child Protective Services cases occurred in the eighties due to more public awareness of this problem. There were also changes in foster care philosophy to assure that all children in DSS care had a permanent plan in place. During the eighties the agency hired its first agency attorney to help meet the growing legal needs of the Child Welfare caseload.

DSS moved again in December 1989 due to the lack of adequate space at the McDowell Center. The new location was the County Office Building located at 725 McDowell Road, which was the former Stedman Building.

The Family Service Act passed by Congress in 1990 created the JOBS (Job Opportunities and Basic Skills) Program in North Carolina. This program concentrated on education and training for AFDC (Aid to Families with Dependent Children) recipients to help them obtain employment and remain employed and be self-sufficient. In 1995 the JOBS program became the Work First Program, and the emphasis focused more on employment and less on education and training.

DSS moved once more in August 1996, having outgrown their space in the County Office Building. They moved into a vacant shopping center located at 1528 N. Fayetteville Street, which the County had purchased in 1993 and renovated specifically to accommodate DSS's needs. Space continues to be challenge. However, automation has alleviated some of the paper and the file room space has been reallocated to a clerical pool.

Child Welfare issues have continued to be in the forefront of DSS endeavors, with the growing substance abuse problems. The increasing elderly population has continued to present other problems for the agency in its efforts to help the disabled and elderly remain self-sufficient and in their own homes. Medicaid costs for nursing home care have consumed the largest part of the agency's Medicaid budget.

The Directors of the Public Welfare System in Randolph County since 1937 have been:

- Robert T. Lloyd, 1937-1938
- Lilly Bulla, 1938-1940
- W. F. Henderson, 1940-1942
- James E. Burgess, 1942-1962
- Marion S. Smith, 1962-1992
- Martha C. Sheriff, 1994-2006
- Beth Whitley Duncan 2007-Present

#### Vehicles Inventory

2002 Dodge Ram 3500, 15-passenger van  
License #39682-S  
VIN#2B5WB35Y72K135183  
Purchased 4-3-02  
Mileage: 91,406

1994 Dodge Ram 350, Maxiwagon  
License #59918-R  
VIN#2B5WB35YXRK183139  
Purchased 7-15-94  
Mileage: 145,563

2008 Ford 15 passenger E350-Clubwagon  
License # 99230S  
VIN #1FBSS31L98DB39131  
Mileage: 20,115

2008 Ford 15 passenger E350-Clubwagon  
License # 99229S  
VIN # 1FBSS31L08DB39132  
Mileage: 2,697

## **Service Area: Administrative – Managerial**

### **Mission**

The purpose of the Managerial Service Area is to provide a visionary direction for the agency along with supporting goals to accomplish positive outcomes in social service delivery. The Administrative Unit provides the necessary financial support, personnel services, legal services, technology services, and equipment and supplies in order for the agency staff to complete their work.

### **Summary**

The managerial staff provides the agency with a safe, well equipped, and organized working environment. This area is responsible for all financial matters to enable the agency to operate on a daily basis as well as providing the necessary materials and equipment to assist the agency employees. Legal and technology services are provided through this area to assist staff in their jobs. This service area has 8 allocated positions.

### **Operations**

The DSS Director and her administrative staff handle the following functions:

- Budgeting – The annual budget is prepared and monitored throughout the fiscal year. A great deal of help is received from the two accounting technicians in the County Finance Office who work strictly with DSS accounts.
- Contracting – All matters relating to contracts (new, amended, and terminated) are handled by the Accounting staff. There must be an executed contract for every vendor before any payments can be made. Completed contracts are sent to the Finance Office.
- Accounting – All bills are received and verified for accuracy and payment requests are made to Finance. The daily batch of cash and checks coming into the agency is received from the mail clerk, and, after the tally sheet's accuracy is verified, it is forwarded to the Finance Office.
- Payroll – Timesheets for all DSS employees (154 funded positions, 5 unfunded positions) are processed and sent to Finance.
- Foster Care Payments – Calculations for all foster care payments are keyed in and electronically sent to the state, where checks are cut.
- Billing for Medicaid At-Risk Case Management Services – Information regarding this service is lifted from workers' day sheets, and the bills sent to the federal Medicaid billing agency, where checks to the County are cut.
- Purchasing – All purchasing is handled in this service area (supplies, equipment, phones, car seats for transporting foster children, etc.).
- Personnel – Internal recruiting, advertising, and interviewing for vacancies; paperwork and orientation for new employees; keeping up with job descriptions, organizational charts, FMLA requests, personnel action forms, and performance appraisals; and other related personnel functions are performed here.
- Office Management – General office management duties are performed here, including such functions as fleet management, fire extinguisher and safety inspections, and fire and severe weather drills.
- Legal – The DSS Attorneys are a part of this service area. The DSS Attorney represents DSS in court for Child Welfare, Adult Services, and Income Maintenance Programs. The Attorney also represents DSS in in-house public assistance hearings and appeals.

- Technical Services – This area handles technology for the department (computers, telephones, surveillance cameras, special projects, etc.) and is coordinating the department’s electronic records management system.

## **Performance Measurements**

### **Budgeting**

***Goal: To prepare and monitor the annual budget within appropriate time frames***

- **Budget monitored on a monthly schedule** – This is done in Finance as well as in DSS.

### **Contracting**

***Goal: To prepare and monitor service contracts in a timely and efficient manner***

- **Number of contracts** – The employee in charge of contracts does a manual count of contracts each quarter.

### **Accounting**

***Goal: To receive and process all bills and payments, to record all cash and check receipts, and to prepare payroll data in a timely and accurate manner***

- **Number of bills and payments processed and sent to Finance Office** – This is calculated by a manual count of the records.
- **Number of cash, checks, Medicaid cards, and NCHC payments received and sent to Finance** – This is calculated by a manual count of the records.

### **Purchasing**

***Goal: To purchase all requested and approved supplies according to policies and procedures of the County purchasing office***

- **Number of purchases** -- This is calculated by a manual count of the records.

### **Personnel**

***Goal: To maintain accurate records concerning staff positions and progression in the County’s personnel system and to assist in recruiting and orienting new staff***

- **Number of new positions posted** – This number is obtained from a spreadsheet.
- **Number of vacancies posted** – This number is obtained from a log.

### **Office Management**

***Goal: To maintain a safe environment for staff by assessing the building for hazards***

- **Number of fire extinguisher and safety inspections required; Number of fire extinguisher and safety inspections completed; Number of fleet management reports required; Number of fleet management reports completed; Number of fire drills**

**and severe weather drills conducted** – All these measures are calculated from manual logs.

Security

*Goal: To provide a secure work environment for staff and clients*

- **Number of incidents documented – THIS FUNCTION HAS MOVED TO ADMINISTRATIVE SUPPORT.**

Legal Services

*Goal: To provide legal services to the staff working in Child Welfare, Adult Services, and Income Maintenance Programs*

- **Number of requests** – This number is tallied from a manual log.

Technology Services

*Goal: To provide support services for staff who have computers, maintain the agency server, and assist with technology purchasing and special projects*

- **Number of requests for assistance met** – This number is tallied from a manual log.

## **Service Area: Administrative – Support**

### **Mission**

The Administrative Support Service Area provides the initial assessment of client needs and the essential resources needed by the staff.

### **Summary**

The Supportive Service Area provides reception services to the public and staff of the agency. The staff handles all incoming and outgoing information pertaining to customer services and programs. They also maintain the appropriate supply of forms and prepare and store case files. This service area has 8 allocated positions. In addition, there are 3 unfunded positions (paid for with lapsed salaries).

### **Operations**

The building housing the Department of Social Services (DSS) is arranged with a front lobby/waiting area that has two reception windows. One clerk handles all incoming phone calls to the agency's main number, takes phone messages for workers, makes copies and date stamps various documents provided by clients. The receptionists greet clients, assesses their needs, determine what services they should apply for, and determine which workers they should see. They also notify workers of clients waiting to see them as well as issue work permits. The receptionists also maintain a daily log of clients, with arrival time, when seen by a worker, and which programs being applied for. If a client is non-English speaking, a receptionist will arrange for assistance from an interpreter. The receptionist is also responsible for providing written notice to clients of their right to apply for services the day they come to DSS.

Another function of this service area is records management and the operation of the file room. In the file room has an alphabetical master client index with personal information on each client, a case number, and an ID number for each program the client received services from. The department has scanned all these cards into a computer database. All client files are filed numerically by case number. Clients have a separate file for each program for which they receive benefits. The file clerk manages the automated sections of our files (Income Maintenance records) and creates new master index cards and file folders for new Social Work Program clients. She helps workers pull files for Social Work clients being seen and later returns those files to their proper location. She purges closed records according to the State Retention Schedule. She also relieves the receptionists during breaks and lunch.

Beginning in August 1, 2005 incoming data is being scanned into a client management database system. Our Administrative Support Supervisor is in charge of the state computer security (passwords and other ID information) and security for state-generated reports comparing IRS data to DSS data for inconsistencies found on client-provided information.

The forms clerk's duties include ordering and maintaining an adequate supply of state forms and creating and updating in-house forms. She completes a monthly report on the amount of time (by percentage) workers spend on each client and program. This accounting of time must be done in order to claim reimbursement from specific funding sources. This report is sent

to the Social Services accounting technician in the County Finance Office, who remits the reimbursement requests.

The mail clerk processes all incoming mail, date stamps it, and puts it in employees' boxes. She distributes mail that comes in from the state courier service. She prepares outgoing mail for the post office and the state courier service. She records and totals all cash and check payments that come into the agency each day and sends them to the accounting clerk, along with the tally sheet, where they are checked again and then sent on to the County Finance Office. These payments are generally SSI checks and Social Security checks for individuals for whom DSS acts as payee or guardian. Cash may be North Carolina Health Choice insurance premium payments from clients or repayment of benefits that clients received erroneously or fraudulently. DSS also receives money for foster care children accounts.

Another function under the umbrella of Administrative Support is the security officer position. The security officer patrols the parking lot and building, watches the surveillance cameras, escorts clients to the appropriate areas, including parents who are present for supervised visitation with their children, and is involved in safety plans/alerts for specific employees and clients. The security officer does not carry a gun, but he is certified on pepper spray (as is the supervisor of this service area).

Two Spanish interpreters are a part of this service area. They interpret for clients applying for services and for clients during supervised visitation sessions. They also accompany workers on home visits and translate written communications.

The Supervisor for this service area has several miscellaneous duties in addition to overseeing the employees and work described above. She is responsible for DSS shelter management during a disaster and coordinates with the Emergency Operations Center. She also coordinates the staff that makes up the first response team for in-house medical emergencies involving clients or staff. She coordinates the evacuation wardens for the DSS buildings. She serves as the Limited English Proficiency Compliance Officer, which is a federally and state-mandated position. She monitors the plan and reviews the log (kept by all service area supervisors) of special issues involving interpretation and makes reports to the state. Lastly, the Supervisor facilitates the "curbstoning" sessions offered periodically by the agency. "Curbstoning" is the term used for a training event that includes a 15-minute overview of every program offered by DSS. It is primarily attended by new employees of the various human service agencies in the county, but it is open to the general public.

## **Performance Measurements**

### Reception

***Goal: Greet clients and answer telephone to assess needs and direct clients to appropriate area.***

- **Number of client visits** – This number is tabulated from the daily reception logs.
- **Reception logs are properly maintained and reviewed for accuracy** – The Administrative Support Supervisor reviews every log at the end of each month to make sure that all required information has been entered.

- **Number of work permits completed for children 14 to 18 years of age that qualify for permit** – This number is tabulated from the daily reception logs.

#### Record Management

*Goal: Prepare and maintain agency records according to state rules and regulations*

- **Number of requests for files** – The file clerk maintains a daily log in Excel that contains information from each request. This log can be printed out at the end of the day. The number of requests for the quarter is tabulated from these daily logs.
- **Percent of time Master Card Index cards are prepared correctly and records for staff are prepared timely upon receipt of request** – The Supervisor compares the scanned card with the face sheet. (Face sheets are what the workers prepare and send to the file clerk. The face sheet contains all the information needed to create a card for the Master Card Index.) The Supervisor also compares the date the file was requested against the date the file was created.
- **Number of records scanned yearly** – A monthly electronic log is maintained for all records scanned. The monthly totals are lifted from the reports to get the quarterly and annual totals.

#### Interpreters

*Goal: Provide customer service and translating services to the Hispanic community*

- **Number of requests for translating services** – The daily log kept by the receptionists at the front desk indicates all requests for translating services. These requests may be made in person or by phone. There are two Spanish interpreters on staff. If there are requests for interpretation for other languages, a telephone interpreting service is used.

#### Forms Management

*Goal: Have all in-house forms accessible electronically for the agency; maintain and order paper state forms for the agency until the state becomes electronic*

- **Number of forms created electronically; Number of forms not electronic** – DSS began converting paper forms to electronic forms in 1999 and finished this project in 2006. There are hundreds of state forms. With electronic forms, workers now access them as needed without leaving their office; time spent on ordering forms is a thing of the past; and valuable file room space is now occupied by a clerical pool (which allowed staff to utilize their space more efficiently).

*Goal: To provide a secure work environment for staff and clients*

- **Number of incidents documented** – The Security Officer completes an incident report for every occurrence. A manual count of these reports produces the total count for the quarter.

## **Service Area: Income Maintenance – Food and Nutrition Services (FNS)**

### **Mission**

The Food and Nutrition Units will provide eligible households with timely and accurate nutrition benefits.

### **Summary**

The Food and Nutrition program is designed to promote the general welfare and to safeguard the health and well being by raising the levels of nutrition among low-income households. An eligible FNS recipient receives benefits by using an electronic benefit card, which is explained in classroom format. This service area has 12.6 allocated positions.

### **Operations**

The FNS program has two supervisors and eleven positions for Income Maintenance Caseworkers (IMC). Ten IMC's have an equally distributed caseload. The average caseload per IMC is 750. The number of participating households continues to increase due to the downturn in the economy and a concentrated effort by the Federal Government to conduct outreach (usually through public service announcements) in the Southeastern United States (where FNS participation has historically been lower than the other states across the nation). Since January 2001, Randolph County has experienced a 377% increase in the number of FNS recipients and a 649% increase in the federal FNS benefits for eligible citizens. From fiscal year 2006-2007, the actual county cost of staff to process FNS applications increased 16% during that one year alone. Because of these significant increases the Board of Social Services passed a resolution requesting the State Division of Social Services fulfill the stated purpose of the American Recovery and Reinvestment Act of 2009 by appropriating administrative funding to local Departments of Social Services to ensure timely applications, processing and delivery of FNS benefits. Actual eligibility is determined by the state computer system based on the information keyed into the system. Eligibility requirements are documented in on-line program manuals. Due to the increasing work, accuracy is becoming a concern. A caseload of 300 families is manageable caseload. Automation has enabled Randolph County DSS staff members to effectively manage 500 cases – current caseloads are well over 700. DSS Management continues to request positions to ensure reasonable workloads but budget pressures, low revenues and other constraints do not allow additional staff at this time. Due to the very high caseloads, limited staffing levels, and very high participation rate of eligible citizens in our community (in October 2009 – Randolph County has the fifth highest rate of participation in our area), Randolph County DSS has chosen not to conduct outreach to the community.

A potential food stamp applicant enters DSS and registers with the receptionist, assigned to an intake staff member and an application is taken. Numerous verifications are required before eligibility can be determined. This is called “processing” of the application. This “process” is to verify information as financial resources, household size, residence, and monthly obligations. All members of household must have verified social security numbers. All members of household between the ages of 18 and 59 who are mentally and physically able (and not of student status) are required to register with Employment Security Commission for potential employment. All Applicants must mail or bring in the necessary documentation to the caseworker, who must complete the applications within 30 days from date of application. The

system software determines the food benefit allotment and which applicants are not eligible. The state officially notifies applicants of their eligibility status, their allotment amount, and certification period.

For “Emergency Food Benefits,” only the individual’s identification must be verified. However, an effort is made to verify as much as possible because the emergency cases have a high degree of errors (due to limited information initially reported by the clients which, sometimes will ultimately make them ineligible.) According to policy, emergency benefits must be “in the hands of the recipient/food on the table” on the seventh day following the application date. These emergency recipients must bring in their information as soon as possible because their new allotment will not be added until the next day, and it takes 3-5 days for their new Electronic Benefits Transfer card to arrive in their mail.

In March of 1999 Food Stamp program of Randolph County went from mail issuance of food stamp coupons to the Electronic Benefits Transfer System, or EBT. On the EBT system, the recipient receives a benefit card, which in appearance is similar to a debit card. It must be signed by the recipient on the back. Each card must have embedded on the magnetic strip, a personal identification number (PIN) in order for the recipient to access the available funds. The recipients receive their cards in the mail and PIN them from home. The recipient takes the card to any FNS EBT participating retailer and uses it to pay for food products. The recipient swipes the card through a machine at the retailer and enters the PIN. If the card is approved and there are sufficient funds for the purchase, the register will print a white and yellow copy of the receipt for the recipient to sign. The store keeps the white and the recipient keeps the yellow. If there are not enough funds to make the purchase, the card machine will inform the recipient of how much money is in the account that can be used. Any remaining balance at the end of the month will remain in the account to be used in the next month. If the card is not used in a two-month period, the card will be deactivated. If the card is lost or stolen or if the recipient has forgotten the PIN, s/he must call DSS.

At the time of application, the applicant is given a “Change Report” form with which he is to advise his worker of any change in the information he provided on the application. A change could be in job status, family members, address, etc. The worker will send an “Effect of Change” form to inform the applicant of the effect the updated information has on the allotment. If the allotment will be lower or terminated the next month after change, the applicant is sent a “Notice of Adverse Action” 10 working days prior to issuance of that month’s food stamps.

Several agencies such as the Social Security Office, JobLink Center at Randolph Community College, and H&R Block have FNS applications on hand and provide their clients an opportunity to complete an application and then mail or bring the completed applications to DSS. Also, one of the IMCs travels to a site in Archdale the 1<sup>st</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Thursday of each month to take FNS applications (and other DSS programs).

The state mails a semi-annual recertification form to each client, who completes it, with verification forms attached, and mails it to DSS. The state provides to DSS a monthly printout of current recipients and which ones will soon be due for annual recertification. DSS mails a “Notice of Expiration” by the 25<sup>th</sup> of the month prior to the month of expiration. The client must

come in for a face-to-face interview and complete a food stamp recertification form. This is usually done through group interviews but may be done individually. SSI clients, however, have only to complete a recertification form that is mailed to them and return it by the 15<sup>th</sup> of the next month. And families who become ineligible to receive Work First become eligible to receive transitional food stamp benefits, which is an automatic five additional months certification period.

## **Performance Measurements**

### Applications

***Goal: To insure applicants can apply for assistance the same day they come to the agency and receive their benefits timely if eligible***

- **Number of people visiting DSS to apply for food stamps** – This number comes from the front desk log and is manually counted.
- **Number of applications signed** – This number comes from the monthly state workload report.
- **Percent of applications processed within the required timeframe** – This number comes from the monthly state workload report.
- **Percent of time eligibility is determined correctly** – The Supervisor does a random sampling audit of applications from experienced IMCs and reviews all applications processed by new employees. A quality control employee from the state also completes a random sampling audit each month. The monthly state workload report provides this percentage from the quality control employee's findings. The Supervisor combines her numbers and the state's to calculate the quarterly percentage.
- **Average number of food stamp households** – This number comes from the monthly state workload report, and the Supervisor calculates the quarterly average.

### Reviews

***Goal: To complete recertifications timely so there will be no break in coverage***

- **Number of recertifications completed timely** – This number is provided by the IMCs.
- **Number of overdue recertifications** – This number is provided by the IMCs. Heavy workload can cause delays in processing recertifications timely.
- **Percent of time reviews are completed timely (prior to expiration of benefit period)**

### Changes

***Goal: To process changes to status timely and accurately***

- **Number of changes completed** – This number comes from the monthly state workload report.
- **Number of cases reviewed for timeliness and accuracy** – The Supervisor keeps a manual log of cases reviewed.
- **Percent of time reported changes are acted on timely and accurately to determine if the change has an impact on the current level of benefits** – The state report indicates what percent of changes were done timely; supervisors and regional and state staff report on any errors found in changes.

## **Service Area: Income Maintenance – Medicaid**

### **Mission**

The mission of the Medicaid Units is to provide eligible individuals with the most advantageous and timely medical assistance benefits.

### **Summary**

The Medicaid Units are responsible for taking and processing applications for a wide variety of different levels of medical assistance. The Adult Medicaid Units assist the elderly, disabled or blind who are living in their own home, nursing home or adult care home. The Family and Children Medicaid Units assist low-income families with their medical cost. This service area has 34.25 allocated positions.

### **Operations**

There are two kinds of Medicaid Units. The two Adult Medicaid Units assist the elderly, disabled or blind who are living in their own home, nursing home or adult care home. The three Family and Children Medicaid Units assist low-income families with their medical cost.

The N.C. Department of Health and Human Services, Division of Medical Assistance, has primary responsibility for establishing procedures in accordance with the state Medicaid plan. The Division develops procedures applicable to federal and state program requirements and provides these policies to counties in the form of various Medicaid manuals, which are available on the DHHS website. Different requirements exist between Adult and Family & Children's Medicaid eligibility. Therefore, their manuals are different, and separate staff members handle the caseload for each program. At the monthly unit meetings, Supervisors review with the staff the changes from the prior month. The state sends representatives for staff training only in the case of a major change.

### **Adult Medicaid**

DSS administers the Adult Medicaid program with two Supervisors, one Lead Worker, and eleven Income Maintenance Caseworkers (IMCs). Experienced IMCs are responsible for making the determination regarding eligibility. The Supervisor or Lead Worker, however, does a second-party review for all long-term care applications. These are the individuals residing in a nursing home. Errors by IMCs are generally caught before processing into the state system; however, if it is discovered that a client received benefits he shouldn't have, benefits can be ceased at any time. If the client received benefits due to fraud on his part, the client is responsible for repaying the money.

Lead Workers train new positions, conduct second-party reviews, and carry a reduced caseload. New IMCs are trained to key client information into the state system at application. Before the application is processed, it is put on hold for the lead worker or supervisor to review.

One IMC is stationed at Randolph Hospital. Two IMCs handle the CAP/DA (Community Alternative Program/Disabled Adults) caseload.

As of July the Adult Medicaid caseload was 4,166 (including private-living cases, CAP/DA cases and long-term care cases).

When a potential client enters the DSS office, the Receptionist enters the information on her log and instructs the individual to complete a “Rights and Responsibilities” form. The next person to receive the client is a Medicaid IMC, who completes with the client an application. (A monthly intake schedule rotates among all IMCs, and the Receptionist checks the schedule to see which IMCs have intake on any given day.) It is the IMC’s responsibility to refer every client to any program for which the client may be eligible. Due to the complexity of the various Social Service policies (federal, state and local), the IMC does not have the capacity to determine eligibility for any program other than Medicaid. Therefore s/he will make proper referrals. If the client wants to apply for Medicaid, the IMC completes with the client a Medicaid booklet used to document all relevant information for the client and eligibility determination. The IMC records all client reserve and income. Liabilities are not listed except for unpaid medical bills. The client must sign the booklet, various consent forms, and a warning about fraud.

Verification is not required if the reserve is below the established threshold established by NC Division of Medical Assistance. Randolph County has a policy to verify all reserve and income for everyone. Clients are required to sign information consent forms or else be automatically declared ineligible. The information verified includes bank account balances, life insurance policies, previous employers’ retirement plans, real estate holdings and rental income (if out of county, DSS contacts other county DSS offices for verification), and ESC employee records by social security number. The IRS also makes available to DSS, records tied to the social security number that gives all bank account, savings bonds and stock holding information for the past two years. On the day the application is signed, the IMC gives the client a form indicating what information is needed. The client has thirteen days to return the information. If it is not received in thirteen days, the IMC sends out a second request. If the information is not received in the appropriate time period, the application is denied.

Notification of eligibility must be communicated to the client within 90 days of initial application if the client is under 65, and in 45 days if the client is 65 or older or Medicare-Qualified recipients (due to the more complex eligibility determination process). Once a client is certified as a recipient, he will receive a new Medicaid card each month of his certification period, to be presented whenever he visits a doctor or hospital. The health care provider claims the service to the state for payment. The Division of Medical Assistance reimburses doctors, hospitals and other health care providers for allowable services to eligible participants. The County has its portion drafted from the bank monthly. If the client moves and doesn’t report the change of address to DSS, the card will not be forwarded to a new address. It is returned to DSS.

All Medicaid recipients must have their eligibility status redetermined every six to twelve months, depending on the type of benefit that they are receiving. Long-term care recipients must have their eligibility redetermined every six months. This may be done by mail, office visit, or personal IMC visit to client, depending on client’s health and if the client has a guardian. The majority of private-living clients have their eligibility redetermined every twelve months. The Medicaid Qualified Beneficiaries report is sent to the supervisors in November or December. This report lists current recipients and which ones are approaching re-enrollment. DSS mails a

review packet to private-living clients for recertification. If the requested information is not in the hands of DSS in the time period allowed, DSS sends a notice that benefits will be terminated if the information is not received within ten days.

The Case Management Report is sent to the supervisors monthly from the State Division of Medical Assistance. This report lists current recipients and which ones are approaching redetermination. The report lists the IMC assigned to each case. IMCs also receive a list of his/her assigned clients. Two months before a client is due for a redetermination, the state sends the IMC a review notice, allowing the caseworker to make preparations to process the redetermination information in a timely manner.

### Family & Children Medicaid

DSS administers the Family & Children Medicaid program with three Supervisors, one Lead Worker, and fifteen IMCs. The Lead Worker's responsibilities include training new IMCs and assisting with second-party reviews. Family & Children Medicaid cases are subject to Quality Control review by state and federal control analysts. Additionally, the state completes a quarterly monitoring of cases to determine if compliance is met.

Once a client is certified as a recipient, he will receive a new Medicaid card each month of his certification period, to be presented whenever he visits a doctor or hospital. The health care provider claims the service to the state for payment. The Division of Medical Assistance reimburses doctors, hospitals and other health care providers for allowable services to eligible participants. The County has its portion drafted from the bank monthly.

New IMCs in training must have their client information keyed into the state system assisted by a Processing Assistant. New IMCs undergo training for at least six weeks and begin to do certain aspects of the job of an IMC during that time. For the first three months of training, the IMC reads manuals pertaining to the program, attends a three-day orientation training session conducted by the state, and attends various training provided by the County and by DSS. During the first three months, after the initial training, the new worker spends time conducting one-on-one reviews, completing the redetermination of cases, reacting to changes in cases, etc. Generally it takes a year or more to complete training, but it is entirely dependent on the progress of the individual employee.

New workers have their work reviewed and approved for a period of at least six months and up to a year. IMCs complete the eligibility procedures and key information into the state system. The Supervisor reviews the client booklet and gives the approval to process the application. Experienced IMCs are responsible for making the determination regarding eligibility. However, the Lead Worker does a second-party review for application withdrawals/ Denials. Errors by IMCs are generally caught before processing into the state system; however, if it is discovered that a client received benefits he shouldn't have, benefits can be ceased at any time. If the client received benefits due to fraud on his part, the client is responsible for repaying the money.

The client has a choice of either completing an application on-site or taking on to mail or drop off at the front desk later. If the applicant wishes to see an IMC, the Receptionist enters the

information on her log and instructs the individual to complete a “Rights and Responsibilities” form. The next person to receive the client is a Medicaid IMC, who completes with the client an application. If there is a child in the home, the IMC continues with the application intake interview, using the appropriate booklet, which depends upon the Medicaid eligibility category. After the IMC completes the interview and has all forms signed, the IMC refers the applicant to any programs for which they might be eligible.

There are three types of Family & Children Medicaid:

1. Medicaid for Pregnant Women (MPW)
2. Medicaid for Families (MAF)
3. Medicaid for Infants & Children (MIC)

When determined ineligible for Work First or MAC-C due to earned income of a parent/specified relative included in the assistance unit, Medicaid can continue for up to twelve months. This period is referred to as Extended Medicaid for working families.

The Case Management report is sent to the supervisors monthly. This report lists the current recipients and which ones are approaching redetermination. IMCs also get a report listing just their clients. Two months before a client is due for a redetermination, the state sends the IMC a review notice. For MIC cases, the state mails the reviews directly to the client.

In October 1998 the North Carolina Health Choice (NCHC) was implemented. This is a program created to provide health coverage for uninsured low-income children from birth through age eighteen. (NCHC is not a Medicaid program.) In order to qualify for NCHC, the child must be ineligible for full Medicaid benefits under any category and not be covered by comprehensive health insurance. The maximum income limits for NCHC is 200% of the federal poverty level. If the income exceeds 150% of the poverty level, the family must pay a \$50 enrollment fee for each child (not to exceed \$100 for each family). There is no reserve requirement. The enrollment period is twelve months. If the family income at reenrollment is greater than 200% but equal to or less than 225% of the federal poverty level, the family has the option to pay the full monthly premium charged by Blue Cross/Blue Shield and remain on NCHC for a period not to exceed one year. The IRS also makes available to DSS, records tied to the Social Security number that gives all bank account, savings bonds, and stock holding information for the past two years.

To assist with instilling public confidence in our agency’s ability to administer public assistance programs, a Fraud Hotline (336-683-8198) was established in 2009 for citizens to make fraud reports for investigation. Referrals of potential fraud come from IMCs and citizens who call to complain about friends or neighbors who are allegedly receiving benefits. The County may force reimbursement of Medicaid overpayments through intercepting NC income tax refunds from clients.

## **Performance Measurements**

### Applications

*Goal: To insure applicants can apply for assistance the same day they come to the agency and receive their benefits timely if eligible*

- **Number of citizens who came in requesting to be evaluated for Medicaid** – This number comes from the Receptionist’s log.
- **Number of people evaluated** – This number comes from the Receptionist’s log.
- **Number of applications taken** – This number appears on the monthly report from the state.
- **Number of applications processed within the applicable time frame** -- This number appears on the monthly report from the state.
- **Percent of applications processed within the required time frame** – This percentage appears on the monthly report from the state. The state’s standard requirement is 90%.
- **Number of errors found by second-party reviewers** – Reviewers keep a manual log of errors found.
- **Percent of time eligibility is determined correctly** – This number is calculated from reviewers’ log.
- **Average number of eligible Medicaid clients each month (excluded SSI Medicaid)** – This number appears on the monthly report from the state.

#### Reviews

*Goal: To complete recertifications timely so there will be no break in coverage*

- **Number of cases needing a redetermination** – This number appears on the monthly report from the state.
- **Number of overdue reviews** – This number comes from the monthly state report card. This report card gives the number and percentage of reviews conducted timely during a calendar month.
- **Number of errors found by second-party reviewers** – Reviewers keep a manual log of errors found.
- **Percent of time reviews are completed timely (prior to expiration of benefit period)** – This percentage comes from the monthly state report card.

#### Applications Changes

*Goal: To process changes to cases timely and accurately*

- **Number of changes completed** – This number appears on the monthly report from the state.
- **Number of cases processed timely and accurately for possible benefit change** – This number appears on the monthly report from the state.
- **Percent of time reported changes are acted on timely and accurately to determine if the change has an impact on the current level of benefits** – The state report indicates what percent of changes were done timely; supervisors and regional and state staff report on any errors found in changes.

## **Service Area: Income Maintenance – Generic**

### **Mission**

To streamline the Family and Children's Medicaid intake process, solve crisis situations by providing appropriate and timely services to individuals or families needing short-term assistance with rent or utilities; to recover overpayments from an ineligible person in a respectful manner.

### **Summary**

The Generic Unit was created to reduce client lobby wait time and allow FCMA staff to process applications in a timely manner. Crisis Intervention Program (CIP) provides financial assistance for low-income families who are faced with a heating- or cooling-related crisis. The Low-Income Energy Assistance Program (LIEAP) is a one-time cash benefit to assist eligible low-income families with the cost of heating expense. The Project Share Program provides assistance to Progress Energy customers for heating- and/or cooling-related crises.

The Program Integrity (Fraud Prevention) staff determines overpayments in the Food and Nutrition Services, Child Day Care, Medicaid, and Work First Cash Assistance Programs and seeks reimbursement through administrative procedures or legal action. The investigators must determine if the overpayment is client or agency error. This service area has 2.15 allocated positions.

### **Operations**

DSS administers the Generic Service Area with one Supervisor, one part-time Income Maintenance Technician (IMT), an Income Maintenance Investigator (IMI), and one Processing Assistant. Individuals requesting assistance are given the opportunity to be evaluated on the day they request assistance. The IMT completes the application and gives it to the Supervisor to review for accuracy. Any bills that are approved for payment are pulled out of the application and sent to Finance for payment directly to the vendor.

There are three funding sources for short-term emergency assistance:

- Project Share – local funding for heating and cooling, with a cap of \$600 per year per family. Recipients must be Progress Energy customers.
- Crisis Intervention Program (CIP) – federal funding for heating and cooling, with a cap of \$300 per year per family. This program is on-line.
- The Low-Income Energy Assistance Program (LIEAP) is a federally funded program that provides one-time cash payments to families to help pay their heating bill. Applications are taken for a limited time in November. Eligible households receive a check in early February.

DSS has data for all three programs, with a record of how much money has been paid out from each program. When an individual/family has received the maximum allowed from these programs, DSS refers them to Christian United Outreach Center, Salvation Army, Charities Of Archdale Trinity, etc.

DSS can usually help their clients the same day they request assistance. However, assistance cannot be provided until certain information is verified.

The state does a management evaluation every two years for both the Food and Nutrition Services Program and Program Integrity (Fraud Prevention).

The PA's provide clerical support for Food and Nutrition Services, Family & Children Medicaid, and Adult Medicaid. They set up run reports, enter application information into the system, handle returned Medicaid cards, assist with Carolina Access for SSI recipients, perform data entry from workers' day sheets and conduct property checks.

### **Performance Measurements**

#### **Fraud Referrals**

***Goal: To accept referrals for overpayments from staff or outside sources***

- **Number of referrals made to program integrity worker** – These are the cases that have been determined valid for investigation. EPICS (Enterprise Program Integrity Control System) provides this number.
- **Number of substantiated referrals** – EPICS provides this number. DSS has 90 days within which to substantiate referrals.

#### **Errors in Food and Nutrition Benefits**

***Goal: To determine if an agency or client error has occurred***

- **Number of cases determined to be agency error; Number of cases determined to be client error** – The IMI is the only person who can make this determination; she also determines the dollar amount of the error. There are two kinds of client error: IHE (Inadvertent Household Error) and IPV (Intentional Program Violation).

## **Service Area: Services – Adoption and Home Finding**

### **Mission**

To provide services to children whose parents are incapable of assuming or continuing parental responsibilities to become part of a new family. To recruit and train adoptive families to provide permanence to children in a legally binding relationship that is supportive and meets the special needs of the child being placed. Home Finding is also the recruitment, training and licensing of temporary family foster homes for children in need of such placement.

### **Summary**

Adoption services include the recruitment and training of appropriate adoptive parents for children who become available for adoption. The Department places approximately 10-15 children for adoption each year. These children become available for adoption when parental rights are terminated due to serious abuse or neglect or when parents voluntarily release their children for adoption.

Home Finding is the recruitment, training and licensing of foster and adoptive families. All foster and adoptive parents must complete 30 hours of classroom training. The licensing process includes home inspections, reference checks, criminal history checks, background checks for child abuse and neglect, and health examinations of all household members. Foster homes are relicensed every two years and all requirements must be met. Foster parents must complete at least 10 hours of continuing education annually. There are 7.10 allocated positions for this service area.

### **Operations**

There are three types of adoption that DSS is involved with:

- *Agency Adoption* – These children, who are in the custody of DSS, are eligible for adoption either because parental rights have been terminated by a judge's court order or because the birth parent or parents have voluntarily relinquished parental rights. Each child's case is assigned to a Social Worker. The majority (about 75%) of adoptions take place with licensed foster parents. In these cases, much of the pre-adoption work has already been done. All prospective adoptive parents (agency adoptions only), as well as foster parents, must go through 30 hours of training at DSS. These classes are usually held twice a year, in the spring and fall. They must be fingerprinted and cleared by the SBI and FBI. DSS also checks the Child Abuse Registry in North Carolina. The Social Worker completes an extensive home study and also writes a child profile.

Then the case goes before the Adoption Committee, made up of the Program Manager, Supervisor, and three Social Workers. A Guardian ad Litem volunteer and Social Services Director may also be involved. There may be more than one family interested in adopting a particular child. The Committee determines which one, if any, of the families interested in adopting will be recommended for adoption.

The approved family hires an attorney, and the Social Worker helps the attorney with the required paperwork. The attorney sends an Adoption Petition to the Clerk of Court. The

Clerk of Court prepares an Order on the Proposed Adoption, which goes to the Social Worker. The Social Worker does a Report on the Proposed Adoption, including a medical report, and sends it to the Clerk of Court. The Clerk of Court issues a Decree of Adoption. The Clerk of Court keeps the Petition and the Decree and sends all other documents, including those that identify the birth parents, to Raleigh. The Division of Vital Statistics issues a new birth certificate with the adoptive parents listed as the birth parents. The adoptive parents go to the Social Security Office to have the child's name changed and, as an option, to get a new social security number for the child.

The Adoption Assistance Program may pay up to \$2000 for actual expenses incurred by the adoptive parents for attorney fees. This program also pays a monthly amount for the child, depending on his age. This program is funded by federal, state and county funds. Adoptive children are also eligible for Medicaid until they are 18. The Adoption Assistance Program will also cover up to \$2400 a year for expenses not covered by Medicaid or for special needs/extras (wheelchairs, braces, computers, tutoring, etc.). DSS approves these expenses. The County is reimbursed through the Adoption Assistance Program.

DSS provides post-adoptive services at the family's request. The Social Worker assists the family with securing services needed to support the family (counseling, specialized treatment or therapy, etc.).

- *Step-parent/Relative Adoption* – DSS does not have custody of these children. The family hires an attorney, who sends an Adoption Petition to the Clerk of Court. The Clerk of Court orders a report from DSS. DSS charges up to \$200 per report. If the family is on public assistance, the fee can be waived. There is a sliding scale for the fee amount, depending on the family's income. There is no adoption assistance available for this kind of adoption.
- *Independent Adoption* – DSS does not have custody of these children. They are usually infants whose mother has specific non-relative individuals in mind for adoption. DSS must do the home study, which goes to the Adoption Committee and to the adoptive parents' attorney. The attorney provides the home study to the birth parent or parents, who sign that they are still in agreement with the adoption by those individuals. Usually all this is done prior to the birth, and the attorney goes to the hospital following the birth, to complete all the paperwork. He submits the paperwork to the Clerk of Court, who then orders a report from DSS. DSS charges up to \$1200 per home study. The fee is based on a sliding scale, according to adoptive family income.

DSS attempts to recruit adoptive parents for those children not adopted by foster parents. One such method is the NC Kids Program, a state program that publishes information on adoptable children across North Carolina, both in book form and on the Internet. DSS does an in-depth study of the children and sends that information, along with a photograph, to NC Kids. The book goes to all DSS agencies in North Carolina and to any requesting individuals.

If a child is twelve years old or older, he must give his consent for adoption.

Until they are adopted, children in the custody of ODSS have regular reviews by both the juvenile court system and the local Permanency Planning Review Team. The Permanency Planning Review Team, made up of DSS staff, representatives from other community agencies, Guardian ad Litem volunteers, and parents and caregivers for the children review every foster care case. These reviews are held when a child is placed in the custody of DSS, within 60 days and again within 90 days, and then every six months afterward until the child is chosen. The Team monitors each child's progress toward permanency and makes recommendations for either reunification with the parents, placement with another approved caregiver, or adoption.

A court review of every foster care case is conducted by a district court judge every six months until a petition for adoption is filed, the child is reunited with his family, or custody or guardianship is awarded to another approved caregiver.

To be licensed as foster parents, both spouses must complete DSS's 30-hour training class. They are assigned a Social Worker for the licensing process: fingerprinting, criminal background check, NC Child Abuse Registry check, five personal references, physical exam and medical history for both parents and all children in the home, personal family history, fire inspection of the home, an environmental checklist, parents' work schedules, and child care arrangements. The Social Worker submits all this information to the state with a recommendation, and the state either approves or denies the license. A license is for a two-year period. For relicensing, some items, such as fire inspections and medical exams, must be repeated.

Once the family is approved as a foster home, the Social Worker must have quarterly contact with the family, and at least twice a year those visits must be in the home with both parents present. Foster parents must have ten hours of continuing education each year. DSS offers one-hour training sessions monthly. Foster parents are required to be CPR-certified and to have medication management training.

## **Performance Measurements**

### Social Work Services to Children

***Goal: Provide services to children to prepare them for adoption and to select the adoptive home that will best meet their special needs***

- **Number of adoptions finalized** – DSS gets a Decree of Adoption from the state for each adoption. The Supervisor maintains a written list of adoptions and effective dates.
- **Percent of cases meeting required contacts** – The Social Worker has to see the child and the caretaker (foster parent, relative, group home) once a month. The Social Worker may have to travel out of county for group homes and treatment facilities. The Supervisor audits at least one file per Social Worker per month to verify that required contacts are made.

### Recruitment/Training of Adoptive Families

*Goal: Find families with a genuine interest in adopting and provide the training they need to be successful*

- **Number of families approved by adoption committee** – Minutes from committee meeting provide information on the number of families approved.
- **Number of training sessions** – One 10-week session is held at DSS in the spring and one in the fall. The classes are 6-9 p.m. on 10 consecutive Monday evenings. Two foster parents are currently certified in MAPP (Model Approach to Partnerships in Parenting) and teach these classes. A Social Worker is always present to assist the instructors.

#### Post-Adoption Services

*Goal: Provide services to support the adoptive placement and prevent disruptions*

- **Number of children receiving post-adoption services** – Social Workers record all post-adoption services on their day sheets; a manual count is obtained from the day sheets.
- **Number of disruptions** – A disruption is the placement of a child back in foster care after adoption. It is rare that this situation occurs—generally only if a child is not safe any more in the adoptive home.

#### Recruitment/Training/Licensing/Supervision of Family Foster Homes

*Goal: Find families to provide temporary care for children and train them to meet the special needs of children needing foster care*

- **Number of families that complete training (foster and adoption)** – The Supervisor keeps a roster of all those successfully completing the training.
- **Number of new families licensed (foster only)** – The state sends a computer report of those licensed, along with the licenses.
- **Average number of licensed foster homes during year** – The state sends a computer report that provides this number.
- **Percent of all current foster homes visited quarterly** – The Social Workers provide a monthly report to the Supervisor that lists all their foster home visits. Also, the supervisor checks a random sample of records.

## **Service Area: Services - Adult Services**

### **Mission**

To provide services to disabled adults age 18 and older that support the adult's right to self-determination and allow him/her to live safely and independently in the community or in the least restrictive and safest living arrangement.

### **Summary**

Adult services are a myriad of services designed to promote the safety, protection and well being of disabled and older adults. Social Workers provide a thorough assessment of the disabled adult's situation and develop a service plan based on the needs identified by the assessment. When disabled adults no longer have the capacity to make decisions for themselves, NC general statutes give the DSS the authority to take legal action needed to secure services on behalf of the disabled adult. This service area has 6.2 allocated positions.

### **Operations**

This service area, which includes a Supervisor and six Social Workers, provides services to individuals aged eighteen and older who are developmentally disabled or otherwise have mental or physical disabilities. When someone contacts DSS, he or she may not know what services are available. A Social Worker completes an assessment to determine which services that individual needs. Adult day care, adult care home case management, and special assistance in-home services depend on income; all other services are based on need only, without regard to income. The initial assessment addresses six areas of concern: social, environmental, economic, mental health, physical health, and daily living/instrumental activities of daily living. Most clients are referred by a concerned neighbor, relative, medical provider, or community agency. Except for the protective services evaluation, clients must sign their acceptance of services. A home visit is conducted for every client.

There are several categories of need that workers in this service area address:

- *Adult Care Home Case Management* – This service is for Medicaid-eligible clients. The Social Worker verifies the client's need for enhanced personal care (assistance with eating, toileting, and ambulation), monitors the client's condition, and determines if the tasks on the home's care plan for that client are being performed appropriately. If these tasks are meeting the client's needs, the home can bill Medicaid at a higher rate.
- *Adult Day Care* – These clients must be income-eligible, based on program guidelines. The Social Worker visits the clients quarterly, either at home or at the day care. Currently the only adult day care available in this county is Our Place, operated by the Randolph County Senior Adults Association.
- *Adult Home Specialists* – These Social Workers monitor adult care facilities to ensure that state regulations are being followed in the facilities. Results of the state-required annual survey completed by the Adult Home Specialists determine how often the facility is monitored. Each facility will be monitored once a month, every other month, or once a quarter, depending on the survey. Besides monitoring, the Adult Home Specialists also

work with the state to license the facilities and to investigate all the complaints that are received about the facilities.

- *Adult Protective Services* – DSS conducts investigations when abuse, neglect, or exploitation has actually occurred. Referrals come from anyone that suspects that a disabled or elderly adult has been abused, neglected or exploited. This includes reports of self-neglect. The Social Worker will evaluate if the adult is disabled; if he is abused, neglected, or exploited; or if he is in need of protective services. The Social Worker will arrange or provide whatever services are needed to protect the client. The DSS Attorney may request a court order to provide services if the individual is unable to give consent for services or if there is interference from the caretaker.
- *At Risk Case Management* – These services are for full-coverage Medicaid-eligible clients only. The Social Worker evaluates the client’s situation to determine the need for the service, assessing and reassessing the service needs, developing and implementing a service plan, assisting the client in locating and contacting providers and programs needed, coordinating delivery of services when multiple providers are involved, and monitoring services to insure they are provided and are adequate to meet the client’s needs. The Social Workers report time spent providing case management services, and the County submits reimbursement requests to Medicaid for time spent on managing these cases.
- *Guardianship* – DSS receives referrals from various sources for guardianship cases. DSS conducts an assessment of the individual’s mental competency. Mental Health also conducts a multi-disciplinary evaluation. If the evaluations show that the client cannot handle his own affairs, the DSS Attorney will petition the Clerk of Court for a competency hearing, with a recommendation on who should be named guardian. If there is no family member or other responsible individual who can be recommended for guardianship, DSS will be appointed as the guardian. The guardianship can be for personal guardian (to handle all matters except the estate), estate guardian (financial matters only) or general guardian (both personal and estate matters). If the Clerk of Court finds the client to be incompetent, she makes the final decision on who is to be named guardian. The DSS Attorney may also petition the Clerk of Court to change the guardian if the current one is deemed inappropriate. DSS also assists clients with restoration of competency if appropriate.
- *In-Home Aide* – This service is provided to clients without regard to income and is for adults under the age of 60. In-Home Aides assist with home management tasks—paying bills, grocery shopping, housecleaning, etc., but no personal care. A client may receive a maximum of 62 hours per month of in-home aide services.
- *Individual and Family Adjustment Services* – This service is designed to offer assistance in arranging for services in the community, such as Meals on Wheels, applying for Medicaid or Food Stamps, making doctor appointments, or applying for a prescription drug assistance program, or any other service that assists the adult in maintaining his independence in the community.

- *Nursing Home/Adult Care Home Placement* – This service is available to anyone, regardless of income. The Social Workers will assist the clients and families in finding a facility that is suitable to their needs when they are unable to remain in their current living situations. The Social Workers can assist with initial paperwork from their doctor and/or the Medicaid application. They will support the clients during the transition from one location to another and will help them as they adjust to their new environment. They will also help when clients request to and are able to return to a more independent living arrangement and will help with setting up services to assist the clients.
- *Representative Payee* – This service is needed when an individual has trouble managing his money (Social Security or SSI) or when the individual complains to Social Security that the person designated to handle his finances is mismanaging his funds. Social Security and others call DSS to intervene in these cases. DSS can apply to Social Security to be named representative payee for these individuals. DSS will then distribute the client’s funds to pay his bills and to provide for his personal needs.
- *Special Assistance In-Home* – Only those clients who are Medicaid-eligible qualify for this service. This service provides extra money to an individual so that he can stay in his home when the alternative is placement in an adult care facility. Funds may be used for prescription drugs, food, home improvement, and personal care. This is a fairly new program, and the state allocates slots for each county. Randolph County has only seven slots, and all are filled. State guidelines determine how much money each client will receive, and the amount will be determined by the Special Assistance Medicaid Unit.
- *Services to the Blind* – The Social Worker for the Blind is a state position, although the County pays a portion of the salary and provides office space and support. This Social Worker serves blind and vision-impaired adults and children, regardless of income. She may arrange for job training, independent-living classes, camps for blind children, and the like. She orders canes, radios, talking watches, and other devices for the blind. She does educational programs for various community groups. She receives referrals from the Lions Club, Senior Adult Association, Health Department, physicians, and others who are knowledgeable about her work.

- **Performance Measurements**

Intake

***Goal: Gather required and appropriate information to know what type of assessment/evaluation is needed***

- **Number of requests for services** – The Social Workers keep a manual log of all requests received. These numbers are compiled by the Supervisor.

Assessment/Evaluation

***Goal: Complete a thorough assessment/evaluation of each individual referred for adult services***

- **Number of adults accepted for services** – Some individuals requesting service are screened out as not being eligible; this number represents all those requesting service minus the number that were screened out. The Social Workers keep a manual record of all these numbers.
- **Assessments initiated within time frame** – Clients must be assessed immediately if there is a life-threatening situation, within 24 hours if the complaint alleges danger or irreparable harm, and within 72 hours otherwise. Social Workers keep a manual record of these statistics and turn them in to the Supervisor monthly.
- **Assessments completed within 30-45 days** – Assessments for exploitation must be completed within 45 days; all others must be completed within 30 days. Social Workers keep a manual record of these statistics and turn them in to the Supervisor monthly.

#### Appropriate Services

**Goal:** *Provide quarterly contacts according to the needs of the individual*

- **Percent of cases for which quarterly contacts are completed timely** – Social Workers must have contact with clients at least quarterly, usually a home visit. The Supervisor does monthly random audits of each Social Worker to ensure that contacts are being completed timely.

#### Legal Action

**Goal:** *Use the resources of the court when no other alternative is available*

- **Number of petitions filed** – This is the number of Adult Protective Services petitions and guardianship petitions filed. The Social Workers keep a manual record of petitions and report this number to the Supervisor monthly.

## **Service Area: Services - Childcare and Family Services**

### **Mission**

To determine eligibility for childcare assistance, medical transportation and some emergency assistance programs administered by the department.

### **Summary**

Family Services staff determines eligibility for working families in need of assistance with paying child care expenses. Depending on funding, childcare assistance may also be available to parents in school or training programs. Assistance may also be provided on a short-term basis for qualifying parents seeking employment. Family Services staff determines eligibility for medical transportation services and some other emergency assistance programs. There are 10.15 positions allocated to this service area.

### **Operations**

This service area includes one Supervisor, five Social Workers, one Human Resources Placement Specialist (located at the JobLink Center at Randolph Community College), and three clerical positions. Services include Childcare, Medicaid Transportation, Work Release, Eye Care, and Food Vouchers, and Information and Referral. Social Workers see clients to provide information on services and to help determine what services the clients need and may be eligible to receive.

- *Childcare* – State guidelines dictate eligibility for this service. Applicants must have a need for childcare assistance based on one of the following areas: to support employment, to support education/job training, entrance education and socialization of developmentally delayed children, children receiving Child Protective Services (CPS), or family crisis creating the need for Child Welfare Services (CWS). Eligibility is also determined by income, except for CPS and CWS. Both state and federal money fund this program. The families also pay fees, based on a percentage of their income and family size. Families receiving CPS, CWS, Work First, and those in school without income are not required to pay a fee. Post-high school education is covered for 24 months per parent, if the other parent is working.

After DSS determines eligibility, they issue a voucher for the parents to take to the childcare facility of their choice. The facility accepts the voucher and sends it back to DSS. DSS then enters this information into the reimbursement system and the Finance Office sends a monthly check to the facility. DSS can pay only licensed facilities and individuals (both relatives and non-relatives) who are enrolled with DSS. Individuals are enrolled only after criminal background checks, CPS checks, and Adult Protective Services checks. Non-relatives must also have a TB test and be certified in CPR and first aid. Religious-sponsored programs don't have to be licensed by the state, but they must have a letter of compliance from the state.

The facility sends attendance records for these children to DSS every month. Social Workers make unannounced visits to facilities and check facilities' attendance records against the records they send to DSS. These workers also provide technical assistance to the facilities.

The childcare caseload for 2005 averaged over 1,750. Children can receive this service until they are thirteen, unless they are special needs children (developmentally disabled, can't be left alone because of seizures, etc.), in which case they may be covered until the age of 18.

DSS recertifies families once a year. Families must report any change that affects their eligibility status.

- *Non-Emergency Medicaid Transportation* – Medicaid-eligible clients are certified for one year to receive this service. Trips must be for Medicaid-reimbursable services, such as visits to the doctor, hospital, dentist, pharmacy, chiropractor, or mental health provider. The transportation can be provided by RCATS, a neighbor or relative, or by the client himself. The client remits to DSS a mileage form per trip, with a doctor's statement or some other form of verification attached to it. DSS issues a monthly check to the transportation provider.
- *Work Release* – The NC Department of Corrections sends a notice to DSS when a prisoner who has dependent children in Randolph County is put on work release. A Social Worker meets with the children's care provider to see if that individual is interested in receiving financial support. DSS notifies DOC of the amount of money to be sent to the care provider.
- *Eye Care* – State funds provide for this income-based program for individuals not on Medicaid. It pays for eye exams, glasses, and surgery.
- *Food Vouchers* – DSS issues food vouchers to individuals/families to alleviate a food crisis. The voucher is for \$10 for one person, \$12 for two people, and \$15 for three people, and may be issued to individuals only once a year. The voucher lists what items may not be purchased with it. This program is supported with County funds.

## **Performance Measurements**

### Family Services Applications

***Goal: To take applications for Family Services programs and process each case timely***

- **Number of people requesting assistance** – Workers maintain an activity log that includes this number.
- **Number of applications taken** – Workers maintain an activity log that includes this number. This is the number requesting assistance, minus the ones screened out as not qualifying or who are referred to another agency.
- **Number of applications completed within 30 days** – Thirty days is the state standard for completing certain applications. If there is no state standard, DSS uses the 30-day standard, anyway.

- **Percent of time eligibility is determined timely** – Thirty days is the state standard for completing certain applications. If there is no state standard, DSS uses the 30-day standard.
- **Percent of time eligibility is determined correctly** – The Supervisor conducts a random audit of each worker each month; this percentage is derived from those audits.
- **Average number of children in childcare program** – The state provides a monthly computer report that includes this number; it is based on the number of children that DSS is paying for.

#### Childcare Reviews

*Goal: To complete recertifications timely so there will be no break in coverage*

- **Percent of time reviews are completed timely** – A review is done near the end of the certification period. DSS sends a notice to the client to come in to the agency with all verification documents a month before the certification period ends.

#### Childcare Changes

*Goal: To process changes to status timely and accurately*

- **Percent of time reported changes are acted on timely** – Notification of a change to status can come from the client or may be reported from a neighbor, relative, or other individual. Once the change has been determined, DSS must process the change within ten working days.
- **Percent of time reported changes are acted on accurately** – should be 100%.

## **Service Area: Services – Child Protective Services**

### **Mission**

To investigate reports of abuse and neglect of children when their parents, guardians or caretakers are believed to be responsible for the maltreatment. To prevent further abuse or neglect by the provision of appropriate services to the family.

### **Summary**

The department investigates allegations of abuse or neglect of close to 3000 Randolph County children annually. Child protective services are involuntary, and legal action can be taken to gain the cooperation of the family or others involved with the family. The department provides services to prevent further occurrences of maltreatment. The department may petition the Court for removal of the children from the home in serious cases when no other reasonable alternative is available. There are 27.10 positions allocated to this service area.

### **Operations**

The majority of referrals come from school personnel, relatives, neighbors, daycares, and medical facilities. Referrals may be made in person or by phone, email, fax, or mail. The person alleging abuse or neglect may remain anonymous; however, if he gives his name, it is kept confidential unless released by court order. If the alleged abuse is physical or sexual, DSS must make an immediate verbal report, followed up with a written report, to the District Attorney and the appropriate law enforcement agency within 24 hours.

Four Social Workers work solely with Intake (two during business hours and two after-hours). They talk face-to-face or by telephone with the person alleging the maltreatment in order to get as much information as possible on the child(ren) and the situation. They complete an initial report that is quite detailed and lengthy.

The Social Worker and the Supervisor together make a decision about whether the allegations meet the legal definitions of abuse, neglect, or dependency. If the allegations do not meet the criteria, there can be no investigation. DSS must notify the reporter (if known) of the screening decision within five days by mail. Reports requiring an investigation must be initiated within a certain time period (3-72 hours), depending on the type of allegation.

There are two Investigative Units in CPS; each consists of a Supervisor and five Social Workers. The investigation begins with an interview with all the children in the home (even if the report concerns one child only) and with the parents the same day the investigation is initiated and with any other individuals living in the home within seven days. DSS and law enforcement jointly investigate reports of physical and sexual abuse whenever possible. A home visit is required for each investigation. The Social Worker must also contact collaterals (those who might know the situation, such as a teacher or doctor) for each case. If there is suspected physical or sexual abuse, the Social Worker usually arranges for a physician with the Child Medical Examiner Program in Chapel Hill to examine the child. These professionals have received special training in abuse detection.

DSS has thirty days in which to complete the investigation, unless there are extenuating circumstances causing a delay. The Social Worker documents every contact on the case. After the investigation is completed, the Supervisor and staff make the decision whether to substantiate the case or not. If the allegations are unsubstantiated, DSS sends a letter to the reporter and to the family. If the allegations are substantiated, DSS sends a letter to the reporter and to the family, and the Social Worker contacts the family within seven days to develop a family services case plan. The case is transferred to Case Planning and Case Management. There are two Case Planning and Case Management Units, with a Supervisor and four Social Workers in each.

If it is dangerous for the children to stay in the home, DSS files a petition and non-secure custody orders to remove the children to foster care or an approved relative. During business hours a district court judge makes this decision; after hours, a magistrate contacts a district court judge by telephone.

A juvenile hearing is held within seven days. Parents are appointed an attorney if they cannot afford one. A Guardian ad Litem volunteer is assigned to the child. The judge decides whether the child will remain in DSS custody and placement responsibility or go home. If the child is to remain in custody, a placement hearing is held within thirty days to again review the child's placement status. DSS and the Guardian ad Litem make recommendations to the Court regarding placement options, treatment for both child and parents, and other services needed to reunite the family. Within sixty days of DSS's filing a petition, the court is to hold an adjudication hearing to determine whether or not the child is abused, neglected, or dependent. If DSS retains custody, the case is transferred to Foster Care. If the judge finds no abuse or neglect, the case ends.

Beginning in January 2006, DSS will participate in a new statewide initiative called the Multiple Response System (MRS). MRS allows DSS to use a less intensive, more family-friendly approach when assessing certain types of CPS reports. MRS encourages more collaboration between community agencies and a strengths-based approach to helping families provide safe, stable homes for their children. Assessments will still be initiated within the same time frames and should be completed within 30 days.

### **Performance Measurements**

#### **Intake**

***Goal: To document every report of abuse or neglect of a child and make appropriate screening decisions based on information gathered***

- **Number of children reported** – Manual records are kept of all reports coming into the agency.
- **Number of CPS reports screened out** – This number is physically counted from the manual records of reports to the agency.

#### **Investigation**

***Goal: To thoroughly investigate each accepted report of child abuse and neglect***

- **Percent of investigations initiated on time** – A state report generates this number.

Case Planning and Case Management

*Goal: To provide case management services in substantiated cases to prevent further abuse or neglect*

- **Number of active cases** – This number represents the average caseload for the quarter and is calculated by the Supervisor.
- **Percent of cases meeting minimum contacts** – Minimum contact means two face-to-face contacts per month with the child and with the parents, as well as a monthly contact with all the collaterals. The Supervisor audits two records per worker per month to determine this percentage.

## **Service Area: Services - Foster Care**

### **Mission**

To provide services to children and their families with the goal of correcting the behaviors that caused the child to be removed from the parents. Work towards reunification of children with their families. Find permanent homes for children when reunification is not possible.

### **Summary**

Children are placed in the department's custody when the Court determines that it is not safe for children to remain in their own home because of serious abuse, neglect or dependency. Services are provided to the child and family to reunite the family if at all possible. If not possible, the department must terminate the parents' rights and find a safe, appropriate, and permanent home for the child in the home of relatives or through adoption. There are 10.70 positions allocated to this service area.

### **Operations**

Most Foster Care cases come from Child Protective Services. When CPS files a custody petition and the court grants custody to DSS, that case is assigned to a Social Worker in Foster Care. The child is placed in a licensed foster care home or with a relative. Children who have mental health issues and need a higher level of care may be placed in a group home, a group facility with treatment available, or a locked facility, depending on the level of care needed. Some children, especially teenagers, may go to a group home if they need more structure or if no family foster homes are available. The Social Worker makes immediate contact with the child/children, parents, and foster parents or caregiver. The Social Worker must have monthly face-to-face contact with the children and parents and must make home visits to the parents and the foster home. Monthly contact is also made with collaterals (those who might know the situation, such as a teacher, doctor, juvenile court counselor, or Guardian ad Litem volunteer).

If either the father or mother is not in the home or has not been actively involved with the child, DSS must make diligent efforts to locate the absent parent. Absent parents must be given the opportunity to be considered for placement of their children or to assist with making alternate plans for their children. In cases of abandonment, DSS must search for both parents. Even when one or both parents are in prison, DSS is still required to make contact with the parents and consider their wishes when making permanent plans for the children.

A court hearing is held within seven days of DSS's filing of custody petition. A placement hearing is held within thirty days from that initial hearing if no adjudication hearing has been held by then. Placement hearings are held every thirty days thereafter until adjudication, unless the parents waive their rights to the placement hearings. The Social Worker writes a court report and submits it to the Court prior to the hearing. The report contains DSS's recommendations regarding treatment and services for the parents and the child. An adjudication hearing should be held within sixty days. Subsequent court reviews are held regularly—at least every six months. On or before the one-year mark, there will be a Permanency Planning hearing. DSS recommends a permanent plan for the child, either for reunification, adoption, guardianship, or custody with an approved relative.

For the period of time DSS is awarded custody, the Social Worker provides services and arranges other community services (substance abuse, mental health, domestic violence, etc.) for the parents and children. DSS provides regular visitations for parents and children. When the parents make progress in completing the goals of their family services case plan, DSS requests permission from the Court to allow a trial home placement. If this trial home placement goes well, DSS recommends to the Court that custody be returned to the parents. However, if parents do not make sufficient progress within twelve months, DSS recommends that the permanent plan change to termination or parental rights/adoption. A termination of parental rights hearing is a separate action. The Court hears testimony from relevant persons and must determine if the legal requirements have been met. If approved, the child is then free for adoption. If not granted, DSS continues to work with the family towards permanence of the child.

DSS can provide transitional services to children in foster care who are thirteen and older. These services help to prepare teenagers to go out on their own and become self-sufficient. Those still in foster care at eighteen and in school full-time can sign a voluntary placement agreement to continue in foster care until they are twenty-one. Otherwise, they leave foster care but are eligible (with DSS certification) to receive federal financial assistance for housing, tuition and books, help with car insurance payments, computers, etc., until they are twenty-one. The youth must be in an educational or job training program and be making sufficient progress in order to receive this assistance.

Randolph County DSS assists other county DSS agencies that have children placed in foster care in Randolph County. DSS also provides services to Randolph County parents who have children placed in foster care in another county.

## **Performance Measurements**

### **Alternative Placement**

***Goal: Find the most appropriate out-of-home placement for children that best meets their needs and eliminates the need for additional placements***

- **Average number of foster children each month** -- This number is compiled from a manual statistical form that the Social Workers complete each month.

### **Ongoing Services to Children and Families**

***Goal: Provide services that will enable families to correct the problems that led to the removal of the child from the home***

- **Percent of cases meeting required contacts** –The Supervisor conducts an audit of two records per worker per month to determine if all required contacts are being made in a timely manner.

### **Reunification of Children and Families\***

***Goal: Reunite children and families as soon as it is safe to do to***

- **Number of children reunited** – This number is compiled from a manual statistical form that the Social Workers complete each month.

Termination of Parental Rights\*

***Goal: Begin termination of parental rights proceedings when reunification cannot occur within 12 months***

- **Number of TPR petitions filed** – This number is compiled from a manual statistical form that the Social Workers complete each month.

\* These numbers are affected by court backlogs. Not enough time is allocated for all the cases that DSS has ready to be heard by the judge. DSS contracts with a private attorney to handle the Termination of Parental Rights cases and any appeals cases.

## **Service Area: Services - Volunteer Services**

### **Mission**

To provide services to the agency and to clients of the agency through the use of volunteers.

### **Summary**

Volunteer Services recruits and trains volunteers to provide services to the agency staff and to clients of the agency. These are services that the agency cannot perform due to funding and staff limitations. Volunteer Services also coordinates the medical transportation program through the use of volunteers and contracts with providers. There are 2.05 positions allocated to this service area.

### **Operations**

Staff for this service area consists of a Volunteer Coordinator and two Community Social Services Technicians. The Coordinator oversees all the operations of this service area. She supervises student interns and summer teacher interns that are hosted by DSS. The Technicians' duties include driving, supervising parental visits and doctor visits, and the like.

The Volunteer Coordinator is responsible for the recruitment, training and placement of volunteers to assist DSS with special needs. She makes presentations to church and civic groups and recruits these groups and other individuals to become DSS volunteers. Training includes educating volunteers on DSS policies and regulations. Additional training on safety issues is required for transportation of foster children. The Volunteer Coordinator conducts background checks on volunteers, including DMV search, criminal record history, and verification of automobile insurance.

Volunteers may be used to transport Medicaid clients to medical appointments. The Family Services Unit determines eligibility and need for Medicaid transportation. DSS also contracts with RCATS (Randolph County Area Transportation System) at the Randolph County Senior Adults Association for transportation. DSS sends information on eligible clients to RCATS; then it is the client's responsibility to arrange the transportation. The Volunteer Coordinator handles the RCATS billing. Other modes of transportation may include taxi and ambulance. In addition, DSS may reimburse Medicaid clients who drive themselves to medical appointments.

Volunteers may also transport foster children. These trips may be for parental visits, therapy sessions, doctor visits, or mental health visits. Some foster care trips must be made after hours, on weekends, and on holidays. For purposes of volunteer transportation statistics, foster parents are considered volunteers.

Some volunteers assist with the Temporary Emergency Food Assistance Program that is administered by Volunteer Services. This is a daylong food distribution to eligible households. The Volunteer Coordinator orders the food commodities from the U.S. Department of Agriculture based on projected need, and they are trucked in to the National Guard Armory in Asheboro, where the distribution takes place three times a year. Both hired help and volunteers

are needed for unloading, stacking, bagging, taking applications and determining eligibility, and crowd and traffic control. The Asheboro Kiwanis Club supplies manpower all day. Trustees from the jail do most of the lifting. Off-duty policemen provide security. Volunteers also assist with food distribution to the homebound. Representatives take applications and bring them to the distribution site. Volunteers take the food to the various sites around the county. Around 600 households are served during each event.

DSS completes and submits a reimbursement form to the Department of Agriculture. The County receives a percentage reimbursement based on the dollar value of the food distributed. This money is used to pay the deputy supervising the trustees from the jail, the off-duty policemen providing security, the forklift rental, the rental for tables, and a donation to the Asheboro Kiwanis Club.

Lastly, volunteers are used within the agency in a clerical capacity. They assist with filing, copying, and other general office functions.

The Volunteer Coordinator uses every opportunity to make the community aware of the needs of DSS clients and of the agency's need for volunteers through presentations and other means. She coordinates efforts to provide school supplies each fall to the agency's Foster Care children and Child Protective Services children. She also works to find a sponsor each year to provide Christmas gifts to the Foster Care children. She sets up an agency booth at health fairs and similar events. She serves on the Randolph County Volunteer Center Advisory Board, the RCATS Advisory Board, the County Schools' Communities in Schools committee, and the Courier-Tribune's Brighter Christmas panel.

## **Performance Measurements**

### **Recruitment/Training/Placement of Volunteers**

***Goal: To have an adequate number of volunteers available to meet special needs of the department***

- **Number of volunteer hours** – The Coordinator keeps a manual log of all hours worked by each volunteer.
- **Dollar value of volunteer hours (\$15.39/hr.)** – The hourly rate used for determining the value of volunteer hours is provided by the Governor's Office.

### **Medical Transportation Program**

***Goal: To provide or arrange for transportation services for foster children and individuals served by the department in other area and to provide or arrange for medical transportation services for Medicaid recipients***

- **Number of clients served by volunteers, RCATS, and self-drivers (not unduplicated)**  
This information comes from per-trip mileage forms the Coordinator maintains and from RCATS statements.

- **Number of miles driven (volunteers only)** – This information comes from per-trip mileage forms the Coordinator maintains and from RCATS statements.

#### Temporary Emergency Food Assistance Program

*Goal: To provide federal food commodities to eligible households*

- **Number of households served** – This number is derived from counting approved applications.
- **Number of distributions planned and carried out successfully and accurately each year** – There are generally three distributions each year. A notice of each upcoming event is placed in area newspapers. Food Stamp recipients automatically receive notification by mail.

#### Community Awareness

*Goal: To use every opportunity to make the community aware of DSS and the needs of our clients*

- **Number of presentations to community groups each year** – This information comes from a log maintained by the Coordinator.
- **Number of committees and community work groups/task forces served on annually**  
The Coordinator serves on the Randolph County Volunteer Center Advisory Board, the RCATS Advisory Board, the County Schools' Communities in Schools committee, and the Courier-Tribune's Brighter Christmas panel. The Coordinator serves as the agency's representative for the annual United Way campaign, coordinates activities for Breast Cancer Awareness in October, and coordinates activities for Child Abuse Prevention month in April.

## **Service Area: Services – Work First**

### **Mission**

To assist families with job training and support services needed to achieve economic self-sufficiency; to reduce or eliminate families' reliance on public assistance.

### **Summary**

Work First is a comprehensive array of services designed to provide temporary financial assistance, job training, and support services to families. Work First is a time-limited service. The department assists the family in finding other means to support themselves besides reliance on public assistance. There are 11.70 allocated positions in this service area.

### **Operations**

The Work First Program was originally known as the JOBS Program (also formerly AFDC), which began in 1995, with an emphasis on the educational component. The name changed to Work First in 1997, and the emphasis shifted to getting people to work. This service area consists of one Supervisor, one Human Services Coordinator, four Social Workers, four Income Maintenance Caseworkers, a Processing Assistant III (who assists with transportation), and a CSSA Driver. In addition, they have one contract employee who teaches job readiness, and contract staff from Mental Health, Employment Security Commission, and Vocational Rehabilitation located on-site at DSS.

To qualify for Work First, applicants must have children under the age of 18 in the home who are either their own, their relatives, or for whom they have legal custody. They must also meet income and resource guidelines. In addition, there is a work requirement that applies to most able-bodied parents.

Applicants first see an intake worker, who interviews them and takes initial applications for those who are not screened out. Qualifying applicants then return for one of the weekly orientation sessions, at which time they must present their Social Security card, verification of residence and income, birth certificate, etc. DSS has 45 days in which to process an application. Clients are assigned an income maintenance caseworker during orientation to handle their case. The monthly check amount is determined by the family size and income. For instance, the monthly income limit for a family of two is \$472. If eligible, that family would receive a monthly check for a maximum of \$236.

Able-bodied parents are required to participate in the Work First Employment Services Program, which means that one or both of the parents (if both parents are in the home) must be engaged in work or work-related activities for a combined total of 40 hours a week. If there are two parents in the home and they are receiving childcare assistance, their combined total must be 55 hours a week. DSS offers a 3-week job readiness class, which meets every day Monday – Friday and prepares participants for job search. Among other things, they learn how to complete an application and a resume, how to answer questions in an interview, and how to dress for an interview. They learn to use the Internet and they may be taken to the Job-Link site at RCC. They may also be taken to Goodwill for clothing appropriate for work. They learn about

nutrition, smart shopping, and parenting. After completing this class, most participants are ready for job search.

Job search participants are registered with the Employment Security Commission (ESC) through the on-site ESC employee, who meets with them individually to provide job leads and to set up appointments. Participants are required to complete 40 hours a week of work-related activities, and they must document what they did and where they went. These activities could be job search, educational, such as GED classes, a CNA course, or other job-skills training. Or activities could include volunteer work with an agency that has a work experience contract with DSS, such as Red Cross, Asheboro Housing Authority, or nursing homes.

Clients who need childcare so that they can participate in the program are referred to the Family Services and Child Care Unit for a childcare voucher. DSS can also help with transportation (work-related or trips to DSS for certain activities only) through several means—van drivers, taxi, gas cards, and mileage reimbursement. DSS may help with vehicle insurance and repairs or occasionally assist with a small down payment on a vehicle on a case-by-case basis. A Vocational Rehabilitation counselor stationed at DSS works with disabled parents to assess what work, if any, they can do. There is also a Mental Health employee on-site. All parents receiving benefits for their own children are required to have substance abuse screenings as part of their application interview process. This employee helps clients to access programs for substance abuse and other mental health services. The DSS social worker coordinates all these services to eliminate barriers to work and helps with other counseling or crisis intervention.

Families that are subject to the work requirement are eligible (by federal regulation) to receive only 60 Work First monthly checks in their lifetime from any DSS agency in the United States. In North Carolina, there are additional guidelines that dictate that these families cannot receive 60 consecutive checks. After 24 checks, the family becomes ineligible for Work First for 36 months; then they may be eligible for another 24 before becoming ineligible again for a 36-month period. Then they can receive the last 12 checks. Families not subject to the work requirement (for example grandparents, disabled parents, etc.) may receive up to 60 consecutive checks.

Clients may receive a Job Bonus once. If a parent goes to work, that income is not counted for the first 3 months, and the family continues to receive the Work First check. Once the Job Bonus is used, any further earned income will be counted. If the family income is over the allowed limit, there will be no further Work First checks.

As part of the Job Retention program, DSS provides transitional services to families whose earnings are less than 200% of the poverty level. This means the family could continue to receive employment services and financial assistance for such items as transportation, uniforms, etc. for up to one year after their Work First check stops.

Another service offered by DSS to clients who qualify is the Benefit Diversion Program. These clients don't receive a monthly check. Instead, they receive a one-time payment equal to 3 monthly checks. In this option, the parents are not required to participate in the Work First Employment Services Program. However, these clients cannot receive Benefit Diversion more

than once a year and may not be eligible to receive it every year. At the end of the 3-month Benefit Diversion period, it may be in the family's best interest to apply for a monthly Work First check if they are eligible.

Work First clients automatically receive Medicaid. If a child is not living with a parent, only the child is eligible for Medicaid.

Redetermination of eligibility is conducted on a yearly basis at a minimum if there have been no changes in a family's status during the year.

## **Performance Measurements**

### Determining Eligibility

***Goal: To take Work First applications, complete review and act on changes timely and accurately***

- **Number of intake interviews** – A computer-generated Excel document provides this number, which includes everyone who came to DSS. The Supervisor enters this information.
- **Number of applications taken** – This number represents all those who, after intake interviews, are determined to be eligible to apply. This number comes from the Excel document, and there is also a state report that provides this number.
- **Percent of applications processed timely** – DSS has 45 days in which to process applications. A state report provides this percentage.
- **Percent of time eligibility is determined correctly** – The Supervisor reviews a random sample of cases to verify that eligibility was determined correctly. The State also conducts audits.
- **Percent of time redeterminations are completed timely** – A state report provides this percentage.
- **Percent of time reported changes are acted on timely** – The Supervisor reviews a random sample of cases to verify that changes were acted on timely. The State also conducts audits.
- **Average number of Work First clients** – A state report provides this number.

### Finding Employment and Other Services

***Goal: To assist the individual with finding a job or connecting with other services to become self-sufficient***

- **Average number of adults receiving employment services (per month)** – A state report provides this number. The department also maintains a log.

- **Number of clients who went to work** – A state report provides this number. The Employment Security Commission also has these statistics.
- **Percent of clients who stayed off Work First** – This measure is based on clients who stayed off Work First for one year. A state report provides this number.

#### Transitional Services

*Goal: To provide services, when requested, to support the individual's transition from dependency to independence*

- **Average number of families provided transitional services (per month)** – The Supervisor maintains a manual log of these clients.