

Services Information System (SIS) User's Manual

07-30-2004

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INSTRUCTIONS FOR THE SIS CLIENT ENTRY FORM, DSS-5027

I. PURPOSE OF THE FORM

The DSS-5027 is designed to be used to:

- document the client's request/application for social services
- document the client's income eligibility for services
- provide notice to the client regarding the action taken on the request for services
- provide the client with information regarding rights and responsibilities and information on how to request and obtain a fair hearing
- transmit authorization to service providers to claim reimbursement for services provided
- open a service client information record in the Services Information System
- update service client information in the Services Information System

This form replaces the following forms:

- DSS-2515, Initial Service Client Information Record
- DSS-2516, Service Client Information Change Notice
- DSS-5010, Social Services Application, Eligibility Documentation, and Notice
- DSS-1360, Purchase of Services: Referral and Authorization

Policy governing the requirements for the use of these forms has not changed and can be found in the Family Services Manual, Volume VI, Chapter IV.

II. USE OF THE FORM

The form is to be completed or updated each time a service is requested or terminated, when income eligibility is determined or redetermined, and where service policy requires notification to the client when a service is reduced.

A. OPENING AND CLOSING CLIENT RECORDS

Barring the exceptions listed below, a client record (DSS-5027) must be established for any person for whom the services listed in this manual will be provided. Certain individuals, due to either the specific services they are receiving or the conditions under which they are eligible, must also have a client record in SIS. These include:

- individuals who have been determined eligible for Adoption Assistance Benefits
- individuals who participate in the Food Stamp Workfare Program
- individuals receiving Work First services whose income is at or below 200% of the Federal Poverty Level
- individuals who are Non-Custodial Parents receiving Work First services

It is not necessary to open a client record for the following individuals:

- an individual who is receiving **only** Day Care Services for Children
- an individual receiving **only** Transportation Services under Title XIX
- a Work First Cash Assistance recipient receiving **only** Work First Services, **unless** (effective Sept. 1, 2004) **the individual is also receiving Work First Transportation Services (Service Code 532).**

A client record will be opened when a DSS-5027 is keyed and will be automatically closed when all the services have been terminated. When necessary, update a current DSS-5027 with new information and submit for keying. A "turnaround form" will be generated with the new information. Note: When a client applies for a service which will not be provided, enter the same date in the Date Requested and the Date Terminated Field. This will automatically open and close the record if there are no other open services in the service plan.

B. USING THE FORM SECTIONS

Sections

1. All Service Clients: Sections **A, B, H**

These Sections must be completed or updated each time a service is added or terminated.

2. Clients Who Must Make Application for Services: Sections A, B, C, G, H

A client's signature must be obtained to document the request/application for the services listed in Section B. Where service policy allows other Forms to be used in lieu of an application, Sections C and G do not have to be completed. However, the services planned must be entered in Section B.

3. Clients for Whom Income is a Condition of Eligibility: Sections A, B, C, E, F, G, H

Section E documents the information necessary for a determination of eligibility on the basis of income. The other sections indicated must also be completed to support the application.

4. Clients Who Must Pay a Fee for, or Share the Cost of, a Service: Sections A, B, C, E, F, G, and H

Complete Section E in addition to the appropriate Sections as instructed above when a fee for service is required from the client.

5. Clients For Whom A Service is Being Purchased: Sections A, B, C, D, F, G

Complete Section E in addition to the appropriate Sections as instructed above.

C. USING THE PAGES OF THE FORM

The form has four pages. The identification of the destination of each page is printed at the bottom right of each page. It is **very** important that each copy gets to the right destination because there is certain information, which is blanked out on two of the copies for purposes of compliance with policy governing confidentiality of client records.

- | | |
|--------|--|
| Page 1 | This copy is to be sent to the data entry unit for keying into the system. |
| Page 2 | The second page is to be given to the client. This copy is the only copy, which has the client's rights, and responsibilities spelled out on the back of the page. It is a legal requirement to provide this to an applicant. |
| Page 3 | This page is for the purchase of service provider. This copy has certain confidential information blanked out. |
| Page 4 | This last page is to be retained in the client record. If a client's signature is not a requirement, this copy may be destroyed as soon as a turnaround form has been received and filed in the case record. If a client's signature is a requirement, the form with the signature must be retained for three years. |

III. COMPLETING THE FORM

SECTION A. CLIENT IDENTIFICATION

An entry is required in all fields in Section A except those, which are specifically identified as optional or reserved.

- Field 1.** Client ID -- Record the eleven-digit identification number assigned to this client. This number is used as a common identifier for other services systems so it is important that **only one ID# be assigned within the county for each individual service client**. This number will remain unique to the county, i.e. it will not be transferred if the client becomes a service recipient in another county. If the client applies for services in another county, the second county will assign its own unique number.
- Field 2.** Client Name -- Record the client's last name, first name and middle initial in the appropriate spaces. Truncate any name that is too long for the allotted space.
- Field 3.** Client Social Security Number -- Record the client's Social Security number. When a client does not have a Social Security number, enter a nine (9) in each of the spaces across the field and update this field when a Social Security number has been obtained.
- Field 4.** Date of Birth - Record the month, day, century and year of birth for the client. Use a leading zero for a month or day less than 10. Estimate if the exact date is unknown and update the record when this information becomes available.
- Field 5.** County -- Enter the standard two digit county code to identify the county which is originating the form.
- Field 6.** County Case (Optional Entry) -- Record any data used by the county to identify this client record. This entry may be a combination of numbers and letters.
- Field 7.** Other (Entry Allowed Only Under Special Instructions) -- This field is reserved. Refer to Section II of Appendix A for instructions and applicable tables (HCCBG clients).

SECTION B. SERVICE PLAN

An entry is required in all fields in Section B except those, which are specifically identified as optional or reserved.

- Column 8.** Decision -- See instructions for Section C below. This column is only required when circumstances require notification to the client. There is no need to make an entry in this Column when notification is not required.
- Column 9.** Services Requested -- Write in each service which was requested by the client or which is being planned by the agency in those circumstances where the agency has this responsibility by virtue of program policy.
- Column 10.** Service Code -- Enter the three-digit code which identifies the service entered in the Services Requested column.
- Column 11.** Date Requested -- Enter the date (Month, Day, Year) that the service is added to the service plan.
- Column 12** Date Terminated -- Enter the date (Month, Day, and Year) after which the service will no longer be provided. This may be entered at the time the service is requested if it is known. If the service cannot be provided at all, this date will be the same as the date in Column 11 (Date Requested).
- Column 13** Reason -- Enter the appropriate termination reason from the table in Appendix A or the SIS Desk Reference.
- Column 14** Special Use -- This field is reserved for the collection of service related information to meet a specific need. Refer to Section II of Appendix A for instructions and applicable tables.

SECTION C. NOTICE of ACTION TAKEN

This Section of the form, along with the information in Column 8 in Section B above, the worker's signature, the statement above the client's signature, and the information printed on the back of the client's copy of the form satisfy the legal mandate to notify clients about the action taken regarding their request for services and to inform them of their rights and responsibilities regarding the receipt of services.

Column 8 In Section B Above -- This field is to be used to document the decision regarding a request for service. An entry is required only in conjunction with the Notice of Action Taken (Section C.) This is because this field is used to inform the client. Enter:

"Yes" if the service can be provided as requested, and complete Line 1 in Section C.

"No" if the service cannot be provided or if the client must wait for a period of time before the service can be provided, and complete Line 2 in Section C.

"Change" if the service that a client has been receiving will be reduced or increased, and complete Line 3 in Section C.

Line 1. When the client will begin receiving the requested service at the time planned and "Yes" was entered beside the requested service in Column 8, enter the first date on which the service will be provided and, if known, the last date. If this is unknown, line out the word "through" at the end of this line.

Line 2. This line will be used for denying services at the time of application and for terminating services after a period of receiving services.

- a) To deny services at the time of application when the client will not be receiving the requested service, enter "No" in Column 8 beside the service, line out the "continue to receive after" option within the bracket and enter the termination date and reason on that same line. The date terminated would be the same as the date requested because the service will not be provided at all.
- b) When the service has been provided but is to be terminated, enter "No" beside the service in Column 8, and on line 2 line out the "receive" option within the bracket and enter last date on which the service will be provided in the space within the bracket. Write in the reason the service will no longer be provided and cite the policy governing the termination of the service. Usually this will be the name and chapter number of the appropriate policy manual.

Line 3. When a client has been receiving a service, which must be reduced, write "Change" in Column 8 beside the affected service and describe the modifications on the line provided.

The worker must enter the date that the decision was made regarding the receipt of service and sign the form. It can then be mailed or given to the client as appropriate.

Line 4. Use this line to notify the client of the amount of the contribution when the client has agreed to share in the cost of the service.

SECTION D. PURCHASE OF SERVICE

This section of the form is to be used for transmitting information to a purchase of service provider. To initiate service provision, line out the "no longer authorized" option within the bracket, enter the name of the service, the effective date, the name of the provider and the Provider ID. To terminate the authorization, line through the "Authorized" option within the bracket. The worker will sign and date the authorization in the space provided in Section E. If more than one service is being provided, photocopy page three of the DSS-5027 prior to entering information in this Section but after all other required information on the rest of the form has been entered. Make a copy for each additional provider and complete this Section on each of the copies as appropriate.

SECTION E. INCOME INFORMATION

This Section is to be completed when income is a condition of eligibility for one or more of the requested services. This Section is blocked out on the provider copy.

SECTION F. WORKERS SIGNATURE

The signature of the Social Worker is required in this Section when either Section C or D is completed.

COMMENTS BLOCK

The comment block next to Section G can be used to identify where to find documentation of continued need for the service, or to provide additional information to the client, etc. The space is blocked out on the Provider copy.

SECTION G. CLIENT'S SIGNATURE

When program policy requires an application for services the client, or someone applying in behalf of the client, must sign and date the form. If the client signs with a mark, a signature of a witness is needed. Enter the date that the client signed the form.

SECTION H. CLIENT INFORMATION

This Section must be completed for all records. All fields require entries except those that are defined as optional or reserved.

- Field 15.** Case Manager Name -- Enter the name of the case manager. It is important to keep this field current because the case management reports from this system, the Child Placement and Payment System (DSS-5094), the Central Registry for Abuse and Neglect Reports (DSS-5104), and, after April 1, 1993, the Adult Protective Services Register (DSS-5026) will be assigned from this field in this system.
- Field 16.** Case Manager's Social Security Number -- Enter the Case Manager's Social Security number. Update this field when Field 15 is updated.
- NOTE:** A county may elect to use an alternative unique 9-digit identifier in place of the worker's Social Security Number provided:
- the county implements this option for **all** workers, simultaneously, and preferably at the beginning of a State Fiscal Year
 - the alternative numbers are unique for each worker and not re-assigned
 - the county maintains a current master list of each worker's name, their true Social Security Number, and the assigned substitute identifier
 - each worker uses the assigned unique substitute identifier consistently whenever a state automated system requires the worker's SSN (including on non-personnel or employment-related forms), and
 - the county notifies both the State DSS office and the DHHS Office of the Controller of the intention to implement the alternative method and obtains approval prior to implementation
- Field 17.** Local Use (Entry Optional) -- The county may use any or this entire field for its own purposes. Either letters or numbers or both may be used. Note: If special reports are needed by the county relating to its own use of this field, please get in touch with the Services Automation Branch (919) 733-7675 to discuss the feasibility of such reports.
- Field 18.** State Use (Entry Allowed Only Under Special Instructions) -- This field is reserved for collecting additional ad hoc information when needed. Refer to Appendix A for additional information regarding this field.
- Field 19.** Special Areas -- Enter the code(s) that reflects special characteristics of the client based on worker judgment, not necessarily legally or medically established definitions. Up to six characteristics or circumstances may be entered for each individual. It is important to enter as many as appropriate because this information is useful for justifying funding needs to meet specific problems.
- Field 20.** Reason -- Enter the reason that best describes why the individual entered the service system. Do not update this field unless the record has previously been closed and is being reopened. It is not meant to track client goals as they evolve through assessment and service provision. Rather, it is to identify what brought the client to the agency for services for each period of service receipt.

- Field 21.** Legal Status -- Enter the code which describes the current legal status of the individual. If none are appropriate, enter the code for Other or Unknown.
- Field 22.** Living Arrangement -- Enter the code which best describes the client's current living arrangement.
- Field 23.** Sex -- Enter the code, which identifies the sex of the client.
- Field 24.** Race -- Enter the code, which identifies the race of the client.
- Field 25.** In School -- Enter 1 for Yes or 2 for No to identify whether the individual is currently attending school on a scheduled basis. Do not take holidays, breaks or summer vacation into consideration.
- Field 26.** Highest Grade -- For individuals who are still in school, enter the grade associated with their current attendance. For individuals who are no longer attending school, enter the highest grade achieved.

[Go to SIS Client Entry Form, DSS-5027](#)

INSTRUCTIONS FOR WORKER DAILY REPORT OF SERVICES (DSS-4263)

Purpose of Form

The Daily Reports will provide information to meet reporting requirements at the Federal, State, and local levels. Several examples are as follows:

1. To compute percentages of time spent by service staff in direct service activities. These percentages will provide the basis for county reimbursement. Along with case record information, the Daily Report will provide documentation for reimbursement and must be maintained for State and Federal audits for a **three-year period**.
2. To determine costs of services delivered, thereby enabling more effective planning and budgeting.
3. To provide data regarding the number of recipients of direct services for various programs for the purpose of federal reporting, program management and planning.

Federal regulations require that salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records. The method used should produce an equitable distribution of time and effort. Although Federal policy, as determined by higher offices and Federal audit agencies, allows the use of alternative methods, North Carolina has consistently determined that the method most beneficial to the counties and the state as a whole, for fiscal and other reasons, requires 100 percent time recording. In order to have a single record, which lists the total of each person's efforts; it is suggested that leave and other administrative type activities also be recorded on the Daily Report of Services. This will permit the direct client activity daily reports to be used as an acceptable time recording system.

Explanation of Reimbursement Process for County DSS's

For purposes of county reimbursement, the percentage of time (direct plus non-direct) spent in each program is calculated on the basis of time spent in direct activities only. Some workers misunderstand this procedure and are concerned that the amount reimbursed will be less if the percentages are not based on all activities (direct and non-direct) or if the worker is engaged in many general administrative activities. This is not the case. For example, during a 9,600-minute month a worker spends 4,800 minutes performing direct SSBG (Title XX) activities and 4,800 minutes performing direct Work First Program activities, the percentage for SSBG (Title XX) would be fifty percent and the percentage for Work First Program would be fifty percent. On the other hand, another worker during the same month spends only 2,400 minutes performing direct SSBG (Title XX) activities, only 2,400 minutes performing Work First Program activities, and the remaining 4,800 minutes were spent on general administrative activities. The percentage would be the same as for the first worker (fifty percent for SSBG and fifty percent for Work First Program). Therefore, it is not necessary, to try to "force" what should be considered a general administrative activity into a definition of direct activity.

By Whom Prepared

All staff having direct client contact and performing client-related service activities as defined in this manual must maintain Daily Reports.

(**Note:** Social Workers for the blind do not complete daily reports.)

In County DSS, staff who are full-time Service Support or full-time Other Administration do not have to maintain Daily Reports. The salary, travel, and benefit monies associated with these positions are prorated based upon percentages calculated from the direct service time of the direct staff.

Following is a list of particular types of county workers, about whom questions have been raised concerning the procedures used for maintaining Daily Reports:

1. In-Home Aides (Agency Staff) - will have to report on the Daily Report (DSS-4263). Workers providing In-Home Aide Services funded through Titles III, V, XIX, or other sources of funds in addition to those administered by the Division must report these services as well, entering Program Code N (Non-DSS Reimbursable) in Item 12 (PGM).

At agency option, 1) the In-Home Aides may report in the same way other Service staff report, i.e., each worker completes a Daily Report by entering information on one line for each client who was provided a service that day, and/or 2) the agency may compile and summarize a single report for all or part of the agency's In-Home Aide staff.

When using the summary option, the In-Home Aides will report to a designated staff who will be responsible for collecting and compiling the information. For this report, each client served during the report period will be listed and the summarized service information for each client will be entered. Counties may schedule this report to cover any period of time up to one month. It must be keyed at least once a month by the cut-off date for the DSS-4263 form to assure that all services provided during the month will have been entered in the system.

Instructions for Completing DSS-4263 for summary reporting option: 1) Enter 000 00 0111 in Item 3 in place of a worker's Social Security number. For each client listed: 2) enter the day that the report was completed in Item 8 (Day), 3) enter the Service code which shows the level of In-Home Aide Services provided in Item 9 (Service), 4) enter the Client ID in Item 10 (Client ID), 5) enter the total number of minutes spent providing the service to that client during the reporting period in Item 11 (Minutes), and 6) enter the appropriate Program code in Item 12 (PGM).

Note: If a client receives more than one level of In-Home Aide Services, or receives the service under more than one Program during the period covered by the report, an additional line(s) must be completed for the client. This holds true for both reporting options.

2. Work First and Food Stamp Workfare - will have to keep Daily Reports. Time spent with clients participating under both the Work First and the Food Stamp Workfare programs must be reported proportionally between the two programs.
3. Services Intake Workers - will keep Daily Reports recording Intake Activities in blocks of time under SSBG. A definition of Services Intake is included in Appendix B under Code 381. (Services Intake is reimbursable at a 75% Federal matching rate.) Only the dates and blocks of time need to be reported for Intake; no client names or recipient categories are necessary. If a worker performs other direct service activities aside from intake, these will be recorded in the usual way on the Daily Report.
4. Combined Income Maintenance and Service Intake Workers - will not have to keep Daily Reports for their intake activities.
5. Service staff at health facilities or other service delivery sites will have to keep Daily Reports. All time spent determining eligibility for services and taking applications, should be considered as Intake or Case Management as appropriate.
6. Transportation Aide - When the activity provided by the driver is transportation services, as defined in Appendix B, daily records are required. A single monthly report for each driver should be completed listing each client only once. In Item 8, enter the last working day of the month. For each client listed, enter the appropriate service code, client ID, and program code. In Item 11, Minutes enter the number of one-way trips the client receives during the month, using the right most spaces of the field. When the only service provided by the transportation aide is transportation, General Administration time should not be reported. It is suggested that the driver complete the client's name with another staff person being responsible for completing the additional items. If in addition to transportation services, other direct activities are performed, the driver will have to report these activities in the same manner as other direct staff (minutes required).
7. Workers providing both direct Services and direct Income Maintenance functions - will have to keep Daily Reports. Time spent in providing direct services activities must be reported on the computerized 2-part DSS-4263 (revised 01/80). Time spent on Income Maintenance activities must be reported on the 1-part Day Sheet (DSS-2203, 10/76) which is maintained in the county.
8. Volunteers, students, interns, etc. will not have to keep Daily Reports. Since these workers are not listed individually on the DSS-1571, Part I. A., and the costs associated with their activities are reported in a lump sum on the DSS-1571, Part II, there would be no way for activities reported by these workers on a DSS-4263 to "match" data in the SIS data base. However, in instances where graduate students are assigned a caseload as part of their placement and provide direct services, such services must be documented in the recipient's case file.
9. ChildCare Coordinators who spend time providing services to eligible individuals must keep a day sheet.

When Prepared

Since North Carolina elects to use 100% time reporting, it is of vital importance that workers complete Daily Reports as accurately and timely as possible. Appropriate and accurate recording of activities is absolutely necessary for Federal reimbursement. Federal recommendations are that workers should record individual entries on the Daily Report as concurrently with their being performed as reasonably possible, at intervals no less than one hour, or at intervals less than one hour if the nature of the activities performed are subject to change more frequently. If alternative formats (notebooks, logs, calendars, etc.) are used by the worker to track activities throughout the day, entries should be recorded as described above, and of sufficient detail so as to allow for reliable and accurate transcription to the DSS-4263 at the end of the day. Whatever method is used to track activities, the Daily Report should be *completed* on a daily basis.

Due Date

The original copy of the Daily Reports of Services to Clients should be collected, reviewed by the appropriate supervisor(s), and sent to the data entry operator on at least a weekly basis and no later than the day following the last working day of the month. The white copy should be kept in the county file.

Special Note on Computer Generated Percentage of Time Report

Computer generated Daily Report summaries will be produced by the Division of Resource Information Management (DIRM) each month and made available to the county departments via NC X/PTR... This report is intended as an aid to the counties in completing the DSS-1571, Statement of Program Expenditures. The NC X/PTR Index name for this report is DHRSY WR001F1 Percentage of Time. **In order to insure that all activities performed during the month will be reflected on the computer generated report, the deadline for entering the Daily Reports in the Services Information System will be the 5th day of the following month or the nearest working day if the 5th day falls on the weekend or on a holiday. The report will be available the next day.**

Error Correction

Individual service entries passing all edits will be added to SIS files. The daily reports with errors will be returned to the worker with the error fields circled in red. Service workers should correct the error fields and resubmit the original daily report. Supervisors should not make corrections on behalf of workers. Daily Reports with errors should be batched separately and returned to Data Entry staff as soon as possible and no later than the 5th day of the following month or the nearest working day if the 5th falls on the weekend or a holiday. Since reimbursement must be based on all activities during the month, special care should be taken to insure that corrections are resubmitted prior to the date of reimbursement.

General Instructions

1. In order to have a single record, all activities (direct, administrative, and leave) should be recorded on the Daily Reports. (Leave without pay - put under comments.)
2. Each direct activity listed should consist of at least 5 minutes. Any activities of shorter duration should be included in a "block" of time using the most appropriate Service Code(s), such as one of the Case Management codes (see 4.a. below).
3. General administrative activities should be tracked throughout the day, but may be recorded in a "block" of time at the end of the day. Identification as to what the block includes may be entered in the Comments block. (See Appendix B for definition of General Administration.)
4. Some Case Management codes (e.g., 380, 386, 522, 580 and 590) may be reported in either of the following ways:
 - a. Add together the time spent in Case Management activities by program at the end of the day. Using this method the columns required to be completed on the DSS-4263 are Day, Service, Minutes, and Pgm.
 - b. List Case Management time by specific client. This method requires all columns on the DSS-4263 to be completed (i.e., day, Service, Client ID, Minutes, and Pgm).

Other Case Management codes require SIS Client ID numbers. Time spent in these activities cannot be reported in a block. Refer to the Appendix B Service Grids for usage requirements for specific codes.

5. To assure proper distribution of time to the appropriate programs, Overtime must be recorded on the Daily Reports. This includes all overtime that is; time for which monetary compensation, compensatory time or no compensatory time is received. A note should be made in the comments section as to the time spent which exceeds the normal workday. When compensatory time is taken, the time should be reported as General Administration (Code 990).
6. It is not necessary to report days on which the agency is officially closed for business, e.g., holidays, snow days, etc.

Instructions for Specific Items

Entries in the shaded items (Items 4 and 6) are not required for SIS; however, they must be completed, as these items will be used for monitoring and auditing purposes. Please do not skip lines. Do not enter more than one service/activity per line. An individual report may contain activities for more than one day; however, do not include services/activities for more than one month on a single form.

Item 1: County Provider Number - Entry Required

Enter the two- (2) character county number preceded by six (6) blanks. (See Appendix A, for appropriate county numbers.)

Item 2: Month/Year - Entry Required

Record the month and the year of the Daily Report. Use a leading zero for all months less than 10.

Item 3: Worker SSN - Entry Required

Record the Social Security Number, or alternate unique 9-digit identifier (see section DSS-5027, pg. 8, "Field 16" instructions) of the worker preparing the report. Special care should be taken to ensure that this number is the same as recorded on the DSS-1571, Statement of Program Expenditures.

Item 4: County Provider Name

Enter the name of the county or provider as applicable.

Item 5: Worker Name - Entry Required

Enter the last name, first initial and middle initial of worker.

Item 6: Client Name

Enter client's name. When two or more workers are providing the same service to a client, each worker should record this information on their individual daily reports.

Item 7: Line Number

Line numbers are preprinted and are used for Key punch purposes.

Item 8: Day - Entry Required

Enter the day of the month on which the service was provided to the client. Use leading zero for all days less than 10.

Item 9: Service - Entry Required

Enter the appropriate three (3) digit code for the service being provided. (See Appendix B for service codes and definitions.)

Instructions for Reporting Information and Referral Activities

When information about available services and/or referral to other services is provided in the course of the delivery of a particular discrete service, the time spent should be coded as the provision of that service.

When information about available services and/or referral to other services is provided as a part of planning and directing the provision of social services, but not in the course of the delivery of a particular discrete service, the time spent should be coded to the appropriate Case Management Service Code.

When information about available services and/or referral to other service providers is provided to an individual as a part of the agency's intake function other than CPS, APS or Work First, the time spent should be coded to Service Intake - Code 381.

Item 10: Client ID - Entry Required (See Note for exceptions)

Record the eleven- (11) digit identification number assigned to the client. Special care should be taken to ensure the number recorded is the number shown on the DSS-5027 for the client. This number will be used to cross-reference the Daily Report with the client database.

Special Instructions for Work First Staff - The participant's EIS Individual ID number is used to report time spent with participants and family members who receive Work First Employment services to support the participant's Employability Plan.

If a client receives more than one service at one time, it is not necessary to repeat the Client ID number on each line. Record the ID number for the first service reported and draw a line down the Client ID column. All other information (Date, Service, Minutes, and Pgm) is required for each separate line.

Item 11: Minutes - Entry Required

Use the rightmost spaces leaving the unused spaces to the left blank to record the number of minutes spent in performing the activity reported in Item 9 (Service). Time should be recorded only for Programs or Activities as outlined above. Each direct activity listed should consist of at least 5 minutes. Activities of less than 5 minutes may be summed in one or more "blocks" of time at the end of the day, using the appropriate Service Code(s).

When a worker provides services to two or more clients at the same time, all clients involved should be reported on the Daily Report with the time spent divided equally (if the same amount of time was spent with all clients).

Item 12: Program - Entry Required

Enter one of the following codes to indicate the Program:

FULL TITLE	CODE
Able-Bodied Adults Without Dependents (ABAWDS)	3
Adolescent Parenting Program – Medicaid*	A
Adolescent Parenting Program - Non Medicaid*	Y
Adult Protective Services State Fund*	J
Child Care and Development Fund	L
Community Child Protection Fund*	M
Crisis Intervention Program (CIP)	E
Family Planning	F
Family Preservation Fund*	Q
Federal Adoption Incentive Fund*	22
Food Stamp Employment and Training	S
Food Stamp Workfare	D
General Administration	G
In-Home Aide Services - HCCBG Option A Reporting	H
In-Home Aide Services - HCCBG Option B Reporting	U
In-Home Services – Age 17 and Under (State In-Home Services Fund)	C
In-Home Services – Age 18 through 59 (State In-Home Services Fund)	B
In-Home Services – Age 60 and Over (State In-Home Services Fund)	I
IV-B1 (Family to Family – Casey Foundation)*	30
IV-E Administrative Activities	Z
IV-E Waiver - Eligible*	7
IV-E Waiver - Non-Eligible*	8
LINKS	K
Medicaid Case Management (At-Risk or Adult Care Home)	2
Medical Transportation	T
Non-DSS Reimbursable	N
Permanency Planning – Families for Kids	P
Repatriation Funds	50
Smart Start*	4
SSBG Services	X
State Adult Homes Specialist Fund	O
TANF 100% Federally Funded	R
TANF CPS FC/Adopt	0
TANF Domestic Violence	10
TANF Transferred to SSBG	V
Work First Block Grant	9
Work First Non-DSS Reimbursable	W

* Used only by applicable counties.

- a) The Services Information System has been designed to accept only those program code/service code combinations, which are allowable under services program guidelines. Please refer to Appendix B for identification of the possible program code/service code combinations.
- b) Family Planning: For Daily Reports purposes Family Planning is to be considered a Program using Code F. In addition, Code 080 should be entered in Item 9 (Service).
- c) Home and Community Care Block Grant: Counties reporting HCCBG data under Option A will use Program Code H for all In-Home Services to be claimed under the HCCBG. Counties reporting under Option B will use Program Code U to report services to be reimbursed under the allocation of funds which were previously administered by the DSS, and Program Code H for the allocation of other HCCBG funds.
- d) Definition of Non-DSS Reimbursable (N): Includes activities funded by other Federal or non-Federal sources that are not normally matched by the State Division of Social Services, but are under the direct supervision of the county department of social services. Include service activities which are 1) not allowable under any of the specific Programs listed above; 2) services provided to persons not eligible under any of these programs; or 3) services provided to person eligible under SSBG funds but that are funded by other sources.

Examples for reporting N:

- 1) Time spent in providing County General Assistance. However, if a County General Assistance payment is initiated and provided by service staff as integral to the delivery of services, County General Assistance time need not be reported separately. (See County Letter FS-6-73.)
- 2) Activities in providing services to a person that are funded with a Community Based Alternative grant (or any other special grant).
- 3) The activities of completing and reviewing Form DSS-6847 (these are case management activities associated with the State Abortion Fund and coded as 385) must be coded "N" in the program column of the DSS-4263.
- 4) When reimbursement is expected from Medicaid funds for services reimbursable from the Community Alternative Programs or from Medicaid Personal Care Services.
- e) When services are provided to applicants during the period in which eligibility is being established, code the program that is most likely to be established for the applicant.
- f) Crisis Intervention program activities are not reimbursable under any services funding. It is only reimbursable under the Low Income Energy Assistance Program.
- g) Program Codes B, C, and I are to be used on the DSS-4263 to report any of the following services when they are to be provided under the State In-Home Services Fund. Program Code X is to be used when the following services are to be provided under SSBG funding:

041	Level I Home Management
042	Level II Personal Care
043	Level II Home Management
044	Level III Home Management
045	Level III Personal Care
046	Level IV Home Management
140	Housing and Home Improvement Services
180	Preparation and Delivery of Meals
250	Transportation (In support of In-Home Services only.)
386	In-Home Services Case Management

Special Instructions for Completing the DSS-4263

When providing In-Home Services to children:

- 1) Classify the child under the In-Home Services-Age 17 and Under (Program Code C) when the service is to be funded by the State In-Home Services Fund, or
- 2) classify the child under SSBG (Program Code X), when the service is to be funded by SSBG

When providing In-Home Service to adults:

- 1) Classify the adult in relation to age, i.e., either In-Home Services-Age 18 through 59 (Program Code B) or In-Home Services-Age 60 and Over (Program Code I), when the service is to be funded by the State In-Home Services Fund, or
- 2) classify the adult under SSBG (Program Code X), when the service is to be funded by SSBG, or
- 3) If the service is In-Home Aide Services to be charged to the Home and Community Care Block Grant, classify the adult under the HCCBG Options (Program Codes H or U).

From this information, the Percentage of Time Report will identify staff time applied to children's programs, the HCCBG Options, the WORK FIRST Program and to clients by age grouping. This report can be used by the county to determine the amounts of reimbursement to be claimed from each of the funding sources, which can be used for In-Home Services

Item 13: County Use

Three (3) characters are provided for local use. The three characters may be used by the county to record any useful information about the service or may be left blank.

Item 14: Comments

This column should be used to enter the comment that the time reported is overtime or any clarifying comments, which the worker feels, are pertinent.

Worker Certification Statement

After the worker completes all entries on the Daily Report the form should be signed in the space at the bottom of the form to certify the accuracy and completeness of the information provided. This is a Federal requirement.

[Go to Worker Daily Report of Services to Clients, DSS-4263](#)

County Automated Systems and Daily Report of Services

Some counties have developed and implemented their own automated case management systems, including automated Daily Reports. While this is an acceptable alternative to the conventional hard copy DSS-4263, care must be taken to adhere to the policies and procedures outlined in this manual. This section will address some common questions and issues concerning automated Daily Reports.

County “Daysheet” FTP Process

Counties with automated Daily Report systems may opt to upload their monthly data in a single batch file to the State mainframe via an established File Transfer Protocol (FTP) process. This method eliminates the need for duplicate keying of Daily Report information into both the local and the State systems. Counties interested in implementing this option should contact the Performance Reporting and Automation unit of the DSS Performance Management Section well in advance of the intended target implementation date for instructions, procedures and requirements for the data file to be transferred.

Automated Daily Reports

Electronic versions of the DSS-4263 must include all of the same fields and data as required by the hard copy version. The file layout for the daysheet data output from the county system is available from the Performance Reporting and Automation unit of the DSS Performance Management Section.

Form Numbers for electronic versions of the DSS-4263 may be generated by the county system, but should be unique at least within a single report month.

Worker Certification, although not transmitted in the file uploaded to the State mainframe, is still **required** for electronic versions of the Daily Report. Counties have several alternatives to satisfy this Federal requirement including:

- Use of an “electronic signature” or PIN, in conjunction with a certification statement viewed by the worker, that is submitted along with each form the worker enters into the system
- Use of a printout displaying all information from all entries submitted by a worker for a specific time period (e.g., each week, or the entire month), including a certification statement that could be signed by the worker
- Use of a form that can be cross-referenced to the information entered into the system by the worker (date & time of entry, time period for data entered, form number, etc.) that includes a certification statement that can be signed and dated by the worker
- Inclusion on the “Submit screen” (adjacent to the “Submit button”, or in a pop-up window) of the automated Daily Report form, a statement confirming that, by proceeding with the submission process, the worker is certifying the completeness and accuracy of the information being submitted.

For detailed information or answers to specific questions concerning the above information, contact the Performance Reporting and Automation unit of the DSS Performance Management Section.

Appendix B

Service Codes and Definitions

Included in Appendix B are all of the service codes used 1) to complete or add services to the Service Plan Section or the DSS-5027 and 2) to report service activities on the DSS-4263.

Appendix B is organized as follows:

Part I.	Family Support/Child Welfare Services
Part II.	Adult Services
Part III.	General Services
Part IV.	Intake and Case Management
Part V.	Other Administrative Activities
Part VI.	Long-Term Care Screening Program
Part VII.	Food Stamp Employment & Training and Workfare
Part VIII.	Family Support/Work First Services

The format of the service code definitions is not necessarily synonymous with the format of the service definitions in services manuals. This is because, for program and accountability purposes, some parts of some services must be broken out and reported separately. In addition, the codes for certain services/elements are reported only on the DSS-5027, and the codes for certain service worker activities are reported only on the DSS-4263.

Appendix B also contains service codes for "other Non-DSS Reimbursable Services". These codes are available for use in reporting activities in service programs that 1) are funded by Federal or non-Federal funding sources not administered by the Division of Social Services, and 2) are under the direct supervision of the county department of social services and are provided directly to clients by service workers of the county department of social services, and 3) involve service activities which are not comparable to activities defined under any other service code in Appendix B. The definitions of "Other Non-DSS Reimbursable Service" codes are designated by the county department of social services. County departments of social services may designate one of these service codes for all "Other Non-DSS Reimbursable Services" or may designate one code for each "Other Non-DSS Reimbursable Service". For purposes of the Services Information System, these codes are to be used to record any "Other Non-DSS Reimbursable Service" in a Client's service plan (DSS-5027) and to report time spent by service workers in "Other Non-DSS Reimbursable Service" activities. Inasmuch as these codes represent "Other Non-DSS Reimbursable Services" provided directly by county staff, they are not to be used for reporting non-DSS reimbursable purchased services on the DSS-1571.

NOTE: IV-E Reimbursement For Program Administration

The following special considerations are to be taken into account in coding Child Protective Services, Foster Care Services for Children and Adoption Services. Eligible services should be charged to IV-E (program code Z) whenever permissible. For example, service code 109 with program code Z can always be used when establishing *initial* eligibility for IV-E, whether or not the child is eventually determined to be IV-E eligible. However, when redeterminations of eligibility are performed, only redeterminations for IV-E eligible children may be charged to program code Z, using the appropriate service code.

Allowable costs for activities such as recruitment, licensing, and training foster and adoptive parents that are not linked directly to a child's eligibility must be allocated to the Title IV-E program code Z by program staff. Fiscal staff may then decide which funding source to apply for the non-IV-E share. The percent of allowable charges to IV-E is based on the statewide percentage of the children in DSS custody that are IV-E eligible. The percentage rate changes from month to month and may be accessed by contacting the NC Controller's website at <http://www.dhhs.state.nc.us/control/> and following the appropriate prompts.

Service Codes

I. FAMILY SUPPORT/CHILD WELFARE SERVICES

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Adoption Services For Children						
Diagnostic and Treatment Services (Non-Residential) -Adoption	005	005	Yes	005	Yes	N,P,R,V,X,0,7,8,9,22
Adoption Case Management	009	009	Yes	009	Yes	K,N,P,R,V,X,Z,0,7,8,22
Adoption Services	010	010	Yes	010	Yes	N,P,R,V,X,0,7,8,22
General Recruitment, Assessment and Training of Adoptive Parents		011	No	011	No	K,N,P,R,V,X,Z,0,7,8,22
Adoption Assistance Case Management	012	012	Yes	012	Yes	K,N,P,R,V,X,Z,0,7,8,22
Child Specific Recruitment, Assessment and Training of Adoptive Parents	013	013	Yes	013	Yes	K,N,P,R,V,X,Z,0,7,8,22
Post Adoption Case Management	016	016	Yes	016	Yes	K,N,P,R,V,X,Z,0,7,8,22
Adoption Case Planning/Case Management	019	019	Yes	019	Yes	K,N,P,R,V,X,Z,0,7,8,22
Preparation for and Participation in Judicial Determinations-Adoptions	028	028	Yes	028	Yes	N,P,R,V,X,Z,0,7,8,22
Foster Care Services For Children						
Diagnostic and Treatment Services (Non-Residential) -Foster Care	100	100	Yes	100	Yes	A,N,P,R,V,X,Y,0,7,8,9,22
Foster Care Assistance Eligibility		101	Yes	No	No	A,N,P,V,X,Z,Y,7,8,22
Foster Care Training		102	No	102	No	A,K,N,P,R,V,X,Z,Y,0,7,8,22
General Recruitment, Assessment and Training of Foster Parents		103	No	103	No	K,N,P,R,V,X,Z,0,7,8,22
Foster Care Special Services				104	Yes	R,V,0,9
Foster Care Optional Elements				105	Yes	R,0
Foster Care Case Management	109	109	Yes	109	Yes	A,K,N,P,R,V,X,Z,Y,0,7,8,9,22
Child Specific Recruitment, Assessment and Training of Foster Parents	113	113	Yes	113	Yes	N,P,R,V,X,Z,0,7,8,22
Foster Care Case Planning/Case Management-Team Setting	119	119	Yes	119	Yes	K,N,P,R,V,X,Z,0,7,8,22
Preparation for and Participation in Judicial Determinations-Foster Care	128	128	Yes	128	Yes	N,P,R,V,X,Z,0,7,8,22
Independent Living Trust Fund	130			130		(EFT process with State office approval only)
LINKS Outreach Services	132	132	No	132	No	K,N
LINKS Transitional Services	133	133	Yes	133	Yes	K,N,R,X,0
LINKS Transitional Housing Funds	134	134	Yes	134	Yes	K,N
LINKS Services to Current/Former Foster Youth 13-15	135	135	Yes	135	Yes	A,K,N,P,X,Y,Z,7,8
LINKS Services to Youth ages 16-21 who are or were in DSS Custody	136	136	Yes	136	Yes	A,K,N,P,X,Y,Z,7,8

I. FAMILY SUPPORT/CHILD WELFARE SERVICES (continued)

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Protective Services For Children:						
CPS – Investigative Assessment	210	210	Yes	No	No	R,0,7,8,9,22
CPS – Intake		211	No	No	No	R,0,9,22
CPS – Medical, Psychological, and Medico-Legal Diagnostic Services				212	Yes	P,R,X,Z,0,7,8,9,22
CPS – Case Planning And Case Management (Child Defined as Reasonable Candidate For Foster Care)	215	215	Yes	No	No	N,R,X,Z,0,9
Protective Services for Children-Team Setting	219	219	Yes	219	Yes	P,R,X,Z,0,7,8,22
Unsuccessful Efforts to Locate Alleged Victim Child		220	No	No	No	0,R
Preparation for and Participation In Judicial Determinations In Juvenile Court (Preplacement)		228	Yes	No	No	Z,22
Other Court Related Activity (Preplacement)		229	No	No	No	A,K,P,R,Y,0
Diagnostic and Treatment Services (Non-Residential) -CPS	230	230	Yes	230	Yes	N,P,R,X,0,7,8,9,22
General Services For Children						
Delinquency Prevention	050	050	Yes	050	Yes	N,P,X,7,8,22
Family Reunification Services	120	120	120	120	Yes	A,K,N,P,Q,R,X,Y,0,7,8,9,22
Family Preservation Services	121	121	Yes	121	Yes	A,K,N,P,Q,R,X,Y,0,7,8,9,22
Family Support Services	122	122	Yes	122	Yes	A,K,N,P,Q,R,X,Y,0,7,8,9,22
Intensive Family Preservation Services	123	123	Yes	123	Yes	A,K,N,P,Q,R,X,Y,0,7,8,9,22
IFA Camping Component	241			241	Yes	R,0,9
Residential Treatment For Emotionally Disturbed	293			293	Yes	R,0
Evaluation Activities for Child Welfare Programs		320	No	320	No	K,N,P,X,Z,7,8,22
Other Child Welfare Services	390	390	Yes	390	Yes	N,P,R,V,0,7,8,9,22

II. ADULT SERVICES

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Day Care For Adults – Daily Care	030			030	Yes	
Day Care For Adults – Recruitment		031	No	No	No	N,X
Employment And Training Support	070	070	Yes	070	Yes	A,K,N,P,X,Y,7,8
Adult FC Recruitment and Evaluation		091	No	No	No	N,O,X
Adult Placement Services	095	095	Yes	No	No	N,X
Guardianship	107	107	Yes	No	No	N,X
Day Health For Adults	155			155	Yes	
Protective Services For Adults						
PS For Adults – Intake		200	No	No	No	J,N,X
PS For Adults – Evaluation	202	202	Yes	No	No	J,N,X
PS For Adults – Planning and Mobilizing	204	204	Yes	204	Yes	J,N,X,2
Resident Evaluation Identification and Prescreening Services	393	393	No	393	No	2
Resident Evaluation Services	394	394	Yes	394	Yes	2
Adult Care Home Case Management	396	396	Yes	396	Yes	2,N
Adult Care Home Screening		397	No	No	No	2,N

III. GENERAL SERVICES

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
In-Home Aide Services:						
Level I Home Management	041	041	Yes	041	Yes	A,B,C,H,I,K,N,P,R,U,X,Y,0,7,8,9
Level II Personal Care	042	042	Yes	042	Yes	A,B,C,H,I,K,N,P,R,U,X,Y,0,9
Level II Home Management	043	043	Yes	043	Yes	A,B,C,H,I,K,N,P,R,U,X,Y,0,9
Level III Home Management	044	044	Yes	044	Yes	A,B,C,H,I,K,N,P,R,U,X,Y,0,9
Level III Personal Care	045	045	Yes	045	Yes	A,B,C,H,I,K,N,P,R,U,X,Y,0,9
Level IV Home Management	046	046	Yes	046	Yes	A,B,C,H,I,K,N,P,R,U,X,Y,0,9
Health Support – Family Planning	080	080	Yes	080	Yes	A,F,N,X,Y
Health Support Services:	110	110	Yes	No	No	A,N,P,X,Y,7,8
Housing and Home Improvement	140	140	Yes	140	Yes	A,B,C,I,N,P,R,X,Y,0,7,8,9
Personal And Family Counseling	170	170	Yes	170	Yes	A,N,P,R,X,Y,0,7,8,9
Preparation And Delivery of Meals	180	180	Yes	180	Yes	B,C,I,N,X
Problem Pregnancy Services	190	190	Yes	190	Yes	A,N,P,X,Y
Transportation Services	250	250	Yes	250	Yes	A,B,C,I,K,N,P,X,7,8
Transportation Services	250	250	Yes	250		T (Report purchased costs only on DMA-2055)
Health Support – Mobility				281	Yes	
Health Support – Companionship				282	Yes	
Health Support – Special Health Needs				284	Yes	
Health Support – Communication Assistance	285	285	Yes	285	Yes	A,N,X,Y
Community Living Services	303			303	No	
Individual And Family Adjustment	330	330	Yes	330	Yes	A,K,N,P,R,X,Y,0,7,8,9
Individual And Family Adjustment Representative Payee	331	331	Yes	No	No	N,R,X,0,9
Individual And Family Adjustment Paraprofessional Services	332	332	Yes	332	Yes	K,N,P,R,X,0,7,8
TANF Domestic Violence Case Management	350			350	Yes	10
TANF Domestic Violence Case Management	350	350	Yes	No	No	N
TANF Domestic Violence Emergency Assistance	351			351	Yes	10
At Risk Case Management Services	395	395	Yes	No	No	N,2

IV. INTAKE AND CASE MANAGEMENT

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Case Management		380	No	No	No	A,K,N,P,T,X,Y,7,8
Case Management	380	380	Yes	No	No	R,0,9
Service Intake		381	No	No	No	A,N,P,R,T,X,Y,0,9
Case Management – State Abortion		385	Yes	No	No	N
Case Management –In-Home Services	386	386	No	386	No	B,C,I,N,X
Case Management –In-Home Services	386	386	Yes	386	No	R,0,9

V. OTHER ADMINISTRATIVE ACTIVITIES

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
County General Assistance		980	No	No	No	N
General Administration		990	No	No	No	G
Crisis Intervention Program		991	No	No	No	E,N
Child Day Care Services Delivery		816	No	No	No	L,N,X
Child Day Care Program Management		002	No	No	No	L,N,X
Other Non-DSS Reimbursable Service	781	781	No	No	No	N
Other Non-DSS Reimbursable Service	782	782	No	No	No	N
Other Non-DSS Reimbursable Service	783	783	No	No	No	N
Other Non-DSS Reimbursable Service	784	784	No	No	No	N
Other Non-DSS Reimbursable Service	785	785	No	No	No	N
Other Non-DSS Reimbursable Service	786	786	No	No	No	N
Other Non-DSS Reimbursable Service	787	787	No	No	No	N
Other Non-DSS Reimbursable Service	788	788	No	No	No	N
Other Non-DSS Reimbursable Service	789	789	No	No	No	N
Adolescent Parenting Admin Act.		804	No	No	No	A,N,Y

VI. LONG TERM CARE SCREENING PROGRAM

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Case Management	610	610	Yes	No	No	N,X

VII. FOOD STAMP EMPLOYMENT & TRAINING AND WORKFARE

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Assessment And Development E&T Plan	505	505	Yes	No	No	D,N
Employment and Training Services	515	515	Yes	515	Yes	D,N,S
Transportation	567	567	Yes	567	Yes	D,N,S
Employment Case Management		580	No	No	No	D,N,S
Employment Programs Intake		581	No	No	No	D,N,S
Work Site Development and Management		582	No	No	No	D,N
Program Development		583	No	No	No	D,N
ABAWDS Case Management		590	No	590	No	3
ABAWDS Work Site Development, Placement And Management	591	591	Yes	591	Yes	3
ABAWDS Education Development, Placement, And Management	592	592	Yes	592	Yes	3
ABAWDS Training Development, Placement And Management	593	593	Yes	593	Yes	3

VIII. FAMILY SUPPORT/WORK FIRST SERVICES

SERVICE	DSS 5027	DSS4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Work First Information/Referral		520	No	520	No	R,9,W
Child Care		521	No	521	No	R,9,W
Case Management Without Eligibility Determination		522	No	522	No	R,9,W
Adult Care	523	523	No	523	Yes	R,9,W
Education/Training				527	No	R,9,W
Work First Transportation Services ¹	532	532	Yes	532	No	R,9,W
Participation Expenses	537			537	No	R,9,W
Transportation Retention Services	541			541	Yes	R,9,W
Child Care Retention Services	542			542	Yes	R,9,W
Other Retention Services	543			543	Yes	R,9,W
On-The-Job Training	544	544	Yes	544	Yes	R,9,W
Work First Eligibility Determination		545	No	No	No	R,9,W
Job Development and Placement	546	546	No	546	No	R,9,W
Job Search/Job Readiness	547	547	No	547	No	R,9,W
Non-Custodial Parents Case Management	548	548	Yes	548	Yes	R
Non-Custodial Parent Child Care	549			549	Yes	R
Mental Health Services	551	551	Yes	551	Yes	R,9,W
Substance Abuse Services	552	552	Yes	552	Yes	R,9,W
Subsidized Employment	553	553	Yes	553	Yes	R,9,W
Other Supportive Services	554	554	Yes	554	Yes	R,9,W
Non-Custodial Parent Other Work Related Expenses	555			555	Yes	R
Fraud Activities		557	No	No	No	R,9,W
Case Mgt. Retention Services	558	558	Yes	558	Yes	R,9,W
Child And Family Enrichment Services	561	561	No	561	No	R,9,W
Pregnancy Prevention Services	562	562	Yes	562	No	R
Individual Development Account Expenses				566	Yes	R,9,W
Non-Custodial Parents – Transportation	569			569	Yes	R
Job Access Transportation Services – Non-Custodial Parents	570			570	Yes	R
Job Access Transportation Services – Current Work First Recipients				571	Yes	R
Job Access Transportation Services – “Other” Recipients	572			572	Yes	R
Medical Insurance Premiums	573			573	Yes	9
Housing Subsidies That Do NOT Meet Federal Definition of “Assistance”	574			574	Yes	9
Work First Housing Expenditures – Other Than Housing Subsidies	575	575	Yes	575	No	R,9
Housing Subsidies That Meet the Federal Definition of “Assistance”	576			576	Yes	9

*When a CLIENT ID# REQ'D is required on the Day Sheet and there is no policy requirement for using a SIS Client ID, use the EIS Individual ID # (10-digit number and last digit blank in column 10 on the DSS-4263)

*NOTE: If it is a Purchased service and does not require a Client ID, it goes on the DSS-1571 Part II. If an ID is required it goes on the DSS-1571 Part IV

¹ DSS-5027 and DSS-4263 required for 532 – Work First Transportation Services effective Sept. 1, 2004.

Definitions

I. FAMILY SUPPORT/CHILD WELFARE SERVICES

005 – Diagnostic and Treatment Services (Non-Residential) – Adoptions – Direct Outpatient psychological, clinical, or therapeutic counseling or treatment provided to a child in a structured individual or group session by a qualified professional for the purposes of ameliorating or remedying personal problems, behaviors, or home conditions that endanger the stability of the adoptive placement. This code should not be used when a worker is making a referral for these services to be provided to the client, or is otherwise referring the client to these services.

This code can only be used when Medicaid funding is not available.

009 – Adoption Case Management – This includes a broad range of activities related to supervising the care of the child and managing the case plan and case reviews. For children for whom the court-approved plan is adoption, or both parents' rights have been terminated by TPR or voluntary relinquishment. This includes time spent on:

- Preliminary discussion with the child and/or birth family about possible adoptive placement resources when placement is necessary;
- Referral to, coordination with, and utilization of community based treatment services.
- Referral to community based adoption stabilization and support services.
- Provision of information prior to the final decree of adoption to help the child and family understand aspects of the child's biological/cultural heritage and life experiences that will require sensitive support.
- Provision of information, instruction, guidance, and mentoring to the child and/or adoptive parents prior to finalization of the adoption.
- Travel involved in adoption preparation case management.
- Case documentation involved in adoption preparation case management.

010 – Adoption Services means social casework and other diagnostic and treatment services to prepare the child and prospective parents for placement; casework services to the child and adoptive parents to support and maintain the supervision and reports to the court; casework counseling and court related services in independent placements and in adoptions by stepparents and relatives as required by statute; and casework services to facilitate interstate and intercountry adoptions including those activities required to bring such interstate planning and placements into compliance with the interstate compact on the placement of children; and the provision of post-adoption services including, but not limited to, casework services designed to support the achievement of long range adjustment between the child and members of the adoptive family and to assist the adoptee to gain understanding of his biological heritage to the extent allowed by law. At its option, the county may provide payment of costs incidental to preplacement and placement visits as a resource to facilitate the provision of adoption services, and payment of the cost of legal services to facilitate legal adoption of a child.

Special Instructions: Stepparent and independent adoptions may not be coded to Program Codes R (100% Federal TANF) or 0 (TANF CPS & FC/Adop) because there is no emergency situation present.

113 - Child-Specific Recruitment, Assessment, and Training of Foster Parents – Activities include:

- Recruitment and assessment of relatives, kin, or other individuals as potential foster parents for a specific child in agency custody, including development and distribution of preplacement information regarding specific children.
- Pre-placement training of relatives, kin, or other individuals who have been selected as potential foster parents for specific children.
- Post-placement training of foster parents to improve the scope, nature and quality of care provided to children in their care.
- Social worker travel associated with recruitment, assessment, and training of foster parents for a specific child.
- Documentation associated with child-specific recruitment, assessment, training of foster parents.

119 - Foster Care Case Planning/Case Management-Team Setting

Planning, arranging, and conducting multidisciplinary assessment and planning team meetings on behalf of specific children in agency custody whose permanent plan goal is other than adoption, including but not limited to:

- Day One conferences;
- Community Assessment Teams;
- Permanency Planning Action Teams;

120 – Family Reunification Services are services to address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act.

121 – Family Preservation Services are services for children and families (including adoptive or extended families) designed to help families that are at risk of or in crisis. These services include, but are not limited to, 1) permanency planning services, 2) preplacement prevention services, 3) respite care and 4) parenting support services.

122 – Family Support Services are community based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.

123 – Intensive Family Preservation Services are family focused, community based crisis intervention services that are designed to maintain children safely in their homes and prevent unnecessary separation of families. Such services are characterized by very small caseloads for workers, short duration of services, 24-hour availability of staff, and the provision of services primarily in the child's home or in another familiar environment.

128 - Preparation for and Participation in Judicial Determinations-Foster Care – Activities include:

- Preparation for and participation in court, e.g. petitions, motions, reviews, and court reports
- Travel associated with preparation and participation for judicial determinations.

190 – Problem Pregnancy Services means services to individuals who are involved with an undesired pregnancy. Services include counseling to assist such individuals in looking at alternative solutions to the unwanted pregnancy (e.g., abortion, adoption, or keeping the baby), and at the probable consequences of each alternative; and assistance in arranging for and utilizing other needed services. Residential care, including a concentrated regimen of services as described above, room and board for up to six months, medical supervision, and medications required for health maintenance in pregnancy as prescribed by a physician may be provided when such care is provided in an approved living arrangement. Psychiatric counseling specifically related to help in coping with the pregnancy might also be included as an integral but subordinate part of the regimen of residential services.

250 – Transportation Services means providing transportation as part of a service plan to enable individuals for whom transportation is not otherwise available to have access to medical and health resources, shopping facilities, education, recreational and employment and training opportunities, and other community facilities and resources, and to support the delivery of other social services.

Special Instructions: The activities of services staff in arranging for and helping clients utilize transportation is not included in the definition of Transportation Services. Code 250 is used by agency service staff to report on the DSS-4263 only that time spent in direct provision of transportation.

Purchased Transportation Services charged to Program Code T – Title XIX Medicaid Transportation should **not** be reported on the DSS-1571 Part IV, but reported **only** on the DMA-2055.

281 – Health Support Services – Mobility Assistance (Optional Resource) means mobility assistance for aging, disabled and handicapped persons, through the installation of ramps, rails and other safety measures at the individual's home and the provision of escort service to health facilities and other needed resources for individuals unable to travel or wait alone.

Special Instructions: Activities of Services staff in arranging for mobility assistance is not included in the definition of the Service. Code 281 is used on the DSS-4263 only by agency staff directly engaged in installation or escort activities.

282 – Health Support Services – Companionship Services (Optional Resource) means arranging for or providing friendly visitors or companions for part of a day to assist individuals who, because of fragility, physical or mental disability or social isolation, have limited contacts with other people. Such companionship service offers mental and physical stipulation and provides an opportunity for observation as to the need for professional help of any kind.

284 – Health Support Services – Special Health Needs (Optional Resource) means provision of special health needs and supplies such as ostomy supplies, oxygen, bandages, orthopedic and other appliances needed by aging and disabled individuals in their own homes and not available through Medicaid, Medicare or resources without cost.

VII. FOOD STAMP EMPLOYMENT & TRAINING AND WORKFARE

505 – Assessment And Developing Of Employment And Training means activities to collect information about a client in order to evaluate the client's potential and suitability for Food Stamp Workfare participation. Activities include analyzing the client's work history, personal and medical conditions, educational background, special skills, interests, and attitudes. Activities also include identifying barriers and strengths and supportive services needed in order to enhance the client's program participation and employment goal. Development of the employment and training plan is covered under this definition. Also included are pre-assessment activities such as the review of the case record and informal notes, discussion with other staff members, visits with the individual in his/her home, determination of realistic personal, familial, and employment goals, and discussion of the work program and the rights and responsibilities of the individual (i.e., orientation to the program).

515 – Employment And Developing Of Employment And Training means services provided as part of an individual service plan to enable Food Stamp Workfare participants to secure or maintain paid employment or training leading to such employment. Services include counseling to explore with the individual his current readiness or potential for employment and to assess the feasibility of seeking training or employment in relation to the total needs of the family; providing information about and referral to training programs and possible sources of diagnostic assessment of health, mental health, learning and other limitations that affect involvement in training or employment; counseling and information to encourage and support the individual's employment objectives with respect to such topics as grooming, how to use available resources, employer expectations, and solving work related problems, and arranging for the provision of services needed to remove personal and family barriers to training and stable employment.

For purposes of employment programs, this service includes the following activities which are directed toward alleviating specific barriers to the individuals employment or training plan: providing information about and arranging for day care services for children, family planning, and vocational rehabilitation services, and provision of educational support, home management and maintenance services, health related services and housing and home improvement services.

Also included are payments for essential expenses, other than transportation expenses, required for participation in job preparation activities and/or to meet worksite requirements, e.g., fees for job preparation training, uniforms, shoes, medical exams.

567 – Transportation Services means arranging for or providing transportation as part of a service plan to enable Food Stamp Workfare participants for whom transportation is not otherwise available to have access to medical and health resources, shopping facilities, and other community facilities and resources, and other employment and training opportunities except transportation to access education and training as defined under Employment and Training Services - Education and Training.

VIII. FAMILY SUPPORT/WORK FIRST SERVICES

520 – Work First Information/Referral - Includes providing information about the Work First Program to Work First Family Assistance recipients and the general public. Activities include but are not limited to, providing an explanation of Work First, including employment services, support services available to Work First families, non-custodial parents or former Work First families with income at or below 200% of the poverty level, assistance with child support, and temporary cash assistance, and a general overview of participant and agency responsibilities. Referrals to other programs and resources may also be included.

Also included is time spent identifying and developing community resources for work and work-related activities and supportive services. This includes working with businesses, establishing and supporting local business councils, working with the Faith Community and other non-profit organizations. Faith and community liaisons should generally use this code to record their time.

Activities include explaining program policy to agency providers, developing memoranda of understanding with local agencies, and monitoring feedback. Accessing labor market information, public awareness, posting worksite and employment opportunities are included in this service. General development and negotiation of OJT and Job Development and Job Placement contracts are included in this activity.

If your agency contracts for these services, use this code also.

No client ID is needed. One entry on the DSS-4263 can be used to record total Work First Information/Referral time for the entire day.

521 - Child Care – is the provision of an organized program of activities utilized for the purpose of enabling a Work First participant to participate in activities outlined in the Mutual Responsibility Agreement, when the individual's presence would otherwise be required in the home to care for the child. Food services to provide nutritional meals and snacks and transportation to and from the facility may also be included. Staff who are responsible for arranging Child Care for Work First families may use code **521** to report this service. If the Work First case manager provides this service, it is considered case management.

No client ID is needed.

522 - Case Management Without Eligibility Determination means planning and directing the provision of, and/or directly providing services by Work First staff with case management responsibilities as defined in Work First policies and procedures. These staff do not determine eligibility for Work First Family Assistance. Activities include ongoing evaluation of the individual's current program participation and service needs and appropriate modifications to the Mutual Responsibility Agreement. This also includes providing the appropriate assistance to enable the participant to assume responsibility for identifying and accessing those services necessary to promote successful program participation, and employment. Some services identified as case management include: initial assessment and periodic reassessment of a participant's job readiness, job search, examination of constructive ways to resolve all work-related issues, mutually-developed strategies (by the participant and worker) for self-sufficiency, identification of responsibilities of both the participant and agency in facilitating the completion of the plan; arranging and/or providing transportation, and arranging child/adult care.

Case management activities assist families to independently conduct routine tasks such as recognizing family health needs, utilizing maternal and child health programs, and performing daily household management tasks, which contribute to self-sufficiency.

Development and continuing assessment of the Mutual Responsibility Agreement are considered Case Management functions and should be coded here. This includes, among other things, gathering information through various methods, such as home visits, interviewing, formal testing, and self-assessment instruments. It includes coordination with agency staff and other community resources when appropriate to prevent duplicative assessments. The purchase of diagnostic evaluations to assess an individual's job readiness is an allowable use of funds. Time spent arranging for consultative examinations is considered as case management.

If your agency contracts for this service, code 522 should be reported on the DSS-1571 and a Client ID number is not required.

Special Instructions: One entry on the DSS-4263 is used to record total Case Management time for the entire day.

When a DSS case manager reports Case Management Services on the DSS-4263, no client ID number is needed. One entry on the DSS-4263 is used to record total Case Management time for the entire day.

523 Adult Care – is the provision of an organized program of activities utilized to enable a Work First participant to participate in activities outlined in the Mutual Responsibility Agreement, when the individual's presence would otherwise be required in the home to care for the adult family member. Food services to provide nutritional meals and snacks and transportation to and from the facility may also be included. Staff who are responsible for arranging Adult Care for Work First families may use code **523** to report this service. If the Work First case manager provides this service, it is considered case management.

No client ID is needed.

527 – Education/Training means the costs and expenses required for participation in a vocational or technical skills training program, leading to a specific occupation. Examples of expenses required for participation include tools, fees, supplies, and tuition when funds are not otherwise available (e.g., financial aid). Also included are the costs and expenses required for participation in a high school education program designed to prepare an individual for a high school diploma or equivalency certificate. This also includes basic and remedial education and education in English proficiency for those individuals whose native language is not English. In very limited instances, this could include the costs and expenses required for participation in an institution of higher education that is intended to result in a bachelor's degree.

532 – Work First Transportation Services includes arranging, providing or purchasing transportation to enable current recipients of Work First Cash Assistance and their families, for whom transportation is not otherwise available, to access community resources, supportive services, and employment and training opportunities as appropriate to promote successful completion of the activities outlined in the Mutual Responsibility Agreement, and to achieve self-sufficiency. The purchase of childcare transportation, when not included in the child care payment, is to be reported as Work First Transportation Services (Code 532).

Note: When services are purchased, Code 532 is reported on the DSS-1571; client ID numbers are **not** required.

Special Instructions: Effective Sept. 1, 2004, a DSS-5027 must be established in SIS for any Work First Cash Assistance recipient receiving “Work First Transportation Services”. Time spent arranging for or directly providing “Work First Transportation Services” by a Case Manager or other DSS worker should be reported on the DSS-4263 as Code 532; client ID numbers are required.

537 – Participation Expenses means payment of expenses when needed to facilitate an individual's participation in approved activities included in the Mutual Responsibility Agreement. These may or may not be component-specific expenses. Some non-component specific expenses may include such expenses as car repairs, licensing fees, and meals and refreshments (as set forth in county policy). Component-specific expenses may include, but are not limited to, CPR training and equipment such as a fire extinguisher for an individual providing child care for someone performing community services; uniforms, tools, and medical exams for someone participating in work experience. This includes one-time work related expenses also.

541 – Transportation Retention Services – means purchasing transportation for families who are not current Work First recipients, have gross income at or below 200% of the federal poverty guidelines, and met the other requirements outlined in Section 118 of the Work First manual. Transportation Retention Services may be provided to former Work First families and to eligible families that have never received Work First. These transportation services are designed to enable families to stay off Work First cash assistance, particularly when the parent is employed. Use this code for transportation that is funded through the local Work First Block Grant. Any agency staff can provide retention services so long as the intent is to keep the parent employed or otherwise assist the family in remaining self-sufficient. All expenditures related to the provision of Retention Transportation Services (e.g. car repairs, insurance, client/volunteer reimbursement, bus tokens, taxis, local coordinated transportation system, car purchases, inspections, etc.) should be reported as Code 541.

This code is applicable only to counties that have chosen to provide services to families with income at or below 200% of poverty and that have submitted a local Work First Plan amendment indicating such.

Note: Code 541 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

Special Instructions: Arranging for “Transportation Retention Services” by a DSS Case Manager should be reported on the DSS-4263 as Case Management Retention Services, Code 558.

542 – Child Care Retention Services means purchasing child care for families that are not current Work First recipients, that have gross income at or below 200% of the federal poverty guideline, and meet the other requirements outlined in Section 118 of the Work First manual. Childcare Retention Services may be provided for former Work First families and to families that have never received Work First. Childcare services are intended to help families remain off Work First cash assistance, particularly when the parent is employed. Use this code for childcare that is funded through the local Work First Block Grant. Any agency staff can provide retention services so long as the intent is to keep the parent employed or otherwise assist the family in remaining self-sufficient.

This code is applicable only to counties that have chosen to provide services to families with income at or below 200% of poverty and that have submitted a local Work First Plan amendment indicating such.

Note: Code 542 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

Special Instructions: Transportation expenditures related to “Child Care Retention Services” should be reported as Code 541.

543 – Other Retention Services means purchasing other services for families who are not current Work First recipients, that have gross income at or below 200% of the federal poverty guideline, and meet the other requirements outlined in Section 118 of the Work First manual. These services are designed to enable families to remain off Work First Family Assistance, particularly when the parent is employed. Any agency staff can provide retention services so long as the intent is to keep the family employed or otherwise assist the family in remaining self-sufficient. Services may include but are not limited to parenting classes, financial counseling, short term training, child and family enrichment services, health insurance, etc.

Note: Code 543 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

544 – On-The-Job-Training means the costs and expenses required for participation in OJT. OJT is an activity in which the participant is hired by a public or private employer, and while engaged in productive work, receives training that provides the knowledge and skills necessary to perform that job. Staff time spent recruiting possible resources or negotiating an OJT slot on behalf of a specific participant is included. Costs may include payment of the employer subsidy. Examples of expenses include tools and other equipment, when not provided by the employer to any employee.

545 – Eligibility means performing the activities required to determine if a family's **income and resources** meet the guidelines to receive Work First and determining the payment amount. These activities are performed at application and ongoing at periodic intervals.

Eligibility activities include collection of information on the family's financial situation at application. Specifically defined, eligibility is the collection of earned and unearned income information such as wages; and collection of information on other resources such as savings accounts.

Eligibility activities for an ongoing case include the re-verification of a family's financial situation at review. This is completed every 6 or 12 months. If a family is subject to quarterly reporting, the processing of the financial information reported on the QR is an eligibility activity. Reacting to financial changes reported by the family is eligibility.

Eligibility **does not** include initial or ongoing evaluation of the individual's participation in employment activities, need for services, or the initial completion of or revisions to the individual's Mutual Responsibility Agreement. Evaluation of the family's living situation is not eligibility. Discussions with families about other agencies or services are not included in the definition of eligibility.

Eligibility **does not** include services defined as case management.

Special Instructions: Use only on the DSS-4263. No EIS Client ID number is required.

546 – Job Development And Placement

(a) **Job Development** is an activity, which involves soliciting job slots and interviews for Work First participants from public and private employers. Staff time spent in Job Development is an allowable cost.

(b) **Job Placement** is an activity, which results in the employment of a Work First participant following the referral of the participant to a potential employer. Staff time spent in Job Placement is an allowable cost.

Special Instructions: No Client ID number is needed for this entry. One entry on the DSS-4263 is used to record total Work First Job Development and Placement time for the entire day.

547 – Job Search / Job Readiness is defined as activities provided to Work First participants on an individual or group basis for the purpose of providing information on job leads; to teach job seeking and job keeping skills such as how to locate job openings; how to effectively use the telephone to contact employers; and how to make contact with the individual directly responsible for hiring. Job Search activities also include participant contact with employers to arrange interviews, the actual interview process, providing feedback to the Work First case manager for other service provider. Expenses required for participation in Job Search and Job Readiness include, but are not limited to, fees and supplies.

Also included are expenses and costs required for participation in activities that help prepare individuals for work by assuring that participants are familiar with general work place expectations and exhibit work behavior and attitudes necessary to compete successfully in the labor market. Examples of expenses include fees and supplies when required for participation as well as staff time spent conducting these activities.

548 – Case Management For Non-Custodial Parents Of Work First Children - means planning and directing the provision of, and/or directly providing services by Work First staff with case management responsibilities. Activities include ongoing evaluation of the non-custodial parent's participation in work-related activities and service needs. This also includes providing the appropriate assistance to enable the participant to assume responsibility for identifying and accessing those services necessary to promote employment. Some services identified as case management include: initial assessment and periodic reassessment of a participant's job readiness, job search examination of constructive ways to resolve all work-related issues, mutually-developed strategies for self-sufficiency, arranging and/or providing transportation, and arranging child care.

Development and continuing assessment of a plan for employment are considered Case Management functions and should be coded here. This includes, among other things, gathering information through various methods, such as interviewing, formal testing, and self-assessment instruments. It includes coordination with agency staff and other community resources when appropriate to prevent duplicative assessments. The purchase of diagnostic evaluations to assess and individual's job readiness is an allowable use of funds. Time spent arranging for consultative examinations is considered as case management.

Time spent in job development and placement activities for non-custodial parents is considered Case Management. Also, time spent arranging for mental health or substance abuse services, including arranging for needed support services, is included.

If your agency contracts for this service, report this code on the DSS-1571. **SIS Client ID number is required.**

When a DSS case manager reports Case Management Services on the DSS-4263, a **SIS Client ID number is required.**

549 – Child Care For Non-Custodial Parents Of Work First Children – Includes the provision of an organized program of activities utilized for the purpose of enabling a non-custodial parent to work or participate in activities leading to work when the individual's presence would otherwise be required in home to care for the child. Food services to provide nutritional meals and snacks and transportation to and from the facility may also be included.

Note: Code 549 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

Special Instructions: Code 549 is to be used only for childcare for the Non-Custodial Parent's non-Work First children. Child Care Services for Work First children are reported as Code 521. Time spent arranging for childcare for a non-custodial parent should be reported on the DSS-4263 as Case Management for Non-Custodial Parents of Work First Children, Code 548. Transportation to/from childcare facilities for non-Work First children of non-custodial parents should be reported as Code 569.

551 – Mental Health Services means helping Work First participants to obtain mental health services necessary to enable them to participate in Work First activities as specified in the Personal/Mutual Responsibility Contract. Services will also be available to the participant's family members, if needed, to support the participant's plan. Services include helping families recognize needs, assisting individuals to secure admission to institutions as needed, and referrals to appropriate resources.

Services include the provision of counseling services or therapy to Work First participants and their families for the purpose of resolving emotional conflicts and to enable the participant to reach his/her employment goal. This process involves a professional relationship with a skilled counselor to assist the participant to assess the situation and to identify and implement strategies for resolution.

Special Instructions: If the service is provided by a certified/licensed counselor that is employed by DSS, time spent providing Mental Health Services is to be reported on the DSS-4263 as code 551. If the Work First case manager provides this service, it is considered case management.

552 – Substance Abuse Services means helping Work First participants obtain the substance abuse services necessary to enable them to participate in Work First activities as specified in the Personal/Mutual Responsibility Contract. Services will also be available to the participant's family members, if needed, to support the participant's plan. Services include helping families recognize needs, assisting individuals secure admission to appropriate treatment programs, and referral to appropriate resources. This includes the services leading up to the diagnosis, the cost of the diagnosis, and the cost of treatment to the extent these services are not covered by any other source.

Special Instructions: If the service is provided by a trained Substance Abuse Counselor, employed by DSS, time spent providing this service is to be reported on the DSS-4263 as code 552. If the Work First case manager provides this service, it is considered case management.

553 – Subsidized Employment means the costs and expenses required for participation in subsidized employment. This is an activity in which the individual is hired as an employee when for a specified amount of time, the employer receives an agreed upon amount to subsidize the individual's wage. Staff time spent recruiting possible resources or negotiating a subsidized employment slot on behalf of a specific participant is included. Costs may include payment of the employer subsidy if paid other than through Work First cash assistance, and cost of tools and other equipment, when not provided by the employer to any employee.

554 – Other Supportive Services are all other services provided to assist Work First participants in meeting the conditions of the Mutual Responsibility Agreement as allowed in policy. Allowable services include, but are not limited to: Services provided by qualified paraprofessionals, i.e., in-home aides, and case management support staff, who are trained, equipped, assigned, and supervised by DSS staff to assist in the case management function to maintain and strengthen the family unit. These services include providing assistance with home management tasks, providing transportation, and preparing for participant groups.

Use this code if the staff person performs all or some of the functions described even if the functions are not performed on every case.

Special Instructions: Code 554 requires a client ID when used on the DSS-4263 and coded to Program Code R (TANF 100% Federally Funded). Code 554, when reported on the DSS-1571, requires a client ID.

555 –Other Work – Related Expenses For Non-Custodial Parents Of Work First Children Includes:

- Payment of expenses when needed to facilitate an individual's employment or participation in approved activities. Some expenses may include licensing fees, meals and refreshments (as set forth in county policy); CPR training and equipment such as a fire extinguisher for an individual providing child care for someone performing community service; uniforms, tools, and medical exams for someone participating in work experience. This also includes one-time work related expenses.
- Cost of and expenses for participation in OJT. OJT is an activity in which the participant is hired by a public or private employer, and while engaged in productive work, receives training that provides the knowledge and skills necessary to perform that job. Costs may include payment of the employer subsidy. Examples of expenses include tools and other equipment, when not provided by the employer to any other employee.

Special Instructions: Staff time spent recruiting possible resources or negotiating an OJT slot on behalf of a specific participant should be reported on the DSS-4263 as Case Management for Non-Custodial Parents of Work First Children, Code 548.

- Cost of and expenses required for participation in subsidized employment. This is an activity in which the individual is hired as an employee when for a specified amount of time, the employer receives an agreed upon amount to subsidize the individual's wage. Costs may include payment of the employer subsidy, and cost of tools and other equipment, when not provided by the employer to any other employee.

Special Instructions: Staff time spent recruiting possible resources or negotiating a subsidized employment slot on behalf of a specific participant should be reported on the DSS-4263 as Case Management for Non-Custodial Parents of Work First Children, Code 548.

- All other services provided to assist non-custodial parents in going to work. Allowable services include, but are not limited to: Services provided by qualified paraprofessionals, i.e., in-home aides, and case management support staff who are trained, equipped, assigned, and supervised by DSS staff to assist in the case management function to maintain and strengthen the family unit. These services include providing assistance with home management tasks and preparing for participant groups.
- Services leading up to a mental health or substance abuse diagnosis, the cost of the diagnosis, and the cost of treatment to the extent these services are not covered by any other source.

557 – Fraud Activities means activities performed by program integrity staff to identify fraudulent activities, investigate fraud allegations, refer for prosecution, assist the prosecutor in his duties, or conducting disqualification hearings for Work First or former AFDC cases. Also included are activities related to collection of overpayments, including setting up repayment agreements, enforcing repayment agreements, facilitating federal and State tax debt set-off for Work First.

Special Instructions: No client ID number is needed for this entry. One entry on the DSS-4263 is used to record total fraud activity time for the entire day.

558 – Case Management Retention Services means planning and directing the provision of, and/or directly providing services by Work First Staff with case management responsibilities. Activities include ongoing evaluation of the family's participation in activities and services needs. These services are designed to enable families to remain off Work First Family Assistance, particularly when the parent is employed. Use this code when providing this service to families that do not receive Work First and have gross income at or below 200% of the federal poverty guideline. Case Management Retention Services may be provided to be former Work First families and to families that have never received Work First. These services may include specific strategies, such as job coaching, crisis identification and management (e.g., car breaks down, baby-sitter is sick), referral to Employee Assistance Program services, referrals to other agencies or organizations, etc. Any agency staff can provide retention services so long as the intent is to keep the family employed or otherwise assist the family in remaining self-sufficient.

Note: This code is not to be used to report time spent on Transitional Medicaid cases, unless the time is specifically spent on the described activities.

Special Instructions: When Case Management Retention Services are reported by a DSS case manager on the DSS-4263, a **SIS client ID number** is required.

561 - Child And Family Enrichment Services include services and activities that enhance parents' and children's ability to become self-sufficient, properly care for children, and enhance school performance and behavior, self-esteem and leadership skills, and family relationships. The services do not have to be solely and directly related to employment, but must be provided to protect, support, and/or enhance the lives and futures of the parents/caretakers and children involved. The services should be related to helping families and children transition from welfare to self-sufficiency. Examples of such services include, but are not limited to, after-school mentoring and tutoring, parenting skills, summer enrichment programs such as specially designed 4H camp enrichment programs, and family counseling services. Services will primarily be purchased services but could be provided by an agency staff member responsible for providing such services. These services may be provided for current Work First cash assistance families as well as families that are not current Work First recipients but have gross income at or below 200% of the federal poverty guideline and meet the other requirements outlined in Section 118 of the Work First manual

No client ID is required for this service code.

562 – Pregnancy Prevention Services - means pre-pregnancy family planning services. Invasive procedures and procedures aimed at termination of a pregnancy are not allowed. Allowable services include, but are not limited to: provision of contraceptives and associated education and/or training on their use, community or group education, videos and other materials aimed at family planning, counseling activities directed at teen pregnancy, etc. These services may be provided without regard to income.

Note: When this time is reported on the Worker Daily Report of Services to Client (DSS-4263), the Client ID must be entered. When reported on the DSS-1571, no client ID is required.

566 – Individual Development Accounts Counties may contribute matching funds to the Individual Development Accounts of TANF eligible families. IDAs, to which recipients make a contribution from their earned income, enable them to save for "big ticket" items, such as a home, or a college education or to start a business. Any expenditure related to the operation of an IDA program must also be reported as an Individual Development Account expense.

Note: Code 566 should be reported on the DSS-1571 and client ID numbers are required.

Special Instructions: Staff time spent coordinating/arranging for Individual Development Accounts is to be reported on the DSS-4263 as Case Management Without Eligibility Determination, Code 522.

569 – Non-Custodial Parents - Transportation – Includes purchasing transportation to enable eligible non-custodial parents (See Section 118 of the Work First manual) for whom transportation is not otherwise available, to access community resources, supportive services, and employment and training opportunities as appropriate to facilitate employment. All expenditures related to the provision of transportation services for a non-custodial parent (e.g. car repairs, insurance, client/volunteer reimbursement, bus tokens, taxis, local coordinated transportation system, car purchases, inspections, etc.) should be reported as Code 569. The purchase of childcare transportation, for children when not included in the child care payment, is to be reported here.

Note: Code 569 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

Special Instructions: Staff time spent coordinating/arranging for the purchase of transportation services for non-custodial parents is to be reported on the DSS-4263 as Non-Custodial Parents-Case Management Services, Code 548.

570 – Job Access Transportation Services – Non-Custodial means (Federal) TANF expenditures for transportation services that are used to meet the cost sharing (match) requirements for the “Job Access and Reverse Commute Grant Program.” Job Access funds may be used to support the development of employment transportation services for current Work First recipients as well as families that are not current Work First recipients but have gross income at or below 200% of the federal poverty guideline and meet the other requirements outlined in Section 118 of the Work First manual, and eligible non-custodial parents (See Section 118 of the Work First manual). **Code 570 is used to report (Federal) TANF expenditures made on behalf of non-custodial parents only.**

Note: Code 570 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

Special Instructions: Staff time spent coordinating/arranging for the purchase of Job Access transportation services is to be reported on the DSS-4263 as Non-Custodial Parents-Case Management Services Code 548.

571 – Job Access Transportation Services – Current Work First Recipients means (Federal) TANF expenditures for transportation services that are used to meet the cost sharing (match) requirements for the “Job Access and Reverse Commute Grant Program.” Job Access funds may be used to support the development of employment transportation services for current Work First recipients as well as families that are not current Work First recipients but have gross income at or below 200% of the federal poverty guideline and meet the other requirements outlined in Section 118 of the Work First manual and eligible non-custodial parents (See Section 118 of the Work First manual). **Code 571 is used to report (Federal) TANF expenditures made on behalf of current Work First recipients only.**

Note: Code 571 should be reported on the DSS-1571 and client ID numbers are required.

Special Instructions: Staff time spent coordinating/arranging for the purchase of Job Access transportation services is to be reported on the DSS-4263 as Work First Case Management, Code 522.

572 – Job Access Transportation Services – “Other Recipients” means (Federal) TANF expenditures for transportation services that are used to meet the cost sharing (match) requirements for the “Job Access and Reverse Commute Grant Program.” Job Access funds may be used to support the development of employment transportation services for current Work First recipients as well as families that are not current Work First recipients but have gross income at or below 200% of the federal poverty guideline and meet the other requirements outlined in Section 118 of the Work First manual, and eligible non-custodial parents (See Section 118 of the Work First manual). **Code 572 is used to report (Federal) TANF expenditures made on behalf of former Work First recipients that have received welfare assistance within the past three years and other individuals whose family incomes are at or below 200% of the federal poverty level.** (Do not use Code 572 to report (Federal) TANF expenditures made on behalf of non-custodial parents or current Work First recipients.)

Note: Code 572 should be reported on the DSS-1571 and **SIS client ID numbers** are required.

Special Instructions: Staff time spent coordinating/arranging for the purchase of Job Access transportation services for former Work First recipients and other individuals whose family incomes are at or below 200% of the federal poverty level is to be reported on the DSS-4263 as Case Management Retention Services, Code 558. SIS client ID numbers are required.

573 – Medical Insurance Premiums means payment of medical insurance premiums for Work First eligible families and or children, including the NC Health Choice for Children Program. Allowable expenditures may include full or partial payment of the medical insurance premium or full or partial subsidy of family medical insurance available through an employer. Counties may consider subsidizing employment related medical insurance for a limited period of time possibly with a decreasing subsidy over time. Families eligible for help with medical insurance premiums must be Work First cash assistance recipients or families with income at or below 200% of the federal poverty level who meet all eligibility requirements for that group.

Medical insurance premiums are limited to MOE funds because there is a federal prohibition against funding medical services with federal TANF funds. The federal interpretation is that medical insurance premiums are a medical service.

Special Instructions: For families that do not receive a monthly Work First check, a case must be opened in SIS. An EIS or SIS ID is required.

574 – Housing Subsidies That Do Not Meet Federal Definition of “Assistance” means rental or mortgage subsidies that are provided for fewer than 4 months, including emergency housing assistance. Families eligible for these housing subsidies must be Work First Family Assistance recipients or families with income at or below 200% of the federal poverty level who meet all eligibility requirements for that group.

For all counties, housing subsidies are funded solely with MOE funds (Program Code 9). To prevent the consequences of “assistance,” including the time clock, inclusion in federal participation rate, etc., all housing subsidies are considered a Separate State Program. Since these housing subsidies **do not** meet the federal definition of “assistance,” the federal Separate State Program reporting is **not** required.

Special Instructions: For families that do not receive a monthly Work First check, a case must be opened in SIS. An EIS or SIS ID is required (on the DSS-1571 Part IV).

575 – Work First Housing Expenditures – Other Than Housing Subsidies means any costs, other than subsidies, used to provide housing assistance to eligible families. This may include costs such as, staff time for a housing coordinator, housing/financial counseling, costs associated with operation of the Work First Housing pilots, and contracts with non-profits to provide housing assistance. Since no housing subsidies are involved, funding may be either federal or MOE.

Special Instructions: For families that do not receive a monthly Work First check, a case must be opened in SIS. An EIS or SIS ID is required (on the DSS-4263).

576 – Housing Subsidies That Meet Federal Definition Of “Assistance” means rental or mortgage subsidies that meet the federal definition of assistance. A detailed description of the federal definition of assistance can be found in Section 102 of the Work First Manual. However, in general terms related to rental or mortgage subsidies, it is subsidy payments that are provided for more than 4 months. Families eligible for these housing subsidies must be Work First Family Assistance recipients.

For all counties, housing subsidies are funded solely with MOE funds (Program Code 9). To prevent the consequences of “assistance,” including the time clock, inclusion in federal participation rate, etc., all housing subsidies are considered a Separate State Program.

While none of the other consequences of providing “assistance” occur since this is a Separate State Program, there is a substantial federal Separate State Program reporting requirement. The federal reporting is on the entire family’s situation, income, as well as information about each individual family member. A specific format is federally prescribed and the reporting must be submitted to the Economic Independence Section no later than the 10th of the month following the month the assistance is received. If you plan to provide housing subsidies that meet the federal definition of assistance, contact the Automation/Performance Planning Unit of the Economic Independence Section (919-733-7831) for the required format.

Special Instructions: An EIS ID is required (on the DSS-1571 Part IV).

Appendix C PROGRAM CODE DEFINITIONS

The following Program Codes are potentially available to all counties.

- B. In-Home Services – Age 18 through 59**
The provision of In-Home Aide Services, Housing and Home Improvement, Preparation and Delivery of Meals, Transportation (In support of In-Home Services only), and In-Home Services Case Management services to individuals aged 18 through 59 when the services are funded by the State In-Home Services Fund.
- C. In-Home Services – Age 17 and Under**
The provision of In-Home Aide Services, Housing and Home Improvement, Preparation and Delivery of Meals, Transportation (In-Support of In-Home Services only), and In-Home Services Case Management services to individuals aged 17 and under when the services are funded by the State In-Home Services Fund.
- D. Food Stamp Workfare**
A program planned and operated by individual county Departments of Social Services to assist food stamp recipients obtain employment through participation in work experience, education and training.
- E. Crisis Intervention Program**
Crisis intervention activities reported under Service Code 991.
- F. Family Planning**
Funds to provide educational and social services to enable individuals to exercise choice in determining the number and spacing of their children.
- G. General Administration**
General administration activities reported under Service Code 990.
- H. In-Home Aide Services - HCCBG Option A Reporting**
Funds to be claimed from the Division of Aging Home and Community Care Block Grant (Reporting Option A) for In-Home Aide services provided by county departments of social services staff.
- I. In-Home Services - Age 60 and Over**
The provision of In-Home Aide Services, Housing and Home Improvement, Preparation and Delivery of Meals, Transportation (In support of In-Home Services only), and In-Home Services Case Management services to individuals aged 60 and over when the services are funded by the State In-Home Services Fund.
- J. Adult Protective Services State Fund**
Adult protective services are services aimed at providing protection to disabled adults alleged to be abused, neglected, or exploited and in need of protection. Adult protective services activities include intake and screening, evaluation, and mobilization of services.

- K. LINKS (formerly Independent Living Program)**
Chafee Foster Care Independence Act Funds that are designated for supplemental services to adolescents ages 13-21 who are or were in the custody/planning authority of the Department of Social Services. Services and purchases must be directly related to assisting the youth or young adult to become a self-sufficient adult
- L. Child Care and Development Fund**
Funds from the Day Care Section provided to counties for child day care support services.
- N. Non-DSS Reimbursable**
100% county funds used to provide social services.
- O. State Adult Homes Specialist Fund**
Provides funds to support the Foster Care Services for Adults – Recruitment and Evaluation activities reported under Service Code 091.
- P. Permanency Planning - Families for Kids**
Funds to strengthen and expand services to children whose situations make foster care placement imminent; to prevent prolonged foster care through reunification efforts, and to provide adoption opportunities for children who cannot be returned home. The funds may also be used to support backlog reduction and system reform activities when approved in writing by the Division of Social Services.
- R. TANF 100% Federally Funded**
100 % Federal TANF funds used to provide TANF eligible families with services that accomplish any one of the four purposes of the TANF program.
- S. Food Stamp Employment and Training**
A program of education, training and employment operated by the Division of Social Services through a contract with the Employment Security Commission, I in cooperation with county Departments of Social Services, for food stamp recipients to help them become employed.
- T. Title XIX Medical Transportation**
Medicaid funds to provide transportation for medical services to authorized Medicaid recipients.
- U. In-Home Aide Services - HCCBG Option B Reporting**
Funds to be claimed from the Division of Aging Home and Community Care Block Grant (Reporting Option B) for In-Home Aide services provided by county departments of social services staff.
- V. TANF Transferred to SSBG**
Funds transferred from TANF to the Social Services Block Grant (SSBG) and used following the rules described under the SSBG (for staff and purchased services to provide a wide variety of services to adults and children).

- W. Work First Non-DSS Reimbursable**
Non-DSS Reimbursable funds associated with Work First and specified Child Protective Services.
- X. SSBG**
Funds from the Social Services Block Grant for staff and purchased services to provide a wide variety of services to adults and children.
- Z. IV-E Administration Activities**
Funds to provide staff training and administrative support to the child protective services, foster care services and adoption services programs; and provide maintenance payments to foster care facilities and adoption assistance benefits for children who meet eligibility requirements.
- 0. TANF CPS & FC/Adopt (Zero)**
Program code 0 (numeric) combines non-match TANF (100%) funding for CPS&FC/ADOPT positions (26 selected counties) hired on or after January 1, 2000 to recruit, train, license and support prospective foster and adoptive families, and to provide interstate and post-adoption services for TANF eligible children. It also includes non-match TANF (100%) funding for CPS&FC/ADOPT positions hired on or after July 1, 2000 to investigate and provide services in CPS cases; to provide foster care and support services; to recruit, train, license, and support prospective foster and adoptive families; and to provide interstate and post-adoption services for TANF eligible children. This program code may be used by child welfare workers regardless of hiring date, when the agency is either up to staffing standards or has committed to reaching staffing standards. The need to track this funding source separate from Program Code R, which has the same eligibility requirements as Program Code 0, continues to be needed. As always, use of either Program Code 0 or Program Code R requires that the child meet all TEA eligibility criteria.
- 2. Medicaid Case Management**
Funds provided to counties operating a certified at-risk case management services program under Title XIX (Medicaid) or offering Adult Care Home Case Management under Title XIX.
- 3. Able-Bodied Adults Without Dependents (ABAWDS)**
The Balance Budget Act of 1997 provides states with 100% funding under the Food Stamp Employment and Training Program to help ABAWDS meet work Requirements. Specific requirements must be met.
- 9. Work First Block Grant**
The Work First Block Grant contains the funding previously available under TANF.
- 10. TANF Domestic Violence**
Domestic violence services include screening, and identification of victims of domestic violence, development of safety and service plans, counseling, referral to appropriate agencies, batterers programs and support groups, determining the need for waivers for the Work First program requirements and other direct services to clients that relates to domestic violence. Emergency assistance: Short term emergency services that ensure client safety such as emergency shelter, food, clothing, legal services and helping victims relocate to a safe place within or outside of the state not to exceed four months.

County-Specific Program Codes

Use of the following Program Codes is limited to specific counties.

- A. Adolescent Parenting Program - Medicaid**
Provides funds for staff purchased services, resource materials, training and volunteer costs for services to young first time parents (Medicaid eligible) to encourage continued school attendance, discourage second pregnancies, and promote parenting skills. Funds are provided to participating counties only.
- M. Community Child Protection Fund**
Community Child Protection Team grant funds are state funds used to support child protection projects or initiatives. Allowable costs include direct payment for services to children and families, contracted services, and administrative costs. Awards are granted to local Community Child Protection Teams annually based on proposals submitted by the team and approved by NCDSS/DHHS.
- Q. Family Preservation Fund**
A combination of State and Federal funds to operate a program of Family Preservation, community-based family support services, time limited family reunification services, and adoption promotion and support services. Awards for the funds are based upon proposals submitted by counties and approved by NCDSS.
- Y. Adolescent Parenting Program - Non-Medicaid**
Provides funds for staff purchased services, resource materials, training and volunteer costs for services to young first time parents (non-Medicaid eligible) to encourage continued school attendance, discourage second pregnancies, and promote parenting skills. Funds are provided to participating counties only.
- 4. Smart Start**
Smart Start is North Carolina's public-private early childhood initiative for children under six and their families, whose goal is to help all children enter school healthy and ready to succeed. Smart Start helps assure access to affordable high quality childcare, provides health services and screenings, and offers resources for family support. Smart Start funds are administered statewide through 81 local partnerships, with local decisions made to meet the communities' specific needs. All costs associated with the provision of allowable services are included.
- 7. IV-E Waiver – Eligible**
Demonstration Project that tests the hypothesis that flexible use of federal funds will result in measurable reduction in the number of children who enter the foster care system and the length of time they remain in the system. Only available in 19 specified counties. (IV-E Eligible children)
- 8. IV-E Waiver – Non-Eligible**
Demonstration Project that tests the hypothesis that flexible use of federal funds will result in measurable reduction in the number of children who enter the foster care system and the length of time they remain in the system. Only available in 19 specified counties. (IV-E Non-Eligible children)

22. Federal Adoption Incentive Fund

100% federal funds that have been awarded to our state for exceeding the established baseline for adoptions since 1998. The funds can be used for allowable costs under Titles IV-B and IV-E. Equipment, training, supplies, etc., may not be directly charged to these funds without prior approval of the Division's Budget Office. Funds are available to all counties that finalized adoptions for children in the foster care system for fiscal years 98-99 and 99-00. Avery, Camden, Chowan, Clay, Gates, Graham, Hyde, Swain, and Tyrrell counties cannot participate in the fund since no foster children were adopted during this time period.

30. IV-B1 (Family to Family – Casey Foundation)

Program Code 30 identifies a specific funding stream for exclusive use with the Family to Family initiative (Annie E. Casey Foundation). The funds are federal IV-B1 funds and are capped allocations to each of the five counties (Durham, Cumberland, Guilford, Mecklenburg and Wake) participating in the initiative.

APPENDIX F

XI. FAMILY SUPPORT/CHILD WELFARE SERVICES (IV-B1)

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Adoption Services For Children						
Adoption Case Management	009	009	Yes	009	Yes	K,N,P,R,V,X,Z,0,7,8,,22,30
Adoption Services	010	010	Yes	010	Yes	N,P,R,V,X,0,7,8,22,30
General Recruitment, Assessment and Training of Adoptive Parents		011	No	011	No	K,N,P,R,V,X,Z,0,7,8,22,30
Child Specific Recruitment, Assessment and Training of Adoptive Parents	013	013	Yes	013	Yes	K,N,P,R,V,X,Z,0,7,8,22,30,
Post Adoption Case Management	016	016	Yes	016	Yes	K,N,P,R,V,X,Z,0,7,8,22,30
Foster Care Training		102	No	102	No	A,K,N,P,R,V,X,Z,Y,0,7,8,22,30
General Recruitment, Assessment and Training of Foster Parents		103	No	103	No	K,N,P,R,V,X,Z,0,7,8,22,30
Child Specific Recruitment, Assessment and Training of Foster Parents	113	113	Yes	113	Yes	N,P,R,V,X,Z,0,7,8,22,30
Foster Care Case Planning/Case Management-Team Setting	119	119	Yes	119	Yes	K,N,P,R,V,X,Z,0,7,8,22,30
Protective Services For Children:						
Protective Services for Children-Team Setting	219	219	Yes	219	Yes	P,R,X,Z,0,7,8,22,30
General Services For Children						
Delinquency Prevention	050	050	Yes	050	Yes	N,P,X,7,8,22,30
Family Reunification Services	120	120	120	120	Yes	A,K,N,P,R,X,Y,0,7,8,9,22,30
Family Preservation Services	121	121	Yes	121	Yes	A,K,N,P,R,X,Y,0,7,8,9,22,30
Family Support Services	122	122	Yes	122	Yes	A,K,N,P,R,X,Y,0,7,8,9,22,30
Intensive Family Preservation Services	123	123	Yes	123	Yes	A,K,N,P,R,X,Y,0,7,8,9,22,30
Evaluation Activities for Child Welfare Programs		320	No	320	No	K,N,P,X,Z,7,8,22,30
Other Child Welfare Services	390	390	Yes	390	Yes	N,P,R,V,0,7,8,9,22,30

XII GENERAL SERVICES (IV-B1)

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Transportation Services	250	250	Yes	250	Yes	A,B,C,I,K,N,P,T,X,7,8,30
Individual And Family Adjustment	330	330	Yes	330	Yes	A,K,N,P,R,X,Y,0,7,8,9,30