

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



Subrecipient Monitoring Plan

State Fiscal Year 14-15

July 1, 2014-June 30, 2015

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NCDHHS DIVISION OF SOCIAL SERVICES SUBRECIPIENT MONITORING PLAN

I. INTRODUCTION

PURPOSE

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

SUBRECIPIENT MONITORING

The Federal Office of Management and Budget (OMB) Circular A-133 (http://www.whitehouse.gov/omb/circulars_index-slg/) requires pass-through entities to monitor their subrecipients' use of federal funds. This is to ensure reasonable compliance with federal program laws and regulations and that provisions of contracts or grants and performance goals are achieved. Pass-through entities must ensure that any subrecipients expending \$500,000 or more in federal grants or awards during a given fiscal year have a single or program-specific audit performed in accordance with Circular A-133. In addition, N.C. G.S. § 143-6.1 requires the category of financial assistance contracts funded with State dollars and other dollars that flow through the appropriation process to be monitored as subrecipients.

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

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

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

This plan outlines how NCDSS, as a pass-through entity, will comply with its responsibilities under OMB Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations) and G.S. § 143-6.2 (Reports on Use of State Funds by Non-State

Entities) to monitor the disbursement and use of federal and state dollars for the intended purpose according to the compliance requirements of each funding source and the stipulations of the contract or performance agreement with the subrecipient. These requirements are consistent with the expectations of federal agencies and states addressed in the Federal Financial Assistance Management Improvement Act.

MONITORING PLAN REQUIREMENTS

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

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

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

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

Options can be selected by Services or by Contracts.

Expenditures for County Departments of Social Services by program and fund source are shown at the following web site:

<http://www.ncdhhs.gov/control/audits11/audit.htm>

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

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

<http://www.ncdhhs.gov/dss/budget/county.htm>

DESCRIPTION OF SUBRECIPIENTS AND PROGRAMS/SERVICES FUNDED

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

PROGRAM AREAS AND SERVICES TO BE MONITORED

Area	Federal/State Compliance Number
Social Service Block Grant for Children: CPS, Foster Care, Adoption, and Links	93.667-1 93-667-13
IV-E Foster Care	93-658
IV-E Adoption Assistance	93-659
Work First	93.558
State Maternity Fund	93.645-1
At Risk Case Management	N/A
Child Support	93.563
Family Violence Prevention	93.671
Food and Nutrition Services	10.561
Low Income Home Energy Assistance Program-LIEAP	93.568-2
Low Income Home Energy Assistance Program-CIP	93.568-3
Refugee Assistance	93.566-2
Children's Trust Fund	N/A
Community-Based Child Abuse Prevention	93.590
Intensive Family Preservation Services (IFPS):	93.556
Family Support Program /FRC	93.556
Reunification Services	93.556
Adoption Promotion and Post-Adoption Support	93.556
Children's Advocacy Centers	N/A
CAN/CPS Child Welfare	93.669

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

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

CORE AREAS TO BE MONITORED*

The OMB Circular A-133 specifies fourteen (14) areas of compliance monitoring. North Carolina has an additional requirement that requires policies prohibiting conflict of interest be reviewed for non-profit subrecipients. Depending on the program and type of funding, all 14 core areas may **not** be applicable to the funding source.

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

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

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

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

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

D: Davis-Bacon Act: This requirement is not applicable to DHHS subrecipients. It is a federal law that applies to contractors with contracts for more than \$2,000 financed by federal dollars where laborers and mechanics are employed.

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

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

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

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

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

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

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

K/11: Real Property Acquisition and Relocation Assistance: *This requirement does not apply to DHHS.*

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

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

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

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

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

**Note: With the exception of the Davis-Bacon Act (D) the Conflict of Interest (15) and No Overdue Taxes requirement, the federal and state requirements are the same. The alphabetic code denotes how the federal requirement is referenced. The numeric code is the corresponding state code for that core area.*

ROLES AND RESPONSIBILITIES

DSS Budget Office has been assigned the lead responsibility for coordinating subrecipient monitoring activities within NCDSS. The Budget Office is responsible for ensuring overall fiscal integrity within the Division. In order to maintain objectivity in carrying out its responsibilities, the duties of Division monitors are distinctly separate from other NCDSS staff that have direct responsibility for program and fiscal management, program development, technical assistance, or any other functions directly related to program administration.

The role of subrecipient monitoring is to provide an objective process for assurance of compliance with the requirements of subrecipient monitoring per OMB Circular A-133 and the DHHS Subrecipient Monitoring protocols. It is the role of subrecipient monitoring to assure that all programs/contracts which are determined to require subrecipient monitoring are meeting the requirements set within the applicable compliance supplements or contracts.

DUTIES OF DSS BUDGET OFFICE

The Division Budget Office is responsible for providing reasonable assurance to the Executive Management Team (EMT) of NCDSS and, by virtue of its assignment of the responsibility, to the Department that a subrecipient is in compliance with the state and federal requirements according to the specifications of the type of financial assistance received. This includes making a determination as to whether there is sufficient internal control over financial management and accounting systems to account for program funds in accordance with state and federal requirements. Specifically, the DSS Budget Office is responsible for:

1. Developing, implementing, and updating the Division's subrecipient monitoring plan.
2. Disseminating single audit findings to all sections and monitors.
3. Identifying what components need to be monitored according to the applicable compliance requirements.
4. Identifying NCDSS team roles and responsibilities for monitoring.
5. Developing and designing appropriate monitoring tools, instruments, protocols and worksheets, in collaboration with the Lead Monitors and other DHHS Subrecipient Monitoring Coordinators.
6. Providing training to the contract managers, program compliance representatives, and program coordinators on the methods and strategies for program and fiscal monitoring, including on-site monitoring and the reporting requirements of monitors.
7. Reviewing the progress of monitoring activities to assure that they are being carried out in a manner consistent with the plan.
8. Providing ongoing feedback and support to program compliance representatives in carrying out their responsibilities.
9. Maintaining and updating a current list of DSS staff performing ongoing monitoring activities carried out within the Division.
10. Maintaining a listing of locations where the source documents for specific monitoring activities are maintained.

11. Evaluating the impact of subrecipient activities on NCDSS' ability to comply with applicable Federal and State requirements and communicating any concerns to management.
12. Calculating budget projections for all programs/services in DHHS Open Window.

Implementation of the NCDSS Subrecipient Monitoring Plan involves the participation of most sections within NCDSS.

NCDSS STAFF PERFORMING SUBRECIPIENT MONITORING AND RELATED SUPPORT ACTIVITIES ARE IDENTIFIED BELOW:

NCDSS Monitoring Staff-SFY 14-15	Area of Responsibility
Division Monitoring Coordinators	
Kathy Sommese, DSS Business Director	County Departments of Social Services and County-operated Child Support offices, Compliance Supplements, Budget Projections
Judy McArn	Child Support Services
David Locklear, Betsy E. Moore	Food And Nutrition Services, Low Income Home Energy Assistance Program (LIEAP, CIP)
Verna P. Best, Michelle Smith	Community Services Block Grant (CSBG)
Johnice Tabron	Work First
Kevin Kelley, Carla McNeill	Child Welfare Services
Kristin O'Connor	Community Based Programs
Suzanne Merrill (with DAAS)	Social Services Block Grant for Adult Services
Program Compliance Monitors	
Kristin Bogen, Denise Knight	Work First
Gail Andersen	Refugee Assistance
Marlene Myers, Lynne Little, Pat Priest	Refugee Assistance Program Services – Formula (RAP-SS, TAG-F) and Discretionary (School Impact, TAG-D, Elderly & Cuban-Haitian)
Alice Smith, Jerquitta Hicks, Melissa Gallion, Deborah Brown	Food and Nutrition Services, Low Income Energy Assistance
Betsy Moore, Ivy Murphy	Food and Nutrition Services Education Training
Trudy Logan, Freeman Denton, Robin Capps, Valerie Morgan	Community Services Block Grant programs
Kenya Newsome, Sally McDonald, Carole Allen, Judy Jedrey, Millie Bellamy, Leona Cauble, Terri Griffin, Angela Craig, Sharon Stanley	Child Support Services
Bernard Norfleet, Gloria Duncan	IV-E Foster Care, IV-E Adoption Assistance, Medicaid At Risk Case Management, Social Services Block Grant for children: Adoption, Child Protective Services, Foster Care Services, NC LINKS
Kevin Kelly	Special Children Adoption Incentive Fund; Adoption/Special Children's Adoption Fund
Program Coordinators	
Amelia Lance	Adoption/Special Children's Adoption Fund
Tina Bumgarner	State Maternity Fund
Contract Administrators	

Eric Zechman	CPS/Child Welfare
Eric Zechman	Family Violence Prevention
Eric Zechman	Children's Advocacy Centers
Eric Zechman	Children's Trust Fund
Deborah Day	Family Support Programs
Teresa Strom	Post Adoption Support Programs
Michelle Reines	Intensive Family Preservation and Reunification Services
Danielle McConaga	Casey Foster Care Independence Program, Education and Training Vouchers
Kathy Dobbs, Rebecca Huffman	Child Protective Services-CPS/Child Welfare Collaborative
Jeanne Preisler	Project Broadcast
Antonia Zimmer	Child Medical Evaluation Program (CMEP)
Program Development Coordinators	
Kristy Nash, Darrell Renfroe	County DSS Agencies
Fiscal Compliance Monitors	
Regina French, Kim Goodwin, Charles Robertson	County DSS and Child Support offices
Jean Fecteau, Vacant	Community Services Block Grant funds
Program Compliance/Contracts Section	
Carlotta Dixon	NCDHHS Open Window, Division Contracts Administrator, Civil Rights Title VI Coordination, HIPAA Privacy Coordination
Support Staff	
Pam Johnson	Website Coordinator

NC DSS Budget Office

Refer to section above, Duties of DSS Budget Office.

Division Monitoring Coordinators

Develop Compliance Review Criteria for Program(s) Administered

Review and Follow-Up on Plans of Correction;

Ensure Monitoring Reports are posted in designated files on the Division's server.

Program Compliance Monitors

Monitor activities of the subrecipient to ensure that funds are used for authorized purposes in compliance with the laws, regulations, and the provisions of the grant or agreement. Provide monitoring reports to staff member designated to post results on the Division's server.

Program Coordinators

Monitor activities of the subrecipient to ensure that funds are used for authorized purposes in compliance with the laws, regulations, and the provisions of the grant or agreement. Provide Technical Assistance to subrecipients in Addressing Areas of Risk.

Contract Administrators

Work with vendors to develop and monitor contracts, receive any reports or deliverables, review and approve invoices and expenditure reports, coordinate with DSS Budget Office and DHHS Controller's Office to ensure accurate and timely payment for eligible expenditures.

Fiscal Compliance Monitors

Fiscal Monitoring of County DSS and Child Support offices, Risk Assessments, Technical assistance to Contract Administrators, Coordination of Division Response to Single Audit Findings and Payment Adjustment Report.

Program Compliance/Contracts Section

Review and approve all contracts, provide daily technical assistance, enter financial information into NCAS, update DSS Contracts and DHHS Open Window databases, assist in drafting contracts to ensure appropriate levels of performance expectations, sort and forward contracts to appropriate areas for review, approval and signature, conduct monitoring, investigations, and training for Civil Rights Title VI compliance and HIPAA Privacy compliance.

Support Staff

Post Monitoring Results, maintain Monitoring Plan on line.

DOCUMENTATION OF MONITORING ACTIVITIES

Each Program Compliance Monitor, Contract Administrator, Program Administrator, or Fiscal Compliance Monitor is responsible for reporting their monitoring activities. Documentation shall follow the format developed by the Section's Monitoring Coordinator. Any ensuing technical assistance required as a result of subrecipient monitoring activities shall be referred to the contract administrator or the appropriate program representative for follow-up.

In addition, copies of certain monitoring documents will be kept in a centralized location by the designated support staff to facilitate easy access and review. This shall include copies of all source documents such as the Self Assessment Review Summary, the risk assessment tool, monitoring tools and instruments and copies of pertinent information used for monitoring shall also be included in the subrecipients file. Copies of all communication to and from the subrecipient which pertains to subrecipient monitoring shall also be included in the file. This includes copies of the notification, the monitoring results report, plans of correction and notification to the subrecipient of the disposition of the outcome of the review of the corrective action plan (closure letter).

SANCTIONS FOR NON-COMPLIANCE

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

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

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

POSTING MONITORING RESULTS

There is a folder on the Division's shared J: Drive called **Monitoring**. In the folder called **Monitoring**, there is a subfolder for each section where the monitoring results will be placed alphabetically by County name. Each section that monitors County DSS Program or Fiscal activities will identify a person or persons who will be responsible for posting their monitoring results into that folder.

The Section subfolders are:

County Fiscal Monitoring

Child Welfare Services (includes Adoption, At Risk Case Management, Child Protective Services, Foster Care Services, and State Maternity Fund)

Child Support Services

Economic and Family Services (includes Food and Nutrition Services, Energy Programs, Work First, Refugee Cash Assistance, Community Services Block Grant)

Program Compliance-Contracts Section

There will be a subfolder called **Audits and Findings** where single county audit results will be posted by the fiscal compliance monitors as information is received from DHHS Controller's Office.

TIMELINE FOR COMPLETION OF SFY 14-15 SUBRECIPIENT MONITORING ACTIVITIES

Dates	Activity	Responsible Staff
July 1, 2014 – August 31, 2014	Revising/Updating Monitoring plans	Kevin Kelley, Carla McNeill, Dean Simpson, David Locklear, Judy McArn, Kristin O'Connor , Kathy Sommese
Refer to Carlotta Dixon	Subrecipient Monitor Training	Carlotta Dixon
September 2014	Updating Monitoring Plan on Division's Monitoring Website	Kathy Sommese, Pam Johnson
July 1, 2014 - June 30, 2015	Completing Sub-recipient Monitoring	Program compliance monitors, Program Coordinators, Contract Administrators, fiscal compliance monitors
June 30, 2015 - August 15, 2015	Posting Monitoring results to Division's web site and server	Program Compliance monitors, Program Coordinators, Contract Administrators, fiscal compliance monitors

LIST OF 100 COUNTY DEPARTMENTS OF SOCIAL SERVICES BY COUNTY LEVEL

COUNTY LEVEL I

Alexander	Gates	Pamlico
Alleghany	Graham	Pasquotank
Anson	Granville	Pender
Ashe	Greene	Perquimans
Avery	Hertford	Person
Bertie	Hoke	Polk
Bladen	Hyde	Richmond
Camden	Jackson	Stanly
Caswell	Jones	Stokes
Chatham	Lee	Swain
Cherokee	Macon	Transylvania
Chowan	Madison	Tyrrell
Clay	Martin	Warren
Currituck	McDowell	Washington
Dare	Mitchell	Watauga
Davie	Montgomery	Yadkin
Franklin	Northampton	Yancey

COUNTY LEVEL II

Alamance	Halifax	Randolph
Beaufort	Harnett	Robeson
Brunswick	Haywood	Rockingham
Burke	Henderson	Rowan
Cabarrus	Iredell	Rutherford
Caldwell	Johnston	Sampson
Carteret	Lenoir	Scotland
Cleveland	Lincoln	Surry
Columbus	Moore	Union
Craven	Nash	Vance
Davidson	Onslow	Wayne
Duplin	Orange	Wilkes
Edgecombe	Pitt	Wilson

COUNTY LEVEL III

Buncombe	Durham	Guilford
Catawba	Forsyth	Mecklenburg
Cumberland	Gaston	New Hanover
	Wake	

REFERENCES:

Executive Order 12689 – Debarment and Suspension, 54 Federal Register 34131, August 18, 1989.

Federal Financial Assistance Management Improvement Act of 1999, Public Law 106-107, January 20, 1999.

§ NC General Statutes Chapter 143 Article 1 – Executive Budget Act, Section 6.2 Report on Use of State Funds by Non-State Entities.

NC DHHS Open Window

NC DHHS Division of Social Services, Plan for Monitoring Subrecipients

NC DHHS Policy and Procedure Manual, Chapter IV: General Administration, “Monitoring of Programs,” Effective Date: July 1, 2000; Revised, August 1, 2002.

NC DHHS Subrecipient Monitoring Manual: A Guide to Assist Divisions in Developing Monitoring Plans, Office of the Controller, December 1, 2002.

NC Department of State Treasurer, State Compliance Supplement

NC General Assembly, 1993 Session Law, Chapter 321 (Senate Bill 27), Section 16 of the Appropriations Act: State Money Recipients/Conflict of Interest Policy.

Office of Management and Budget Circular A-133, Audits of States, Local Governments and Nonprofit Organizations.

II. MONITORING OF COUNTY DEPARTMENTS OF SOCIAL SERVICES

A. FISCAL MONITORING OF COUNTY DSS

1. Budget Office Fiscal Monitoring Plan

PURPOSE

The Division of Social Services is responsible for administering a \$1.3 billion budget for Public Assistance and Social Service Programs throughout the State of North Carolina. The Budget Office supports the financial and operational activities as well as administrative management functions and contract related activities. Fiscal monitoring will be completed by the Fiscal Compliance Monitors (FCM).

PROGRAM AREAS AND SERVICES TO BE MONITORED

FOOD AND NUTRITION SERVICES

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

CHILD SUPPORT SERVICES

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

WORK FIRST

North Carolina's Work First Program is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and other services to help them become employed and self-sufficient. Families can receive support up to five years. Work First emphasizes three strategies: Diversion, Work, and Job Retention. Work First Family Assistance is also provided for eligible children whose caretaker is not eligible for benefits themselves.

Work First Family Assistance provides monthly financial assistance to assist in meeting the basic needs of families with children such as food, shelter, etc.

Work First services are provided to families to improve their employability skill, to assist families to become employed, retain employment, and become self-sufficient. The services provided to families include but are not limited to education/training, employment services, childcare, transportation services and retention services to the employed. These services provided to clients enable the state to meet employment goals for able-bodied adults entering employment and able-bodied adults remaining off Work First for employment. Generally, these services are provided by a Work First employment worker or by other community agencies.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Crisis Intervention Program (CIP) is part of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant. Applicants apply for CIP funds to alleviate a heating or cooling related crisis. . Emergency Contingency Funds are sometimes released allowing households to receive additional funds. Under current policy, households have an annual maximum limit that each individual county sets not to exceed \$600.00 including Emergency Contingency Funds. The Low Income Energy Assistance Program (LIEAP) is a Federally-funded program that provides for a one-time vendor payment to help eligible households pay their heating bills. Priority in eligibility is given to disabled persons receiving services through the Division of Aging and Adult Services, or households in which members are age 60 and older. Applications for those households will be taken December 1st through January 31st or until funds are exhausted.

FOSTER CARE TITLE IV-E ADMINISTRATION

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

ADOPTION ASSISTANCE IV-E ADMINISTRATION

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

SOCIAL SERVICES BLOCK GRANT (SSBG) ADMINISTRATION

Social Services Block Grant (SSBG) Administration is reimbursement for staff cost and direct purchased services for clients who are eligible. SSBG funds are made available under Title XX of the Social Security Act. SSBG funding is broken into sub funding sources: SSBG, State In-home, TANF

to SSBG and Adult Day Care Federal. SSBG and State In-home can be used to provide in-home services for elderly or disabled adults. TANF to SSBG is used for administrative funding for staff cost and purchased services. Adult Day Care is paid to providers who provide eligible clients with Adult Day Care Services.

COUNTY SUBRECIPIENT SELF-ASSESSMENT OF INTERNAL CONTROLS

Each local DSS is required to submit a self-assessment of internal controls annually. A county is allowed to complete a certification in lieu of the full Self-Assessment survey up to 3 times, provided they meet all of the following conditions (note these criteria have changed since last year):

- 1) There were no findings or questioned costs cited in the single audit for year ending 6/30/14, and;
- 2) Agency Director and fiscal officer have three or more years experience in that position in that agency as of June 30, 2014, and;
- 3) There were no weaknesses reported on the previous “Subrecipient Self-Assessment of Internal Controls and Risks” survey without mitigating controls in place.

If any of the above conditions exist the county is required to submit a full self assessment until they meet all of the above requirements. The Self Assessment will be reviewed for completeness and signature. The documents will be saved on the Division’s server. The FCM will utilize the pertinent data within the self-assessment in addition to monitoring and single audit reports to complete a Local County DSS Risk Assessment each calendar year.

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

MONITORING ACTIVITIES PROCESS

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

Fiscal monitoring will consist of Administrative reimbursement from nine fund sources: FOOD and NUTRITION SERVICES, MEDICAID, HEALTH CHOICE, CHILD SUPPORT SERVICES, WORK FIRST (TANF funding for this monitoring are the Federal dollars in the Work First Block Grant), LIHEAP/CIP, FOSTER CARE TITLE IV-E ADMINISTRATION, ADOPTION ASSISTANCE IV-E ADMINISTRATION, and SOCIAL SERVICES BLOCK GRANT (SSBG) ADMINISTRATION. These fund sources are selected by their CFDA number as some of these have

multiple coding options. This review will monitor how the county reported applicable cost for reimbursement only and will not monitor the individual client's eligibility.

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

Purchase, contract or non-direct Staff costs are reported on DSS-1571 Part II or IV. All cost reported on the DSS-1571 Part II or Part IV will require 100% reconciliation to the county general ledger. Based on the monitoring month, a county may not have expenditures in the funding sources being monitored. If a county does not have any expenditure for a particular fund source it will be documented on Attachment A and considered compliant for this monitoring.

The Budget Office Monitoring Worksheet (Attachment A) will be used to document monitoring findings. After the monitoring is completed, a letter along with Attachment A will be sent to the County Director of Social Services with the monitoring results. The monitoring report is due sixty (60) calendar days from the date of the review. The report must, at a minimum, include a summary of the monitoring findings; a list of findings for all documents reviewed; and corrective actions if necessary.

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

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

Each FCM will enter the monitoring results/findings report into the monitoring website within eighty days of the county visit. Correction notices will be posted when completed.

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Social Services



Budget Office Monitoring Worksheet

County DSS Monitored: Name

Director: Name

Fiscal Officer: Name

Periods Monitored: Month & Year

Fiscal Compliance Monitor: _____

Date of Visit: _____

Monitoring Procedure	Comments / Findings	
GENERAL		
I. Review the DSS Internal Control Questionnaire and assess the risk that internal control structure will insure that costs charged to the grant are in accordance with the terms of the grant.		
II. Verify the organization has or expects to have an audit in accordance with Government Auditing Standards. If an audit has been performed, determine if any there are any audit findings related to DSS. Based on your review of the audit findings determine additional fiscal areas to be monitored		
DSS-1571 Part I (Administrative Costs)	<Month>	<Month>
• 1571 Part I, Payroll Journal and General Ledger reconciled		
• Time coded to FNS, LIEHEAP/CIP, SSBG, TANF, State-In-Home and/or IV-E eligibility on daysheet – standard, automated, or summary sheet?		
• Percent of Time Report reconciled to Part I for minutes coded to Program Codes.		

Program Codes to Review	<Month>	<Month>						
<ul style="list-style-type: none"> FNS Part I-B: 11/16, 24/12, Part I-B: 64/14, 65/09, 65/10, 65/14, 65/16, 99/15 (App Codes 242, 243, 404, 405, 409, 417, 456, 472) 								
<ul style="list-style-type: none"> Medicaid Part I-A: 01/15, 06/15 (App Codes 250, 380, 381) Part I-B: 63/14, 64/10, 64/13, 70/10 (App Codes 412, 402, 422, 477) 								
<ul style="list-style-type: none"> NC Health Choice 63/09, 63/10, 16/18 (App Codes 440, 470, 484) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><Month></td> <td style="width: 50%; text-align: center;"><Month></td> </tr> <tr> <td>NCHC Penetration Rate from Report EJA 331:</td> <td>NCHC Penetration Rate from Report EJA 331:</td> </tr> <tr> <td>NCHC Penetration Rate In Maximus:</td> <td>NCHC Penetration Rate In Maximus:</td> </tr> </table>	<Month>	<Month>	NCHC Penetration Rate from Report EJA 331:	NCHC Penetration Rate from Report EJA 331:	NCHC Penetration Rate In Maximus:	NCHC Penetration Rate In Maximus:		
<Month>	<Month>							
NCHC Penetration Rate from Report EJA 331:	NCHC Penetration Rate from Report EJA 331:							
NCHC Penetration Rate In Maximus:	NCHC Penetration Rate In Maximus:							
<ul style="list-style-type: none"> IV-D Child Support Part I-C: 79/09, 79/10, 99/16 (App Codes 123, 425, 430) 								
<ul style="list-style-type: none"> TANF Part I-A: 03/11, 03/13, 03/14, 03/15, 54/10, 54/12, 54/15, 55/09, 55/10, 55/11, 55/12, 55/13, 55/14, 55/15, 55/16 (App Codes 051, 052, 053, 055, 058, 059, 060, 061, 085, 087, 089, 144, 226, 238, 358) 								
<ul style="list-style-type: none"> Work First Maintenance of Effort (MOE) Part I-A: 53/09, 53/11, 53/13, 53/15, 54/09, 54/11, (App Codes 044, 046, 048, 049, 092, 319) 								
<ul style="list-style-type: none"> LIHEAP/CIP Part I: 01/16-A, 64/16-B, 66/16-B (App Code 406) 								
<ul style="list-style-type: none"> IV-E Foster Care Administration and IV-E CPS Part I-A: 27/15, 38/09, 38/10, 38/14, 38/15, 38/16, 39/09, 67/09, 99/13; and Part I-B: 67/09 (App Codes 072, 074, 097, 230, 302, 304, 355, 407, 431) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><Month></td> <td style="width: 50%; text-align: center;"><Month></td> </tr> <tr> <td>IV-E Foster Care Penetration Rate From Controller's Office:</td> <td>IV-E Foster Care Penetration Rate From Controller's Office:</td> </tr> <tr> <td>IV-E Foster Care Penetration Rate In Maximus:</td> <td>IV-E Foster Care Penetration Rate In Maximus:</td> </tr> </table>	<Month>	<Month>	IV-E Foster Care Penetration Rate From Controller's Office:	IV-E Foster Care Penetration Rate From Controller's Office:	IV-E Foster Care Penetration Rate In Maximus:	IV-E Foster Care Penetration Rate In Maximus:		
<Month>	<Month>							
IV-E Foster Care Penetration Rate From Controller's Office:	IV-E Foster Care Penetration Rate From Controller's Office:							
IV-E Foster Care Penetration Rate In Maximus:	IV-E Foster Care Penetration Rate In Maximus:							
<ul style="list-style-type: none"> IV-E Adoption Assistance Administration Part I-A: 38/12, 38/13, 39/09, 39/10, 39/15, 99/14 (App Codes 083, 094, 095, 132, 133, 304) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><Month></td> <td style="width: 50%; text-align: center;"><Month></td> </tr> <tr> <td>IV-E Adoption Penetration Rate From Controller's Office:</td> <td>IV-E Adoption Penetration Rate From Controller's Office:</td> </tr> <tr> <td>IV-E Adoption Penetration Rate In Maximus:</td> <td>IV-E Adoption Penetration Rate In Maximus:</td> </tr> </table>	<Month>	<Month>	IV-E Adoption Penetration Rate From Controller's Office:	IV-E Adoption Penetration Rate From Controller's Office:	IV-E Adoption Penetration Rate In Maximus:	IV-E Adoption Penetration Rate In Maximus:		
<Month>	<Month>							
IV-E Adoption Penetration Rate From Controller's Office:	IV-E Adoption Penetration Rate From Controller's Office:							
IV-E Adoption Penetration Rate In Maximus:	IV-E Adoption Penetration Rate In Maximus:							

Monitoring Procedure	<Month>	<Month>
<ul style="list-style-type: none"> SSBG Administration Part I-A: 01/09, 01/10, 01/11, 01/12, 01/13, 01/14, 02/09, 03/12, 05/09, 05/13, 05/14, 05/15, 05/16, 07/09, 14/11, 15/11, 16/11, 16/12, 16/16, 17/11, 18/11, 38/11, 39/11 (App Codes 010, 012, 020, 030, 101, 120, 140, 170, 214, 248, 249, 250, 308, 354, 385) <p>Adult Home Specialist Time – (Y/N) 36.58% Penetration Rate Used – (Y/N)</p>		
<ul style="list-style-type: none"> State-In-Home: Part I-A: 01/13, 14/13, 15/13, 15/15, 16/10, 16/13, 16/14, 16/15, 17/13, 18/13, 19/12, 19/13, 39/13, 40/13, 41/13, 42/13, 44/13, 45/13, 46/13 (App Codes 022, 035, 125, 145, 150, 151, 152, 154, 155, 156, 184, 185, 190, 192, 193, 237, 247, 311, 396) 		
<ul style="list-style-type: none"> TANF to SSBG Part I-A: 03/09, 03/16, 25/16 (App Codes 050, 088, 127) 		
DSS-1571 Part II		
<ul style="list-style-type: none"> General Ledger General ledger reconciles to expenditures claimed – review cost allocated codes 310, 311, 349, 359, 361, 380, 381, 382, 383. Budget Office approval on file for Contracted rates claimed above state published rate 		
<ul style="list-style-type: none"> FNS Employment and Training Vouchers 245, 354, 362, 404, 456, 458, 472 		
<ul style="list-style-type: none"> Medicaid 218, 287, 257, 375, 412, 422, 444 		
<ul style="list-style-type: none"> Health Choice 441, 470, 475 		
<ul style="list-style-type: none"> IV-D 123, 423, 424, 432, 449, and/or 450 		
<ul style="list-style-type: none"> TANF 011, 053, 055, 060, 085, 089, 204, 205, 206, 207, 226, 227, 238, 246, 276 		
<ul style="list-style-type: none"> Work First Maintenance of Effort (MOE) 049, 221, 225, 232, 233, 234, 235, 277 		
<ul style="list-style-type: none"> LIHEAP/CIP 352, 358, 360, 372, 379 		
<ul style="list-style-type: none"> IV-E Foster Care Administration and IV-E CPS 072, 074, 097, 230, 302, 336, 355, 363, 364, 431 		
<ul style="list-style-type: none"> IV-E Adoption Assistance Administration: 095, 132, 133, 304 		
<ul style="list-style-type: none"> SSBG Administration 050, 088, 101, 170, 190, 308, 321, 323, 331, 332, 333, 334, 335, 345 		

Monitoring Procedure	Comments / Findings	
DSS-1571 Part IV (LIHEAP/CIP Not Allowed)		
<ul style="list-style-type: none"> • IV-D Fees Fees are posted to county general ledger and receipts issued. Fees reported on 1571 – Fund ID 3 		
<ul style="list-style-type: none"> • TANF Fund ID Q, T (unless service code 351), Y 		
<ul style="list-style-type: none"> • Work First Maintenance of Effort (MOE) Fund W 		
<ul style="list-style-type: none"> • Food and Nutritional Services Fund ID H or S 		
<ul style="list-style-type: none"> • IV-E Foster Care Administration and IV-E CPS Fund R, X 		
<ul style="list-style-type: none"> • SSBG Administration Fund IDs: 3, 4, 7, 8, A, H, L, M, or P 		
CONSOLIDATION / OTHER COUNTY DEPARTMENTS		
<p>Is the DSS part of a Consolidated Human Services Agency? Are other County Departments / Programs supervised / administered by DSS staff?</p>		
GRANTS		
<p>Is the agency a recipient of grants awarded from non-DSS agencies or entities? If so, does the grant fund a non-DSS funded service? Is there a cost-share or match requirement? Is DSS staff time utilized for the match? Does any DSS staff provide services funded by the grant? Are any DSS staff salaries funded by the grant?</p>		
SECURITY		
<p>Review Last Semi-Annual Certification and supporting documentation</p>		

Worker Time Reporting Errors

County: _____

Date: _____

Program	MM/YY	Employee	Function & Column	Minutes on Percent of Time Report	Minutes Keyed in TEC	Correct Amount Charged to Fund Source Y/N
---------	-------	----------	-------------------	-----------------------------------	----------------------	-------------------------------------------

1

2

3

4

5

Notes:

MM/YY

1

2

3

4

5

Notes:

1

2

3

4

5

Notes:

MM/YY

1

2

3

4

5

Notes:

Scheduled Monitoring

12 months - FY July 2014 to
June 2015 (subject to
change)

County	Monitor	change)
Alamance	Kim	April 2015
Alexander	Charles	August 2014
Alleghany	Charles	June 2015
Anson	Regina	May 2015
Ashe	Charles	June 2015
Avery	Charles	June 2015
Beaufort	Kim	May 2015
Bertie	Kim	May 2015
Bladen	Regina	April 2015
Brunswick	Regina	June 2015
Buncombe	Charles	September 2014
Burke	Charles	August 2014
Cabarrus	Charles	July 2014
Caldwell	Charles	September 2014
Camden	Kim	August 2014
Carteret	Regina	June 2015
Caswell	Kim	July 2014
Catawba	Charles	August 2014
Chatham	Kim	September 2014
Cherokee	Charles	May 2015
Chowan	Regina	July 2014
Clay	Charles	January 2015
Cleveland	Charles	October 2014
Columbus	Regina	July 2014
Craven	Regina	July 2014
Cumberland & CSE	Regina	August 2014
Currituck	Kim	February 2015
Dare	Regina	September 2014
Davidson	Kim	September 2014
Davie	Kim	September 2014
Duplin	Regina	September 2014
Durham	Kim	June 2015
Edgecombe	Kim	November 2014
Forsyth	Kim	October 2014
Franklin	Kim	May 2015
Gaston	Charles	November 2014
Gates	Kim	June 2015
Graham	Charles	May 2015
Granville	Kim	November 2014
Greene	Regina	June 2015
Guilford & CSE	Kim	November 2015
Halifax	Kim	June 2015
Harnett	Regina	November 2014
Haywood	Charles	November 2014
Henderson	Charles	November 2014
Hertford	Kim	January 2015
Hoke	Regina	November 2014
Hyde	Regina	November 2014
Iredell	Charles	November 2013/2014

**12 months - FY July 2013 to
June 2014**

County	Monitor	(subject to change)
Jackson	Charles	June 2015
Johnston & CSE	Kim	December 2014
Jones	Regina	December 2014
Lee	Regina	December 2014
Lenoir	Regina	June 2015
Lincoln	Charles	December 2014
Macon	Charles	February 2015
Madison & CSE	Charles	January 2015
Martin	Kim	April 2015
McDowell	Charles	January 2015
Mecklenburg	Charles	July 2014
Mitchell	Charles	March 2015
Montgomery	Regina	December 2014
Moore & CSE	Regina	January 2015
Nash	Kim	March 2015
New Hanover	Regina	January 2015
Northampton	Kim	February 2015
Onslow	Regina	February 2015
Orange & CSE	Kim	October 2014
Pamlico	Regina	May 2015
Pasquotank	Kim	February 2015
Pender	Regina	October 2014
Perquimans	Kim	May 2015
Person	Kim	April 2015
Pitt	Regina	October 2014
Polk	Charles	November 2014
Randolph & CSE	Kim	January 2015
Richmond	Regina	January 2015
Robeson	Regina	March 2014
Rockingham	Kim	March 2015
Rowan	Charles	February 2015
Rutherford	Charles	March 2015
Sampson	Regina	April 2015
Scotland	Regina	June 2015
Stanly	Regina	March 2015
Stokes	Kim	March 2015
Surry	Charles	February 2015
Swain	Charles	May 2015
Transylvania	Charles	April 2015
Tyrrell	Regina	March 2015
Union	Regina	April 2015
Vance	Kim	December 2014
Wake	Kim	September 2014
Warren	Kim	July 2014
Washington	Regina	December 2014
Watauga	Charles	March 2015
Wayne	Regina	May 2015
Wilkes	Charles	March 2015
Wilson	Regina	October 2014
Yadkin	Charles	August 2014
Yancey	Charles	April 2015

PROGRAM MONITORING OF COUNTY DSS

1. Economic and Family Support Services

a. Work First Monitoring of Local Government Program Subrecipients

Program Area and Service to be monitored:

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

Work First

North Carolina's Work First Program is based on the premise that parents have a responsibility to support themselves and their children. Through Work First, parents can get short-term training and other services to help them become employed and self-sufficient, but the responsibility is theirs, and most parents have two years to move off Work First Family Assistance. Work First emphasizes three strategies: Diversion, Work, and Job Retention. Work First Family Assistance is also provided for eligible children whose caretaker is not eligible for benefits themselves. Work First Family Assistance provides monthly financial assistance to help in meeting the basic needs of families with children such as food, shelter, etc.

Work First services are provided to families to improve their employability, to assist families to become employed, to retain employment, and to become self-sufficient. The services provided to families include education/training, employment services, childcare, transportation services, and retention services for the employed. These services provided to clients enable the state to meet its Work Participation Rates goals. Generally, these services are provided by a Work First employment worker and/or by other community agencies

Monitoring Staff

The Economic and Family Services Section (EFSS) has two positions identified as Work First Program Consultants (WFPC) whose duties include the responsibility to conduct monitoring for the Work First program. Work First Staff Performing Subrecipient Monitoring and Related Support Activities are identified in the DSS Monitoring Plan Introduction.

The Work First Program Consultants have the responsibility for conducting the Work First Eligibility Monitoring for the Work First Program in the state's 100 county departments of social services. The WFPC monitor their assigned counties through either an onsite monitoring or desktop monitoring. All other counties in North Carolina are identified as small counties. Based on the criteria stated above, there are 38 counties that require Work First Eligibility Monitoring in the 2015 state fiscal year. Work First Program Consultants and County Assignments are assigned each state fiscal year.

Monitoring Schedule

The monitoring tools currently in use are based on applicable laws and regulations that govern the Work First Program. The Work First Program Consultants and Division Management conduct a yearly review of the monitoring plan and the monitoring tools to ensure that both are current

and consistent with the Work First Program Policy Manual, the North Carolina TANF State Plan, and the North Carolina Work Verification Plan. Starting SFY 2013 the monitoring tools have been incorporated into a computer based system.

Monitoring Tools

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

Sample Size

Historical

With the passage of the Personnel Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the advent of welfare reform at the federal level, dramatic changes occurred in the national welfare system. Temporary Assistance to Needy Families (TANF), the federal block grant designed to turn the old welfare system into a program of temporary assistance by moving recipients into work and away from dependency, has drastically reduced caseload sizes in all of North Carolina's 100 counties.

Monitoring of the Work First program and eligibility determination and re-determination of monthly benefit payments has been ongoing by Work First Representatives since before the appointment of Work First monitors in SFY 2003-2004. The Work First Program Compliance Monitors assumed the ongoing responsibility for the monitoring of all 100 counties each year with a review of at least 10, 15 or 20 cases per county size once a year. Monitoring occurred for both Work First Cash Assistance and Work First 200% Services benefits. These cases were selected randomly from the Data Warehouse system, and the cases reviewed varied as per the size of the county. In addition to this formal monitoring process, the Work First Representatives (WFR) routinely pull records from their assigned counties during scheduled site visits and assess the county's eligibility determination process.

In January 2005, the Work First monitors added a new dimension to the Work First monitoring process by developing a tool and procedures for monitoring Work First Cash Assistance cases in which the Child Support Enforcement agency requested a IV-D Non-Coop sanction. In order to determine compliance with the federal mandate to sanction individuals identified as "non-cooperation" with the local child support office, the Work First Program Compliance Monitors selected a number of cases determined by county level from the IV-D NON COOP WITHOUT A IVD SANCTION report for the month of monitoring. If fewer cases were available on the IVD NON COOP WITHOUT A IVD SANCTION report than county levels indicate, the PCM selected all cases on the report up to the county level for monitoring. The number of cases reported on the DHREJA Work First Cases without at IV-D Sanction report, along with the county size, determined the number of cases pulled for IV-D Non Coop Sanction monitoring. Monitors pulled 10, 15, or 20 cases for each visit.

The Deficit Reduction Act of 2005 reauthorized the TANF Program and imposed stricter definitions of Work Eligible Individuals and countable work activities. Each state was required to develop a Work Verification Plan that outlines the State’s internal controls for ensuring accurate documentation of compliance and accurate data reporting. The Work Verification Plan describes the internal controls designed to ensure established work verification procedures are being employed properly. Such controls include supervisory guidance, policy directives, and staff training plans, as well as quality assurance processes, such as monitoring procedures to ensure adherence to procedures by staff, providers, and contractors.

With the start of the 2007-2008 SFY, the Work First Monitors again expanded the Work First Monitoring process to include the monitoring of Employment Services records for Work Verification Compliance. The number of Work First Employment Services records to be monitored equaled the number of cash assistance cases pulled in each county.

When the Work First Compliance Monitoring expanded to double its original scope and size, the number of counties required to have site visits each year was reduced. The Work First Compliance Monitors still divided the state in half, based on the Work First Representatives assigned regions. One monitor covered the odd number regions (region 1, 3, 5, and 7) and the other monitor covered the even numbered regions (regions 2, 4, 6, and 8). Monitors kept their representative regions intact throughout the three year-monitoring process.

Current

County Departments of Social Services (government subrecipients) are divided into three levels. These levels are fairly standardized across the Division of Social Services, have been in place for a number of years, and are used by other Sections in the Division for monitoring and reporting purposes. In January, 2010 The Economic and Family Services Section (EFSS,) made the decision to base the definition of a small, medium or large county for the Work First Program on the Work First caseload each county had as of January, 2010. This monitoring plan includes the list of counties by levels for the 100 DSS subrecipients.

The medium and large county case pull for eligibility monitoring has been decreased as indicated below. Work First Program Consultants monitor case records at all on-site consultations throughout the year.

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

In all categories, an over sample is drawn in order to have potential substitutes in the event that a case pulled for monitoring is found not applicable.

Process of Review & Corrective Action

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

Onsite Monitoring – The WFPC conducting the monitoring selects a sample of cases to be read during each on-site monitoring visit to ensure complete and accurate documentation regarding client eligibility, appropriate payment level and compliance with all program requirements. An exit interview provides the opportunity for discussion regarding the results of the county monitoring process.

Desktop Monitoring – The WFPC conducting the monitoring selects a sample of cases to be read for the desktop monitoring process. Counties are requested to mail copies of case file documentation along with completed monitoring tools and other required documents for desktop monitoring to ensure complete and accurate documentation regarding client eligibility, appropriate payment level and compliance with all program requirements. The WFPC conducting the monitoring provides opportunities for discussion regarding the results of the county monitoring process through either conference calls or an on-site exit conference.

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

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

The WFPC conducting the monitoring submits a report of the findings from the monitoring event to the county DSS, the WFPC assigned to the county, the WFPC's supervisor, and Lead Monitor within 30 calendar days following the monitoring event.

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

The county forwards the Program Improvement Plan and any required CROP documentation within the 30-day period following receipt of the county's monitoring results letter to the WFPC who conducted the monitoring, the WFPC geographically assigned to that county on an on-going basis and the WFPC Supervisor. The WFPC who conducted the monitoring receives the Program Improvement Plan and documentation that confirms entry of any CROP into EPICS. If the plan is acceptable, the WFPC who conducted the monitoring sends a letter to the county DSS accepting their Program Improvement Plan.

Procedure for Monitoring Results with Appeals

In the case of an appeal by the county of the monitoring results, the county department of social services submits an appeal request to the Work First Program Manager of the Economic and Family Services Section detailing the reason for the appeal within 30 days of the date of the written notification from the WFPC.

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

- 1) If the Work First Lead Monitor upholds the monitoring findings, the county will determine the amount of the county responsible overpayment (CROP), if any, with the assistance of the WFPC geographically assigned to the county, if needed, within 30 days of the date of the appeal decision letter. For each CROP, the county must include the EPICS referral number, overpayment period, amount of overpayment, entry and closure dates. The county works in conjunction with its WFPC to provide a Program Improvement Plan that addresses each error element and action taken to prevent reoccurrence. The county then submits the Program Improvement Plan to the WFPC who conducted the monitoring, and the WFPC assigned to that county on an on-going basis within 30 calendar days of the county's appeal results letter. If the appeal decision is in favor of the county, no follow-up will be necessary by the county.
- 2) The WFPC who conducted the monitoring files the county's Program Improvement Plan and all other monitoring documents in the county's Work First Monitoring file. The WFPC who conducted the monitoring maintains monitoring documentation in county files for audit purposes. Soft copies of the monitoring appointment letters, case selection worksheet, results letters, completion letters, and appeal response letters are filed on the G drive under the file Work First Monitoring, then by SFY and finally by county name.

Designated Economic and Family Services Section Management receive findings from the Single County Audits from the Local Business Liaisons (LBL) Supervisor. State auditors review monitoring activities and send their findings directly to the Economic and Family Services Section’s designated management. In both of these instances, the Section Management reviews the findings in light of the program operations and roles and responsibilities of staff within the Section.

Follow-up from Single County, State or Federal Audits

Follow-up for county action identified in the Program Improvement Plan resulting from a single county, state, or federal audit is the responsibility of the WFPC geographically assigned to the county. The WFPC is often involved in the state response, as many of these responses center around training and technical assistance to the county in the specific program rules of operation. The designated Section Management collects documentation from the WFPC and the WFPC supervisor and uses this information to formulate the Division’s response and that the finding has been fully addressed. Division management sends this documentation to the respective auditor when they request a report on the status of the prior year audit findings.

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

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

Based on the determination of risk, the WFPC geographically assigned to the county may develop a schedule for more comprehensive monitoring for subrecipients determined to be high-risk while they remain high-risk. The WFPC may use increased frequency of on-site monitoring visits or desk reviews, corrective action plans and progress reports, and/or expanded sample sizes to conduct more comprehensive monitoring for high-risk subrecipients.

Risk Levels

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

Maintenance of Monitoring Documentation

Monitoring tools, relevant verification information, compliance findings, program improvement plans, and monitoring correspondence will be maintained in the Division's Central Office in the Hargrove Building, 820 S. Boylan Ave, Raleigh, NC. The Division maintains the records according to the North Carolina Records Retention Policy. Work First Program Consultants have responsibility for the maintenance of monitoring documentation. The Work First Program Consultants develop a year-end report after completion of the SFY monitoring process. This report is located on the "G" drive and is titled "Econindp on HM 20fn/DSShq/Shared/Groups".

A LIST OF COUNTIES BASED ON WORK FIRST CASELOAD SIZE

SMALL COUNTIES – Program Caseload size – 1 - 399

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

Medium Size Counties – Program Caseload size 400 - 999

Cleveland	Pitt
Durham	Randolph
Gaston	Robeson
New Hanover	

Large Size Counties – Program Caseload size 1000 or more

Cumberland	Mecklenburg	Guilford
Forsyth	Wake	

**WORK FIRST MONITORING – STATE FISCAL YEAR 2014/2015
TENTATIVE SCHEDULE**

Kristin Bogren		Denise Knight	
County	Month Scheduled	County	Month Scheduled
Alleghany	Oct-14	Pender	Sep-14
Cabarrus	Dec-14	Montgomery	Sep-14
Camden	Feb-15	Moore	Oct-14
Clay	May-15	Hertford	Oct-14
Cleveland	Nov-14	Harnett	Nov-14
Craven	Jun-15	Davie	Nov-14
Currituck	Feb-15	Halifax	Dec-14
Gaston	Nov-14	Greene	Jan-15
Gates	Sep-14	Caswell	Jan-15
Haywood	Mar-15	Rockingham	Feb-15
Iredell	Apr-15	Duplin	Feb-15
Madison	Mar-15	Wake	Mar-15
Mecklenburg	Apr-15	Wayne	Mar-15
Pasquotank	Sep-14	Guilford	Apr-15
Richmond	Jan-15	Forsyth	Apr-15
Robeson	Jan-15	Cumberland	May-15
Stokes	Oct-14	Franklin	May-15
Transylvania	May-15	Granville	Jun-15
Union	Dec-14	Warren	Jun-15

Attachment A

WORK FIRST ELIGIBILITY MONITORING

CASH ASSISTANCE

County Name _____

<input type="checkbox"/> All Required elements Present <input type="checkbox"/> Problems Noted

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

Case Head Name _____

CASE TYPE Single Parent 2 Parents Child Only Adult only

Work Code _____

Case ID # _____

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

Month being monitored: ___/___ -

Payment review period for month being monitored: ___/___ to ___/___

Payment Amt. \$ _____

Office of Civil Rights Verifications

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

- Was a formal assessment completed? (Was a referral made to Vocational Rehabilitation or other Qualified Professional)? Yes No
- Did the applicant/recipient indicate the need for any reasonable accommodations? Yes No
If Yes, what accommodations were requested? _____
- Were all accommodation requests able to be fulfilled? Yes No N/A
If No, what problems were encountered? _____

Non-Financial Eligibility

<p>1. Was each child living with a parent or step-parent in the monitoring month? [Section 112]</p> <p>➤ If this was a child only case, was the child living with an adult who meets the kinship rule or an adult who has legal custody or guardianship? [Section 112]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>➤ If none of the above does the individual meet the requirements for temporary absence? [Section 112]</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Date</p> <hr/> <p><input type="checkbox"/> Statement at application only <input type="checkbox"/> Collateral <input type="checkbox"/> SSI Parent <input type="checkbox"/> Other Relationship</p> <hr/> <p><input type="checkbox"/> Legal custody <input type="checkbox"/> Guardianship <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Other</p>
<p>2. Is each parent or stepparent who is <i>required</i> to be included in the case included? [Section 104]</p> <p>➤ If no, who is not included but should be?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Profile <input type="checkbox"/> DSS-8124</p>
<p>3. Do all the children included in the case meet the age rule [Section 109]</p> <p>➤ If there is an 18 year old child included in the assistance has it been verified that the child is expected to graduate by age 19?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Birth Certificates <input type="checkbox"/> Statement at application only</p>
<p>4. Is anyone who is included in the case fleeing prosecution or custody, or in violation of probation or parole requirements? [Section 104A]</p> <p>➤ Is the payment level correctly reduced?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> DSS 8228</p>
<p>5. Has anyone who is included in the case been convicted of a controlled substance felony? [Section 104A]</p> <p>➤ Is the payment level correctly reduced?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

➤ Is the individual who has been convicted of an H or I controlled substance felony meeting the requirements to be eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Is there signed documentation in the case record referencing answers to questions 4 and 5 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Date _____
7. Is there a child who is subject to the Family Cap? [Section 108]	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOB on birth certificate _____
➤ If so, is that family cap child correctly coded in EIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Has Residency been verified? [Section 108]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ 2 Types of Verification <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does each family unit member have a social security number ? [Section 110] If yes, go to 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement at application only <input type="checkbox"/> Copies in file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other verification _____
➤ For a child or adult with no social security number, has an application been made for one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
➤ Which family members have no social security number and have not applied for one?		
10. Is each family unit member a US citizen ? [Section 111]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement at application only <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other <input type="checkbox"/> INS Papers
➤ For children or adults who are not citizens, are they qualified immigrants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Has Identity been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is (are) the adult(s) job/work registration code correct	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. Has each adult who is included been screened for potential substance abuse ? [Section 104B]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Audit/DAST in file for each adult included <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
14. Is there a current Mutual Responsibility Agreement properly completed, signed and dated. [Section 103]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ Signed by both Parents if applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

15. Was the Job Quit Policy discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date _____
16. Are all requirements being met for a minor parent included in the case? [Section 107]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. How many months of the 12-month time limit has the family received? [Section 105] (Child under 12 months of age)	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case
18. How many months of the 24-month time limit has the family received? [Section 105] State Limit	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case
19. How many months of the Federal 5-year time limit has the family received? [Section 105]	# Mos. _____ or N/A	<input type="checkbox"/> N/A Child Only case

Financial Eligibility

20. Are the family's resources under the \$3,000 asset limitation? [Section 115]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement at application (Section 104) <input type="checkbox"/> Bank, etc. <input type="checkbox"/> Other _____
21. Is there any countable income for the case? [Section 114]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Statement <input type="checkbox"/> Tax return <input type="checkbox"/> Wage stubs <input type="checkbox"/> Other <input type="checkbox"/> OLV
22. Was the correct month's income used to calculate the review month's payment? [Section 114]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If appropriate, was the job bonus applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Sanctions

25. Does the record indicate that a sanction should have been applied for the review month? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Was the sanction [s] applied appropriately? [Section 120]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Conclusion

- **Are all individuals included in the case eligible for WF Family Assistance?** Yes No
- If no, who is not eligible, and why? _____
- **Is the payment amount correct for the review month?** Yes No
- If the payment is not correct, why? _____

Comments and Corrective Action Needed:

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

Program Manager/Supervisor		DATE	
Monitor		DATE	

Attachment B

WORK FIRST MONITORING TOOL

EMPLOYMENT SERVICES

County Name _____

<input type="checkbox"/> All Required Elements Present <input type="checkbox"/> Problems Noted

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

Participant's Name _____ Case ID#: _____

Individual ID#: _____ Month Being Monitored ____/____

Work Verification

Is (are) the adult(s) job/work registration code correct in the monitoring month? [Section 118,II]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____
Has the Assessment of Strengths and Needs (DSS-5298) been completed timely in evaluating the participant(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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

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

Does the activity meet the definition of the component code keyed? [6908]	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all completed hours keyed in EPIS correctly verified by time cards and/ or attendance reports in the record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the MRA reflect the activities keyed in EPIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?
Did the participant complete the MRA activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the check issued within 3 days of receiving supporting documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was good cause established for not completing the MRA activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the check held based on non-compliance with the stated MRA activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> For the Monitoring Month, Projected employment hours are documented by at least two-week check stubs or other employer-generated documentation of hours worked? Is the calculation correct? 	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	

<ul style="list-style-type: none">• “FLSA” calculation of hours on file for AW and/or CS<ol style="list-style-type: none">1. Is calculation correct?2. Did the individual exceed the number of hours permitted by FLSA calculation:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	

<ul style="list-style-type: none"> • If the Job Search (JS) component is scheduled, did the individual register for work with ESC before beginning this activity? • If the JS hours are keyed as countable, was the reporting limited to four consecutive weeks? 	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

All Required Elements present

Problems noted:

Required signatures			
Program Manager/Supervisor		Date	
Monitor		Date	

WORK FIRST SERVICES MONITORING

FAMILIES OR NCP'S That Meet 200% OF POVERTY

County Name _____

<input type="checkbox"/> All Required Elements Present <input type="checkbox"/> Problems Noted

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

Case Head Name _____

Month Being Reviewed and Services Received in that Month: _____

County Case # _____ SIS ID # _____

Is the **original DSS-5027 signed and keyed** into SIS? Yes No If no, explain: _____
Is the Notice of Action Taken in Section C of the DSS-5027 completed correctly? Yes No

Office of Civil Rights Verifications

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

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

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

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

Financial Eligibility

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

Service

8. Was the service(s) provided TANF allowable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Was the family or non custodial parent eligible for TANF funded services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the service provided meet the federal definition of assistance? (WF 102 III.E.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Was client notice provided and the case closed timely based on Section C on the 5027?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments and Corrective Action Needed:

All Required Elements were present.
 Problems noted:

Required Signatures

Program Manager/Supervisor		Date	
Monitor		Date	

Attachment D

WORK FIRST MONITORING

CHILD SUPPORT NON-COOPERATION SANCTION

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

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

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

1	<p>Was the timely notice (DSS-8110) sent within 10 days of the Work List View Date?</p> <ul style="list-style-type: none"> • Work List View Date as displayed on DHREJ Non-Cooperation without Sanction Report _____ • Date the DSS-8110 was mailed (manual notice) or keyed (automated notice) _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Was the sanction imposed for a minimum of one month or until compliance?</p> <p>If no, why not: _____</p> <p>Child only cases only: If a sanction was not imposed because the caretaker cooperated during the timely notice period, what was the date of cooperation displayed in EIS? _____</p> <p>WFB cases only: Was the check for the month of non-cooperation frozen?</p> <p>Was individual termination of the non-cooperating parent processed after expiration of the timely notice?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3	<p>What was the date the sanction took effect? _____</p> <p>Was the sanction imposed for the correct month?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

All required actions were completed correctly and timely.

Problems noted:

**Program Manager or
Supervisor Signature** _____

Date _____

Monitor Signature _____

Date _____

b. Food and Nutrition Services and Energy Programs and Refugee Cash Assistance Program

I. INTRODUCTION

The Economic Services Section is responsible for Food and Nutrition Services, Refugee Assistance Programs, and the Low Income Energy Assistance (LIEAP) and Crisis Intervention (CIP) Program components of the Low Income Heating Energy Assistance Program (LIHEAP) Block Grant. Each federally funded program has different compliance requirements for program and fiscal accountability. This plan provides guidance and direction for Economic Services staff in monitoring program requirements at local Departments of Social Services. Staff will conduct interviews of local office staff, FNS applicants/participants and community organizations; review case files; and observes local office operations.

Access to Food and Nutrition Services Program benefits by eligible applicants or ongoing participants is one of the highest priorities set by the Food and Nutrition Service, USDA. Improving program access helps to increase food security among low-income, eligible persons.

Economic Services Staff Performing Sub recipient Monitoring & Related Support Activities	
Staff Person	Area of Responsibility
Lead Monitor-Programs Compliance Representative	
David Locklear, Betsy E. Moore	Food and Nutrition Services, Low Income Energy Assistance-LIEAP and CIP, FNS Nutrition Education
Food and Nutrition Services and Energy Programs Consultants	
Melissa Gallion	Food and Nutrition Services, Low Income Energy Assistance-LIEAP and CIP
Jerquitta Hicks	
Alice Smith	
Ivy Murphy	FNS Nutrition Education
Policy Consultants	
Erica Jennings	Low Income Energy Assistance-LIEAP and CIP, FNS Nutrition Education
Kathy Evans	Food and Nutrition Services Employment and Training
Support Staff	
Elaine Douglas	FNS, LIEAP and CIP, FNS Employment & Training, FNS Nutrition Education, Refugee Assistance

Program Areas and Services to be monitored:

Food and Nutrition Services

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

Low Income Home Energy Assistance Program-LIEAP

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

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

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

Low Income Home Energy Assistance Program-CIP

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

Refugee Assistance

The goal of the RAP program is to enable refugees and other specific immigrants achieve economic self-sufficiency as soon as possible by providing them with intensive, refugee-specific public assistance and refugee social services. The NC Refugee Assistance Program is federally funded by the US Department of Health and Human Services Office of Refugee Resettlement via formula funding for the three components, Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA) and Refugee Social Services (RAP-SS). Refugee Assistance Program benefits include transitional cash and medical assistance, health screening benefits, and a wide variety of social services, provided locally by either the local Departments of Social Services or private, non-profit agencies under contract with the State of North Carolina. The primary focus is early economic self-sufficiency for the family via employment services such as English Language and vocational skills training, job development and placement, orientation to the workplace and cultural orientation. It is crucial that employment occur as soon as possible after arrival in the US, as it leads not only to, but adds greatly to the integrity of families who seek to establish themselves in a new country and provide for their own needs. The purpose of the Refugee Cash and Medical Assistance program is to provide time-limited cash and medical assistance to refugees.

Core Areas to be monitored include the fourteen areas of compliance monitoring specified in OMB Circular A-133 (see DSS Plan Introduction)

II. MANAGEMENT EVALUATION OBJECTIVES

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

III. OVERVIEW OF REVIEW ELEMENTS

A. CLIENT SERVICES

Local Office Operations

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

Availability of Applications

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

Availability of Bilingual Staff/Services/Materials

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

Level of Caseworker Services

- Case workers are generally able to handle FNS responsibilities for the cases assigned to them on a timely basis
- Complaints that have been made by clients or advocates concerning poor customer service by case workers are resolved

- The local office is responsive to clients when they need to communicate information or ask questions related to their application or case

Local Office Program Access Initiatives

- Have any practices been initiated that have led to improved program access for applicants/clients? Describe any new practices and the problems or barriers the practices are designed to address.
- Were the improvements initiated by the State agency or local agency?
- Does the local office participate in any meetings with advocates or community organizations to discuss program access? Describe the meetings – dates, participants, and outcomes.

B. APPLICATION SUBMISSION AND SCREENING

Application Submission

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

Application Screening

- Applicants are screened for eligibility for expedited service at the time assistance is requested.
- Households are informed that they can apply without an interview.
- Households are informed that they may submit an application that contains only the name, address, and signature of a responsible household member or an authorized representative.
- Households are encouraged to apply when they first contact the office requesting food assistance or expressing concern about food insecurity.
- Households are informed that receiving Food and Nutrition Services does not affect other programs' time limits.
- If a person contacts the wrong Food and Nutrition Services office, the local office gives the correct the address and phone number.

- If a person submits an application with sufficient information (i.e., name, address, and signature) to the wrong office, the local office offers to send the application to the correct office so that it will arrive the same day or the next day. The local office tells the applicant that application processing begins when the application arrives at the correct office.

Online Application Interface with Local Office (If applicable)

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

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

Interview procedures

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

Federal Application Timeliness Standards:

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

Verification

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

Notices

- The local agency correctly issues appropriate notices to households when required on a timely basis.

- Depending on household circumstances, the following notices are typically found in the case file (paper or electronic):
 - Notice of Eligibility (for normal 30-day processed applications)
 - The notice must:
 - ❖ Identify the amount of allotment
 - ❖ Explain the benefit amount if the notice covers more than one month
 - ❖ Identify the beginning and ending of the certification period
 - ❖ Explain fair hearing rights
 - ❖ Provide the name of the case worker to contact and the telephone number of the Food and Nutrition Services office
 - ❖ If available, identify the organization that provides free legal services
 - ❖ Be provided no later than 30 days after the date of initial application
 - Notice of Eligibility (for applications processed under expedited service)
 - The notice must:
 - ❖ Explain that the household must provide verification
 - ❖ Explain certification periods and consequences of failure to provide verification and be issued within 7 days.
 - Notice of Denial
 - The notice must:
 - ❖ Explain the reason for the denial
 - ❖ Provide the telephone number of the Food and Nutrition Services office
 - ❖ Explain the household's right to request a fair hearing
 - ❖ If available, identify the organization that provides free legal services
 - ❖ Be sent not later than 30 days from the application filing date.
 - Notice of Pending Status
 - The notice must:
 - ❖ Inform the household that its application has not been completed and is still being processed
 - ❖ Explain what action the household must take and that its application will be denied if the household fails to take the required action by a specific date, which, based on State option, could be within 60 days of the date the application was filed or 30 days following the date verification was first requested
 - ❖ Be sent 30 days after the application filing date
 - Notice of Required Verification
 - The notice must:
 - ❖ Inform the household of the verification requirements the household must meet;
 - ❖ Be written in clear and simple language
 - ❖ Meet LEP requirements;
 - ❖ Explain the period of time the verifications should cover;
 - ❖ Provide a due date and examples of the types of documents that would be acceptable

- ❖ Explain the State agency’s responsibility to help the household obtain required verification if the household is cooperating
- ❖ Be provided at the time of application and recertification
- Notice of Missed Interview
 - ❖ At application, the notice must:
 - Inform applicants that they missed their scheduled interview and that they are responsible for contacting the local office to reschedule the interview
 - Be sent prior to the Notice of Denial
 - ❖ At reapplication, the notice must:
 - Inform applicants that they missed their scheduled interview and that they are responsible for contacting the local office to reschedule the interview
 - May be combined with the Notice of Denial
- Notice of Adverse Action
 - ❖ The notice must:
 - Explain the proposed action and the reason for the action
 - Provide a toll-free telephone number and, if possible, the name of a contact
 - Explain the fair hearing process, the continuation of benefits at the higher level if a fair hearing is requested, and the liability for overissuances if the fair hearing decision upholds the State agency
 - The availability of free legal representation, if available
 - Be sent at least 10 days prior to the proposed action
- Notice of Expiration
 - ❖ The notice must:
 - Be sent before the first day of the last month of the certification period;
 - Provide the date the certification period expires
 - Provide the date by which the household must reapply in order to receive uninterrupted benefits
 - Explain the consequences of failure to apply for recertification in a timely manner
- Notice of Termination (Note: this is for households subject to monthly reporting and retrospective budgeting)
 - ❖ The notice must:
 - Explain the proposed action and the reason for the action
 - Provide a toll-free telephone number and, if possible, the name of a contact
 - Explain the fair hearing process, the availability of continued benefits if a fair hearing is requested, and the liability for over issuances if the fair hearing decision upholds the State agency
 - Explain how benefits may be reinstated if this option is available
 - Be received by the household no later than the date benefits would be issued
- Interface with TANF, Medicaid, and Other State Assistance Programs

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

IV. PLANNING THE REVIEW

SELECTING LOCAL OFFICES

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

Reviews are scheduled according to the size of the Food and Nutrition Services caseload in the county, with the largest (caseload in excess of 15,000) being reviewed every year, the next largest every two years (caseload from 6,000 to 14,999) and the small counties every three years (caseload below 6,000). The review period runs from October through September each year. In FFY 11/12, reviews will be conducted in Thirty-one (31) counties using the following schedule:

	Management Evaluations			
	FFY 11 10/10 to 9/11	FFY 12 10/11 to 9/12	FFY 13 10/12 to 9/13	FFY 14 10/13 to 9/14
Large Counties				
BUNCOMBE	X	April 2012	X	X
CUMBERLAND	X	March 2012	X	X
DURHAM	X	April 2012	X	X
FORSYTH	X	May 2012	X	X
GASTON	X	March 2012	X	X
GUILFORD	X	June 2012	X	X
MECKLENBURG	X	August 2012	X	X
ROBESON	X	August 2012	X	X
WAKE	X	June 2012	X	X
Total	9	9	9	9

Management Evaluations				
Medium Counties	FFY 11 10/10 to 9/11	FFY 12 10/11 to 9/12	FFY 13 10/12 to 9/13	FFY 14 10/13to 9/14
ALAMANCE	X		X	
BRUNSWICK		June 2012		X
BURKE		March 2012		X
CABARRUS		June 2012		X
CALDWELL		March 2012		X
CATAWBA		February 2012		X
CLEVELAND	X		X	
COLUMBUS		November 2011		X
CRAVEN	X		X	
DAVIDSON	X		X	
EDGECOMBE	X		X	
HALIFAX	X		X	
HARNETT	X		X	
IREDELL		November 2011		X
JOHNSTON		February 2012		X
LENOIR	X		X	
NASH	X		X	
NEW HANOVER	X		X	
ONSLow	X		X	
PITT	X		X	
RANDOLPH	X		X	
RICHMOND		May 2012		X
ROCKINGHAM		January 2012		X
ROWAN	X		X	
RUTHERFORD		February 2012		X
SAMPSON		May 2012		X
SURRY		January 2012		X
UNION		May 2012		X
VANCE	X		X	
WAYNE	X		X	
WILKES	X		X	
WILSON	X		X	
Total	15	14	18	14

Management Evaluations				
Small Counties	FFY 11 10/10 to 9/11	FFY 12 10/11 to 9/12	FFY 13 10/12 to 9/13	FFY 14 10/13 to 9/14
ALEXANDER		February 2012		
ALLEGHANY			X	
ANSON			X	
ASHE			X	
AVERY	X			X
BEAUFORT			X	
BERTIE	X			X
BLADEN	X			X
CAMDEN			X	
CARTERET		March 2012		
CASWELL	X			X
CHATHAM	X			X
CHEROKEE			X	
CHOWAN			X	
CLAY	X			X
CURRITUCK			X	
DARE			X	
DAVIE	X			X
DUPLIN			X	
FRANKLIN		February 2012		
GATES			X	
GRAHAM			X	
GRANVILLE		February 2012		
GREENE			X	
HAYWOOD			X	
HENDERSON			X	
HERTFORD		April 2012		
HOKE		November 2011		
HYDE			X	
JACKSON	X			X
JONES	X			X
LEE			X	
LINCOLN			X	
MACON		May 2012		
MADISON		April 2012		
MARTIN			X	
MCDOWELL			X	

MITCHELL			X	
MONTGOMERY		February 2012		
MOORE		November 2011		
NORTHAMPTON		March 2012		
ORANGE			X	
PAMLICO			X	
PASQUOTANK	X			X
PENDER			X	
PERQUIMANS	X			X
PERSON			X	
POLK			X	
SCOTLAND		June 2012		
STANLY			X	
STOKES			X	
SWAIN	X			X
TRANSYLVANIA		May 2012		
TYRRELL	X			X
WARREN	X			X
WASHINGTON	X			X
WATAUGA			X	
YADKIN		November 2011		
YANCEY	X			X
Total	18	14	29	16

PREPARING FOR THE REVIEW

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

Local Office Survey

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

V. CONDUCTING THE REVIEW: ON/OFF-SITE ACTIVITIES

In preparation for the review, the Automation/Performance Reporting Section selects a random sample of cases for the Compliance Reviewers to review on-site during the review. Samples are pulled according to a logarithm accepted as standard practice for such activities. Samples are pulled for: initial approvals, initial denials, ongoing terminations, and new recertifications. Case sample sizes are:

- Small counties (fewer than 6,000 cases):
 - 10 initial approvals
 - 10 initial denials
 - 10 ongoing terminations
 - 10 recertifications
- Medium counties (fewer than 15,000 cases):
 - 15 initial approvals
 - 15 initial denials
 - 15 ongoing terminations
 - 15 recertifications

- Large counties (over 15,000 cases):
 - 20 initial approvals
 - 20 initial denials
 - 20 ongoing terminations
 - 20 recertifications

Part of the ME Review process requires interviews with the Director of the Department of Social Services (or his/her designee), the Food and Nutrition Services Supervisor, FNS caseworkers, Reception staff, clients, and community representatives who have probable knowledge of any problems that may exist regarding civil rights and program access. All work papers and copies of each summary will be maintained on the Economic Independence Server (G: drive).

The following review activities may be performed off-site if it is deemed appropriate for the county and will not negatively impact the results of the review. The review activities that may be completed off-site before traveling to the local office to conduct the on-site portion of the review are as follows:

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

Off-site Entrance Conference

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

On-site Entrance Conference

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

Review Local Level Client Service via Telephone

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

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

Local Office Online Application Processing

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

Conduct interviews

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

- **INTERVIEWS**

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

- **Staff Interviews**

- ❖ **Interview Results**

Interviews highlight how Food and Nutrition Services staff understand and apply rules and how various functions related to the Food and Nutrition Services application process are implemented. The interview process will help to:

- Determine the local agency process/procedures used to accommodate, certify, and process applicant/households;
- Provide an explanation of the system used to track the number of applications filed and number of cases processed as expedited; and
- Determine if a certain worker does not understand a particular rule or procedure.

- ❖ **Interview Approach**

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

- ❖ Minimum Requirements

- A minimum of 4 local office staff (depending on the size of the office) should be interviewed to help determine if the local office is in compliance with Federal regulations for program access. The following staff should be interviewed:

- Local Office FNS Director/Manager (if appropriate) (1)
 - Food and Nutrition Services Eligibility Supervisor (1)
 - Eligibility Workers (2) – Depending on the office organization, include both intake and ongoing workers, or both non-public assistance (NPA) and public assistance (PA) caseworkers.
 - Receptionist/Screeners (1)

- Clients

- ❖ Conditions for Conducting Interviews

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

- ❖ Minimum Requirements

- A minimum of 6 clients for all counties (~~depending on the size of the office~~) should be interviewed to learn about the types of experiences they have had as applicants and recipients at the local office.

- Advocates/Community Organizations

- ❖ Types of organizations to Interview

- The first organization to interview is the legal aid organization recommended choices include; legal aid organization, organizations that serve the non-English speaking community, homeless, migrant farm worker, battered women and children communities, or local food banks and soup kitchens.

- ❖ How to Identify Advocates/Community Organizations

- Advocate/Community Organizations should not be obtained from the local Department of Social Services. Advocate groups may be identified by: State FNS Directors; State Civil Rights Directors; FNSRO Directors of Civil Rights and Public Affairs; listings in local phone book; on the Internet; legal aid agencies; food banks; immigration or civil rights agencies; and FNS field offices located in the State. Advocate groups will likely provide information on the areas of the FNS they perceive as problems or information on areas that are noteworthy from a community standpoint.

- ❖ Minimum Requirements

- A minimum of 3 community organizations or advocate organizers should be interviewed. As previously discussed, these interviews may be conducted by telephone from the regional office prior to the on-site review.

VI. CONDUCTING THE REVIEW: ON-SITE ACTIVITIES

The following review activities must be conducted on-site:

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

OBSERVATIONS

- Purpose of Observations

The purpose of observing certain local office functions as part of the review is to see first hand how the office works. The information obtained from observations will help the reviewer to learn how the client service operations flow and allow the reviewer to compare the observations with the information received from the staff interviews.
- What To Observe
 - Physical Environment
 - ❖ Office location – note accessibility and whether public transportation is available
 - ❖ Building – note accessibility for elderly and disabled persons including the registration counter, worker offices, finger imaging site, and other areas that applicants must use, the availability of public restrooms, etc.
 - ❖ Waiting rooms –whether the following is posted:
 - Nondiscrimination poster, “And Justice for All”, and
 - An explanation of the FNS application processing standards and the right to file an application on the date of initial contact.
 - ❖ Privacy requirements for interviews including computer kiosks, or designated telephones for online application or making phone calls to a call center
 - ❖ Whether the flow of office organization presents barriers to applying for benefits
 - Processes
 - ❖ Steps an applicant must take to apply for Food and Nutrition Services or drop off applications or documents.
 - ❖ Receptionist functions – are customers treated respectfully and provided clear instructions?
 - ❖ Screening functions – what information is provided to applicants and does it reflect correct policy?
 - Materials

Note the availability of the following information and if available whether the information contains the correct non-discrimination statement:

 - ❖ Food and Nutrition Services applications;
 - ❖ Other Food and Nutrition Services information; and

- ❖ Information about other programs/services for the Food and Nutrition Services population.

CASE FILE REVIEWS

- Purpose of the Case File Reviews
Reviewing case files provides a check against the information provided by staff during the interviews and is a critical component of the Management Evaluation. Although the minimum number of cases to be reviewed (as discussed below) is not large enough to yield statistically valid findings, enough cases are reviewed to give a clear indication of the local office compliance in meeting basic application processing requirements.
- Minimum Requirements for large counties (over 15,000 cases)
A minimum of 80 case files are required to be examined during the review. The following types of case actions should be reviewed in approximately equal number:
 - 20 Initial approvals
 - 20 Initial Denials
 - 20 Ongoing Terminations
 - 20 Recertifications
- Minimum Requirements for medium counties (over 6,000 cases)
A minimum of 60 case files are required to be examined during the review. The following types of case actions should be reviewed in approximately equal number:
 - 15 Initial approvals
 - 15 Initial Denials
 - 15 Ongoing Terminations
 - 15 Recertifications
- Minimum Requirements for small counties (less than 6,000 cases)
A minimum of 40 case files are required to be examined during the review. A sample size of 85 cases is unrealistic and burdensome for a county with less than 6,000 cases so a more statistically representative sample of 40 cases will be used for these counties. The following types of case actions should be reviewed in approximately equal number:
 - 10 Initial approvals
 - 10 Initial Denials
 - 10 Ongoing Terminations
 - 10 Recertifications

- Program Requirements to Review
 - Initial Applications

Review these cases to determine compliance with program requirements for application screening for expedited service and processing requirements, timeliness of eligibility determinations, notices, interviews, verification, case file documentation, and work requirements. Note whether benefits were correctly prorated.
 - Denials

Review these cases for compliance with program requirements for application screening for expedited service and processing, timeliness of eligibility determinations, notices, interviews, verification, case file documentation, and work requirements. Note whether the denials were correct and whether Food and Nutrition Services determinations were independent of any other program's case actions.
 - Terminations

Review these cases to determine if the basis for the termination as stated on the Notice of Adverse Action was correct, if the household was sent a correct and timely notice, and if the termination was effective within the State's timeframes. If the household was terminated for failure to provide verification, ensure that the household was informed of the verification required to be submitted.
 - Recertifications

Pull a sample of households that were sent a Notice of Expiration in the sample month. Half of the sample should be households that were recertified and the other half should consist of households that were not recertified. Review these cases for compliance with program requirements for application processing, notices, interviews, verification, case file documentation, and work requirements. Note whether the eligibility redeterminations were correctly made and whether Food and Nutrition Services determinations were independent of any other program's case actions. Consider calling some households that did not file a recertification application or whose recertification was denied as part of the client interviews. This can provide insight to access barriers at recertification.

ENERGY PROGRAMS

LIEAP and CIP Energy programs monitoring will be completed in conjunction with the Management Evaluation whenever possible. Management Evaluations completed in the months of October and November will not have the LIEAP monitoring completed until after December of the same Federal Fiscal year.

LIEAP MONITORING INSTRUCTIONS

- LIEAP Monitoring will follow the county schedule for Management Evaluation. .
- Review a minimum of 20 LIEAP cases in medium and large counties (> 6000); and a minimum of 10 LIEAP cases in small counties (< 6000).
- The following types of reports are needed:
 - **Applications Approved listing report:**
 - Reviewer will run the applications approved report for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review accuracy in Timeliness, application of policy, appropriate authorized amounts, and documentation.
 - **Applications Denied listing report:**
 - Reviewer will run the applications denied report for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review accuracy in valid denial reason, appropriate documentation, and timeliness.
 - **Duplicate Reports for SSN and Address**
 - Reviewer will run the duplicate SSN and Address reports for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size. In the event there are not enough records to pull the minimum the reviewer will review what is available.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review to determine if LIEAP was authorized in excess of county plan. If excess was issued reviewer will determine if CROP was established correctly.

CIP MONITORING INSTRUCTIONS

- CIP Monitoring will follow the Management Evaluation Review Schedule for counties.
- Review a minimum of 20 CIP cases in medium and large counties (> 6000); and a minimum of 10 CIP cases in small counties (< 6000).

- The following types of reports are needed:
 - **Applications Approved listing report:**
 - Reviewer will run the applications approved report for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review accuracy in Timeliness, application of policy, appropriate authorized amounts, and documentation.
 - **Applications Denied listing report:**
 - Reviewer will run the applications denied report for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review accuracy in valid denial reason, appropriate documentation, and timeliness.
 - **Adjustment report:**
 - Reviewer will run the applications denied report for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review accuracy in valid adjustment reason, appropriate documentation, and timeliness.
 - **Duplicate Reports for SSN and Address**
 - Reviewer will run the duplicate SSN and Address reports for the last 6 months of the review year (note: can go back up to 12 months if necessary). Pull every 5th case from report up to appropriate total for the county size. In the event there are not enough records to pull the minimum the reviewer will review what is available.
 - Small County (<6000) minimum of 5 cases.
 - Medium and Large Counties (>6000) minimum of 10 cases.
 - Reviewer will review to determine if CIP was authorized in excess of county plan. If excess was issued reviewer will determine if CROP was established correctly.

EXIT CONFERENCE

The exit conference provides an opportunity to close the review with the local office staff. At the conclusion of the review, a general discussion of the overall findings should be held with the local agency administrator/manager. This may also be an appropriate time to discuss specific findings from the case file review. Consider giving the local office an opportunity to find missing documents or to respond to individual case findings prior to releasing the report. This will reduce the number of challenges to the report and give the agency a head start in correcting allotments. Inform the manager that a formal report will be issued to the State agency. The case file findings should be included in the final report transmitted to the State.

VII. REPORTING THE FINDINGS

PURPOSE OF THE REVIEW REPORT

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

RECOMMENDED MANAGEMENT EVALUATION SUMMARY LETTER CONTENT

The letter should include the following:

- Introduction— provide basic information (who, what, when) about the review including:
 - Dates, times, and locations;
 - Identification of FNS reviewers and local office staff involved in the review;
 - Description of review activities; and
 - An expression of appreciation for the assistance/hospitality shown to FNS reviewers.
- Summary – briefly summarize the results of the review.
- Review details – provide details on the review including:
 - Findings—describe deficiencies found citing specific regulatory requirements with which the local office is noncompliant;
 - Background – provide a complete explanation of each finding and all pertinent facts to support the findings, including specific information on case file records found in error;
 - Required Corrective Action – specify the action(s) that the local agency/State agency must take to correct each finding; and
 - Recommendations – describe aspects of the local office operations that could be taken to promote program access and improve customer service.

- Local Agency Response – specify the date by which the Local agency must respond to all findings (no more than 60 days from the date of the report).

VIII. FOLLOW-UP

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

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

2. North Carolina Child Support Services

OVERVIEW

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

Single Audit Corrective Action Plans are submitted to the Central Office. Judy McArn, Assistant Chief of Program Operations reviews and coordinates the responses for the Single Audit findings. All documents, monitoring tools and reports related to self assessment and monitoring are maintained and located in the Child Support Central Office. The Central Office address is P. O. Box 20800, Raleigh, NC 27619-20800. The main number for the Central Office is (919) 855-4755.

The North Carolina Child Support Program Monitoring Plan consists of two components. The first component is based on PRWORA and the Federal Office of Child Support Enforcement Program (OCSE) requirement that the state agency responsible for the Child Support Program shall monitor program compliance and submit an annual report to OCSE. This federal requirement is referred to in the child support community as “Self-Assessment.” OCSE developed their “Self-Assessment” monitoring requirements to totally fulfill the OMB A-133 regulations for the Child Support Enforcement Program. http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010

Every county develops a State Fiscal Year Action Plan with their Regional Program Representative. Goals are set for incentive categories within this Action Plan. The Action plans are done quarterly, monitoring incentive categories and Self Assessment scores. The last component of the Child Support Program Monitoring Plan consists of a system of quality reviews for each local child support office. Quality review case information is reported monthly. Results are shared with the local office supervisor upon the completion of the case reviews.

Based on the OMB A-133 requirement for monitoring child support offices as subrecipients and the Child Support Program’s goal to improve program performance, the Child Support Program Monitoring Plan addresses monitoring every child support program office in the state. OCSE requires that the Self-Assessment review be conducted annually and that it must include a statistically valid sample from the statewide caseload without regard to individual county risk. Additionally, the quality reviews are held in every county without regard to risk.

PROGRAM AREA MONITORED:

Area	Federal/State Compliance Number	Subrecipients to be monitored	Funding Source and Amount* SFY 2014	Review Tools
Child Support	93.563	All counties	Title IV-D of the Social Security Act \$118,717,822 (Estimated)	Attachments A and B

Below is a brief description of the Program Areas and Services to be monitored by the Child Support section during the state fiscal year.

CHILD SUPPORT SERVICES

The Child Support Program assists in the establishment and collection of child support to ensure that both parents support their children. The program services include:

- 1) location of the noncustodial parent for establishment and enforcement of existing child support orders,
- 2) paternity establishment for children born outside of marriage,
- 3) establishment and modification of new and existing orders of support,
- 4) enforcement of support obligations, and
- 5) collection and distribution of support.

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

CORE AREAS MONITORED

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

DOCUMENTATION OF MONITORING ACTIVITIES

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

Copies of certain monitoring documents will be kept in a centralized location. Copies of pertinent information used for monitoring shall also be included in the subrecipient's file. Copies of all communications sent out to the subrecipient and received from the subrecipient that pertain to subrecipient monitoring shall also be included in the file. This includes copies of the notification, the monitoring results report, plans of correction and notification to the subrecipient of the disposition of the outcome of the review of the corrective action plan (closure letter).

Child Support Regional Program Representatives enter each county's quality review scores on the central office shared drive after they are completed. The scores are available for monitoring as well as to identify opportunities for improvement.

Regional Program Representatives monitor Child Support performance related to the Data Reliability Audit, incentives and Self-Assessment for each of their counties. On an annual basis, they utilize the case review results and work with local supervisors to formulate a corrective action plan for each local office. Program Representatives follow up to ensure compliance with the corrective action plans. These reviews continue quarterly throughout the year. For each county not meeting performance categories, actions are incorporated into each county's action plan.

FEDERAL OFFICE OF CHILD SUPPORT ENFORCEMENT PROGRAM SELF ASSESSMENT

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

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

Each federal fiscal year, reviews are performed for cases throughout the state. The annual report is completed each March. The Reports Unit, located at the Child Support Central Office, is responsible for preparing the Self-Assessment annual report to OCSE. The Self-Assessment review process is carried out in an automated manner using the Client Services Data Warehouse (CSDW). Using the data warehouse to identify the case population and to perform the case reviews, allows the Child Support Program to review each case in the

population instead of samples. This complete review process gives the child support program the opportunity to identify every case throughout the state that is in or out of compliance and to identify the reason for the non-compliance.

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

MONTHLY QUALITY REVIEWS

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

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

A detailed quality review checklist and an instruction packet are used to conduct the case reviews (Exhibits 3 and 4). These instruments are utilized for each case as it is reviewed. Sample cases are selected from Data Warehouse reports. In each local office, Regional Program Representatives review the number of cases based on the county's caseload for each month. The Program Representative ensures that the local office Supervisor is familiar with the quality review instruments and understands the purpose of the case reviews. This information is used by the Central Office Policy and Training staff to identify training needs in specific offices and statewide.

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

EXIT CONFERENCE

The exit conference provides an opportunity to close the review with the local office staff. Quarterly Action Plans and monthly quality reviews are provided to the IV-D supervisor with a general discussion of the overall findings. This may also be an appropriate time to discuss specific findings from the case file review. Give the local office an opportunity to find missing documents or to respond to individual case findings.

SELF-ASSESSMENT METHODOLOGY FOR CASE REVIEWS

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

SUMMARY OF METHODOLOGY

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

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

SECTION VI - EXHIBITS:

- Exhibit 1 - OCSE Action Transmittal 98-12
- Exhibit 2 - NCDSS Staff & Child Support Program Monitors
- Exhibit 3 - Quality Review Checklist
- Exhibit 4 - Quality Review Instructions

SECTION IV - EXHIBIT 1 – OCSE Action Transmittal 98-12

THE OFFICE OF CHILD SUPPORT ENFORCEMENT

ACTION TRANSMITTAL
AT-98-12

Date: March 31, 1998

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

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

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

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

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

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

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

SUPERSEDED MATERIAL: DCL 97-94

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

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

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

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

David Gray Ross, Commissioner Office of Child Support Enforcement Program

Attachments:

Exhibit 1A

EXHIBIT 1A – AT-98-12

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

Case Closure					
Questions	Yes	No	Reasons for Deficiency	References	Comments
1. Was case closed during the review period?					If Yes, continue with Question C1. If No, go to Question 2.
C1. If the case was closed, did it meet one or more of the Federal closure criteria?				167303.11(b)(1) - (12)	If Yes, go to Question C2. No represents an Error case.
C2. If closed, was 60 day notice sent, if appropriate?				167303.11(c)	Yes or N/A represents an Action case. No represents an Error case.
General Case Closure Comments:					
ESTABLISHMENT OF PATERNITY AND CHILD SUPPORT ORDERS					
Questions	Yes	No	Reasons for Deficiency	References	Comments
2. Was child support order establishment an issue during the review period?					If Yes, Continue with Question OE1; If No, Go to Question #3.
OE1. Was a child support order established during the review period?				303.4	Yes represents an "Outcome Action Case"; go to Question #3. If No, go to Question OE2.
ONLY EVALUATE ONE QUESTION BETWEEN OE2 AND OE4:					Evaluate the last required action during the

					review period for which the time frame can be evaluated.
OE2. If the non-custodial parent was located, was service accomplished within 90 calendar days of locate, or if service was unsuccessful, were unsuccessful attempts documented in accordance with State's definition of diligent efforts.				303.4(d) and 303.3(c)	Yes represents a "Process Action Case"; go to Question #3. No represents an Error case.
OE3. If location was needed, was the latest Federal locate requirement met?				303.3(b)(3) and (5)	Yes represents a "locate action case" go to question #3. No represents an Error case.
OE4: If case opening was needed, was the Federal requirement met?				303.2(b)	Yes represents a "case opening action case." No represents an Error case.

General Establishment Comments:

EXPEDITED PROCESSES

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

disposition within 12 months?					4. No represents an error case. N/A if insufficient time to complete.
General Expedited Process Comments:					

ENFORCEMENT OF SUPPORT OBLIGATIONS

Question	Yes	No	Reason for Deficiency	References	Comments
4. Was Enforcement of Support Obligations an issue during the review period?					If Yes, Continue with Question E1; If No, Go to Question 5.
E1. Was a wage withholding (ww) collection received in the last quarter of the review period?				303.6(c)(1)	Yes represents an " Outcome Action Case " and do not need to review time frames; but must also review question E7. If No, go to Question E2.
E2. If ww not appropriate, was any collection received as a result of an enforcement action?				303.6(c)(2)	Yes represents an " Outcome Action Case " and do not need to review time frames; but must also review question E7 If no, go to Question E3.
ONLY EVALUATE ONE QUESTION between E3 and E6 :					Evaluate the last required action during the review period for which the time frame can be evaluated.
E3. If ww was appropriate, was ww actions initiated within required time frames?				303.100(c)(2), 303.100(f)(2), and 167453A(g)(1) of the Act.	If yes, go to Question E7 to determine if all Enforcement requirements met.

					No represents an Error case; go to Question 5.
E4. If ww was not appropriate, was other appropriate enforcement action(s) initiated within Federal time frames, or if service of process necessary but unsuccessful, were unsuccessful attempts documented to meet State’s diligent efforts definition?				303.6(b), 303.6(c)(2), and 303.3(c)	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.
E5. If non-custodial parent’s address and/or employer needed to be located, was the latest Federal requirement met?				303.3(b)(3) and 303.3(b)(5)	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.
E6. If case opening required, was the Federal requirement met?				303.2(b)	If yes, go to Question E7 to determine if all Enforcement requirements met. No represents an Error case; go to Question 5.
ANSWER THE FOLLOWING QUESTION IF CASE HAS ARREARS					
E7. If case had arrearages, was it submitted for Federal and State Tax Refund Offsets, if appropriate?				303.6(c)(3), 303.72(a), and 303.102(a)	If yes or N/A, and previous Federal requirements met (Question E2 through E6), then Case is an Action case. No represents an Error case; go to Question 5.

General Enforcement Comments:					
DISBURSEMENT OF COLLECTIONS					
Questions	Yes	No	Reasons for Deficiency	References	Comments
5. Were collections received during the last quarter of the review period? (If more than one collection, review the latest collection received during the last quarter of the review period.)					If Yes, Continue with Question d1; If No, Go to Question 6. This requirement is effective 10/1/98 or 10/1/99 (for courts handling collections prior to PRWORA)
D1. From date of receipt, did the State disburse amounts payable under 167457(a) of the Act within 2 business days after receipt from the employer or other source of income.				167454B(c)(1) of the SSA	Yes represents an "Outcome Action Case", go to Question 6. No represents an "Error" case.
General Disbursement of Collections Comments:					
Securing and Enforcing Medical Support Orders					
Questions	Yes	No	Reasons for Deficiency	References	Comments
6. Was securing and enforcing a Medical Support Obligation an issue during the review period?					If Yes, Begin with Question MS1; If No, Go to Question 7.
MS1. For support orders being established or modified, was medical support ordered? If not ordered, was medical support included in the petition for support?				167466(a)(19) of the Act and 167303.31(b)(1)	If Yes or N/A, go to Question MS3. No to the second question represents an Error case.
MS2. If medical support ordered, did IV-D take steps to determine if health insurance was available?				167303.30(a)(7) and 167303.30(a)	No represents Error case.
MS3. If medical insurance was available, but not obtained, were steps taken to enforce the order?				167303.31(b)(7)	No represents Error case.

MS4. If health insurance was obtained, was the Medicaid agency informed?				167303.31(b)(6)	No represents Error case.
MS5. If health insurance obtained, was custodial parent notified?				167303.31(b)(5)	No represents Error case.
MS6. Did IV-D request insurance provider to inform them of lapses of coverage?				167303.31(b)(9)	No represents Error case.
MS7. If non-custodial parent was providing health insurance coverage and changes employment and the new employer provides health care coverage, did the State transfer notice of the health care provision to the new employer, which would enroll the child in the non-custodial parent's health plan, unless the non-custodial parent contested the notice				167466 (a)(19) of the Act	No represents Error case.

General Medical Support Comments:

REVIEW AND ADJUSTMENT OF ORDERS

Questions	Yes	No	Reasons for Deficiency	References	Comments
7. Was review and adjustment an issue during the review period?					If Yes, Continue with Question R1; If No, Go to Question 8.
R1. If case was reviewed and adjusted, or a determination is made, as a result of a review, during the review period, that an adjustment was not needed, the State will be considered to have taken appropriate action.				167303.8(f)(3)	Yes represents an Action Case , go to Question 8. If no, answer appropriate question R2 through R5.
ONLY EVALUATE ONE QUESTION between R2 and R5 :					
R2. If request received during the review period and a review is necessary, was both parties given 30 days to contest any adjustment to that support order if the cost-of living or automated methods had been utilized?				167466(a)(10)(A)(ii) of the Act	Yes represents an Action case. No represents an Error case.

R3. Was a review completed within 180 days of determining that a review should be conducted or locating the non-requesting parent, whichever occurs later?				167303.8(f)(1)(ii)	Yes represents an Action case. No represents an Error case.
R4. Were the custodial and non-custodial parents provided notices not less often than once every three years informing them of their right to request a review?				Section 466 (a)(10)(C) of the Act	Yes represents an Action case. No represents an Error case.
R5. If non-custodial parent's address and/or employer needed to be located, was the latest Federal requirement met?				303.3(b)(3) and 303.3(b)(5)	Yes represents an Action case. No represents an Error case.

General Review and Adjustment Comments:

INTERSTATE SERVICES

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

General Interstate Comments:

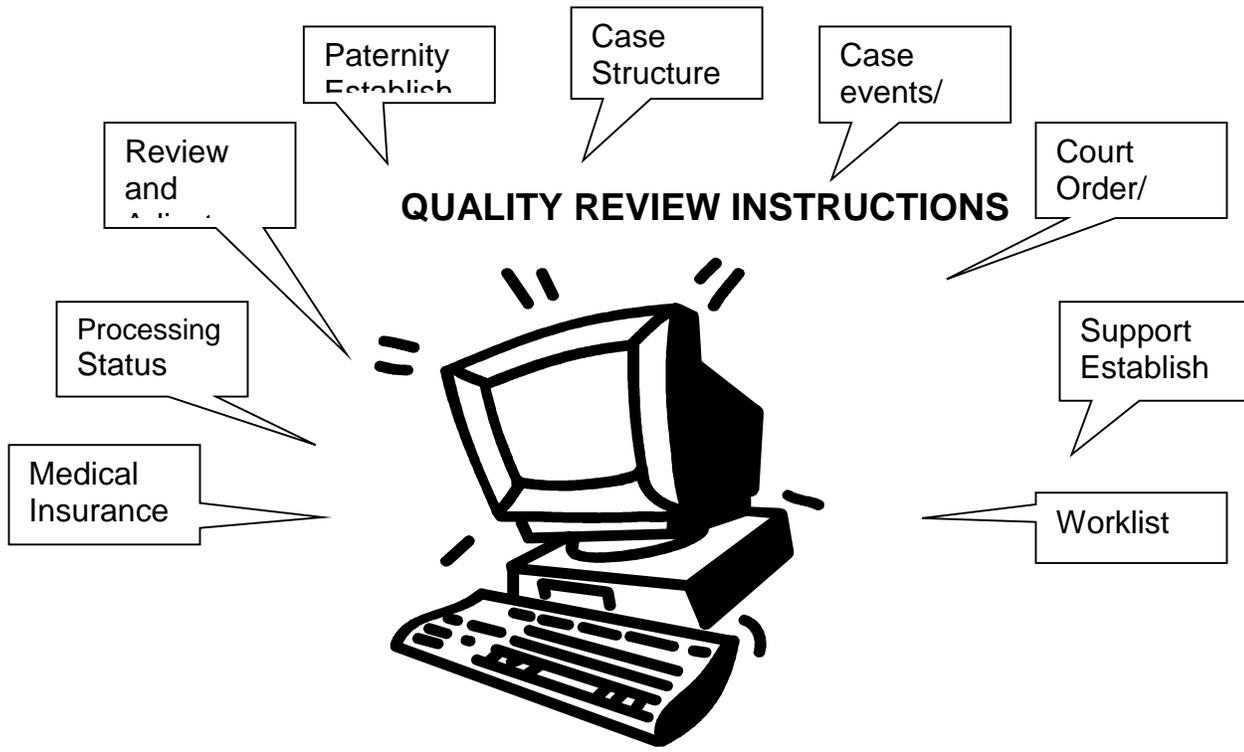
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SECTION IV - EXHIBIT 2 – Quality Review Checklist

ATTACHMENT

Quality Review Form		
157 Related Items highlighted in dark gray	County	Sample
	IVD Case Number	
	NCP	
	CP	
	EIS Case Number	
	Date Review Completed	
	Date Reviewed with Supervisor	
Item Num	Description	Outcome
10	Acts searched for all participants, (check for duplicate MPI #'s and case #'s)	N
20	IVD Status (Case Type) on C8C correct?	N
30	Correct Client in ACTS?	N
50	Screen C8F completed? (marriage and separation/ divorce dates)	N
60	If ever TANF/IV-E, is URPA/URPF and current grant (TANF- 05,08, cp mpi#)(URPF-05,08, child mpi#)	N
70	If NPA, are full services being given? Fee Paid? Documented on C8C?	N
80	If case Interstate, are FIPS codes entered correctly?	N
81	Order entered on IOD? (12,10)	N
90	Paternity indicators correct? BOW and PAI, check PEST event, (OOPS if born of marriage)	N
100	North Carolina IVD DNA test records complete or up to date, case events documented per policy and procedures?	N
110	PEAP Case Event for AOP signed prior to IVD? Notes on Event?	N
120	Employment records updated appropriately? (end dates, medical ins available, verif. dates)	N
130	Address Maintenance, are addresses updated/verified? Notes?	N
140	If no employer and no address, is case in LOCT processing status?	N
150	Are events updated with process service dates, dispositions, and appropriate notes?	N
160	Orders entered correctly in ACTS? (terms, extensions, start date)	N
161	Order date correct and medical support services field updated in ACTS?	N
170	Was PPPA requested? Was PPPA repayment addressed in court order or notes?	N
180	Was medical ordered? If not, reason documented? Insurance provided, if so is record built?	N
190	Worklist checked by case # and mpi#, worked and deleted?	N
200	Is guideline worksheet with notes present? (OBAM event)	N
210	Non-cooperated client? Documentation of reason? Client cooperation documented when completed?	N
220	Tax Indicator set correctly?	N
230	Is Only Child 17.5 years or emancipated? CSUP closed if emancipated? Verification requested from CP on status of Child if child is 17.5 years?	N
240	Case Closure? Was it a proper closure?	N
250	Signed Application for NPA Cases, (DSS-4451 or DSS-1344)	N
260	Supplemental Data Sheet (DSS-4688)	N
270	All Legal Documents: Court Orders, Guideline Worksheets, etc.	N
280	Affidavit of Parentage or court order addressing paternity, if appropriate	N
290	Birth Certificates for all Children	N
300	Paternity Test Results	N
900	ALL QUALITY ITEMS	31
901	Total P	0
902	Total F	0
903	Total N	31
904	OVERALL SCORE	0.00%
905	ALL 157 RELATED ITEMS	10
906	Total P	0
907	Total F	0
908	Total N	10
909	157 RELATED SCORE	0.00%
Reviewer Comments		

A



Objectives:

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

Caseload Monitoring Scheme

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

- Caseloads over 10,000 – six reviews per month
- Caseloads from 9,999 to 5,000 – four reviews per month
- Caseloads from 4,999-2,000 – three reviews per month
- Caseloads under 2,000 – three reviews per month

Quality Review Instructions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81. Order entered on IOD? (12.10)

Interstate order (s) entered on 12.10 if appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

220. Tax Indicator set correctly?

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

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

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

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

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

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

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

260. Supplemental Data Sheet (DSS-4688)

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

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

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

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

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

290. Birth Certificates for Children

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

300. Paternity Test Results

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

3. Child Welfare Services

Process for Monitoring Local Government Program Subrecipients

PURPOSE

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

Program Areas and Services to be monitored:

Area	Federal/State Compliance Number	Subrecipients to be monitored	Review Tool
Adoption	CS-93.658-4CL 93.667	Attachment 1	Attachment B and D
At-Risk Case Management *from DAAS/PMD Section	CS-93.556	Attachment 1	Attachment A for Tool and Instructions
Child Protective Services-CPS	CS-93.658-4CL	Attachment 1	Attachment B
Foster Care Services	CS-93.658-2CL	Attachment 1	Attachment B for SSBG Tool and Instructions C IV-E tool
State Maternity Fund	93.645.1	Attachment 1	Attachment F

Description of Programs:

Adoption

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

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

1. IV-E Adoption Assistance

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

2. Non IV-E Adoption Assistance

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

3. Special Children Adoption Fund Program

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

- a. Desk Monitoring** – staff reviews copies of monthly reimbursement request (*DSS-1571, part IV*) to ensure complete and accurate documentation regarding client eligibility, appropriate payment level for activity and compliance with all program requirements.
- b. Annual Onsite Reviews** – staff selects a sample of cases to be read on visit to ensure case documentation reflects services for which reimbursements have been requested and compliance with all applicable laws and program requirements. Opportunities are provided for discussion of deliverables and problem issues.

Child Protective Services

Protective services are legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caregiver. Child Protective Services, provided by county Departments of Social Services, are designed to protect children from further harm and to support and improve parental/caregiver

abilities in order to assure a safe and nurturing home for each child. Generally, such services provided in the homes of these families are preventive, rehabilitative, and non-punitive with efforts directed toward identifying and remedying the causes of the maltreating behavior. This is accomplished through parent/caregiver cooperation and consent or, in the event conditions pose serious issues for the child's safety, through the agency's petition to the court.

When the safety of the child cannot be assured, the county Department of Social Services takes the child into legal custody. Child Protective Services are available 24 hours a day, 7 days a week through all 100 county Departments of Social Services in North Carolina.

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

Foster Care Services

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

1. IV-E Foster Care

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

2. Non IV-E Foster Care

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

At Risk Case Management Services

At Risk Case Management Services is a Medicaid reimbursable targeted case management service provided by county departments of social services. It is used by both Adult and Child Welfare

Services. The purpose of case management services for adults and children at risk for abuse, neglect, or exploitation is to assist them in gaining access to needed medical, social, educational, and other services, to encourage the use of cost-effective medical care by referrals to appropriate providers, and to discourage over-utilization of costly services. At Risk Case Management Services are monitored by the Child Welfare monitors.

At Risk Case Management monitoring services are currently under evaluation by the Division of Social Services. Monitoring activities may include Site visits or Desk audits.

The State Maternity Home Fund (SMHF)

The SMHF is not allocated to subrecipients. It is a payment made directly to providers based on the admission of eligible individuals to their facilities. Each application for care paid for by the State Maternity Home is reviewed for approval by the State Maternity Fund Coordinator. Approval is contingent upon the availability of funding. All State Maternity Home Fund applications are reviewed and approved by the Coordinator prior to the authorization of funds. An individual is eligible for residential care for up to six months or 183 days. If a client is eligible, TANF funding can cover the first four months or 120 days of the 183 day total. The Coordinator authorizes the period of eligibility (beginning and ending dates) for an individual and notifies the DHHS Controller's Office to encumber funds for the specified number of days of care at an established rate for the home. The Coordinator reviews and approves individual invoices from each Service Provider, after monthly residential care is delivered, and notifies the DHHS Controller's Office to process payments. In the event that care is no longer necessary, prior to the end of the authorization period, funding is unencumbered. No sample is necessary since one hundred percent of the caseload is reviewed and approved independently.

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

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

Core Areas to be monitored and Link to Compliance Supplements are included in DSS Monitoring Plan Introduction.

Monitoring Staff

In the Child Welfare Services Section, two Program Compliance Monitors conduct the monitoring for the many of child welfare programs. In addition to the Program Compliance Monitors, there are Program Coordinators within the Child Welfare Services section conducting the monitoring for their specific program area. An Office Assistant V is designated as a support to assist with the maintenance of the DSS monitoring documentation. Staff performing subrecipient monitoring and related support activities are listed in the DSS Monitoring Plan Introduction.

Children’s Program Representatives for each county, and their contact information, is shown at this web site:

<http://www.ncdhhs.gov/dss/team/CPRList.html>

Monitoring Tools

Standardized monitoring tools and instructions have been developed to monitor the aforementioned program areas. The monitoring tools currently in use are based on applicable laws and regulations that govern the program being monitored. The specific monitoring tools and instructions currently in use are attached to this document. In addition, the monitors will utilize the current DSS-5120 eligibility form in an effort to reconstruct initial eligibility. The current DSS-5120A will also be utilized to validate current eligibility for the period under review (PUR). The 5120 and 5120A are not attached to the monitoring plan. Rather they are included in the Child Welfare Funding Manual and the Child Welfare Program Compliance Monitors will use the forms that are included in the policy manual.

Monitoring Schedule

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

The Child Welfare monitors will complete IV-E Foster Care reviews for 33 counties annually. Refer to the section on sample size for additional information. The following documents the number of counties scheduled for an annual review in each program area:

At Risk Case Management (ARCM)	IV-E Adoption Assistance	IV-E Foster Care	Social Services Block Grant (SSBG)
33	33	33	33

At Risk Case Management (ARCM), IV-E Foster Care, IV-E Adoption Assistance, and SSBG are monitored every three years.

Annual self-assessment reports and summaries are provided to the Program Compliance Monitor for all services. Site visits may not occur if staffing issues arise. In the event an on site visit does not occur, the monitor can use the self assessment report and other tools to complete desk monitoring.

Sample Size

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

LEVEL I COUNTIES Sample Size	LEVEL II COUNTIES Sample Size	LEVEL III COUNTIES Sample Size
IV-E Foster Care 5 cases	IV-E Foster Care 10 cases	IV-E Foster Care 12 cases
IV-E Adoption Assistance-5 cases	IV-EAdoptionAssistance-5 cases	IV-E Adoption Assistance-5 cases
SSBG 5 cases	SSBG 5 cases	SSBG 5 cases
ARCM 5 cases	ARCM 5 cases	ARCM 5 cases

Oversample Cases

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

REVIEW PROCESS

Notification Requirements

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

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

Determining the Period Under Review

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

Rescheduling an Onsite Review

Once a review is scheduled, due to the potential impact of the PUR, counties are not able to reschedule. The decision to reschedule must have approval from Division Management Staff.

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

A rescheduled monitoring visit should have in the file:

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

The Review

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

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

The county can request an appeal no later than 30 calendar days from the date of the written monitoring result report.

Program Non-Compliance

Within 30 days of the on-site review, a final results report of the findings will be completed by the monitor and sent to the county and the Children's Program Representative (CPR). This report will include information concerning the monitoring findings, including any areas of non-compliance, and the appeal process. If the county chooses not to appeal the findings, the county will develop a Corrective Action Plan no later than thirty (30) calendar days of the date of the final results report. The CPR will work closely with the county to develop the Corrective Action Plan and to resolve the findings. Once the Corrective Action Plan is complete a copy should be sent to the Program Compliance Monitor responsible for the monitoring of that county. If the county selects to implement the option to appeal the monitoring findings, the county must notify the Division of Social Services and the Monitor within thirty (30) calendar days of the final results report. The intent to appeal should be filed with the:

North Carolina Division of Social Services
Kevin Kelley, Section Chief
Child Welfare Services Section
820 S. Boylan Avenue
Mail Service Center 2417
Raleigh, NC 27699-2417

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

Payment Adjustments

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

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

In May 2006, the North Carolina Department of Health and Human Services, Division of Social Services implemented a protocol for recouping County Responsible Overpayments of Title IV-E

Funds for over payments. This process was revised again in the fall of 2008 and again in January 2009 and is as follows:

- 1) The Child Welfare Program Compliance Monitors will provide a written final result report within 30 days of the completion of the review to the following:
 - a. The county department of social services
 - b. The CPR and the team leader
 - c. The LBL and the team leader
 - d. Monitoring team leader
 - e. Financial Resource Coordinator

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

- 3) The Program Compliance Monitoring Manager and/or the IV-E Coordinator may review IV-E Foster Care findings before adjustments are made.

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

- 5) When ineligible payments are discovered for Title IV-E Foster Care and Social Services Block Grant (SSBG), the Financial Resource Coordinator will:
 - a) Calculate the IV-E Maintenance overpayment, if applicable.
 - b) Make the adjustment
 - c) Notify the DHHS Controller Office to deduct the payment
 - d) Post the corrections to the Child Placement and Payment System.
 - e) Provide final Adjustment copies to the county, the CPR, LBL and the Monitor.

- 6) When ineligible payments are discovered for IV-E/SSBG the LBL will:
 - a) Work with the county to calculate the Title IV-E/SSBG Administrative overpayment, if applicable.
 - b) Ensure that the 1571 reflects appropriate adjustment(s).
 - c) Report any adjustment crossing into a previous fiscal year, to the Controller's Office as required in the Fiscal Manual.

- d) Work with county in completing a payment adjustment referral form. A blank payment adjustment referral form is included in **Appendix F** of this plan and is available for use.
 - e) Provide a completed copy of the Payment Adjustment Referral form to the Program Compliance Monitor within the time frames established in the monitoring plan.
7. When ineligible payments are discovered for IV-E/SSBG the CPR will:
- a. Assist the county with any corrective action related to policy clarification or training issues.
 - b. Assist the county in completing a corrective action plan. A blank corrective action plan is included in **Appendix E** of this plan and is available for use.
 - c. Provide a copy of the Corrective Action Plan to the Program Compliance Monitor within the time frames established in the monitoring plan.

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

1. The Child Welfare Program Compliance Monitors will provide a written final result report within 30 days of the completion of the review to the following:
 - a. The county department of social services
 - b. The CPR and the team leader
 - c. The LBL and the team leader
 - d. Monitoring team leader
 - e. Special Needs Adoption Coordinator
2. On the same date of the result report, the Monitor will provide the LBL with a Payment Adjustment referral form and the CPR with a Corrective Action Plan form. The forms will contain at minimal, the case findings, SIS#, and questioned cost.
3. The Program Compliance Manager and/or the Adoption Coordinator may review the IV-E Adoption Assistance findings before adjustments are made.
4. When a county indicates it does not intend to appeal, within 30 calendar days of receipt of the letter from the Child Welfare Compliance Monitor regarding the monitoring results, the amount of ineligible IV-E Adoption Assistance and Admin Costs (per 1571) , if any, must be determined and adjusted. In determining the amount of ineligible payments, the entire period of ineligibility must be included in the calculations, not just the period under monitoring review. This applies even if the period of ineligibility crosses into a previous state fiscal year. Any federal funds disbursed for an ineligible or otherwise un-reimbursable child must be recouped.

5. The Program Compliance Monitor will:

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

- i) Upon receipt of the monitoring result report, the County is to update DSS 5095 with the correct funding source.
- ii) The County sends the updated 5095 and a letter to the Special Needs Adoption Coordinator detailing the error including the child's name, SIS #, a statement indicating old funding source and the new funding source; and the period covered under the old funding source.
- iii) The Special Needs Adoption Coordinator review and approve the request sent by the county and forwards to the Controller's Office requesting adjustment(s) as appropriate.
- iv) If the county has not taken any action within 30 calendar days of the result report, the Special Needs Adoption Coordinator will use information obtained from the result report to request adjustments as appropriate to the Controller's Office. Inform county of actions taken and request an updated 5095 with the corrected funding source.
- v) The Controller's Office forwards final adjustment copies to the Monitor Supervisor, who will maintain and file.
- vi) The CPR will provide a completed copy of the corrective action plan to the Program Compliance Monitor within the time frames established in the monitoring plan.
- vii) The LBL will address the administrative cost payments, if any, on the payment adjustment referral form APPENDIX F. The LBL will provide this to the Program Compliance Monitor within the time frames established in the monitoring plan.

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

Process for Single and Special Audits

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

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

1. A written request is submitted to the Children's Program Representative Team Leader for distribution to the CPR's. The CPR's are to:
 - a. Work with the county to resolve the findings
 - b. Assist in the development of a corrective action plan
 - c. Collaborate to generate a collective State response
 - d. Continue to support the local counties in the operation of a Child Welfare program by providing technical assistance and consultation
2. The Program Compliance Manager will gather and analyze the information from the CPR's to:
 - a. Construct a Division response to the findings

- b. Respond to the internal auditor as needed

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

Risk Assessment for Subrecipients

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

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

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

Monitoring Documentation – refer to DSS Monitoring Plan Introduction

Child Welfare Program Compliance Monitor County Assignments

Monitoring Team Leader: Carla McNeill

Phone Number: (919)334-1105

Fax Number: (919)715-6714

Email address: Carla.McNeill@dhhs.nc.gov

Bernard Norfleet		Gloria Duncan	
Phone: 252-243-2348		Phone: 910-610-4272	
Fax: 252-243-2348		Fax: 910-277-7697	
Bernard.Norfleet@dhhs.nc.gov		Gloria.Duncan@dhhs.nc.gov	
ALAMANCE	HENDERSON	BEAUFORT	MACON
ALEXANDER	HOKE	BERTIE	MADISON
ALLEGHANY	JOHNSTON	BURKE	MARTIN
ANSON	JONES	CABARRUS	MONTGOMERY
ASHE	LINCOLN	CALDWELL	NASH
AVERY	MCDOWELL	CASWELL	NORTHAMPTON
BLADEN	MECKLENBURG	CATAWBA	ORANGE
BRUNSWICK	MITCHELL	CHATHAM	PERSON
BUNCOMBE	MOORE	CHOWAN	PITT
CAMDEN	NEW HANOVER	CLEVELAND	RANDOLPH
CARTERET	ONSLow	DARE	ROCKINGHAM
CHEROKEE	PAMLICO	DURHAM	RUTHERFORD
CLAY	PASQUOTANK	FORSYTH	SCOTLAND
COLUMBUS	PENDER	FRANKLIN	STOKES
CRAVEN	PERQUIMANS	GASTON	SURRY
CUMBERLAND	POLK	GATES	SWAIN
CURRITUCK	RICHMOND	GREENE	TRANSYLVANIA
DAVIDSON	ROBESON	HALIFAX	TYRRELL
DAVIE	ROWAN	HARNETT	WAKE
DUPLIN	SAMPSON	HERTFORD	WARREN
EDGECOMBE	STANLY	HYDE	WASHINGTON
GRAHAM	UNION	IREDELL	WATAUGA
GRANVILLE	VANCE	JACKSON	WAYNE
GUILFORD	YADKIN	LEE	WILKES
HAYWOOD	YANCEY	LENOIR	WILSON

**SOCIAL SERVICES BLOCK GRANT (SSBG) and TANF transferred to SSBG
MONITORING TOOL**

County:	Review Date: / /	
Review period: / / to / /	Sample Number:	
Reviewed by:	SIS ID:	
Child's Name:	Date of Birth: / /	
Service/Program Code: <small>(Service) (Program code)</small>		

Where N/A is shaded, the answer must be Yes or No. Boxes outlined in bold indicates potential case error and or ineligibility.

	YES	NO	NA
I. ELIGIBILITY CRITERIA FOR SERVICE			
1. Child is a US citizen or a qualified alien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Child is in foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child is in an adoptive placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child has been adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child is defined as a reasonable candidate for foster care <i>(applies to CPS service 215 only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
II. APPLICATION FOR SERVICE			
1. DSS-5027 or Family Service Agreement or approved equivalent is in the record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Name of specific service is listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Service Request Dated (MM/DD/YY) / / <i>(If Yes, record the date that opened the requested/needed service. This can be obtained by one of the following: DSS-5027, Family Service Agreement, Adoption Assistance Agreement or an approved equivalent such as a VPA or Case Service Plan. State what document was used to obtain date in 'comments')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Signed and dated by client or representative ('NA' for Foster Care and Adoption Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Signature witnessed- if signed with (X) ('NA' for Foster Care and Adoption Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

III. DECISION ON ELIGIBILITY FOR IV-E FUNDS			
1. Service claimed is an allowable IV-E service <i>If checked 'No', skip the remainder of this section and continue at section IV.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Child is IV-E eligible IV-E Eligibility established (MM/DD/YY) / / <i>If checked 'No', skip the remainder of this section and continue at section IV.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If one of the following is checked 'Yes', the case is an Error.</i>			
3. Child is IV-E and is in a licensed foster care home/facility	<input type="checkbox"/>	<input type="checkbox"/>	
4. Child is IV-E and is in an adoption placement <i>(child has been adopted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Child is IV-E and is placed with a relative who is actively pursuing FH license.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Child is IV-E and placement is a trial home visit that does not exceed 6 months Trail home visit began: / /	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
IV. DECISION ON ELIGIBILITY FOR SERVICE and PROGRAM			
1. Documentation indicates child is in need of the service <i>(Petitions, Case Service Plan, narratives are examples of documents that can support need)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Service and the program is available without regard to income <i>(The SSBG Program which is identified as code "X", provides CPS-in home service, Foster Care and Adoption SERVICES without regard to income. TANF transferred to SSBG is code 'V' and is based on income.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Income is determined and documented <i>(Can be found on the 5120 and/or the 5120A. 'NA' if monitoring code 'X')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Income eligibility period is documented and covers the PUR <i>(Can be found on the 5120 and/or the 5120A. 'NA' if monitoring code 'X')</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child's own income total at or below 200% of the Federal Poverty Level <i>('NA' if child has been adopted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adoption has been finalized and Adoptive parents' income total at or below 200% FPL <i>('NA' if child has NOT been adopted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Child is defined as a reasonable candidate for foster care <i>(applies to CPS service 215 only)</i> <i>('NA' if child is in foster care or has been adopted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The service claimed is an allowable IV-E service	<input type="checkbox"/>	<input type="checkbox"/>	
9. The service claimed is an allowable SSBG service	<input type="checkbox"/>	<input type="checkbox"/>	
10. The service claimed is an allowable TANF transferred to SSBG service <i>(CPS 215, Links 135 and 136 cannot utilize TANF transferred to SSBG program code 'V')</i>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Decision is consistent with eligibility criteria for the service(s)	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

VI. ONGOING SERVICE PROVISION AND REDETERMINATIONS			
1. Service is provided and is consistent in accordance with policy	<input type="checkbox"/>	<input type="checkbox"/>	
2. Program coding for service is consistent in accordance with policy	<input type="checkbox"/>	<input type="checkbox"/>	
3. Contacts are accurately documented on the DSS-4263	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ongoing eligibility related to need, target population, or income is reviewed and documented quarterly <i>(NA for post-adoption services)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Redetermination of service eligibility is done annually. <i>(NA: If service has not been open for at least 12 months by the end of the PUR)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eligibility is reviewed within 30 days of a reported change in the client's circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Reasons for the reduction or termination are clearly documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Areas needing improvement:

Issues that result in ineligibility and or unallowable/improper claims:

Child is eligible: YES NO

Allowable Claim: YES NO

**Title IV-E Foster Care Eligibility
On-Site Review Instrument**
December 2012 Version

A. CASE FINDINGSNON-ERROR CASE: ERROR CASE: Underpayments: YES : NO : Ineligible Payments: YES : NO : **(B) QUALITY ASSURANCE CHECK COMPLETED SIGNATURES**First-Level QA Reviewer's Signature: Second-Level QA Reviewer's Signature: **(C) INSTRUCTIONS**

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Complete this instrument for each foster care episode during the PUR. • Answer each question on the instrument and read each question's instructions for an explanation of how to answer it. • Indicate "N/A" if the question is not applicable and state the reason the question does not apply. Refer to the "Title IV-E Foster Care Eligibility Review Guide" for additional guidance on review policy and procedures. • Verify that each eligibility factor is documented and record the documentation source in the "Comments" section after each question. | <ul style="list-style-type: none"> • Responses in bold font are <i>potential</i> case errors or ineligible payments. • Record additional foster care placements during the period under review (PUR) on the appended "Licensing/Safety Checklist for Multiple Placements" (Appendix 1) and the data for improper payments on the appended "Improper Payment Chart" (Appendix 2). • All statutory citations refer to the applicable section of the Social Security Act (the Act) • Use pencil and print legibly. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(D)GENERAL CASE INFORMATION

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

(E)CHILD INFORMATION

The child's name will be kept *confidential* and will not be disclosed for any purposes outside of the review.

7. Child's Name: [REDACTED]

8. Child's Date of Birth: (MM/DD/YY) [REDACTED] / [REDACTED] / [REDACTED]

9. Child's age as of the first day of the PUR: [REDACTED]

Enter the age of the child on the first day of the PUR. If the child is less than one (1) year old on the first day of the PUR, enter a zero (0). Documentation of age is not necessary for the title IV-E foster care eligibility review (IV-E review) unless there are questions about the age of a youth who may be 17 years old or older. Then, a birth certificate or equivalent source document is used to verify the birth date. Section 406 of the Act limits title IV-E eligibility to children under the age of 18, or up to age 19 if the school attendance option is exercised in the State's 1996 title IV-A plan.

NOTE: Beginning 10-01-2010, the title IV-E agency may exercise the title IV-E plan option to extend assistance to age 21, under § 475(8) of the Act. If the title IV-E agency has approval to exercise the title IV-E plan option, the IV-E agency's 18- to 21-year-olds are not subject to the IV-E review at this time and are excluded from the review sample.

(F) RELEVANT DATES (may precede PUR)

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

Removal date: (MM/DD/YY) [REDACTED] / [REDACTED] / [REDACTED]

Enter the date of physical removal unless the child was constructively removed. If the child was constructively removed, enter the date the court sanctioned the judicial removal, in a judicial removal, or the date of the final signature on a voluntary placement agreement, in a voluntarily placement. (A constructive removal occurs when a judicial ruling or voluntary placement agreement sanctions the child's removal from the parent or another specified individual, but the child is living with an interim caregiver at the time of the removal. It applies to a removal that occurs on or after 3-27-2000 for a child who has not lived with an interim caregiver longer than 6 months prior to the constructive removal. If the constructive removal occurred before 3-27-2000, note that below in Comments. Also, if the child had lived with an interim caregiver longer than 6 months before the constructive removal, note that below. The case is not marked as in error when answering Question 10, if the constructive removal requirement is not met. The eligibility requirements pertaining to constructive removals are specifically addressed at Questions 21(a) and 22.)

Question 10 records the date of the child's most recent physical or constructive removal from the home of a parent or another specified relative in accordance with a court order or voluntary placement agreement.

Comments: [REDACTED]

11. On what date did the child enter foster care: (MM/DD/YY) [REDACTED] / [REDACTED] / [REDACTED]

N/A

Check the **N/A** box, if appropriate, based on the following instructions:

For a removal according to a voluntary placement agreement: Indicate **N/A**.

For a court-ordered removal before March 27, 2000: Indicate **N/A**.

For a court-ordered removal on or after March 27, 2000: Indicate **N/A** if the foster care episode terminated before 60 days of removal and a judicial finding of abuse or neglect was not rendered prior to the end of the foster care episode.

Otherwise, record the **date the child entered foster care** based on the following information:

- **Initial placement in foster care setting:**

Record the month, date, and year the child is considered to have entered foster care, as based on the definition in § 475(5)(F) of the Act and Federal regulations at 45 CFR § 1355.20(a) and described below, if the child initially was placed in a foster care setting (foster family home or childcare institution) at removal.

• **Initial placement in non-foster care setting:**

(1) Record the month, date, and year the child was placed in a foster care setting, if the child initially was placed in a detention facility or other non-foster care setting and was in the non-foster care setting longer than 60 days before being placed in a foster care setting. Or,

(2) Record the month, date, and year the child entered foster care as defined below, if the child's placement into foster care from a non-foster care setting occurred within 60 days of his or her removal from the home.

As defined in § 475(5)(F) of the Act and 45 CFR § 1355.20(a), the date the child is considered to have entered foster care is the date that is the earlier of either a judicial finding to the effect that the child has been subjected to child abuse or neglect or 60 calendar days after the date the child is removed from the home through a court order or voluntary placement agreement. The date the child entered foster care usually is not the same date as the date of removal (Question 10 or Question 13). The date recorded in Question 11 is the date used to determine when to obtain the initial judicial determination of reasonable efforts to finalize the permanency plan (Question 19). The title IV-E agency may use the date the child is physically removed from home. However, for the IV-E review, the "date child entered foster care" is the date as defined in § 475(5)(F) of the Act and 45 CFR § 1355.20(a), consistent with the U.S. DHHS Departmental Appeals Board (DAB) Decision No. 1903.

(G) REMOVAL PURSUANT TO A COURT ORDER

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

12. Is the child's removal the result of a court order?

Yes No NA

NOTE: If **NO** is the response to this question and Question 15, the response also is **NO** to Question 18. For title IV-E eligibility, a child's removal must be in accordance with the requisite judicial determination (Question 12) or a voluntary placement agreement (Question 15).

For Questions 13 and 14: The judicial determination in court-ordered removals must be: (1) made in a valid court order; (2) made on a case-by-case basis and child-specific; (3) explicitly stated in the court order; and (4) in conformity with Federal regulatory time frames to satisfy compliance with the title IV-E requirements. Affidavits, nunc pro tunc court orders and other similar-purpose documents are not acceptable documentation to support a judicial finding (except as provided in § 479B of the Act for a limited period for Tribes). If an acceptable court order is not furnished, an official transcript of the court proceeding is the only alternative to substantiate that the judicial determination requirement has been met satisfactorily (45 CFR 1356.21(d)(1)). The precise language, contrary to the welfare or reasonable efforts, does not have to be included in the court ruling. However, consistent with DAB Decision No. 1998, there must be an expressed statement in the court order or court transcript that can be clearly understood as a determination that the required judicial finding is made.

Comments:

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

Yes No NA

If the child was voluntarily placed, indicate **N/A**. Otherwise, indicate **YES** or **NO**.

If the bold **NO** box is checked, this indicates an error case with ineligible payments.

For title IV-E purposes, in a court-ordered removal there must be a judicial determination to the effect that continuation in the home with the specified relative (from whom there was a physical or constructive removal) would be contrary to the child's welfare, or that foster care placement is in the child's best interests.

Comments:

13(a). If the child was removed from the home before March 27, 2000, was the *Contrary to the Welfare* finding stated in a court order issued within 6 months of the child's removal? Or was there a removal petition filed within 6 months of the child's removal that results in a judicial finding of *contrary to the welfare*?

NA

Yes No

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

*For a removal on or after March 27, 2000, or if the child was removed via a voluntary placement agreement, indicate **N/A**. For a removal before March 27, 2000, indicate **YES** or **NO**.*

*If the bold **NO** box is checked, this indicates an error case with ineligible payments. Then, the child is ineligible under title IV-E for the entire foster care episode.*

For a removal before March 27, 2000: Indicate "yes" or "no" and the judicial finding date or removal petition date. Record both dates, if available. If the response is "no" to both questions in Question 11a, this is an error case and the child is ineligible for the entire foster care episode. Proceed to Question 11c.

Consistent with DAB Decision No. 1508, if the judicial finding of contrary to the welfare is not rendered within 6 months of the child's removal (Question 10), the requisite judicial finding may be in a court ruling that stems from court proceedings initiated no later than 6 months from the date of the child's removal from the home. Calculation of the 6-month period is based on calendar months and is not counted from date-to-date. The resultant court order must expressly adopt the pertinent language of the petition in a manner such that it is reasonably understood that the requisite judicial finding is made. For compliance, the court order cannot merely sustain the petition. Title IV-E maintenance may not be claimed for a period prior to the court ruling that explicitly makes the judicial finding. If the judicial determination is not made as required, the child is ineligible for title IV-E foster care for the entire foster care episode

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

Yes No NA

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

*For a removal before March 27, 2000, or if the child was removed via a voluntary placement agreement, indicate **N/A**.*

*If the bold **NO** box is checked, this indicates an error case with ineligible payments. Then, the child is ineligible under title IV-E for the entire foster care episode.*

The judicial determination regarding contrary to the welfare must be made in the first court ruling that sanctions, even temporarily, the child's removal from the home (Question 10). The first court ruling refers to the judicial order that stems from the first court proceeding on the child's removal. If the judicial determination is not made in the first court ruling pertaining to that removal from home, this eligibility requirement is not met. [See 45 CFR § 1356.21(c).]

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

Yes No NA

*Indicate **N/A** if the child was voluntarily placed. Otherwise, indicate **YES** or **NO** based on the response to Questions 13, 13(a), and 13(b).*

*If Question 13(c) is **NO**, this case is an error case and the child is ineligible under title IV-E for the entire foster care episode. If **NO**, record ineligible period(s) on the attached **Improper Payment Chart**.*

Comments:

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

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

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

Yes No

If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.

Regardless of the removal date, the title IV-E agency may claim title IV-E maintenance payments from the first day of the child's placement in the month in which all title IV-E eligibility criteria are met for the child. [See 8.3A.15, Question #1 of the CB Child Welfare Policy Manual (CWPM).]

If a title IV-E maintenance payment was made for a period that was prior to the month in which the eligibility requirement was met and the ineligible period was outside the PUR, the title IV-E maintenance payment is disallowed.

If a title IV-E maintenance payment was made for a period that was prior to the month in which the eligibility requirement was met and the ineligible period was in the PUR, the child's sample case is in error and the title IV-E maintenance payment is disallowed.

Record ineligible period(s) on the attached **Improper Payment Chart**.

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

Yes No NA

If the child is voluntarily placed, indicate "N/A" and proceed to Question 13. Otherwise, indicate "yes" or "no."

If the bold **NO** box is checked, this indicates an error case with ineligible payments. Then, the child is ineligible under title IV-E for the entire foster care episode.

For title IV-E purposes, a judicial removal must include a determination to the effect that the title IV-E agency has made reasonable efforts to prevent the removal of the child from the specified relative (Question 10) or that reasonable efforts are not necessary prior to removal. If the child was removed before March 27, 2000, the requirement may be satisfied with a judicial finding that reasonable efforts have been made to reunify the child and family after removal.

Comments:

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

For a removal on or after March 27, 2000, or if the child was removed via a *voluntary placement agreement*, indicate **N/A**.

For a removal before March 27, 2000, record the date of the court ruling that contains the judicial finding of either reasonable efforts to prevent removal or reasonable efforts to reunify. If both judicial findings were made, record each date.

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

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

The judicial determination to the effect that either reasonable efforts have been made to prevent removal (or are not required) or that reasonable efforts have been made to reunify the child and family after removal satisfies this reasonable efforts requirement. If the eligibility criterion is not satisfied, the child is ineligible for the duration of the foster care episode. [See 45 CFR § 1356.21(b)(1).]

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

For a removal before March 27, 2000, or if the child was removed via a *voluntary placement agreement*, indicate **N/A**.

For a removal on or after March 27, 2000, indicate **YES** or **NO** regarding the timeliness of the judicial finding. Yes No NA

If the bold **NO** box is checked, this indicates an error case with ineligible payments. Then, the child is ineligible under title IV-E for the entire foster care episode.

Record the judicial finding date.

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

The judicial determination to the effect that reasonable efforts to prevent removal have been made (or are not required) must be obtained no later than 60 days from the date the child is removed from the specified relative (Question 10). The "clock" for the 60-day period begins the day after the child is physically removed. If the child is constructively removed, the "clock" begins on the date the court sanctions the removal. If the eligibility criterion is not satisfied within the time frame prescribed in the Federal regulations, the child is ineligible for the entire foster care episode. [See 45 CFR § 1356.21(b)(1).]

Comments:

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

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

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

Indicate **N/A** if the child was voluntarily placed. Otherwise, indicate **YES** or **NO** based on the response to Questions 14, 14(a), and 14(b). Explain below in *Comments* the specific reason the requirement is not satisfied.

Yes No NA

If Question 14(c) is **NO**, this is an error case and the child is ineligible for the entire foster care episode. If **NO**, record ineligible period(s) on the attached ***Improper Payment Chart***.

Comments:

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

Yes No NA

Indicate N/A if child was voluntarily placed. Otherwise, indicate YES or NO.

If the bold YES box is checked, this indicates a potential error case or case with ineligible payments.

Regardless of the removal date, the title IV-E agency may claim title IV-E maintenance from the first day of the child's placement in the month in which all title IV-E eligibility criteria are met for the child [See 8.3A.15, Question #1 of the CWPM.]

If a title IV-E maintenance payment is made for a period prior to the month in which the eligibility requirement is met and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed.

If a title IV-E maintenance payment is made for a period prior to the month in which the eligibility requirement is met and the ineligible period is in the PUR, the child's sample case is in error and the title IV-E maintenance payment is disallowed. Record ineligible period(s) on the attached **Improper Payment Chart**.

Comments:

(H) VOLUNTARY PLACEMENT

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

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

Yes No

Indicate **YES** or **NO**. If the removal was pursuant to a voluntary placement agreement, enter **YES**.

If the removal was not pursuant to a voluntary placement agreement, enter **NO**.

*NOTE: If **NO** is the response to this question and Question 12, the response also is **NO** to Question 18. For title IV-E eligibility, a child must be removed in accordance with the requisite judicial determination (Question 12) or a voluntary placement agreement (Question 15).*

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

Indicate **N/A** if this was a court-ordered removal. Otherwise, indicate **YES** or **NO**.

Yes No NA

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

Consistent with § 472(f)(2) of the Act, the parent or legal guardian and the title IV-E agency representative must sign the voluntary placement agreement for it to be valid. If all required parties did not sign the voluntary placement agreement, the child is ineligible for title IV-E for the entire foster care episode.

Record ineligible period(s) on the attached **Improper Payment Chart**.

Comments:

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

Indicate **N/A** if this was a court-ordered removal. Otherwise, indicate **YES** or **NO**.

Yes No NA

If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.

*If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.*

The title IV-E agency may claim title IV-E maintenance from the first day of the child's placement in the month in which all title IV-E eligibility criteria are met for the child. [See 8.3A.15, Question #1 of the CWPM.]

If a title IV-E maintenance payment was made for a period prior to the month in which the eligibility requirement was met and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed.

*If a title IV-E maintenance payment was made for a period prior to the month in which the eligibility requirement was met and the ineligible period is in the PUR, the child's sample case is in error and the title IV-E maintenance payment is disallowed. Record ineligible period(s) on the attached **Improper Payment Chart**.*

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

Indicate **YES** or **NO** and record the date of the judicial finding, including the month, date, and year. Indicate **N/A**, if the judicial determination was not obtained and fewer than 180 days have elapsed since the foster care placement date (or signature date, if the child was constructively removed) and the last day of the PUR. Also, indicate **N/A** if the child was judicially removed.

Yes No NA

If the bold **NO** box is checked, this indicates a potential error case or case with ineligible payments.

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

As specified in § 472(e) of the Act, to extend title IV-E eligibility beyond 180 days of placement in foster care, there must be a judicial determination within the first 180 days of the foster care episode to the effect that continued out-of-home placement is in the child's best interests, thereby extending foster care placement through the voluntary placement agreement. The "clock" for the first 180 days of the foster care episode begins on the date the child is physically placed in foster care. If constructively removed, the "clock" for the first 180 days of the foster care episode begins on the date the voluntary placement agreement is signed by all necessary parties. If signings are on different dates, it begins on the date of the final signature.

*NOTE: If the voluntary placement agreement is terminated, revoked, or otherwise no longer in effect prior to obtaining the judicial determination regarding the child's best interests, title IV-E eligibility ends on the day the voluntary placement agreement is terminated, revoked, or not in effect and the child becomes ineligible for the remainder of the foster care episode. Under these conditions, the response is **NO** to Question 17.*

17(a). If Question 17 is NO, were title IV-E funds paid for the period of ineligibility?

Indicate **N/A** if this was a court-ordered removal. Otherwise, indicate **YES** or **NO**, based on a **NO** response to Question 17.

Yes No NA

*If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.*

If a title IV-E maintenance payment is made for the period in which compliance with the requirement is not met and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed.

If a title IV-E maintenance payment is made for the period in which compliance with the requirement is not met and the ineligible period is in the PUR; the child's sample case is in error and the title IV-E maintenance payment is disallowed.

*Record ineligible period(s) on the attached **Improper Payment Chart**.*

If more than 180 days of the child's placement in foster care have elapsed in a removal through a valid voluntary placement agreement and there has been no judicial determination of best interests, the child's eligibility for title IV-E ceases on the 181st day. The child's eligibility also ceases on the day the voluntary placement agreement is terminated, revoked, or not in effect if this occurs prior to obtaining the judicial determination regarding the child's best interests.

Comments:

(I) VALID REMOVALS

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

Indicate **YES** or **NO**. The response is **NO** if the response is **NO** to Questions 12 and 15. The response also is **NO** if the child is removed from the parent or another specified relative through a court order or voluntary placement agreement, and the child remains with the same relative in that home under that relative's responsibility and the title IV-E agency's supervision.

Yes No

If NO, the child is ineligible for title IV-E for the entire foster care episode.

*Record ineligible period(s) on the attached **Improper Payment Chart**. For title IV-E eligibility, a valid removal is a removal that is in accordance with a voluntary placement agreement (VPA) or a judicial finding of contrary to the welfare (CTW) that sanctions the removal (physical or constructive) of the child from the parent or legal guardian who signs the VPA or whose home is the subject of the CTW finding. [See § 472(a)(1) of the Act and 45 CFR § 1356.21(k).]*

Consistent with 45 CFR § 1356.21(k)(2), a removal is not valid under title IV-E when the child is removed from the specified relative through a voluntary placement agreement or a court order, and the child remains with that same specified relative in the home under that relative's responsibility and the title IV-E agency's supervision.

For court-ordered removals, the physical removal from the above-referenced specified relative must coincide with the CTW finding. If the physical removal does not take place by the end of the next business day of the CTW finding and the court order does not specify an alternative time frame for removal, the child is ineligible for the entire foster care episode unless there is an extenuating circumstance that delays the physical removal. If there is an extenuating circumstance related to the delayed removal, notify the Children's Bureau (CB) team leader so that the relevant case information can be referred to the CB Central Office for further consideration.

Explain below in Comments the specific reason the requirement is not satisfied.

Comments :

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

Applicable to Court-Ordered Removals Only

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

For Questions 19, 19(a), 19(b), 19(c), 19(d), and 19(e): Answer each question in sequential order to verify that a judicial determination of *reasonable efforts to finalize the permanency plan* was satisfied for the 12-month period that includes the PUR.

To maintain title IV-E eligibility in a judicial removal, there must be a judicial determination to the effect that the title IV-E agency has made reasonable efforts to finalize the child's permanency plan. [See 45 CFR § 1356.21(b)(2).] The judicial determination of reasonable efforts to finalize the permanency plan must be (1) made in a valid court order; (2) made on a case-by-case basis and child-specific; (3) explicitly stated in the court order; and (4) in conformity with Federal regulatory time frames to satisfy compliance with the title IV-E requirements for court-ordered removals. Affidavits, nunc pro tunc court orders, and other similar-purpose documents are not acceptable documentation to support a judicial finding, except as provided in § 479B of the Act for a limited period for Tribes. If an acceptable court order is not furnished, an official transcript of the court proceeding is the only alternative to substantiate that the judicial determination requirement is met satisfactorily. [See 45 CFR § 1356.21(d).] The precise language, reasonable efforts, does not have to be included in the court ruling.

However, consistent with DAB Decision No. 1998, there must be an expressed statement in the court order or court transcript that can be clearly understood as a determination that the title IV-E agency has made reasonable efforts, as required for title IV-E eligibility.

For a removal before March 27, 2000: The judicial determination must have occurred by March 27, 2001, and at least once every 12 months thereafter while the child is in foster care. If the judicial determination is not made by March 27, 2001, ineligibility for title IV-E payments is from April 1, 2001, until the judicial determination requirement is met. The reviewer is not required to verify the title IV-E agency's compliance with the March 27, 2001, implementation date. The reviewer must verify whether the judicial determination requirement was satisfactorily met for the 12-month period that includes the PUR. If the judicial determination requirement was not met for the PUR, then the reviewer must go back to the date the requirement was met or March 27, 2001, whichever was later, to establish the period of ineligibility.

For a removal on or after March 27, 2000: The initial judicial determination must be made no later than 12 months from the date on which the child is considered to have entered foster care (Question 11). Thereafter, the judicial determination must be made at least once every 12 months while the child is in foster care. The reviewer must verify whether the judicial determination requirement was satisfactorily met for the 12-month period that includes the PUR. If the judicial determination requirement was not met for the PUR, then the reviewer must go back to the date the requirement was met to establish eligibility.

Regardless of the removal date, calculation of the 12-month period is based on calendar months and is not counted from date to date.

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

Record information in the following chart only if necessary to determine the most recent judicial finding attained prior to the PUR and to determine whether an initial or subsequent judicial finding is required during the 12-month period that includes the PUR. If the chart is completed and an untimely judicial determination is identified with ineligible payments, record the ineligible period(s) on the attached "Improper Payment Chart." The below chart may be a helpful tool to use in some circumstances, but its completion is not required.

Date Removed: / /
(Refer to Question 8)

Date Entered Foster Care: / /
(Refer to Question 9)

Judicial Determination	Date Due	Date Made	Is it Timely? (YES or NO)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Indicate **N/A** if the removal was the result of a *voluntary placement agreement*. Otherwise, indicate **YES** or **NO**.

Yes No NA

A **YES** response is based on the date in Question 10, for a removal before March 27, 2000; or Question 11, for a removal on or after March 27, 2000. If Question 19 is **NO**, a judicial determination of reasonable efforts to finalize the permanency plan was not due for the PUR. Questions 19(a)–19(e) are **N/A**.

19(a). If Question 19 is YES, what was the date of the most recent judicial determination of reasonable efforts to finalize before the PUR?

Yes No

NA

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

Record the date of the most recent judicial determination that is obtained before the beginning of the PUR. If the date of the initial judicial determination fell within the PUR, indicate "N/A." If the due date for the judicial determination is immediately before the PUR but is not made, indicate "N/A." Explain below the "N/A" response and continue with Question 16b.

Question 16a establishes whether an initial or subsequent judicial finding is required to be made during the 12-month period that encompasses the PUR.

Comments:

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

NA

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

*Indicate **N/A** if the removal was the result of a voluntary placement agreement. Otherwise, record the date of the judicial determination that was due 12 months from the date recorded in Question 19(a). If a date is not recorded in Question 19(a) because the required judicial determination was not made before the PUR, record the month and year it should have been made and note below in Comments the reason for the recorded date.*

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

NA

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

Indicate **N/A** if: (1) the removal is the result of a voluntary placement agreement or (2) 12 months have not elapsed since the date recorded in Question 19(b) and a judicial determination was not made during that interim period. Explain below in *Comments* the specific reason for the **N/A** response. Otherwise, for the judicial determination referenced in Question 19(b), record in Question 19(c) the month and year that the initial or subsequent judicial determination was made. If the judicial determination was due but not made, note this below in *Comments*.

Comments:

19(d). Was the judicial determination recorded in Question 19(c) timely?

Yes No

NA

Indicate **N/A** if the removal was the result of a *voluntary placement agreement* or if Question 19(c) is **N/A** because 12 months have not elapsed since the date recorded in Question 19(b) and a judicial determination was not made during that interim period. Explain below in *Comments* the specific reason for the **N/A** response. Otherwise, indicate **YES** or **NO** based on the date recorded in Question 19(c).

If the bold **NO** box is checked, this indicates a potential error case or case with ineligible payments.

A judicial determination is not considered timely if the finding is not made within the required 12-month time frame. The date of the latest judicial determination is used to determine the date the subsequent one must be made. An untimely judicial determination renders the child ineligible beginning on the first day of the month after it is due and continuing to the first day of the month it is attained.

*Explain below in *Comments* the specific reason the requirement is not satisfied.*

Comment:

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

Yes No NA

Indicate **N/A** if the response to Question 19(d) is **N/A** or **YES**. Otherwise, indicate **YES** or **NO**.

If the response to Question 19(e) is **YES**, this indicates a potential error case or case with ineligible payments.

If the untimely judicial determination is attained in the month immediately following the month it is due, the child regains eligibility beginning that month and title IV-E maintenance payments that are made for that period are considered properly paid. On the other hand, if the untimely judicial determination is not attained within the month immediately following the month it is due, the child loses eligibility until the requisite judicial determination is made and the associated title IV-E maintenance payments are disallowed. [See 45 CFR § 1356.21(b)(2).]

If the title IV-E maintenance payment is made for a period in which the child is not eligible and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed.

If the title IV-E maintenance payment is made for a period in which the child is not eligible and the ineligible period is in the PUR, the sample case is in error and the title IV-E maintenance payment is disallowed.

*Record ineligible period(s) on the attached **Improper Payment Chart**.*

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

NA

Yes No

Indicate **N/A** if the removal was the result of a *voluntary placement agreement*. Otherwise, indicate **YES** or **NO**.

The response to Question 19(f) is YES if 12 months have not elapsed since the date in Question 19(b) or the response to Question 19(d) is YES.

The response to Question 19(f) is NO if the judicial determination is not (1) child specific; (2) to the effect that the title IV-E agency has made reasonable efforts to finalize the child's permanency plan; (3) explicitly stated in the court order or court transcript; and (4) in conformity with regulatory time frames.

If the title IV-E maintenance payment is made for the period in which the child is ineligible and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed.

If the title IV-E maintenance payment is made for the period in which the child is ineligible and the ineligible period is in the PUR, the child's sample case is in error and the title IV-E maintenance payment is disallowed.

*Explain below in Comments the specific reason the requirement is not satisfied. Record ineligible period(s) on the attached **Improper Payment Chart**.*

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

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

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

Yes No

Indicate **YES** or **NO** and record from whose home the child was physically or constructively removed (e.g., parent, aunt, legal guardian) according to a court order (Question 12) or *voluntary placement agreement* (Question 15). For title IV-E eligibility, the removal home is the home of the specified relative who is the subject of the *contrary to welfare* judicial determination, or who signs the *voluntary placement agreement*.

Removal Home:

If the bold NO box is checked, this indicates an error case with ineligible payments, and the child is ineligible under title IV-E for the entire foster care episode.

In a judicial removal, the court order might indicate that the child was removed from the home of various individuals, such as a specified relative or an unrelated caregiver. In a voluntary placement, a parent or legal guardian (related or unrelated) might have signed the voluntary placement agreement. However, to qualify for title IV-E, a valid removal of the child from a specified relative must occur for the most recent foster care episode. [See 45 CFR § 1356.21(k).] A specified relative may be a parent or any relation by blood, marriage, or adoption who is within the fifth degree of kinship to the child. [See 45 CFR § 233.90(c)(1)(v).] When the child is living with an interim caregiver at removal, the child is considered to be constructively removed from the specified relative who is the subject of the contrary to welfare judicial determination or who signs the voluntary placement agreement. A constructive removal is a non-physical removal that occurs only on paper from that specified relative. Constructive removals apply to judicial or voluntary removals occurring on or after March 27, 2000, for a child who has not lived with an interim caregiver longer than 6 months prior to the constructive removal.

Comments:

21. If Question 20 is YES, was the child *living with* that specified relative in the month court

proceedings were initiated or the date the voluntary placement agreement was signed?

If Question 20 is **NO**, indicate **N/A**. Otherwise, indicate **YES** if the child was living with the specified relative (referred to in Question 20) in the month that court proceedings were initiated to remove the child, or on the date the *voluntary placement agreement* was signed (date that is recorded in Question 16). Indicate **NO** if the child was not living with that specified relative during either time frame. Yes No NA

Date child last lived with specified relative: (MM/DD/YY) [redacted] / [redacted] / [redacted]

Date court proceedings initiated (judicial removal only: (MM/DD/YY) [redacted] / [redacted] / [redacted]

Date *voluntary placement agreement* signed : (MM/DD/YY) [redacted] / [redacted] / [redacted]

If the bold **NO** box is checked, this indicates a potential error case or case with ineligible payments.

For judicial removals, the date the court proceedings were initiated to judicially remove the child is usually the date the removal petition is filed with the court.

NOTE: If a removal petition (1) is not filed or (2) is filed after the removal court order, then use the date of the removal court order as the date the court proceedings were initiated.

Comments: [redacted]

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

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

Yes No NA

Date child last lived with specified relative: (MM/DD/YY) [redacted] / [redacted] / [redacted]

Date court proceedings initiated (judicial removal only: (MM/DD/YY) [redacted] / [redacted] / [redacted]

Date *voluntary placement agreement* signed : (MM/DD/YY) [redacted] / [redacted] / [redacted]

If the response is **NO** to Questions 21 and 21(a), the child is ineligible for title IV-E for the entire foster care episode and the case is an error case.

For title IV-E eligibility purposes, a child must be living with a specified relative during the month in which court proceedings are initiated to remove the child from that relative's home or the month in which the specified relative signed a voluntary placement agreement. The only exception to this requirement is when a child has not been living with that specified relative in such month, but has lived with that relative within 6 months of the initiation of court proceedings or signing of the voluntary placement agreement. [See § 472(a)(3)(A)(II) of the Act and 45 CFR § 1356.21(l)(2).] When the child is living with an interim caregiver at removal, the child is considered to be constructively removed from the specified relative who is the subject of the contrary to welfare judicial determination or who signs the voluntary placement agreement. Calculation of the 6-month period for the living with requirement is based on calendar months and is not counted from date to date. For judicial removals, the date the court proceedings are initiated is usually the date on which the removal petition is filed with the court.

NOTE: If a removal petition (1) is not filed or (2) is filed after the removal court order, then use the date of the removal court order as the date the court proceedings are initiated.

Comments:

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

Indicate **YES** if the response is **YES** to Question 20 and either Question 21 or Question 21(a). Otherwise, indicate **NO**. Yes No

If **NO**, the case is in error and the child is ineligible for the entire foster care episode.

NOTE: The court decision in Rosales v. Thompson permits States only in the Ninth Circuit to base AFDC eligibility on the home of any specified relative with whom the child has lived at some point in the 6 months before the removal. The Rosales court decision cannot be applied in the case of a child removed before the approval date of the State's title IV-E plan to implement the provision or after the month the annual redetermination of AFDC eligibility was due between June 2006 and June 2007. As of June 30, 2007, all children who were found eligible solely under the Rosales exception became ineligible for the remainder of the foster care episode. [See ACYF-CB-PI-06-06.]

Comments:

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

Yes No

Indicate **YES** or **NO**, and record the home that is the basis of the AFDC determination (e.g., parent, aunt).

AFDC Home:

If the answer is **NO**, or the basis of the AFDC determination is not a specified relative (e.g., a non-related legal guardian), the child is ineligible for title IV-E for the entire foster care episode.

NOTE: If the response is NO because the agency made the eligibility determination on the wrong individual's home, the title IV-E agency may reconstruct the AFDC factors based on the circumstances in the home on which the AFDC determination should be made (Question 20). If the title IV-E agency does not reconstruct the AFDC factors, the eligibility requirement with regard to the AFDC home is not met and the child is ineligible under title IV-E for the entire foster care episode. Also, if the eligibility requirement is not met after reconstruction, the child is ineligible under title IV-E for the entire foster care episode. For title IV-E eligibility, a child must be eligible for AFDC (in effect July 16, 1996) in the specified relative's home from which the child is removed according to a voluntary placement agreement or judicial determination to the effect that it is contrary to the child's welfare to remain in the home. If the child is not AFDC-eligible in the specified relative's home from which the child was voluntarily or judicially removed, the child is ineligible for title IV-E for the duration of the foster care episode under ACYF-CB-PI-06-06.

Comments:

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

Yes No

This question applies to the specified relative's home listed in Question 23. Indicate **YES** or **NO** and record the first month of AFDC eligibility for the foster care episode, not the month the eligibility determination is completed.

AFDC Eligibility Month/ Year: /

*NOTE: If the response is **NO**, the title IV-E agency may reconstruct the AFDC factors to verify the correct AFDC eligibility month. If the title IV-E agency does not reconstruct the AFDC factors, the eligibility requirement with regard to the AFDC month is not met and the child is ineligible under title IV-E for the entire foster care episode. Also, if the eligibility requirement is not met after reconstruction, the child is ineligible under title IV-E for the entire foster care episode.*

The child must be eligible for AFDC in the removal home (Question 23) in the month the voluntary placement agreement is signed or court proceedings were initiated that lead to the judicial removal, but "prior to" the child's physical or constructive removal. [See § 472(a)(3)(A) of the Act and 8.4A, Question #21 of the CWPM.] "Prior to" removal means the agency must consider the child's household circumstances prior to the day of the child's removal. Any familial or economic changes that occur after the child's removal may not be considered. The court proceedings that lead to the removal may be the result of a removal petition or a court order. Use the month of the removal court order if a removal petition is not filed or is filed after the month of the removal court order.

The title IV-E agency's determination process must document AFDC eligibility in the home of the specified relative who is the subject of the contrary to welfare judicial determination or who signs the voluntary placement agreement. When the child is removed from a specified relative other than the parent, the title IV-E agency can consider the AFDC assistance unit to include only the child and the child's minor siblings in the same household as the child when looking at financial need in that specified relative's home. However, that specified relative is included in the AFDC assistance unit if doing so is required by the State's title IV-A plan as in effect on July 16, 1996.

Comments:

24(a). Was financial need established?

Yes No

Indicate **YES** or **NO**.

*If **NO**, the child is ineligible for the entire foster care episode.*

The title IV-E agency must document its determination that financial eligibility is met for the month the voluntary placement agreement is signed or the court removal proceedings are initiated, but prior to the child's physical or constructive removal. The child's financial need must be established based on the income and resources available to the child and the other members included in the AFDC assistance unit. [See 8.4A, Question #18 of the CWPM.] For AFDC eligibility, the AFDC assistance unit's income must not exceed the State's AFDC income standard and the combined resources must not exceed \$10,000. [See § 472(a)(3)(B) of the Act.]

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

Indicate **YES** or **NO**.

No

Yes

*If **NO**, the child is ineligible for the entire foster care episode.*

The title IV-E agency's documentation must specify how the child is deprived of parental support or care. Deprivation must be due to the death, absence, physical or mental incapacity of one parent; or due to unemployment (or underemployment) of the principal wage earner.

The determination of deprivation is based on parental factors in the month the voluntary placement agreement is signed or the removal court proceedings are initiated, but prior to the child's physical or constructive removal from the home. Parental factors are considered regardless of whether the child is judicially or voluntarily removed from the parent or another specified relative. [See 45 CFR § 233.90(c) and 8.4A, QA #21 of the CWPM.]

Comments:

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

Yes No

Indicate **YES** or **NO**. The response is **NO** if the response is **NO** to Question 20, 21(a), 22, 23, 24, 24(a), or 24(b).

*If the bold **NO** box is checked, this indicates an error case with ineligible payments and the child is ineligible under title IV-E for the entire foster care episode.*

To qualify for AFDC, the title IV-E agency, at a minimum, must establish and document for the month of the voluntary placement agreement or initiation of removal court proceedings that the child is removed, physically or constructively, from the home of a specified relative (Question 20); living with that same specified relative within 6 months of the child's removal (Questions 21 and 22); AFDC-eligible in that home in the month of, and prior to, removal (Questions 23-24); financially needy (Question 24[a]); and deprived of parental support or care (Question 24[b]).

Explain below in Comments the specific reason the requirement is not satisfied.

Comments:

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

Yes No NA

Indicate **N/A** if Question 25 is **YES**. Otherwise, indicate **YES** or **NO**.

*Record ineligible periods on the attached **Improper Payment Chart**.*

Comments:

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

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

NA

26. Was the youth 18 years or older at any point during the PUR?

Yes No

Indicate **YES** or **NO**.

Question 26 applies to youth who are age 18-19 years old under the State's title IV-A plan for AFDC. As such, school attendance is not an eligibility consideration unless the youth is 18 years old or older and the title IV-E agency chooses under its title IV-A plan to claim title IV-E maintenance payments for a youth up to age 19.

Sections 406 and 472 of the Act limit title IV-E coverage to children under the age of 18 unless certain conditions are met to extend title IV-E assistance to youth who are age 18-19 years old, as elected in the State's title IV-A plan for AFDC.

NOTE: Beginning 10-01-2010, the title IV-E agency may opt to extend assistance up to age 21 under § 475(8) of the Act. If the title IV-E agency exercises the title IV-E plan option, the case of the 18-year-old or older youth is excluded from the review sample.

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

Indicate **N/A** for a child under age 18. Otherwise, indicate **YES** or **NO**.

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

If Question 26(a) is NO, the response to Question 26(d) also is NO for the youth, age 18 to 19 years old.

The State may have elected in its title IV-A plan (in effect on July 16, 1996) to provide AFDC eligibility until age 19 for youth who meet the age and school attendance criteria specified in the approved title IV-A plan. To extend title IV-E coverage under the title IV-A plan option, the youth also must continue to meet the title IV-E eligibility criteria under § 472(a) of the Act. If the title IV-A plan option is not exercised, eligibility for title IV-E ceases at the end of the month the otherwise eligible youth turns 18.

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

Indicate **N/A** for a child under age 18 or if the title IV-A plan option is not elected. Otherwise, indicate **YES** or **NO**.

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

If Question 26(b) is NO, the response to Question 26(d) also is NO.

If the age and school attendance option is authorized in the State's approved title IV-A plan (in effect on July 16, 1996), the otherwise eligible youth must be: (1) a full-time student in a secondary school or its equivalent level of vocational or technical training; and (2) expected to complete the educational program before reaching age 19. School records, independent living plans, or other equivalent documentation are examples of evidence that may be used to satisfy the school attendance requirement.

Comments:

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

Indicate **N/A** for a child under age 18 or if the title IV-A plan option is not elected. Otherwise, indicate **YES** or **NO**.

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

If Question 26(c) is NO, the response to Question 26(d) also is NO.

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

Yes No NA

Indicate **N/A** for a child under age 18 or if the title IV-A plan option is not elected and title IV-E funds are not claimed for the youth, age 18-19 years old. Otherwise, indicate **YES** or **NO**.

*If the response is **NO**, the youth, age 18-19 years old, is ineligible for title IV-E.*

For extended title IV-E eligibility under the title IV-A plan option, the title IV-E agency must document that the otherwise eligible youth is a full-time student in a secondary school or its equivalent (Question 26[b]) and is expected to complete the educational program before age 19

(Question 26[c]). Eligibility for title IV-E, then, ceases at the end of the month the otherwise eligible youth, age 18-19, leaves school or at the end of the month the otherwise eligible youth turns 19, whichever occurs earlier. Title IV-E eligibility also stops at the end of the month in which it is determined the otherwise eligible youth, age 18-19, will not complete the educational program before reaching age 19.

*Explain below in Comments the specific reason the requirement is not satisfied.
Record ineligible period(s) on the attached **Improper Payment Chart**.*

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

Yes No NA

Indicate **N/A** for a child under age 18, or if Question 26(d) is **YES**. Otherwise, indicate **YES** or **NO**.

*If the response is **YES**, the title IV-E maintenance funds paid for the period of ineligibility outside the PUR are disallowed. If the title IV-E maintenance funds were paid for the period of ineligibility in the PUR, the case is an error case and the ineligible payments are disallowed.*

*Record the ineligible period(s) on the attached **Improper Payment Chart**.*

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

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

27. Did the title IV-E agency have *responsibility for the placement and care* of the child for the period the child was in an out-of-home placement during the PUR?

Yes No

Agency Name:

*If the bold **NO** box is checked, this indicates a potential error case or case with ineligible payments.*

Federal statutes at § 472(a)(2)(B) of the Act require the responsibility for placement and care of a child to be vested with the title IV-E agency or another public agency or Tribe (also referred to as "public agency") that has a written agreement, as provided for under § 472(a)(2)(B)(ii), in effect with the title IV-E agency. Evidence of responsibility for placement and care of the child can be documented in the voluntary placement agreement, court order, or court transcript.

Comments:

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

Yes No NA

Indicate **N/A** if Question 27 is **YES**. Otherwise, indicate **YES** or **NO**.

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

Record the name of the agency with responsibility for placement and care of the child. If an individual, a private agency, or a public agency (that does not have a title IV-E agreement with the title IV-E agency) has placement and care responsibility for the child during the PUR, and explain this response below in Comments.

Federal statutes at § 472(a)(2)(B) of the Act require the responsibility for placement and care of a child to be vested with the title IV-E agency or another public agency or Tribe (also referred to as "public agency") that has a written agreement, as provided for under § 472(a)(2)(B)(ii) of the Act, in effect with the title IV-E agency. Evidence of responsibility for placement and care of the child can be documented in the voluntary placement agreement, court order, or court transcript.

Comments:

27(b). If another public agency had this responsibility, was there a title IV-E agreement in effect between this agency and the title IV-E agency?

Yes No NA

Indicate **N/A** if Question 27 is **YES** or Question 27(a) is **NO**. Otherwise, indicate **YES** or **NO**.

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

If Question 27(b) is NO, the response to Question 27(c) also is NO.

An agreement under § 472(a)(2)(B)(ii) of the Act permits the public agency to administer the title IV-E foster care program on the title IV-E agency's behalf for a child under the placement and care of the public agency.

27(c). Were the requirements regarding placement and care met?

Yes No

Indicate **YES** or **NO**.

If Question 27 and Question 27(a) are NO, the response to Question 27(c) also is NO. If the bold NO box is checked, the child is ineligible to have title IV-E payments made on the child's behalf and this indicates a potential error case or case with ineligible payments.

The title IV-E agency must document that it or another public agency with which it has an agreement, as provided for under § 472(a)(2)(B)(ii) of the Act, has responsibility for placement and care of the child.

Evidence of responsibility for placement and care of the child can be documented in the voluntary placement agreement, court order, or court transcript.

Explain below in Comments the specific reason the requirement is not satisfied.

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

Yes No NA

Indicate **N/A** if Question 27(c) is **YES**. Otherwise, indicate **YES** or **NO**.

If the response to Question 27(d) is YES, the child is ineligible to have title IV-E payments made on the child's behalf and the title IV-E maintenance payments made for the period of ineligibility outside the PUR are disallowed. If the title IV-E maintenance payments are paid for the period of ineligibility in the PUR, the case is an error case and the ineligible payments are disallowed.

Placement and care responsibility may be granted at removal or at any point in the foster care episode; however, title IV-E maintenance payments may not be claimed before the month the eligibility requirement is met for the otherwise eligible child.

The title IV-E payments also may not be claimed for the period beginning on the day of the month the agency loses placement and care authority for the child.

Record any ineligible period(s) on the attached **Improper Payment Chart**.

(N) PLACEMENT IN LICENSED FOSTER CARE SETTINGS

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

Complete for **every** foster care placement where the child resided during the PUR.

Use the supplemental sheet (Appendix 1) to record separately each additional foster care placement during the PUR.

NOTE: All provider information recorded below will be kept confidential and will not be disclosed for any purposes outside of the review.

28. Provider Name: [REDACTED]

29. Provider Street Address: [REDACTED]

30. Provider City: [REDACTED] 31. Provider State: [REDACTED]

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

Record the dates covering the entire time the child was in the foster care setting.

from [REDACTED] / [REDACTED] / [REDACTED] to [REDACTED] / [REDACTED] / [REDACTED]

from [REDACTED] / [REDACTED] / [REDACTED] to [REDACTED] / [REDACTED] / [REDACTED]

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

- FFH GH Public Child Care Institution (25 children or fewer) Private Child care Institution Supervised Independent Living Placement Other (specify) [REDACTED]

Indicate the type of setting in which the child lived during the PUR. Under § 472(c)(2) of the Act, an allowable foster care placement for title IV-E eligibility purposes is a foster family home, group home, public childcare institution of 25 children or fewer, or private childcare institution. The Other category should be used only when the child has not lived in one of the placement types listed.

NOTE: Beginning on October 1, 2010, the definition of a childcare institution also includes a supervised independent living placement in which a youth age 18 years or older is living independently. [See § 472(c) of the Act.] A youth who is eligible to remain in foster care until age 19 pursuant to a State title IV-A plan option (as in effect July 16, 1996) may be placed in a supervised independent living setting. If such youth, age 18-19, is placed in this type of setting, indicate **N/A** for questions 33(a)-37.

33(a). If Question 33 is **Other**, were title IV-E funds paid for the period in which the child resided in the placement during the PUR?

Yes No NA

Indicate **YES** or **NO** only if the response to Question 33 is **Other**, otherwise indicate **N/A**.

If the **Other** category is selected in Question 33, the child is ineligible for title IV-E while in that placement and the associated title IV-E maintenance payments are disallowed.
If the title IV-E maintenance payments are for periods in the PUR in which the child is ineligible, the case is in error and the title IV-E maintenance payments are disallowed.

Record all ineligible periods on the attached **Improper Payment Chart**.

A child is not eligible under title IV-E if the child's foster care placement is a setting other than one of the placement types listed in Question 33. A child is not eligible under title IV-E for the period in which the child is in a placement setting such as a detention center, hospital or other medical facility, public institution of more than 25 children, pre-adoptive family home that is not licensed as a foster family home, or supervised setting in which the child under age 18 is living independently.

Comments: [REDACTED]

34. Was the foster care provider in Question 33 fully licensed during the child's placement that falls within the PUR?

Yes No NA

Indicate **N/A** if the response to Question 33 is **Other**. Otherwise, indicate **YES** or **NO**.

Licensure period (MM/DD/YY): from [REDACTED] / [REDACTED] / [REDACTED] to [REDACTED] / [REDACTED] / [REDACTED]
from [REDACTED] / [REDACTED] / [REDACTED] to [REDACTED] / [REDACTED] / [REDACTED]

If the bold **NO** box is checked, the child is ineligible to have title IV-E maintenance payments made on the child's behalf and this indicates a potential error case or case with ineligible payments. Record the entire period(s) of licensure that includes the entire PUR.

The title IV-E agency must document that the child's foster care placement is fully licensed or approved for the child's placement during the PUR, even when the placement is an out-of-State foster care setting. Interim, provisional, or other such type license issued pending complete satisfaction of the licensing agency's requirements for full licensure are not acceptable for title IV-E eligibility. For the IV-E review, the term "fully licensed" refers to foster care settings that meet all of the applicable licensing requirements for full licensure, approval, certification, or other synonymous term. [See 45 CFR § 1355.20, definition of "foster family home," and 8.3A.8c of the CWPM.]

Comments:

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

Yes No NA

Indicate **N/A**, if the response to Question 33 is **Other** or Question 34 is **YES**. Otherwise, indicate **YES** or **NO**.

If Question 34(a) is **YES**, the title IV-E maintenance payments are disallowed for the ineligible child.

If the title IV-E maintenance payment is for a period in which the child does not meet the eligibility requirement and the ineligible period is in the PUR, the case is in error and the title IV-E maintenance payment is disallowed. Record any ineligible periods on the attached **Improper Payment Chart**.

- For a foster family home licensed before March 27, 2000: Beginning October 1, 2000, must meet full licensure.
- For a foster family home licensed on or after March 27, 2000: Beginning April 1, 2000, must meet full licensure.
- For childcare institutions: Regardless of licensing date, must meet full licensure.

The otherwise eligible child is considered eligible for the entire month if residing in a title IV-E allowable foster family home or child-care institution that becomes fully licensed within the month. [See 8.3A.15, Question #1 of the CWPM.] However, if during the month a foster family home or child-care institution license becomes provisional, probationary, suspended, revoked, or otherwise not in a fully licensed status due to its failure to satisfy each of the licensing agency's requirements for full licensure, the title IV-E agency may not claim foster care maintenance payments for the period in which the foster care provider is not fully licensed. The child placed in that foster family home or child-care institution becomes ineligible beginning on the day of the

month the foster care provider loses its full licensure status. The otherwise eligible child placed in such foster care setting can become eligible again under title IV-E for the entire month in which the foster care setting comes into full compliance with the licensing requirements.

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

Yes No

Indicate "yes" or "no" and proceed to Question 31.

Federal financial participation may not begin until the first day of the month in which full compliance with the State's licensing standards are met. If title IV-E is claimed before then, this is not an error case; however, ineligible title IV-E payments must be recorded on the attached "Improper Payment Chart."

(O) SAFETY REQUIREMENTS

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

Complete for **every** foster care setting where the child resided during the PUR. Use the supplemental sheet (Appendix 1) to record separately each additional foster care placement during the PUR.

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

Indicate **YES** or **NO**. The response to Question 36 is **NO** if the child's placement was not a foster family home.

Yes No NA

NOTE: If YES, answer Question 36(a), 36(b), or 36(c) and the sub-questions based on when the foster family home became newly licensed.

For title IV-E eligibility, the child's foster family home must comport with the safety requirements under § 471(a)(20) of the Act as applicable, 45 CFR § 1356.30, and ACYF-CB-PI-10-02. The title IV-E agency must document that the foster parents meet the applicable safety requirements for the period for which the title IV-E foster care maintenance payments are made on behalf of the child residing in the foster family home during the PUR. The documentation requirements for the criminal records check (CRC) (or background safety checks for former opt-out States) for foster family homes differ based on whether a foster parent(s) becomes newly licensed before or after October 1, 2008 (or the title IV-E agency's approved delayed effective date in either case), as differentiated in Questions 36a–36c. The reviewer must examine each license and licensing period to determine which documentation requirements apply to a foster family home.

The CB uses the term "newly licensed" to refer to a foster family home licensed for the first time. The term also refers to a foster family home for which a previous license has expired or is terminated in accordance with the licensing agency's policy.

The reviewer is not required to verify the title IV-E agency's compliance with the title IV-E plan requirement that the required CRC (or background safety checks for former opt-out States) be completed prior to the licensure of the prospective foster parent. However, the reviewer must examine the title IV-E agency's documentation to verify that the applicable requirement was met satisfactorily for the period for which the foster care maintenance payment was made on behalf of the child in the foster care placement during the PUR. Once it is determined that the applicable safety requirement was met at any point prior to or during the PUR, the reviewer does not have to verify subsequent compliance with the requirement during the licensing renewal process.

NOTE: A license alone is not sufficient documentation of compliance with the applicable safety requirement.

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

Yes No NA

Indicate **N/A** if (1) the child’s placement was not a foster family home; (2) the State “opted out” of the 1997 CRC requirement prior to October 1, 2008; or (3) the foster family home was newly licensed before November 19, 1997, and remained continuously licensed after this date. Otherwise, indicate **YES** or **NO**.

*If the bold **NO** box is checked, this indicates a potential error case or case with ineligible payments.*

Question 36(a) applies to the CRC requirement for those foster family homes newly licensed between November 19, 1997, and October 1, 2008 (or the title IV-E agency’s approved delayed effective date for the fingerprint-based check in either case). If the title IV-E agency did not opt out of the 1997 CRC provisions prior to October 1, 2008, for these foster family homes, Federal requirements under § 471(a)(20) of the Act mandate the title IV-E agency to document the results of a CRC. [ACYF-CB-PI-10-02]

For the IV-E review, the CRC requirement is considered met for the PUR for foster family homes newly licensed between November 19, 1997, and October 1, 2008 (or the title IV-E agency’s approved delayed effective date for the fingerprint-based check in either case) if the documentation clearly verifies that: (1) a CRC is completed at either the local, State or Federal level; (2) the foster parent has not been convicted of any of the prohibited felonies listed under § 471(a)(20)(A)(i) and (ii) of the Act; and (3) title IV-E maintenance payments are not made for a period in the PUR prior to these conditions being met. Note that a request for a CRC without obtaining the results of the CRC is not sufficient documentation of compliance with the safety requirement.

Comments:

(O) SAFETY REQUIREMENTS – Continued

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

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

Yes No NA

Indicate **YES** or **NO** if the response to Question 36(a) is **NO**. Indicate **N/A** if the response to Question 36(a) is **YES**.

*If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.*

For the IV-E review, the documentation must clearly verify that the CRC requirement is met for the period in the PUR in which the title IV-E foster care maintenance payment is made for the child. If the requirement is not fully met as noted in Question 36(a), the child placed in the foster care setting is ineligible under title IV-E. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is in the PUR, the child’s case is in error and the ineligible title IV-E maintenance payment is disallowed.

*Record ineligible period(s) on the attached **Improper Payment Chart**.*

Comments:

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

Yes No NA

Indicate **N/A** if: (1) the child's placement was not a foster family home; (2) the State did not "opt out" of the 1997 CRC requirement prior to October 1, 2008; or (3) the foster family home was newly licensed before March 27, 2000, and remained continuously licensed after this date.

Otherwise, indicate **YES** or **NO**.

*If the bold **NO** box is checked, this indicates a potential error case or case with ineligible payments.*

NOTE: The opt-out provision does not apply to foster parents newly licensed on or after October 1, 2008, or the State's approved delayed implementation date.

Question 36(b) applies to the safety measures pertaining to the background checks for those foster family homes newly licensed between March 27, 2000, and October 1, 2008 (or the title IV-E agency's approved delayed effective date for the fingerprint-based check). If the title IV-E agency opted out of the 1997 CRC provisions prior to October 1, 2008, for the applicable foster family homes Federal requirements under 45 CFR § 1356.30(a) mandate the title IV-E agency to document compliance with the safety considerations established in accordance with 45 CFR § 1356.30(e) and ACYF-CB-PI-10-02.

For the IV-E review, the safety requirement is considered met for the PUR for those foster family homes newly licensed between March 27, 2000, and October 1, 2008 (or the title IV-E agency's approved delayed effective date for the fingerprint-based check) if the documentation clearly verifies that: (1) all of the background safety checks prescribed by the licensing agency where the foster family home is located are met for the foster parent; and (2) title IV-E maintenance payments are not made for a period in the PUR that is prior to these conditions being met. The documentation will be accepted based upon the degree it clearly specifies (1) the background checks completed, (2) the date completed, (3) the individual on whom completed, (4) the individual completing the background check or reviewing the results of the background check, and (5) the evidence reviewed. A request for a background check without the results of the record search is not sufficient documentation of compliance.

Comments:

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

Yes No NA

Indicate **N/A** if the response to Question 36(b) is **YES**. Otherwise, indicate **YES** or **NO**.

*If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.*

For the IV-E review, the documentation must clearly verify that the safety requirement is met for the period in the PUR for which the title IV-E foster care maintenance payment is made for the child. If the requirement is not fully met as noted in Question 36(b), the child placed in the foster care setting is ineligible under title IV-E. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is in the PUR, the child's case is in error and the ineligible title IV-E maintenance payment is disallowed.

*Record ineligible period(s) on the attached **Improper Payment Chart**.*

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

Yes No NA

Indicate **N/A**, if (1) the child's placement was not a foster family home; or (2) the foster family home was newly licensed before October 1, 2008 (or the approved delayed implementation date) and remained continuously licensed after this date. Otherwise, indicate **YES** or **NO**

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

Question 36(c) applies to the CRC for those foster family homes newly licensed on or after October 1, 2008 (or the title IV-E agency's approved delayed effective date for the fingerprint-based check of the NCID). For the noted foster family homes, Federal requirements under § 471(a)(20) of the Act mandate the title IV-E agency to document a CRC that includes a fingerprint-based check of the NCID. [ACYF-CB-PI-10-02]

For the IV-E review, the CRC requirement is considered met for the PUR for those foster family homes newly licensed on or after October 1, 2008 (or the title IV-E agency's approved delayed effective date for the fingerprint-based check of the NCID) if the documentation clearly verifies that: (1) a CRC is completed that includes a fingerprint-based check of the NCID; (2) the foster parent has not been convicted of any of the prohibited felonies listed in §§ 471(a)(20)(A)(i) and (ii) of the Act; and (3) title IV-E maintenance payments are not made for a period in the PUR prior to these conditions being met. A request for a CRC without the results of the record search is not sufficient documentation of compliance with the safety requirement.

Comments:

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

Yes No NA

Indicate **YES** or **NO** if the response to Question 36(c) is **NO**. Indicate **N/A** if the response to Question 36(c) is **YES**.

If the bold YES box is checked, this indicates a potential error case or case with ineligible payments.

For the IV-E review, the documentation must clearly verify that the safety requirement is met for the period in the PUR for which the title IV-E foster care maintenance payment is made for the child. If the requirement is not fully met as noted in Question 36(c), the child placed in the foster care setting is ineligible under title IV-E. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is in the PUR, the child's case is in error and the ineligible title IV-E maintenance payment is disallowed.

Record ineligible period(s) on the attached Improper Payment Chart.

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

Yes No NA

Indicate **N/A** if the child is not placed in a childcare institution during the PUR. Otherwise, indicate **YES** or **NO**.

If the bold NO box is checked, this indicates a potential error case or case with ineligible payments.

Question 37 applies to the safety requirements pertaining to the background checks for childcare institutions that undergo a licensure process on or after March 27, 2000. The safety requirement applies regardless of whether the background checks are completed for the initial license, a license renewal, or a re-licensure on or after March 27, 2000. Federal requirements under 45 CFR § 1356.30(f) mandate the title IV-E agency to document that the background checks with respect to the caregiver staff of

the childcare institution are completed in accordance with the licensing agency's requirements where the childcare institution is located. [ACYF-CB-PI-10-02]

For the IV-E review, reviewers will examine the background check documentation to determine for the PUR: (1) whether all of the licensing agency's established policies with respect to the type and frequency of background checks for each applicable caregiver staff are fully completed for the most recent period of the licensing agency's monitoring schedule prior to (or, if applicable, during) the PUR; and (2) whether the background check requirements are fully satisfied for the period in the PUR for which the title IV-E foster care maintenance payment is made for the child residing in the childcare institution during the PUR. The documentation will be accepted based upon the degree it clearly specifies for each applicable caregiver staff (1) the background checks completed, (2) the date completed, (3) the individual on whom completed, (4) the individual completing the background check or reviewing the result of the background check, and (5) the evidence reviewed. A request for a background check without the results of the record search is not sufficient documentation of compliance.

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

Yes No NA

Indicate **YES** or **NO** if the response to Question 37 is **NO**. Indicate **N/A** if the response to Question 37 is **YES**.

If the bold **YES** box is checked, this indicates a potential error case or case with ineligible payments.

Title IV-E foster care maintenance payments may not be made for a child placed in a childcare institution that does not meet the applicable safety requirements under § 471(a)(20)(A) of the Act and 45 CFR § 1356.30(f).

For the IV-E review, the documentation must clearly verify that the safety requirement is met for the period in the PUR for which the title IV-E foster care maintenance payment is made for the child placed in the childcare institution. If the safety requirements are not fully met as noted in Question 37 for each applicable caregiver staff, the child placed in the foster care setting is ineligible under title IV-E. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is outside the PUR, the title IV-E maintenance payment is disallowed. If the title IV-E maintenance payment is paid for a period in which the child does not meet the eligibility requirement and the ineligible period is in the PUR, the child's case is in error and the ineligible title IV-E maintenance payment is disallowed.

Record ineligible period(s) on the attached **Improper Payment Chart**.

Comments:

(P) CASE FINDINGS GLOSSARY

After the On-Site Review Instrument is completed, determine whether the sample case is a non-error case or an error case and indicate this on the first page of the instrument. For a non-error case and an error case, indicate whether underpayments were identified and whether ineligible payments were made.

Eligible Child: A child is considered eligible when all title IV-E eligibility criteria pertaining to the child and the child's foster care placement are met. The child must be in a foster care placement that is allowable under title IV-E in order for the otherwise eligible child to be considered as meeting all title IV-E criteria for eligibility.

Ineligible Child: A child is ineligible if a title IV-E eligibility criterion pertaining to the child or the child's foster care placement is not met.

Underpayment: An underpayment occurs when a title IV-E agency unknowingly does not claim an allowable title IV-E maintenance payment for an eligible child and the 2-year filing period specified under 45 CFR § 95.7 has not expired. An underpayment has not occurred when the title IV-E agency chooses not to claim the allowable payment or the 2-year filing period has expired.

Non-Error Case with Ineligible Payment: A non-error case with ineligible payment occurs when (1) a title IV-E maintenance payment is made for a period solely outside the PUR for an ineligible child or (2) an unallowable title IV-E maintenance payment is made for a period in or outside the PUR for an eligible child.

Error Case: An error case occurs when a title IV-E maintenance payment is made for a period within the PUR on behalf of an ineligible child. This includes the period within the PUR prior to the month the child meets an eligibility requirement.

Findings:

IV-E Adoption Assistance Monitoring Instrument

NON-ERROR CASE: ERROR CASE:

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

County :	Review Date (MM/DD/YY): / /
Sample Number:	Review period: / / - / /
Child's Name:	Case ID:
Child's Date of Birth: / /	Reviewed By:

A. GENERAL REQUIREMENTS

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

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

2. Child was legally cleared for adoption. Yes No

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

4. State approved Background check was done on Adoptive parent(s) and any other adult household member. Yes No NA

NA if Final Order is dated before January 1,1999

5. The adoption assistance agreement is in effect prior to the finalization of the adoption, unless a fair hearing rules in favor of an eligible child after the finalization of the adoption? Yes No

The agreement must be signed by all parties to the agreement (namely, the adoptive parent(s) and State agency representative), and a signed copy given to each party.

Comments:

B. SPECIAL NEEDS DETERMINATION

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

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

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

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

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

For Applicable Child

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

- Age
- Sibling to an applicable child
- In foster care for 60 consecutive months (5 years)

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

- Child is six years of age or older
- Child is two years of age or older **and** a member of a minority race or ethnic group
- Child is a member of a sibling group of three or more children to be placed in the same adoptive home
- Child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other criteria for special needs
- Child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment
- Child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services
- Child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment
- Child is diagnosed to be mentally retarded by a qualified professional
- Child meets all of the medical and disability requirements for Supplemental Security Income (SSI)

For Non-Applicable Child

[At least one must exist]

- Child is six years of age or older
- Child is two years of age or older **and** a member of a minority race or ethnic group
- Child is a member of a sibling group of three or more children to be placed in the same adoptive home
- Child is a member of a sibling group of two children to be placed in the same adoptive home, in which the sibling meets at least one of the other criteria for special needs
- Child has a medically diagnosed disability which substantially limits one or more major life activity, requires professional treatment, assistance in self-care, or the purchase of special equipment
- Child is diagnosed by a qualified professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires professional services
- Child is diagnosed by a qualified professional to have a behavioral or emotional disorder characterized by inappropriate behavior which deviates substantially from behavior appropriate to the child's age or significantly interferes with child's intellectual, social and personal adjustment
- Child is diagnosed to be mentally retarded by a qualified professional

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

Child has a POTENTIAL 'special need' condition due to:

- Prenatal exposure to toxins
- History of abuse or serious
- Genetic History

When this is the only basis for the child's eligibility for subsidy, benefits may begin **only** at the point of the manifestation of the potential condition.

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

- Applicable child** (answer 3, and C and 'NA' in D)
- Non-Applicable Child** (answer 3, and D, 'NA' in C)

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

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

Comments:

C. PATHWAYS TO ELIGIBILITY FOR APPLICABLE CHILD

NA

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

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

(1) The child, at the time of the initiation of the adoption proceedings, is in the care of a public or private child placing agency as a result of either a judicial determination that it was contrary to the welfare of the child to remain in the home or a voluntary placement agreement or a voluntary relinquishment. Yes No

(2) The child meets all of the medical and disability requirements of SSI with respect to eligibility for SSI benefits. Yes No

(3) The child was residing in a foster home or child care institution with his/her minor parent and the minor parent was removed from the home as a result of either: (1) an involuntary removal by a judicial determination that it was contrary to the child's welfare to remain in the home; or (2) a voluntary placement agreement or a voluntary relinquishment. Yes No

(4) The child adopted and determined eligible for title IV-E adoption assistance in a prior adoption (or would have been eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption), and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died. Yes No

Comments:

D. PATHWAYS TO ELIGIBILITY FOR NON-APPLICABLE CHILD

NA

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

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

- (1) Did the child, at the time of removal, meet eligibility requirements for AFDC?**
(a) Removal from a specified relative, (b) If removed by judicial determination, Contrary to the Welfare finding,
(c) If removed by VPA, IV-E foster care payment must have been made, (d) AFDC Deprivation and Need
Yes No

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

- (2) The child meets all of the eligibility requirements of SSI with respect to eligibility for SSI benefits prior to the finalization of the adoption.**
Yes No

- (3) The child, prior to finalization of the adoption, was residing in a foster home or child care institution with the minor parent and Title IV-E payment was made that covered the needs of the minor parent and the child of the minor parent.**
Yes No

- (4) The child was adopted and determined eligible for title IV-E adoption assistance in a prior adoption (or would have been eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption), and is available for adoption because the prior adoption has been dissolved or the child's adoptive parents have died.**
Yes No

Comments:

CASE REVIEW FINDINGS

- (1) Child meets general requirements.** Yes No
(2) Child meets the criteria for an 'applicable/ non- applicable child'. Yes No
(3) Child meets the 'special needs criteria'. Yes No
(4) Child meets at least one criterion for the pathway that applied. Yes No

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

INELIGIBILTY BEGINNING DATE: _____

Payment Adjustment Referral Form

NC-DSS Child Welfare Services Section Monitoring

APPENDIX F

Instructions: Whenever a monitor identifies a finding, then a payment adjustment referral (PAR) form is to be completed. The PAR should be completed by the LBL with county's input. **A copy of the must be provided to the Monitor within 30 calendar days of the result report.**

Section I: Payment Adjustment Request (To be completed by the Child Welfare Monitor)

County:	Result Report Submitted: / /
Date of Review: / /	Program:
Case Name:	SIS Number:
Monitor:	PUR: / / to / /
PAR Sent: / /	PAR Due Back to Monitor: / /
Issue / Finding	
Questioned Cost	

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

Specific steps to be taken	By Date	Person Responsible	Date Accomplished

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

County Representative (name and position): Signature: Date:	Submitted by CPR (name): Signature: Date:
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a. At Risk Case Management Services

Program Compliance Monitoring Plan for Division of Aging and Adult Services and Division of Social Services

Purpose

The purpose of this plan is to establish a monitoring process for Medicaid funded At-Risk Case Management Services (ARCMS). The plan will help to ensure the integrity of this program and that subrecipients utilizing this funding source are in compliance with applicable laws and regulations and stated results and outcomes. The plan will also provide baseline data to determine if there is inappropriate utilization of this funding source by providing cumulative results using the monitoring tool. The cumulative results gathered from all counties monitored within a six month timeframe may show areas of performance that may require additional consultation and training.

Program to be Monitored

At-Risk Case Management Services (ARCMS)

At-Risk Case Management Services is a Medicaid reimbursable targeted case management service provided by county departments of social services. It is used for both Adult and Child Welfare Services. The Divisions of Aging and Adult Services (DAAS) and Social Services (DSS) will be responsible for carrying out this monitoring. This plan addresses how the ARCMS monitoring is carried out.

Subrecipients to be Monitored

Subrecipients are defined as County Departments of Social Services who are certified ARCMS providers and are receiving Medicaid reimbursement for the purposes of the ARCM monitoring plan.

Monitoring Staff

Program Compliance staff of DAAS and DSS are responsible for monitoring ARCMS

Monitoring Tools

The standardized monitoring tool is based on applicable laws and regulations that govern this program. The At-Risk Case Management monitoring tool and instructions are included with this monitoring plan.

Monitoring Schedule

On-site monitoring for ARCM services began in SFY-07. Management and monitoring staff of DAAS and DSS will determine the schedule for subrecipients monitoring. ARCMS monitoring will be scheduled in conjunction with other planned monitoring. Each monitoring team may monitor different counties at different times and may not monitor the same county in the same fiscal year.

Each team will schedule no more than 33 subrecipients for monitoring each fiscal year. On-site monitoring is conducted over a multi-year time period for all subrecipients.

Note: Although there are 100 County Departments of Social Services, not all are certified ARCMS. Providers and of those certified, some may not be providing ARCMS or may elect not to report expenditures and would therefore not be monitored for ARCMS.

Monitoring Sample

Monitoring staff of Adult Services and monitoring staff of Child Welfare Services will each monitor five (5) records per county visited in their schedule. The Division of Social Services Performance Management/Report and Evaluation Management will provide a random sample of clients for whom the counties have reported services on the Day sheet (DSS-4263), from the three previous months prior to the month in which the monitoring occurs. In the event that the sample size can not be obtained within the three previous months, the monitors will go back as far as necessary to procure the appropriate sample size. In the event that there are fewer records to be monitored than the sample size, all available records will be monitored.

Monitoring Process

Subrecipients will be notified of the sample of records selected for review prior to the scheduled monitoring dates. This monitoring will occur on-site at the county department of social services in order to review the programmatic records identified in the sample. Prior to conducting the on-site visit, the monitoring staff will review any findings and follow-up from previous deficiencies and/or corrective action plans, findings from any monitoring conducted by the Division of Social Services fiscal consultants, information from the DHHS Monitoring Database, and any other relevant reports or information. Records will be reviewed using the standardized ARCMS tool.

Reporting Findings and Follow up

Once the on-site monitoring is completed, results, as determined through the use of the At Risk Case Management monitoring tool, will be summarized and communicated to the county during the exit conference. The At Risk Case Management Record Review Exit Conference Tool will identify any areas indicating a need for improvement.

Staff conducting the monitoring will utilize the At Risk Case Management Record Review Exit Conference Tool to assist the county department of social services to develop a plan if needed and will indicate if additional training is needed to address specific problems. Adult and Children's Programs Representatives (APRs and CPRs), assigned to the county department of social services will follow up on the plan to determine that all areas needing improvement have been addressed.

Aggregate results of the monitoring will be reported to the Division of Medical Assistance on a semi-annual basis. This report will represent a broad picture of problems identified and areas where additional training and consultation are required. The report will establish a baseline to assist in determining level of risk due to inappropriate utilization of ARCMS.

After cumulative data from the first six months are collected, the monitoring plan may be adjusted to increase or decrease the sample size depending upon results of the monitoring.

Maintenance of Monitoring Documentation

Monitoring tools, written reports and related correspondence for ARCMS monitoring will be maintained by DAAS and DSS. Records will be maintained according to North Carolina's records retention policy.

**At Risk Case Management
Program Compliance Monitoring Tool
Instructions**

The purpose of case management services for adults and children at-risk for abuse, neglect, or exploitation is to assist them in gaining access to needed medical, social, educational, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; and to discourage over-utilization of costly services.

I. Prior to Opening Case (Pre-Screening):

- 1.** Establish if there is documentation that indicates that client is eligible for all Medicaid services on the date that they received service. This may be found in the social worker notes or in the EIS screening if it is available or other information.

0 = No documentation of eligibility.

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

ARCM policy section 2.1

- 2.** Documentation indicates that the client was asked as to whether the client is receiving Medicaid case management services from another agency. There are some instances when more than one agency may receive Medicaid reimbursement for case management services.

0 = There is no documentation in the record that indicates that the client was asked whether another agency is providing Medicaid case management.

2 = Documentation indicates that the client was asked if another agency is providing Medicaid case management.

ARCM policy, section 4.1 number 4

record indicates that the client is receiving other Medicaid funded case management services, the notes should determine that the client remained eligible for ARCM services in accordance with the ARCM policy section 4.1 number 5.

0 = Documentation in the record indicates that the client is not eligible for ARCM services.

2 = Documentation in the record indicates another Medicaid funded service is being provided, but the client remains eligible for ARCM services in accordance with the ARCM policy.

ARCM policy, section 4.1, number 4

4. Documentation should indicate whether the client was asked if the client has third-party insurance.

0 = There is no documentation in the record that indicate that the client was asked about private insurance.

2 = Documentation indicates that the client was asked about private insurance.

* If client has private insurance, policy states that the availability of payment from other sources must be taken into account prior to expending Medicaid funds.

ARCM policy, Attachment A, section B

5. This question is for the child welfare services only. Documentation should indicate that IV-E eligibility/ineligibility was determined.

0 = Documentation does not indicate that the child is IV-E eligible.

2 = Documentation indicates that the child does meet the requirements of IV-E eligibility.

II. Opening a Case

1. Locate the DSS-5027.

0 = DSS-5027 not in record.

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

2 = DSS form is in the record and it appears to be complete and accurate.

Note: If signing the DSS-5027 would create a barrier to receiving the service, the client is not required to sign. If this is the reason that it is not signed, it must be

documented in the record.

ARCM policy, section 5.1.1

2. Review the assessment to ensure that it is completed in accordance with the ARCM policy. The assessment must be complete, thorough and identify needs.

0 = Assessment not present.

1 = Assessment present but not in accordance with ARCM policy.

2 = Assessment completed in accordance with ARCM policy.

ARCM policy section 5.1.1

3. Client meets at least one of the At-Risk status requirements. Review ARCM policy, section 3.0. This section lists the At-Risk status requirements for both children and adults.

0 = Assessment documents that client does not meet at least one of the At-Risk status requirements.

2 = Assessment documents that client meets at least one of the At-Risk status requirements.

ARCM policy section 3.2 for adults and section 3.3 for children

III. Service Planning

1. Locate service plan in the record. Service planning is a crucial component of ARCM services (service plans may be contained in Family Service Agreements for child welfare services, or Adult and Family Service Plans for adult services).

0 = No service plan present.

2 = Service plan present in the record.

ARCM policy section 5.1.2

2. The Service Plan builds on the information collected through the assessment phase and includes activities to ensure the active participation of the Medicaid eligible individual and others to develop individual goals and a course of action.

0 = Service plan information not tied to assessment.

1 = Service plan information somewhat tied to assessment.

2 = Service plan information clearly tied to needs outlined in the assessment.

ARCM policy section 5.1.2

3. Goals and social work activities/strategies are identified in the service plan. The goals and actions in the service plan should address medical, social, educational and other services needed by the Medicaid eligible individual.

0 = Service plan does not identify client needs, does not identify strategies or goals.

1 = Service plan identifies needs, but not strategies or identifies strategies but not needs. Some elements not complete.

ARCM policy section 5.1.2

4. Target dates are included in the service plan.

0 = Does not include target dates.

2 = Target dates present.

ARCM policy 7.1.1

IV. Delivering and Supervising Services

1. Documentation of At-Risk Case Manager's Activities in record.

0 = No documentation of activities.

1 = Some documentation of activities or description of activities do not match plan.

2 = Documentation of activity in record and matches plan.

ARCM policy, section 7.1.1 number 3a

2. Dates of service documented in the record.

0 = No dates of service documented.

1 = Some dates of service documented.

2 = All dates of service documented.

ARCM policy, section 7.1.1 number 3b

3. Verify that the amount of time spent on service is recorded in minutes on the day sheet. Contacts are documented on the day sheet (DSS 4263 and should specify client, day and service and correspond to the documented activities.

0 = No documentation of time on the DSS 4263 although activities were documented in the record.

2 = Minutes documented on the DSS 4263 and corresponds with documentation in the record for that time frame.

ARCM policy section 7.1., number 3c

4. Examine the record for the signature and credentials of the social worker providing the service.

0 = No signature of qualified person or listing of their credentials for the dates of service being billed (both must be present).

2 = Signature and listing of credentials present for dates of services being reviewed.

ARCM policy section 7.1.1, number 3g

5. Documentation of referrals showing the reason for referral for service(s) should be present in the record, when applicable. This is documentation of referrals made to/for other services or agencies, not the initial referral for ARCM.

0 = No record of referral in the record if applicable.

1 = Record of referrals, reason for referral not listed or reason inadequate

2 = Record of Referral and reason for referral present in record.

ARCM policy, section 7.1.1, number 3d

V. Quarterly Reviews of Service Plan

The Service Plan must be reviewed quarterly by the social worker to assess the continuing appropriateness of providing At-Risk Case Management Services. These reviews must be documented and should be conducted within the month that they are due.

1. Timely Quarterly reviews conducted?

0 = No quarterly review documented in the record.

1 = Quarterly review in record, but not complete or does not adequately describe the situation or is not timely as described above

2 = Quarterly reviews present in record that accurately describes the situation of the individual and is timely OR record is not yet over 90 days and no review is due.

ARCM policy, section 5.1.2

2. Documentation in the record indicates that the service plan should be modified.

0 = Documentation in the record indicates that the service plan should be modified, but it was not.

1 = Service plan was modified but did not adequately reflect the changes in the individual's life.

2 = Service plan modified to adequately reflect the changes in the individual's life. This should include any new goals if necessary

ARCM policy, section 5.1.2

VI. Annual Reassessment of Service Plan

A new annual reassessment is due before a client can continue to receive ARCM

beyond 12 months of continuous service. A new service plan must be developed by the social worker to ensure that any new goals are established if needed.

1. An annual reassessment was completed prior to continuing services beyond 12 months?

0 = Annual reassessment has not been completed prior to services beyond 12 months

2 = Annual reassessment has been completed in accordance with ARCM policy and prior to continuing services beyond twelve months.

ARCM policy, section 5.2 number 6

2. A new service plan was developed prior to services continuing past 12 months.

0 = Service plan has not been developed/revised prior to services continuing beyond 12 months.

2 = Service plan developed prior to continuing services beyond 12 months.

ARCM policy, section 5.2, number 6

3. Service plan should be signed by social worker and the recipient.

0 = Service plan not signed prior to continuing services beyond 12 months (has to have both signature of social worker and recipient)

2 = Service plan signed prior to continuing services beyond 12 months. (has to have both signatures of social worker and recipient)

ARCM policy, section 5.2, number 6

At-Risk Case Management Program Compliance Monitoring Tool	CASE NUMBER:				
	COUNTY:				
	DATE COMPLETED:				
	PCR:				
I. Prior to Opening Case (Pre-Screening):	Max Points Applicable	Applicable	Available Points	Points Earned	Percentage Earned
1. Documentation shows that client is eligible for Medicaid Services.	2		0 or 2		
2. Documentaion shows that social worker inquired as whether client is receiving other Medicaid funded case management services	2		0 or 2		
3. If documentation shows that client has other Medicaid funded case management services, then the social worker notes indicates that ARCM services can still be provided	2		0 or 2		
4. Documentation shows that social worker inquired as to whether client has private insurance.	2		0 or 2		
5. Documentation shows that IV-E eligibility/ineligibility was determined(Child Welfare Services only)	2		0 or 2		
II. Opening a Case:					
1. DSS-5027 complete/accurate	2		0 - 1 - 2		
2. Assessment completed in accordance with ARCM policy	2		0 - 1 - 2		

3. Assessment documents that client meets at least one of the At-Risk status requirements	2		0 or 2		
III. Service Planning:					
1. Service Plan developed	2		0 or 2		
2. Service plan ties to assessment information.	2		0 - 1 - 2		
3. Client needs, SW activities/strategies and goals for meeting needs documented	2		0 - 1 - 2		
4. Target dates included in service plan	2		0 or 2		
IV. Delivering and Supervising Services:	2				
Documentation of ALL At-Risk Case Management activities in client record including:					
1. Description of activities	2		0 - 1 - 2		
2. Dates of service	2		0 - 1 - 2		
3. Amount of time in minutes(review daysheet)	2		0 or 2		
4. Social worker's signature and credentials	2		0 or 2		
5. Documentation of referrals made	2		0 - 1 - 2		
V. Quarterly Reviews of Service Plan:					
1. Timely Quarterly reviews conducted	2		0 - 1 - 2		
2. Service Plan modified if needed	2		0 - 1 - 2		
VI. Annual Reassessment of Service Plan					
1. Annual Reassessment conducted prior to continuing services beyond 12 months	2		0 or 2		

2. New Service Plan developed prior to continuing services beyond 12 months	2		0 or 2		
3. New Service Plan signed by social worker and recipient prior to continuing services beyond 12 months	2		0 or 2		

II. DIVISION OF SOCIAL SERVICES CONTRACTS MONITORING

A. Economic and Family Support Services Contract Monitoring Procedures

Office of Economic Opportunity/Community Services Block Grant (CSBG) Sub-Recipient Monitoring Plan

Administrator/Lead Monitoring Coordinator

Verna P. Best

Description of Program to be Monitored

The Office of Economic Opportunity administers one major federal grant program, the U. S. Department of Health and Human Services' Community Services Block Grant Program (CSBG). Federal rules for this program require the state, as the prime grant recipient, to monitor its sub-grantees.

Community Services Block Grant (CSBG)

The Community Services Block Grant program provides assistance to a network of community-based organizations for programs and services to ameliorate the causes and consequences of poverty and to revitalize low-income communities. CSBG can be used to fund programs and other activities that assist low-income individuals and families to attain self-sufficiency, provide emergency assistance, support positive youth development, promote civic engagement and improve organizational infrastructure for planning and coordination among multiple resources that address poverty conditions in the community.

CSBG Federal Monitoring Legislation

PUBLIC LAW 105-285—OCT. 27, 1998 “SEC. 678B. MONITORING OF ELIGIBLE ENTITIES.

“(a) IN GENERAL.—In order to determine whether eligible entities meet the performance goals, administrative standards, financial management requirements, and other requirements of a State, the State shall conduct the following reviews of eligible entities:

“(1) A full onsite review of each such entity at least once during each 3-year period.

“(2) An onsite review of each newly designated entity immediately after the completion of the first year in which such entity receives funds through the community services block grant program.

“(3) Follow up reviews including prompt return visits to eligible entities, and their programs, that fail to meet the goals, standards, and requirements established by the State.

“(4) Other reviews as appropriate, including reviews of entities with programs that have had other Federal, State, or local grants (other than assistance provided under this subtitle) terminated for cause.

Identification of CSBG Sub-Recipients by Type and Funding Amount

Community Services Block Grant FY 2014-2015 Sub-Recipient List

GRANTEE	ALLOCATION	SERVICES/PROJECTS
Alamance County Community Services Agency, Inc.	\$259,869	Self-Sufficiency
Blue Ridge Community Action, Inc.	\$476,168	Self-Sufficiency Information and Referral (Linkages)
Blue Ridge Opportunity Commission, Inc.	\$235,833	Self-Sufficiency Emergency Assistance
Catawba County Social Services	\$215,320	Youth Education
Charlotte Area Fund, Inc.	\$1,557,552	Self-Sufficiency Nutrition
Choanoke Area Development Association, Inc.	\$300,534	Self-Sufficiency
Coastal Community Action, Inc.	\$303,127	Self-Sufficiency
Community Action Opportunities, Inc.	\$543,198	Self-Sufficiency
Cumberland Community Action Program, Inc.	\$732,709	Self-Sufficiency
Davidson County Community Action, Inc.	\$231,615	Self-Sufficiency
Eastern Carolina Human Services Agency, Inc.	\$369,100	Self-Sufficiency
Economic Improvement Council, Inc.	\$281,576	Self-Sufficiency
Experiment in Self-Reliance, Inc.	\$629,742	Self-Sufficiency
Four-County Community Services	\$1,075,121	Self-Sufficiency
Four Square Community Action, Inc.	\$120,000	Information & Referral (Linkages)
Franklin-Vance-Warren Opportunity, Inc.	\$339,377	Self-Sufficiency
Gaston Community Action, Inc.	\$727,180	Self-Sufficiency
Greene Lamp, Inc.	\$194,278	Self-Sufficiency
Iredell Community Action Research and Evaluation, Inc.	\$274,579	Self-Sufficiency
Johnston-Lee-Harnett Community Action, Inc.	\$578,146	Self-Sufficiency
Joint Orange-Chatham Community Action, Inc.	\$504,236	Self-Sufficiency
Macon Program for Progress, Inc.	\$120,000	Self-Sufficiency
Martin Community Action, Inc.	\$562,791	Self-Sufficiency
Mountain Projects, Inc.	\$178,100	Information & Referral (Linkages)
Nash-Edgecombe Economic Development, Inc.	\$511,302	Self-Sufficiency

Operation Breakthrough, Inc.	\$504,912	Self-Sufficiency
Passage Home	\$1,033,771	Self-Sufficiency & Youth
Salisbury-Rowan Community Action Agency, Inc.	\$476,050	Self-Sufficiency
Sandhills Community Action Program, Inc.	\$373,132	Self-Sufficiency
Union County Community Action, Inc.	\$210,818	Self-Sufficiency
W.A.M.Y Community Action, Inc.	\$211,141	Self-Sufficiency
Wayne Action Group for Economic Solvency, Inc.	\$258,000	Self-Sufficiency
Welfare Reform Liaison Project	\$886,676	Self-Sufficiency/ Employment
Western Carolina Community Action, Inc.	\$222,131	Self-Sufficiency
Yadkin Valley Economic Development District, Inc.	\$338,614	Self-Sufficiency
<i>Undesignated Counties</i>		Designation in Process
Caswell	\$42,768	TBD
Person	\$69,408	TBD
New Hanover	\$342,255	TBD
Rockingham	\$150,570	TBD
Total	\$16,441,700	

GRANTEE	ALLOCATION	SERVICES/PROJECTS
Telamon, Inc.	\$114,178	Education: provides services to assist youth of migrant and seasonal farmworkers ages 16-24 with remaining in high school or attaining their General Education Diploma (GED).
The Affordable Housing Group of North Carolina (TAHG)	\$139,754	Housing: provides technical assistance to community-based organizations for the purpose of developing or restoring safe/affordable housing. Provides Housing Counseling to community-based organizations.
Western Economic Development Organization (WEDO)	\$87,689	Employment: provides marketing services to increase the income of residential substance abuse program participants.
North Carolina Commission of Indian Affairs (NCCIA)	\$38,364	Education: provides services to low-income American Indian students to assist them with remaining in college and maintaining a minimum Grade Point Average (GPA) of 2.0.

Discretionary	\$533,442	Training & Technical Assistance Collaborative Initiatives Innovative Projects
Total	\$913,428	

Monitoring Activities

Monitoring procedures for the Office of Economic Opportunity CSBG program begin with the annual funding application processes and continue through the closeout of each grant year. The Monitoring Documents for the CSBG program are included as Appendices at the end of this document. Major monitoring activities are summarized in the chart below.

Monitoring Activities	Documents/Tools	Type of Report Issued or Result	Follow-up Procedures	Documentation Location	Responsibility
Contractor's Training	Training Manual, Presentations, Handouts	N/A	Evaluation	Section File	Administrator All Staff
Application Review	Funding Application Review Guide Corrected Applications (if needed)	Letter/Email requesting corrections (if needed) Contract Approval	Letter	Sub-Recipient File	Assigned Program & Fiscal Analysts
Conduct Agency Risk Assessments	Sub-Recipient Risk Assessment Form	Letter notifying High Risk Agencies	Monitoring Activities correspond with determined risk level OEO Administrator must be made aware of high risk agencies	Sub-Recipient File	Assigned Program & Fiscal Analysts Program Manager
Monthly Expenditure Reviews	Financial Status Report (OEO Form 286)	Letter to Controller's Office	Letter Telephone Email	Sub-Recipient File	Administrator Assigned Fiscal Analyst
Quarterly Sub-Recipient Performance Review(CSBG)	Sub-Recipient Performance Report	Summary letter of program and expenditure results	Letter; Telephone Email	Sub-Recipient File	Assigned Program Analyst

	Sub-Recipient Performance Report Review Guide				
Sub-Recipient Year End performance report review (CSBG)	Sub-Recipient Year End Report of Outcome Measures Year End Performance Report Review Guide	Summary letter of Year End accomplishments	Letter; Telephone; Email	Sub-Recipient File	Assigned Program & Fiscal Analysts
On-site Monitoring Visit	Grantee Monitoring Plan	Summary letter of findings/corrective actions and recommendations	Letter Telephone Email	Sub-Recipient File	Assigned Program & Fiscal Analysts Administrator (as needed)
Review of Audit/Sworn Accounting Statement (not always received)	Audit	Used as part of desktop and onsite monitoring when received	Letter	Controller's Office Sub-Recipient File	Controller's Office/Audit Resolution Branch Assigned Fiscal Analyst
Sub-Recipient Monitoring Database data entry	Open Window (formally Sub-Recipient Monitoring System)	N/A	N/A	Open Window Web-Based System	Contract Administrators

Risk Assessment

Risk assessments will be performed for any new sub-recipient and annually thereafter. The Office will categorize each sub-recipient as low risk, medium risk or high risk using the risk assessment scoring coordinates. Risk assessments will be documented on the Sub-Recipient Risk Assessment Form and will be maintained in the appropriate section of the sub-recipients file.

The intensity of monitoring activities will have direct correlation to the Sub-Recipient's assigned risk category. Risk assessment forms and instructions are included as Appendices at the end of this document.

On-Site Monitoring

Formal notification is provided to each sub-recipient prior to conducting administrative, programmatic and/or fiscal monitoring visits. The Office of Economic Opportunity reserves the right to conduct unannounced site visits on an as needed basis. Prior to formal site visits, each sub-recipient is required to complete an Internal Controls Questionnaire and a Pre-Assessment Questionnaire to be reviewed by the assigned Program Analyst and/or Fiscal Analyst. Assigned Program and Fiscal Analysts will conduct a comprehensive review of administrative, fiscal and programmatic records relative the Community Services Block Grant (CSBG) Program. Common records reviewed include but are not limited to: reported outcome measures, listings of individuals who received or were denied services, board minutes, current contracts obligating CSBG funds, organizational charts, separation of assigned duties, payrolls, books of accounts, revenue expenditure reports, staff timesheets, and documentation related to programmatic practices of the agency.

Corrective Actions

When a sub-recipient has areas of non-compliance and/or deficiencies, a Corrective Action Plan will be required. The process for corrective actions includes:

1. Identification of deficiencies through monitoring;
2. Notification to sub-recipient of identified findings;
3. Corrective Action Plan development;
4. Formal acceptance of the Sub-Recipient's Corrective Action Plan and
5. Follow-up to ensure Corrective Action Plan has sufficiently been implemented

Internal Monitoring Tracking

The CSBG program will continue updates and reviews sub-recipient expenditures via an OEO Form 286 (Financial Status Report) tracking log. In addition, an on-site monitoring tracking spreadsheet is used to ensure monitoring compliance. These tools are attached in Appendix A of this document.

Process for Review of and Input into DHHS Open Windows

(This process to be amended with further guidance from DSS Administration and Contracts Offices.)

Compliance Supplement Requirements

Link to Agency Matrix for Federal Programs is at:

<https://www.nctreasurer.com/slg/State%20Compliance%20Supplements/B-FedMatrix-2012.pdf>

Link to Compliance Supplement is at

<https://www.nctreasurer.com/slg/State%20Compliance%20Supplements/93.569-CL-2012.pdf>

To obtain specific monitoring tools for CSBG, please contact Verna P. Best at 919-527-6251 or Verna.Best@dhhs.nc.gov.

Providers List for NC Refugee Assistance

AGENCY	ADDRESS, PHONE NUMBER, & WEBSITE	COUNTIES SERVED	KEY SERVICES
NC African Services Coalition, Inc. (ECDC) - Greensboro	122 N. Elm Street, Suite 810 Greensboro, NC 27401 Phone # 336-574-2677 Fax # 336-574-2672 http://www.ascafrica.org	Guilford County	Case Management, Employment Services, Vocational Skills Training, Driver's Training, Skills Recertification, Transportation, Interpretation & Translation
Carolina Refugee Resettlement Agency, Inc. (HIAS) - Charlotte	5007 Monroe Road, Suite 101 Charlotte, NC 28205 Phone # 704-535-8805 Fax # 704-535-8806 http://www.carolinarefugee.org/	Mecklenburg County	Case Management, Employment Services, Vocational Skills Training, Driver's Training, Vocational Education Instruction, Skills Recertification, Transportation, Immigration & Citizenship, Interpretation & Translation
Catholic Charities Diocese of Charlotte - Western Regional Office	50 Orange St. Asheville, NC 28801 Phone # 828-255-0146 Fax # 828-253-7339 http://www.ccdoc.org	Buncombe, Henderson, and Madison Counties	Case Management, Employment Services, Vocational Skills Training, Driver's Training, Transportation, Immigration & Citizenship (Cuban-Haitian Program), Interpretation & Translation
Catholic Charities Diocese of Charlotte (USCCB) - Charlotte Office	1123 S. Church Street Charlotte, NC 28203-3405 Phone # 704-370-3262 Fax # 704-370-3370 or 704-370-3377 http://www.ccdoc.org	Charlotte / Mecklenburg County, also Gaston, Union, and Cabarrus Counties	Case Management, Employment Services, Vocational Skills Training, Driver's Training, Transportation, Immigration & Citizenship, Interpretation & Translation, School Impact Program Services
Central Piedmont Community College - Charlotte	P.O. Box 35009 Charlotte, NC 28235 Phone # 704-330-4855 Fax # 704-330-4821 http://www.cpsc.edu/	Mecklenburg County	English Language Training, Vocational Skills Training, Transportation, Interpretation & Translation
Charlotte Mecklenburg Senior Center - Charlotte	3925 Willard Farrow Drive Charlotte, NC 28215 Phone # 704-531-6900 Fax # 704-531-6008 http://www.cmseniorcenters.org/	Mecklenburg County	English Language Training Transportation, Information & Referral, Interpretation & Translation
Church World Service (CWS) - Durham Office	112 S. Duke Street, Suite 4B Durham, NC 27701 Phone # 919-680-4310 Fax # 919-680-4320 www.cwsrdu.org	Durham, Orange, and Wake Counties	Case Management, Employment Services, English Language Training, Vocational Skills Training, Vocational Education Instruction, Transportation, Immigration & Citizenship, Interpretation & Translation, School Impact Program Services

Church World Service (CWS) - Greensboro Office	620 S. Elm St., Suite 315 Greensboro, NC 27406 Phone # 336-617-0381 Fax # 336-617-3654 http://cwsgreensboro.org/	Guilford County	Case Management, Employment Services, Vocational Skills Training, Driver's Training, Vocational Education Instruction, Transportation, Interpretation & Translation
Cross Cultural Resources, Inc. - Charlotte	4801 E. Independence Drive, Ste. 608 Charlotte, NC 28212 Phone # 704-469-5638 Fax # 704-208-4018 http://www.ccrlanguages.com/	Statewide	Interpretation & Translation
Elon University School of Law, Humanitarian Immigration Law Clinic - Greensboro	<u>Physical Address:</u> 210 W. Friendly Avenue; Greensboro, NC 27401 <u>Mailing Address:</u> Humanitarian Immigration Law Clinic; P.O. Box 5848; Greensboro, NC 27435 Phone # 336-279-9354 Fax # 336-272-9667 http://www.elon.edu/e-web/law/academics/Immigration%20Clinic.xhtml	Statewide	Immigration & Citizenship, Transportation, Interpretation & Translation
Guilford County Schools	120 Franklin Blvd. Greensboro, NC 27401 Phone # 336-370-8982 Fax 336-370-8939 http://gcsnc.com	Guilford County	School Impact Program Services (Interpretation & Translation, Parent-Focused Assistance, After-School Activities, In-School Services)
Interfaith Refugee Ministry (EMM) - New Bern Office	1233 Colony Drive New Bern, NC 28562 Phone # 252-633-9009 Fax # 252-638-7570 http://www.helpingrefugees.org	Craven, Onslow, Carteret, Pitt, and Wayne Counties	Case Management, Employment Services, English Language Training, Vocational Skills Training, Driver's Training, Vocational Education Instruction, Transportation, Interpretation & Translation, School Impact Program Services
Interfaith Refugee Ministry (EMM) - Wilmington Sub-Office	25 S. Third St. Wilmington, NC 28401 Phone: 910-264-7244 Fax: 910-762-5115 http://www.helpingrefugees.org	New Hanover and Robeson Counties	Case Management, Employment Services, Vocational Skills Training, Driver's Training, Vocational Education Instruction, Transportation, Interpretation & Translation
International House - Charlotte	<u>Physical Address:</u> 1817 Central Avenue, Suite 215; Charlotte, NC 28205 <u>Mailing Address:</u> P.O. Box 5429; Charlotte, NC 28299-5429 Phone # 704-405-0962 Fax # 704-334-2423 www.ihclt.org	Mecklenburg, Union, Gaston, Cabarrus, Rowan, Cleveland, Lincoln, Catawba, Burke, and Caldwell Counties	Immigration & Citizenship, Interpretation & Translation

Lutheran Services Carolinas - Child & Family Services - Refugee Resettlement Services (LIRS) - Raleigh Office	616 Hutton St. Raleigh, NC 27606 Phone # 919-832-2620 Fax # 919-832-9876 http://www.LSCarolinas.net	Wake, Durham, and Orange Counties	Case Management, Employment Services, English Language Training, Vocational Skills Training, Driver's Education, Vocational Education Instruction, Transportation, Interpretation & Translation, School Impact Program Services
Montagnard Dega Association, Inc. - Greensboro	611 Summit Ave., Suite 10 Greensboro, NC 27405 Phone # 336-373-1812 Fax # 336-373-1832 https://sites.google.com/site/mdagreensboronc/	Guilford County	Employment Services, Vocational Skills Training, Vocational Education Instruction, Transportation, Interpretation & Translation
New Arrivals Institute - Greensboro	<u>Mailing Address:</u> P.O. Box 5315; Greensboro, NC 27435 <u>New Arrival School:</u> 101 W. Vandalia Road; Greensboro, NC 27406 <u>NAI Main Office:</u> 2616-G Lawndale Drive; Kirkwood Commons; Greensboro, NC 27408 Phone # 336-937-4701 http://sites.google.com/site/newarrivalsinstitute/home	Guilford, Alamance, Randolph, Rockingham, Forsyth, and Davidson Counties	English Language Training, Vocational Education Instruction, Skills Recertification, Day Care, Interpretation & Translation
Senior Resources of Guilford	P.O. Box 21993 301 East Washington Street Greensboro, NC 27401-27420 Phone # 336-373-4816 Fax # 336-373-4922 http://www.senior-resources-guilford.org/	Guilford County	Case Management, English Language Training, Transportation, Immigration & Citizenship, Interpretation & Translation
U.S. Committee for Refugees & Immigrants (USCRI) - Raleigh Office	The Raleigh Building; 5 West Hargett Street, Suite 202 Raleigh, NC 27601 Phone # 919-334-0072 Fax # 919-334-0077 http://www.refugees.org/about-us/where-we-work/north-carolina/	Wake County	Case Management, Employment Services, English Language Training (Cuban-Haitian Program), Vocational Skills Training, Driver's Training, Vocational Education Instruction, Transportation, Immigration & Citizenship (Cuban-Haitian Program), Interpretation & Translation
World Relief Refugee Services of North Carolina (WR) - High Point Office	2029 North Centennial St. High Point, NC 27262 Phone # 336-887-9007 Fax # 336-887-5245 http://worldrelief.org/highpoint	High Point / Guilford County and Winston-Salem / Forsyth County	Case Management, Employment Services, English Language Training Transportation, Vocational Skills Training, Vocational Education Instruction, Skills Recertification, Interpretation & Translation

World Relief Refugee Services (WR) - Durham Office	801 Gilbert Street, Suite # 209 Durham, NC 27701 Phone # 919-286-3496 Fax # 919-956-5918 http://worldreliefdurham.org/	Durham, Orange, and Wake Counties	Case Management, Employment Services, Driver's Training, Vocational Education Instruction, Skills Recertification, Transportation, Interpretation & Translation
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B. North Carolina Child Support Services Contract Monitoring Procedures

The Child Support Program oversees six contracts.

- 00741-09 Maximus: provides services for State Directory of New Hires January 1, 2013 – December 31, 2013
- 00141-13 South Carolina DSS Contract (Interstate Data Exchange Consortium): provides services for location and financial institution data matching July 1, 2013 – June 30, 2014
- 00043-14 NC Division of Employment Security (DES) July 1, 2013 – June 30, 2014
- 08281-12 DPH- Vital records/state Center for Health Insurance July 1, 2013 – June 30, 2014
- 00038-12 Laboratory Corp of American Holdings (only a contract, no money tied to this contract effective July 1, 2012) July 1, 2013 – June 30, 2014
- 00737-15 System and Methods (SMI) October 1, 2010 – September 30, 2015

Contract monitoring includes review of invoices and reports for accuracy by program supervisor. Once verified, the invoice is provided to the Contract Administrator for review and payment.

C. Family Support and Child Welfare Services Contract Monitoring Procedures

Monitoring Contracts with Not for Profit Organizations and Other Non-Governmental Entities

Program areas and services to be monitored

Area	Compliance Number	Subrecipients	Funding Source and Amount	Review Tool
Adoption Promotion and Post Adoption Support	93.556	Attachment A	IV-B2-\$2,483,987	Attachment C
Children’s Trust Fund	NA	Attachment A	CTF-\$393,080	Attachment C
Community-Based Child Abuse Prevention Program	93.590	Attachment A	CBCAP-\$1,236,723	Attachment C
Family Support Program	93.556	Attachment A	IV-B2-\$2,713,650	Attachment C
Family Violence Prevention	93.671	Attachment A	FVP-\$2,376,816	Attachment C
Intensive Family Preservation Services	93.556	Attachment A	IVB2-\$2,483,987	Attachment C
Reunification Services	93.556	Attachment A	IV-B2-\$2,483,987	Attachment C
Children’s Advocacy Centers	NA	Attachment A	SSBG - \$375,000	Attachment C
CAN/CPS Child Welfare	93.669	Attachment A	CAN	Attachment C

Description of Programs

Adoption Promotion and Post Adoption Support

Adoption Promotion and Support services help adoptive families with support on an on-going basis to their families so that they can make a lifetime commitment to their children. These services include recruitment of adoptive families, preparation for adoption and supportive services after the finalization of the adoption.

Children’s Advocacy Centers

Certified Child Advocacy Centers provide services for families in their county who have children that have been a victim of sexual abuse. Each center has a multidisciplinary team that includes the District Attorney, law enforcement, and a forensics investigator. The child is able to receive all of these services at the center. Additional services provided to the family include individual and group counseling and information and referral.

Children’s Trust Fund

Children’s Trust Fund services are intended to prevent abuse and neglect of juveniles. Abuse and neglect prevention programs are defined to be those programs and services which impact on juveniles and families before any substantiated incident of abuse or neglect has occurred. These programs may include, but are not limited to:

- Community-based educational programs on prenatal care, perinatal bonding, child development, basic child care, care of children with special needs, and coping with family stress; and

- Community-based programs relating to crisis care, aid to parents, and support groups for parents and their children experiencing stress within the family unit.

Community-Based Child Abuse Prevention and Family Support Programs

Family support programs are defined as a conceptual approach to strengthening and empowering families and communities. The operating premise of family support programs is if family and child quality of life is improved, the risk of child maltreatment decreases. Rather than following a particular intervention design, family support programs attempt to address the specific needs of the families in the community in which they operate. This flexibility encourages grass-roots program development and collaboration with families and other local interests in the program planning process.

Because of the grassroots, community-based orientation of family support programs, there are significant variances among programs. However, all programs provide evidence-based, evidence-informed programming. Many family support programs provide a continuum of various family strengthening activities. Other family support programs are designed to provide a single service. Some examples of family support services in North Carolina include support groups, respite care, parent education/training, and information and referral. Services target families and children from birth through seventeen, and are provided for all family members through on-site or home-based strategies.

Family Violence Prevention

Family Violence Prevention funding is provided for establishing, maintaining, and expanding programs and projects to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents. All geographic areas of the state are provided funding. Special emphasis on serving the under-served is focused on services for Hispanic residents, elder abuse victims, violence prevention work with youth, accessibility and for outreach.

Intensive Family Preservation Services (IFPS)

The IFPS model provides in-home crisis intervention services designed to help families at imminent risk of having a child removed from the home. These services help to maintain children safely in their homes and prevent unnecessary separation of families. This model is characterized by very small caseloads for workers, short duration of services, 24-hour availability of staff, the provision of services primarily in the child's home or in another environment, and intensive and time-limited services.

Reunification Services

Family Reunification services are intended to help families re-integrate children into their home after they have been placed into foster care or DSS has placement authority. Reunification services typically begin while the child is still living out of the home, with the family reunification worker assisting the family in creating a safe and successful transition back to the home. Services continue after the child returns home, with workers providing individual and family therapy, case management, and client advocacy to help support the reunification.

REVIEW PROCESS

Determining the Period Under Review

The period under review (PUR) is determined to be 12 months prior to the date of the on-site monitoring review and through the month preceding the month of the date of review. For example, if the review date is scheduled for December 2011, PUR would be December 2010-November 2011.

Contract Administrators may choose to review documentation for all periods during a subrecipient's grant cycle should the PUR uncover programmatic or fiscal concerns.

Sampling of DSS 1571 Administrative Costs

At minimum, Contract Administrators are to review a random sample of two (2) months of DSS 1571 Administrative Cost Report documentation during the PUR. Should financial testing of the sample uncover inconsistencies within line item expenditure categories, the Contract Administrator may review all DSS 1571 Administrative Costs for the line item(s) in question during the full 12-month PUR or for all periods during a subrecipient's grant cycle.

The Review

Monitoring reviews begin during the subrecipient application/contracting process. The monitoring process encompasses a variety of tools that are used throughout the contract period. Fiscal and program reports, desk monitoring, site reviews and on-going telephone/e-mail contact with contracted agencies provide valuable information to determine subrecipient's contractual compliance and program success. Contract Administrators are responsible for monitoring contractual activities, maintaining monitoring documentation and providing monitoring follow-up to all contracted agencies.

Desk Monitoring

Desk monitoring occurs on a monthly basis. Contract Administrators review the DSS 1571 III Administrative Cost Report for accurate, allowable and reasonable costs and the State Auditors' non-compliance list is reviewed to ensure all G.S. 143-6.22 & 23 reporting requirements are being fulfilled by the sub recipient. If applicable, monthly program reports or database entries are reviewed to ensure participants are enrolled and programming activities have been implemented. As specified in an individual scope of work of a contract, the following documents may be used to monitor the Contractor:

1. Agency Organizational Chart
2. Board Member Profile
<http://www.ncdhhs.gov/dss/contracts/docs/Work%20Sheet%203%20Board%20Member%20Profile.doc>
3. Service Implementation Plan
<http://www.ncdhhs.gov/dss/contracts/docs/Work%20Sheet%201%20Service%20Implementation%20Plan.doc>
4. Anticipated Revenue Summary
<http://www.ncdhhs.gov/dss/contracts/docs/Work%20Sheet%204%20Anticipated%20Revenue%20Summary.doc>
5. Funding Chart <http://www.ncdhhs.gov/dss/contracts/docs/Work%20Sheet%205%20Funding%20Chart.doc>
6. Job Descriptions for Direct Services Staff in the Contract

Completed contractor documents will be maintained in the attachment section of Open Window. Ongoing telephone and e-mail monitoring is documented by the Contract Administrator when it pertains to possible contractual non-compliance issues.

Assessment of Risk

Initially, risk assessment starts during the contracting process and initial risk level is assigned at the completion of the Performance Status monitoring process noted above. Areas evaluated include, but are not limited to: the size of the subrecipient, complexity of funding and programs, organizational experience, size of funding award, variety of programs, organizational history, previous experience, resolution of issues indicated in the Program Monitoring Database, and staff turnover. The following charts outline risk factors that are considered when assessing the monitoring required for each subrecipient.

Low Risk Factors*

Suggested Monitoring

No Audit finding. No corrective action plans. Capable staff with low turnover. Complete, accurate and timely routine reports. No complaints (clients, staff, etc.). Attend required meetings. Previously funded subrecipient.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring during the contract year. Scheduled site visit (s). Documentation of monitoring activities.
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Medium Risk Factors*

Suggested Monitoring

Audit findings. Weakness in internal controls. Weakness in staff. Change in Management/Administration. Variances in fiscal/monthly reports. New Contractor. Non-attendance of required meetings. Late contract start date. Unclear program/fiscal policies. Late submissions of required documentation.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring during the contract year. Scheduled site visit(s) for specific areas of concern. Corrective Action Plan implemented. Documentation of monitoring activities.
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High Risk Factors*

Suggested Monitoring

Unresolved audit finds. Unresolved correction action plan. Untrained staff/turnover. Complaints. Failure to submit required documentation. On Non-Compliance State Auditor's List. Lack of Program/Fiscal Policies. Failure to respond.	Desk Review of regular reports (fiscal/program). Random request of 1571 back-up information. Desk Monitoring during the contract year. Scheduled site visits(s) for specific areas of concern. Unscheduled site visits. Corrective Action Plan implemented. Follow-up site visit(s) within three months. Documentation of monitoring activities. Termination of contract.
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* Any or all factors determine risk level

Notification of On-Site Monitoring Review

For announced reviews, Contract Administrators send a formal written notification letter on NCDSS letterhead to the subrecipients no later than 30 days prior to the scheduled review date. At minimum, the notification letter will include:

- The date and location of the review
- The contractual areas to be reviewed
- The programmatic and financial records to have available at the time of the review
- The period under review

Frequency of On-Site Monitoring Review

Based on the determination of risk, the Contract Administrator will develop a comprehensive monitoring plan for subrecipients to include prioritization for subrecipients determined to be high-risk. Increased frequency of on-site monitoring review or desk reviews, corrective action plans and related reports will be used to conduct more comprehensive monitoring for high-risk subrecipients.

Low and medium risk subrecipients will be monitored at least once during a grant cycle according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence.

Monitoring Reports

The Site Review Report (see Attachment C) is completed at the end of the on-site monitoring review. The OMB Circular A-133 specifies fourteen areas of compliance monitoring and if applicable to the program are reviewed during the on-site review, in addition to the subrecipient's Conflict of Interest Policy which is included in the subrecipient's executed contract. Areas concerning programming, fiscal management, compliance requirements, personnel, safety, organizational capacity, subcontract services and evaluation are also reviewed to confirm contractual compliance during the on-site review. Subrecipients receive a copy of the completed site-review form at the end of the on-site monitoring review. At the completion of the on-site monitoring review, Contract Administrators will re-assess risk level. The DHHS Program Monitoring Database is updated after the on-site monitoring review.

Program Non-Compliance and Corrective Action:

Within 30 days of an on-site monitoring review with identified corrective action findings, the Contract Administrator will send a formal written corrective action findings letter to the subrecipient. At minimum, the findings letter will include:

- A summary of the purpose of the review
- Strengths identified during the review
- Recommendations for continuous quality improvement
- Areas of non-compliance and required corrective action

Subrecipients will have thirty (30) days to submit correction action plan in response to the corrective action findings identified in the findings letter. Upon receipt of the subrecipient's correction action response, the Contract Administrator will review and verify the documentation for contractual compliance. Should the subrecipient satisfy all correction action findings, the Contract Administrator will issue a formal written closure letter to the subrecipient to notify the subrecipient that the corrective action items have been satisfied. The Contract Administrator will also reassign the subrecipient to a lower risk level, if appropriate.

Should the subrecipient fail to satisfy the corrective action findings, the Contract Administrator will issue a follow-up letter to the subrecipient within 30 days to notify the subrecipient of unresolved findings and required actions. The subrecipient will be given no more than 15 business days from the date of the follow-up letter to respond to the unresolved corrective action findings. In addition to the follow-up letter, the Contract Administrator may determine that a follow-up on-site monitoring review is needed to ensure compliance with contractual requirements.

Should the subrecipient fail to satisfy correction action findings upon issuance of the follow-up letter, the Contract Administrator will conduct a follow-up on-site review within 30 days of receipt of subrecipient's follow-up response, unless requirements for frequency take precedence. Reassessment of risk level will also be completed. If the subrecipient remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

Maintenance of Monitoring Documentation:

All monitoring documentation, verification information, corrective action plans, correspondence, and program/fiscal reports are maintained in the subrecipient's master file located in the Community Based Program's office located at the NC Division of Social Services, 325 S. Salisbury Street, Room 779, Raleigh, NC 27603.

Monitoring tools, relevant verification information, compliance findings, corrective action plans, initial and follow-up correspondence will be maintained on DHHS/DSS Shared Drive in the Monitoring, Child Welfare Services Section.

ATTACHMENT A: SUBRECIPIENTS

Provider Name (Subrecipient)	Program Type
Association of Guidance Aid Placement & Empathy of NC	Adoption Promotion
Lutheran Family Services in the Carolinas	Adoption Promotion
Children’s Home Society of NC, Inc.	Adoption Promotion
Catholic Social Services	Adoption Promotion
Crossnore School, Inc.	Adoption Promotion
Bethany Christian Service	Adoption Promotion
Nazareth Children’s Home	Adoption Promotion
Family Services, Inc.	Adoption Promotion
Community Services for Children, Inc.	Adoption Promotion
Omni Visions, Inc.	Adoption Promotion
Barium Springs Home for Children (2)	Adoption Promotion
Easter Seals UCP, inc	Adoption Promotion
Another Choice for Black Children, Inc.	Adoption Promotion
Methodist Home for Children, Inc.	Adoption Promotion
Sevens Homes Residential Youth Development Alternative, Inc.	Adoption Promotion
The Children’s Home, Inc.	Adoption Promotion
Christian Adoption Services, Inc.	Adoption Promotion
Association of Guidance Aid Placement & Empathy of NC	Adoption Promotion
Lutheran Family Services in the Carolinas	Adoption Promotion
Children’s Home Society of NC (6)	Post Adoption Support
Another Choice for Black Children	Post Adoption Support
Barium Springs Home for Children (2)	Post Adoption Support
Center for Child & Family Health	Post Adoption Support
Easter Seals UCP	Post Adoption Support
Exchange Club Child Abuse Prevention Center of NC, Inc. (2)	Intensive Family Preservation /Reunification
Methodist Home for Children (2)	Intensive Family Preservation /Reunification
Children’s Home Society of NC (3)	Intensive Family Preservation /Reunification
Eckerd Youth Alternatives	Intensive Family Preservation /Reunification
Barium Springs Home for Children (3)	Intensive Family Preservation /Reunification
Alleghany Partnership for Children	Family Support Program Services
Barium Springs Home for Children	Family Support Program Services
Burke County Public Schools	Family Support Program Services
Chapel Hill Training Outreach Project, Inc.(2)	Family Support Program Services
Child and Parent Support Services, Inc. (NC CTP)	Family Support Program Services
Children's Center of Surry, Inc	Family Support Program Services

ATTACHMENT A: SUBRECIPIENTS

Provider Name (Subrecipient)	Program Type
Children's Home Society of NC	Family Support Program Services
Columbus County DREAM Center, Inc.	Family Support Program Services
Communities In Schools of Brunswick County, Inc	Family Support Program Services
Communities In Schools of Durham, Inc.	Family Support Program Services
Down East Partnership for Children (2)	Family Support Program Services
Durham County Government	Family Support Program Services
Exchange Clubs' Family Center	Family Support Program Services
Exchange Foundation for the Prevention of Child Abuse	Family Support Program Services
Fairgrove Family Resource Center	Family Support Program Services
Family Resources of Cherokee County, Inc	Family Support Program Services
Family Service of the Piedmont, Inc.	Family Support Program Services
Franklin-Vance-Warren Opportunity	Family Support Program Services
Help, Incorporated: Center Against Violence	Family Support Program Services
Martin-Tyrrell-Washington District Health Department	Family Support Program Services
McDowell County Schools	Family Support Program Services
Richmond County Community Support Center, Inc	Family Support Program Services
Robeson County Committee on Domestic Violence, Inc.	Family Support Program Services
Robeson County Dept of Public Health	Family Support Program Services
SAFEchild, Inc.(2)	Family Support Program Services
Southwestern Child Development Corporation	Family Support Program Services
Swain County Government	Family Support Program Services
The Family Place of Transylvania County	Family Support Program Services
University of North Carolina at Chapel Hill	Family Support Program Services
Wayne Action Group for Economic Solvency (3)	Family Support Program Services
Caring for Children, Inc	Family Support Program Services
Chapel Hill Training Outreach Project, Inc.	Family Support Program Services
Exchange Club Center for the Prevention of Child Abuse of NC, Inc.	Family Support Program Services
Richmond County Community Support Center, Inc	Family Support Program Services
Southwestern Child Development Commission, Inc. (2)	Family Support Program Services
The Children's Center of Surry, Inc	Family Support Program Services
Wayne Uplift Resource Association, Inc	Family Support Program Services
Youth Focus, Inc.	Family Support Program Services
Exchange Clubs' Family Center	Family Support Program Services
Barium Springs Home For Children	Family Support Program Services
Cabarrus Health Alliance	Family Support Program Services

ATTACHMENT A: SUBRECIPIENTS

Provider Name (Subrecipient)	Program Type
Chatham County Health Dept	Family Support Program Services
Child Advocacy and Parenting Place	Family Support Program Services
Child Advocacy Center, Inc.	Family Support Program Services
East Carolina University	Family Support Program Services
Exceptional Children's Assistance Center	Family Support Program Services
Prevent Child Abuse North Carolina	Family Support Program Services
SAFEchild, Inc.	Family Support Program Services
The Family Place of Transylvania County	Family Support Program Services
Buncombe County Department of Social Services	Children's Trust Fund
Catawba County Department of Social Services	Children's Trust Fund
Easter Seals UCP NC and VA	Children's Trust Fund
Orange County Partnership for Young Children	Children's Trust Fund
Albemarle Hopeline, Inc	Family Violence Prevention
Anson County Government	Family Violence Prevention
Ashe County Partnership for Children	Family Violence Prevention
Cabarrus Victims' Assistance Network	Family Violence Prevention
Carteret County Domestic Violence Program, Inc.	Family Violence Prevention
Center for Family Violence Prevention	Family Violence Prevention
Citizens Against Domestic Violence	Family Violence Prevention
Coastal Women's Shelter, Inc.	Family Violence Prevention
Cumberland County Department of Social Services	Family Violence Prevention
Davie County Government	Family Violence Prevention
Diakonos, Inc.	Family Violence Prevention
Domestic Violence and Rape Crisis Center of Scotland County	Family Violence Prevention
Domestic Violence Shelter and Services, Inc.	Family Violence Prevention
Faith in Action Inc	Family Violence Prevention
Families First, Inc.	Family Violence Prevention
Family Abuse Services of Alamance County, Inc.	Family Violence Prevention
The Family Guidance Center, Inc.	Family Violence Prevention
Family Resources of Rutherford County, Inc.	Family Violence Prevention
Family Services Inc.	Family Violence Prevention
Family Service of the Piedmont, Inc.	Family Violence Prevention
Family Services of Davidson County Inc.	Family Violence Prevention
Family Services of McDowell County, Inc.	Family Violence Prevention
Family Violence and Rape Crisis Services	Family Violence Prevention

ATTACHMENT A: SUBRECIPIENTS

Provider Name (Subrecipient)	Program Type
Family Violence Coalition of Yancey, Inc.	Family Violence Prevention
Family Violence Prevention Center of Orange County Inc	Family Violence Prevention
Gaston County Department of Social Services	Family Violence Prevention
Greater Mount Airy Ministry of Hospitality Inc	Family Violence Prevention
Harbor Inc	Family Violence Prevention
Haven in Lee County, Inc	Family Violence Prevention
Help Incorporated: Center Against Violence	Family Violence Prevention
Helpmate, Incorporated	Family Violence Prevention
Hope Harbor Home, Inc.	Family Violence Prevention
Legal Aid of North Carolina, Inc.	Family Violence Prevention
Lincoln County Coalition Against Domestic Violence	Family Violence Prevention
Mainstay, Inc.	Family Violence Prevention
Mitchell County Safe Place	Family Violence Prevention
My Sister's House, Inc.	Family Violence Prevention
My Sister's Place, Inc.	Family Violence Prevention
New Horizons: Life and Family Services	Family Violence Prevention
North Carolina Coalition Against Domestic Violence	Family Violence Prevention
Oasis, Inc.	Family Violence Prevention
Onslow Womens Center	Family Violence Prevention
The Outer Banks Hotline, Inc	Family Violence Prevention
Pisgah Legal Services	Family Violence Prevention
Randolph County Family Crisis Center, Inc.	Family Violence Prevention
REACH of Haywood County, Inc.	Family Violence Prevention
REACH of Macon County Inc	Family Violence Prevention
Roanoke Chowan Services for Abused Families With Emergencies	Family Violence Prevention
Robeson County Committee on Domestic Violence, Incorporated	Family Violence Prevention
Safe Haven of Pender, Inc.	Family Violence Prevention
Safe in Lenoir County, Inc	Family Violence Prevention
Safe Space, Inc.	Family Violence Prevention
SAFE Inc. of Transylvania County	Family Violence Prevention
Sarah's Refuge, Inc.	Family Violence Prevention
The Shelter's Home of Caldwell County, Inc.	Family Violence Prevention
Sheltered Aid to Families in Emergencies (SAFE)	Family Violence Prevention
Steps to HOPE, Inc.	Family Violence Prevention
Task Force of Family Violence R.E.A.C.H.	Family Violence Prevention

ATTACHMENT A: SUBRECIPIENTS

Provider Name (Subrecipient)	Program Type
The Family Violence Prevention Center, Inc. DBA Interact	Family Violence Prevention
The University of North Carolina at Charlotte	Family Violence Prevention
Turning Point, Inc.	Family Violence Prevention
U Care Inc	Family Violence Prevention
United Family Services Inc	Family Violence Prevention
Wayne Uplift Resource Association, Inc	Family Violence Prevention
Wesley Shelter, Inc.	Family Violence Prevention
Adults Working and Advocating for Kids Empowerment	Child Advocacy Centers
Carolina Medical Center-Northeast	Child Advocacy Centers
Child Advocacy Center	Child Advocacy Centers
Children's Advocacy Center of Catawba County, Inc	Child Advocacy Centers
Children's Advocacy Center of Cleveland County, INC	Child Advocacy Centers
Crossroads	Child Advocacy Centers
Dove House Children's Advocacy Center	Child Advocacy Centers
East Carolina University	Child Advocacy Centers
Family Resources	Child Advocacy Centers
Family Service of the Piedmont -Greensboro CAC	Child Advocacy Centers
Family Service of the Piedmont -Hope House	Child Advocacy Centers
Family Service, Inc. of Gaston County	Child Advocacy Centers
H.A.V.E.N.	Child Advocacy Centers
Heart to Heart	Child Advocacy Centers
K.A.R.E.	Child Advocacy Centers
KIDS FIRST	Child Advocacy Centers
KIDS Place	Child Advocacy Centers
Lincoln County Coalition Against Child Abuse	Child Advocacy Centers
Pat's Place Child Advocacy Center	Child Advocacy Centers
Southmountain Children & Family Services (Gingerbread House)	Child Advocacy Centers
The Butterfly House - Stanly Regional Medical Center	Child Advocacy Centers
The Healing Place	Child Advocacy Centers
United Family Services, Inc.	Child Advocacy Centers
NC Pediatric Society Foundation	CPS/Child Welfare
Child and Parent Support Services, Inc. (NC CTP)	CPS/Child Welfare

*(Use this for all contracts that require a conflict of interest policy. Page one is to be completed by the Contractor **and** a copy of the Contractor's conflict of interest policy must be submitted. The Contractor can adopt page 2 as their conflict of interest policy or attach their current adopted policy. Note: Verification is needed on a yearly basis. For contracts extending more than one state fiscal year, the contract file must include documentation that the Conflict of Interest Policy has not changed from the previous year. If the policy has changed, a new conflict of interest policy must be submitted. Remember to delete all instructions in blue italic.)*

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of _____

I, _____, Notary Public for said County and State, certify that

_____ personally appeared before me this day and acknowledged

that he/she is _____ of [enter name of entity]

and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy

was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____.

Sworn to and subscribed before me this _____ day of _____, _____.

(Official Seal)

Notary Public

My Commission expires _____, 20 ____

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Signature of Organization Official

Printed Name of Organization Official

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after

making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Printed Name of Organization Official

Date

ATTACHMENT C: Site Visit Report

Instructions: The Contract Administrator will conduct a site visit during the contract year. The Performance Status Report completed by the Provider should accompany this report. Attach all supporting documents necessary. Site Visit information must be entered into the DHHS Program Monitoring Database.

Subrecipient:		Site Visit Date:		Risk Assessment:	
Program Name:				Contract #	
Program Type:					
Type of Visit: <input type="checkbox"/> Monitoring Visit <input type="checkbox"/> Site Visit <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Other (Explain)					
In Attendance:				Date:	
Topic Area	Yes	No	N/A	Recommendations/Comments	
A. Budget					
1. Are 1571 fiscal reports on file and is an electronic copy maintained?					
2. Are 1571 fiscal reports submitted on time?					
3. Are 1571 fiscal reports submitted accurately?					
4. B/2- Are Costs Allowable					
5. Is budget spend down appropriate?					
6. Is a budget amendment needed?					
7. Are receipts kept for audit purposes? Review back up information for one submitted 1571 report. Attach to report.					
8. Are expenditures in accordance with the budget?					
9. Is travel documented - date, distance, locations, staff purpose & rates?					
10. Are funds co-mingled (placed in one account)?					
If Yes, is there a Journal/Ledger Spreadsheet?					
11. G/7: Are match requirements being met?					
-- Can grantee provide clear documentation of match?					
-- What are the sources of the match?					
12. Records are retained for five years from the end date of the contract					
B. Equipment (F/6)					
1. Has approved equipment been purchased? Review receipts.					

2. Was competitive bidding used to obtain equipment?				
3. Is equipment being used appropriately and clearly marked "Property of DHHS"?				
C. Professional and Contractual Services				
1. Have all subcontracts received PRIOR grantor approval?				
2. Are subcontractor's contracts signed and filed?				
3. Does subcontract outline work to be performed and does it comply with program objectives?				
4. Are subcontractors submitting required fiscal/program reports by required deadlines?				
5. Was competitive bidding used to obtain subcontract(s)?				
6. If sole source used, is approval on file?				
7. Is "Subcontractor" making regular & accurate billing?				
D. Personnel				
1. Are all contract positions filled?				
2. Are file folders maintained for each employee (including employment applications, job descriptions, resumes, background checks, reference checks, W-4 and I-9 forms, etc)?				
3. Are time sheets maintained for all employees?				
4. Are there any conflict of interest issues in the hiring/supervision process?				
5. Has staff attended required training?				
E. Programming				
1. Did the program start on time?				
2. Is the program design implemented?				
3. Has projected number of participants been met?				
4. E/5-Do participants meet eligibility requirements?				
5. Is programming delivered in a culturally competent manner?				

6. Is programming required by the federal/state funding source being implemented?				
7. A/1-Are activities Allowable				
8. Is information entered into the program database timely?				
9. Is information entered into the program database accurate? Attach to report.				
10. Are program policies and procedures in place?				
11. Is programming in a safe and secure environment?				
12. Is client information on file?				
13. Interview or discussion with staff/participants/board members.				
14. Is staff to client ratio appropriate?				
15. Are services provided outside of traditional hours?				
16. Is baseline/outcome data being collected?				
17. Is there evidence of on-going collaboration with other service delivery systems/community partners?				
E. Organizational Capacity				
1. Review board member roster - attach to report.				
2. Review board member minutes - attach to report				
3. Are the required individuals on the advisory board?				
4. Review subrecipient's By-Laws – attach to report.				
5. Is staff turn-over rate high?				
6. Is appropriate supervision given to staff?				
7. Is there a Sustainability Plan?				

Briefly, describe what follow-up support (if any) is needed.

Is a Corrective Action Plan needed: YES NO

If yes, Corrective Action Plan steps may/will be required to be initiated and resolved within 30 days.

Coordinator/Consultant

Date

Program Administrator

Date



ATTACHMENT D: Performance

Status Monitoring Tool

Instructions: This report is to be completed twice during the contract year. Please enter all information requested in the spaces provided. If additional space is needed, please follow the format and add to the 'Goal/Outcome' list. If unclear about the information needed, please contact your Contract Administrator. Submit this report to your Contract Administrator via e-mail. A conference call will be scheduled to discuss the report. You may include program staff and a fiscal employee during the conference call.

Evaluation Conference Call will be scheduled to review your program's current performance status and outcomes.

Name of Organization:

Name of Program:

Please list all contracted services and activities:

Contracted Number of Participants: ____ Contracted Funded Amount: \$_____

Population Served: Children Parents/Guardians Families Other

County/Area Served:

Please list, as stated in your proposal, at least three needs in your community that will be addressed through your program:

FISCAL MANAGEMENT:

1. Does the subrecipient fiscal staff person have a copy of the contract and budget?

YES NO

2. Is the 1571 Reimbursement form submitted by the 10th of each month?

YES NO

3. Are multiple funding sources received by the subrecipient?

YES NO

4. Are funds co-mingled (deposited into one account)?

YES NO

5. If "Yes" to question 3 or 4 : Please have a copy of the subrecipient's **Cost Allocation Plan** available for review during site visit.

6. All equipment purchased from the funding for this program is to be labeled "Property of DHHS – FRC"?

Labeled equipment will be viewed during the site visit.

7. Does your contract include Flex Funds to assist participants during times of crisis?

YES NO

If 'yes', please have a copy of the policy for expending these funds available for review during the site visit.

8. How are subcontractors monitored?

PROGRAMMING:

1. Is a copy of the contract located at the program site(s)?

YES NO

2. Have all of the staff listed in the budget been hired?

YES NO

3. Has a calendar of activities been provided monthly to the state office?

YES NO

4. Is there a Policy and Procedures manual onsite at the program?

YES NO

(Please have available for review during the site visit.)

5. Has each adult participant been invited to join the Advisory Board?

YES NO

6. Are families referred to other Subrecipients for services not provided by your program?

YES NO

DATABASE:

1. Is the Database completed monthly in an accurate and timely manner?

YES NO

2. Who is responsible for database entry accuracy? _____

3. Does the Program Director check the database monthly for accuracy?

YES NO

EVALUATION:

Please list all your Goals, Objectives, and Outcomes, as stated in your approved Contract:

Goal 1:

Outcome 1:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) _____ In Progress _____ Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Outcome 2:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) In Progress Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Outcome 3:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) In Progress Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Goal 2:

Outcome 1:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) In Progress Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Outcome 2:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) In Progress Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Goal 3:

Outcome1:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) In Progress Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Outcome 2:

How will Outcomes for this activity be measured? (Attach a copy of the measurement tool)

Status (check one) In Progress Completed To Begin on _____

Describe key accomplishments and challenges with this measurable goal/outcome:

Date and time for a telephone conference call to discuss this document: _____ TBA _____. A site visit will be scheduled during the conference call.

Date and time of Scheduled Site Visit: _____ TBA _____

**Attachment E: Performance Based Contracts for Adoption Services
MONITORING TOOL**

Monitoring Procedure:

For the Performance Based Contracts for Adoption Services, the contract agencies submit their claims for payment on the DSS 1571, Part IV with the names of the children adopted through their agency, the children's SIS identification numbers, the type of special needs that the children have, and the amount of funds requested. The Contract Administrator for these contracts randomly selects cases from each contracting agency for review. The following information is completed and maintained by the Division.

- I. Name of Contract Provider: _____ Contract Number: _____
- II. Date of Monitoring Activity: _____
- III. Attendees

Entrance Interview		Exit Interview	
Name _____	Title _____	Name _____	Title _____
Name _____	Title _____	Name _____	Title _____
Name _____	Title _____	Name _____	Title _____
Name _____	Title _____	Name _____	Title _____
Name _____	Title _____	Name _____	Title _____

IV. Contract Type: **Special Children Adoption Fund/Adoption Promotion Program Contract**

V. Provider's License is intact and current: YES NO

Describe verification method: Telephone- Email Licensure Consultant _____
License Number: N/A

VI. Board of Directors

Board Meeting Minutes attached YES NO By Laws attached YES NO
Board Members Poster attached YES NO Is there a sustainability plan? YES NO

VII. Complete the following Table of cases reviewed (*attach a separate page if more detail is needed*)

Child Information	County	Amount Paid	Were appropriate/ quality services provided?		Type of Contact		Comments
			Yes	No	Site Visit	1571 Review	
1. Name: .							
SIS #:							
Special Needs:							
2. Name:							
SIS #:							
Special Needs:							
3. Name:							
SIS #:							
Special Needs:							
4. Name.							
SIS #:							
Special Needs:							
5. Name: .							
SIS #:							
Special Needs:							
6. Name: .							
SIS #:							
Special Needs:							
7. Name: .							
SIS #:							
Special Needs:							
8. Name: .							
SIS #:							
Special Needs:							
9 Name: .							
SIS #:							
Special Needs:							
10 . Name: .							
SIS #:							
Special Needs:							

VII. Conclusions (Attach additional sheets, if needed.)

A. Describe strengths noted during this monitoring activity:

Under the terms of the contract _____ agrees to provide adoption services to adoptive families. The deliverables are finalized adoptions. In order to provide these deliverables, families need to be prepared and supported. Preparation and support for families include recruitment, training, and placement, legal and supportive services to ensure the finalization of an adoption. Requests for reimbursement are made via DSS-1571(modified) on a monthly basis.

Contractor has a baseline of zero. The payment levels for disbursement of the Special Children Adoption Fund/Adoption Promotion Program Fund are:

\$ 7,200 per child for children from 0-12 years and per child for sibling groups of two children; \$ 12,000 per child for children from 13-18 years; \$ 12,000 per child for sibling groups of three or more who are placed together at the same time in an adoptive family; \$ 7,200 and \$12,000 to be shared by agencies when joint planning leads to Decree of Adoption after baselines have been reached, with each agency receiving \$3,600 or \$6,000 according to the guidelines established for the age of the child and sibling group of three or more when placed together.

Contractor completed _____ adoptions to date for which they received reimbursements. _____ records were selected for review.

Reviews indicated that case files contained documentation of services. YES NO

Deliverables were in compliance with program policy of the Division of Social Services and with the terms of the contract. YES NO

B. Described any cases needing improvement that does not affect program compliance.

Describe any issues that result in this contract being out of compliance. n/a

C. Describe what follow up support (if any) is needed.

D. Was the claim allowable? YES NO

E. If no, a Corrective Action Plan will be required within 30 days.

Contract Administrator: _____ Amelia Lance
Date: _____ Signature Printed Name

Contractor Representative: _____
Date: _____ Signature Printed Name

SPECIAL CHILDREN ADOPTION FUND

COUNTY/AGENCY		PREPARER			PREPARER'S TELEPHONE NUMBER ()				PREPARER'S E-MAIL ADDRESS							
Child's Information			DSS 5095 SIS Identification Number							If partnership, give name of Agency/DSS)	Was Child included in Statewide Contract?		Date of Decree of Adoption	Amount of Payment Received from Other Source(s)	Payment Amount Requested	Child's Special Needs
Name	Age	Race									YES	NO				
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
13.																
14.																
15.																

CERTIFICATION: I certify that the above adoption services were provided in compliance with Special Children Adoption Fund guidelines and have been documented as required.

Signature of Authorized Official: _____ Print Name: _____

Title: _____ Date: _____

DSS-1571, Part IV (Modified)

Instructions for Completing DSS-1571, Part IV

County/Agency	Enter the name of the county department of social services or private agency.
Preparer	Enter the name of the individual preparing the DSS-21571, part IV.
Preparer's Telephone Number	Enter the area code and telephone number of the individual preparing the DSS-1571, part IV.
Preparer's Email Address	Enter the email address of the individual preparing the DSS 1571, part IV.
Name	Enter the adoptive name of the child for whom you are requesting payment.
Age	Enter the age of the child for whom you are requesting payment.
Race	Enter one of following codes: AI – American Indian; AN – Alaskan Native A – Asian; AA --- African American; NH – Native Hawaiian or Pacific Islander W – White, U --- Unable to Determine
SIS Identification Number	Enter the child's SIS identification number from the DSS-5095.
Partnership	Enter the name any agency assisting in the adoption of the child, if any.
State Contract	Enter "YES" , if you have received payment for this child under another State contract. Enter "NO" , if you have not received any payment under your other State contract for this child.
Date of the Decree of Adoption	Enter the date the Decree of Adoption was filed.
Amount of Reimbursement Received from Other Sources	Enter the amount of payment received by agency for adoption services from any other sources (i.e., payment from family, DSS, State Contract, etc.)
Amount of Payment Requested	Enter the payment rate based on child's age, sibling status, or partnership with another agency.
Child's Special Needs	Enter the child's special needs.