

Services Information System

(SIS)

User's Manual

Services Information System (SIS) User's Manual

07-01-2008

Table of Contents

Topic	Page
SIS Client Entry Form (DSS-5027)	1-9
Worker Daily Report of Services (DSS-4263)	1-12
APPENDIX A	
Table of County Codes Used for the Services Information System	A 1-2
Definitions of Table Values for Standard Fields	A 3-10
Definitions of Table Values for Reserved Fields	A 11-13
APPENDIX B	
Service Codes and Definitions for DSS-5027 and DSS-4263	B 1-49
APPENDIX C	
Program Code Definitions	C 1-8
APPENDIX D	
Work First Pilots	D 1-5
APPENDIX E	
(Removed 01-01-2006)	E 1
APPENDIX F	
(Removed 01-01-2006)	F 1
APPENDIX G	
Repatriation Services	G-1

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

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 have agreed to Voluntarily Contribute to 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, or if the client must wait for a period of time before the service can be provided, and complete Line 1 in Section C.

"No" if the service cannot 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 requested, or at a later date, and "Yes" was entered beside the requested service in Column 8, check the box and enter the first date on which the service will be provided and, if known, the last date. If this is unknown, line out "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 and line out "After _____" in line 2. Use the remaining spaces to document the reason for the decision.
- b) When the service has been provided but is to be terminated, enter "No" beside the service in Column 8, and on line 2 enter the last date on which the service will be provided in the space following the word "After". 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. Check the appropriate box to indicate if there is a fee for the service or if the client has voluntarily agreed to contribute to the cost of the service. Indicate the amount, frequency and starting date of the fee or contribution in the spaces provided.

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, 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. If the service provider is to be responsible for collecting a consumer contribution, check the box to indicate this and fill in the amount, frequency and starting date for the contribution to be collected. 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 – (See Field 16, Case Manager Number.) This field will automatically display the Case Manager Name associated with the valid Worker ID keyed in Field 16. Worker IDs and Worker Names are stored within the Services Information System and may be maintained using the Worker Identification System submenu. It is important to keep Field 16 (and thus, Field 15) 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), the MRS Database and the Adult Protective Services Register (DSS-5026) will be assigned from this field in this system.

Field 16. Case Manager Number -- Enter the Case Manager's unique 9-digit Worker ID assigned by the Services Information System (see below). Update this field when the Case Manager for an individual changes.

- **NOTE:** Prior to June 1, 2007, the Case Manager Number was either the workers Social Security Number or a county-assigned alternative unique 9-digit identifier. On the night of May 31, 2007, Case Manager Numbers on active cases and those with Close Dates on or after 10/01/2006 will be converted to unique Worker IDs. Case Manager Numbers on DSS-5027s closed prior to 10/01/2006 will be redacted. Effective June 1, 2007, unique Worker IDs for new workers are assigned within the Services Information System using the Worker Identification System Main Menu. (Refer to Administrative Letter PM-REM-AL-0407 for details.)
- When opening a new DSS-5027, re-opening a closed record, or updating a DSS-5027 that currently displays an INVALID Worker ID, key the current Case Manager Number (valid Worker ID) in Field 16. If a valid number is keyed, the Case Manager's Name will be populated in Field 15.

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 the code that best describes the type of school the individual is currently attending on a scheduled basis. (Refer to Appendix A.) Enter code "N" if the individual is not currently enrolled in school. 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.
- Field 27.** Language Preference -- Enter the two-character code to indicate the individual's preferred language.

[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 in accordance with the DHHS Records Retention and Disposition Schedule for Grants, which may be found on the DHHS Office of the Controller's website (<http://www.ncdhhs.gov/control/>). Since the Daily Reports may record worker time for multiple grant programs, individual forms may not be destroyed until requirements to retain documentation for all grant programs represented on the form have been lifted, as indicated in the Records Retention and Disposition Schedule.
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 the In-Home Aide's Worker ID 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 greater 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 copies of the Daily Report 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. Daily Reports for days falling in the last calendar week of each month must be collected, reviewed by the appropriate supervisor(s) and sent to the data entry operator no later than the day following the last working day of the month so that they may be keyed before the cutoff date (see below). The white copies of the Daily Report Services to Clients 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 ID - Entry Required

Record the unique 9-digit identifier of the worker preparing the report, as assigned by the Services Information System (see section DSS-5027, pg. 8, "Field 16" instructions.) 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
Adolescent Parenting Program - TANF*	13
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
Work First Functional Assessments Funds	14
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
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 Demonstration Grant (TANF)* (eff. 06/01/2007)	12
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 A

SERVICES INFORMATION SYSTEM CLIENT ENTRY FORM

DSS-5027

Table of County Codes Used for the Services Information System.

01	Alamance	51	Johnston
02	Alexander	52	Jones
03	Alleghany	53	Lee
04	Anson	54	Lenoir
05	Ashe	55	Lincoln
06	Avery	56	Macon
07	Beaufort	57	Madison
08	Bertie	58	Martin
09	Bladen	59	McDowell
10	Brunswick	60	Mecklenburg
11	Buncombe	61	Mitchell
12	Burke	62	Montgomery
13	Cabarrus	63	Moore
14	Caldwell	64	Nash
15	Camden	65	New Hanover
16	Carteret	66	Northampton
17	Caswell	67	Onslow
18	Catawba	68	Orange
19	Chatham	69	Pamlico
20	Cherokee	70	Pasquotank
21	Chowan	71	Pender
22	Clay	72	Perquimans
23	Cleveland	73	Person
24	Columbus	74	Pitt
25	Craven	75	Polk
26	Cumberland	76	Randolph
27	Currituck	77	Richmond
28	Dare	78	Robeson
29	Davidson	79	Rockingham
30	Davie	80	Rowan
31	Duplin	81	Rutherford
32	Durham	82	Sampson
33	Edgecombe	83	Scotland
34	Forsyth	84	Stanly
35	Franklin	85	Stokes
36	Gaston	86	Surry
37	Gates	87	Swain
38	Graham	88	Transylvania
39	Granville	89	Tyrrell
40	Greene	90	Union
41	Guilford	91	Vance
42	Halifax	92	Wake
43	Harnett	93	Warren
44	Haywood	94	Washington
45	Henderson	95	Watauga

46	Hertford	96	Wayne
47	Hoke	97	Wilkes
48	Hyde	98	Wilson
49	Iredell	99	Yadkin
50	Jackson	00	Yancey

SERVICES INFORMATION SYSTEM CLIENT ENTRY FORM DSS-5027

SECTION I: DEFINITIONS OF TABLE VALUES FOR STANDARD FIELDS

FIELD 13: END REASON

- 01 Service no longer needed or wanted
- 02 Client not eligible
- 03 Death of client
- 04 Service not available
- 09 Other

FIELD 14: SPECIAL USE

This field is used to collect information which is needed for a special purpose and will not be used except under special circumstances. Refer to Section II: "Table Values for Reserved Fields" of this Appendix for the individualized instructions regarding the use of this field.

FIELD 18: STATE USE

1 Indigent Recipient

FIELD 19: SPECIAL AREAS

01 Developmental Disabilities

Having a severe, chronic mental or physical disability resulting in substantial limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self direction, and economic self-sufficiency and reflecting the person's need for a combination of special inter-disciplinary care or treatment of a lifelong or extended duration, manifested before age 22, unless caused by a head injury.

02 Blind or Visually Impaired

Having visual impairment that, in the worker's judgment, may significantly affect day-to-day functioning.

03 Deaf or Hard of Hearing

Having a hearing impairment, whether permanent or fluctuating, that may in the worker's judgment, adversely affect day-to-day functioning; a communication disorder such as stuttering, impaired articulator; or a language impairment that adversely affects functioning.

04 Physically Disabled

Having a physical condition that may, in the worker's judgment, adversely affects the individual's day-to-day or intermittent functioning.

05 Emotionally Disturbed

Having mental or emotional problems exhibited in a wide range of important social and personal contexts and causing significant impairment in social, educational, or occupational functioning.

06 Learning Disability

Having a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to use mathematical calculations. An example of a learning disability would be dyslexia.

07 Medical Condition

Having any apparently disabling physical condition other than those listed above, which has been diagnosed by a licensed physician and that needs medical attention.

08 HIV and AIDS

Having a syndrome, or a disease complex in which the natural immune system is suppressed so significantly that individuals gradually die from vulnerability to a variety of unusual infections and concerns (opportunistic infections) that would not ordinarily pose a threat to an immunologically healthy person.

09 Substance Abuse

Using alcohol or other drugs to a degree which creates a risk of harm to self or others, or impairs social, educational or occupational functioning.

11 Undisciplined Child

A child who is an adjudicated undisciplined child under NCGS 7A-517(28).

12 Delinquent Child

A child who is an adjudicated delinquent child under NCGS 7A-517(12).

13 Homeless Person

A person who does not have what society defines as a normal place of his/her own to live.

14 Alzheimer's Disease and Related Dementia's

Having an organic mental disorder, in which intellectual function is progressively impaired in a previously well adult, usually accompanied by memory loss, disorientation, impaired judgment, and personality change.

FIELD 20. REASON (For Needing Services)

01 Out-of-Home Placement

A need to move a child from the home of parents or other responsible adult(s); or a need for an adult to leave own home (or home maintained for him/her by caretakers) and be placed in substitute care.

02 Prevention of Placement

A need for services to keep a child or adult in his/her own home (or home maintained for him/her by caretakers).

03 Family Reunification

A need for services to improve conditions which led to family separation so that family may be reunited

04 Family Disruption

A need for services to strengthen and maintain the family.

05 Protective Services

A need for services as a result of a report of child abuse or neglect or adult abuse, neglect or exploitation. Use this designation even for those cases where the report was not substantiated after assessment.

09 Other

A need for services for reasons other than those defined above.

FIELD 21. LEGAL STATUS

01 Minor

Any individual under the age of 18, unless emancipated.

02 Emancipated Minor

A child who has been adjudicated an "emancipated minor", or who is currently married, or who is a member of the armed forces.

03 Adult

Any individual who is age 18 or over, unless incompetent.

04 Incompetent Adult

An adult who has been adjudicated incompetent.

FIELD 22: LIVING ARRANGEMENT

01 Living Alone

An independent living arrangement where the individual resides either alone, or with others where the relationship is not characterized by intimacy, continuity or commitment, as in a rooming house or shared housing.

02 Living With Family or Other Significant Individual(s)

A home occupied by two or more people who are related by blood, marriage, adoption or who have a commitment to care for one another.

03 Family Care Home

A licensed domiciliary home having a capacity of two to six residents.

04 Home for the Aged

A licensed domiciliary home has a capacity of seven or more residents.

05 Group Home for Developmentally Disabled Adults

A licensed DDS group home housing residents with developmental disability, regardless of which local/state agency has licensing monitoring or certification responsibilities.

06 Nursing/Combination Home

A licensed facility which provides nursing or convalescent care for three or more persons.

07 Treatment/Rehabilitation Facility/Home

A 24-hour facility/home, which provides treatment or rehabilitation, services for medical, psychosocial, or psychiatric needs (e.g. medical or psychiatric hospital, State Mental Retardation Center, mental health group home for persons with mental illness). Not included in this definition are nursing homes, maternity homes, and group homes for developmentally disabled adults.

08 Maternity Home

A 24-hour residential program whose primary purpose is to provide care, support and other services for pregnant females.

09 Jail, Lockup, Detention

A local jail or a facility administered by the Department of Corrections or Division of Youth Services.

10 Battered Women's Shelter

A 24-hour residential program whose primary purpose is to offer protection, food, shelter, support and other services to battered women and their children.

11 Shelter for the Homeless

An overnight shelter for people without homes.

97 Child Placement System (DSS-5094)

When the client is a child for whom the DSS has custody or placement authority, the living arrangement will be tracked through the Child Placement and Payment System. This code should remain unchanged in this system for as long as the DSS-5094 record remains open. If the client remains a service client after the DSS-5094 record is closed, this field will have to be updated to reflect the actual living arrangement.

98 Other

A living arrangement which is known to the agency but does not fit the above definitions.

99 Unknown

FIELD 23: SEX

- 1 Male
- 2 Female

FIELD 24: RACE/ETHNICITY

The 6 races are:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Unable to Determine

Race codes and possible combinations that could be selected are:

- 01 = White Native (Non Hispanic or Latino)
- 02 = White (Hispanic or Latino)
- 03 = Black (Non Hispanic or Latino)
- 04 = Black (Hispanic or Latino)
- 05 = American Indian or Alaskan Native (Non Hispanic or Latino)
- 06 = American Indian or Alaskan Native (Hispanic or Latino)
- 07 = Asian (Non Hispanic or Latino)
- 08 = Asian (Hispanic or Latino)
- 09 = Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 10 = Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 11 = Unable to Determine (Non Hispanic or Latino)
- 12 = Unable to Determine (Hispanic or Latino)
- 13 = White/Black (Non Hispanic or Latino)
- 14 = White/Black (Hispanic or Latino)
- 15 = White/American Indian or Alaskan Native (Non Hispanic or Latino)
- 16 = White/American Indian or Alaskan Native (Hispanic or Latino)
- 17 = White/Asian (Non Hispanic or Latino)
- 18 = White/Asian (Hispanic or Latino)
- 19 = White/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 20 = White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 21 = Black/American Indian or Alaskan Native (Non Hispanic or Latino)
- 22 = Black/American Indian or Alaskan Native (Hispanic or Latino)
- 23 = Black/Asian (Non Hispanic or Latino)
- 24 = Black/Asian (Hispanic or Latino)
- 25 = Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 26 = Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
- 27 = American Indian or Alaskan Native/Asian (Non Hispanic or Latino)
- 28 = American Indian or Alaskan Native/Asian (Hispanic or Latino)
- 29 = American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)

- 30 = American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)**
- 31 = Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)**
- 32 = Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)**
- 33 = White/Black/American Indian or Alaskan Native (Non Hispanic or Latino)**
- 34 = White/Black/American Indian or Alaskan Native (Hispanic or Latino)**
- 35 = White/Black/Asian (Non Hispanic or Latino)**
- 36 = White/Black/Asian (Hispanic or Latino)**
- 37 = White/Black/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)**
- 38 = White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)**
- 39 = White/American Indian or Alaskan Native/Asian (Non Hispanic or Latino)**
- 40 = White/American Indian or Alaskan Native/Asian (Hispanic or Latino)**
- 41 = White/American Indian or Alaska. Native/Native Hawaiian or Other Pac. Islander (Non Hispanic or Latino)**
- 42 = White/American Indian or Alaskan. Native/Native Hawaiian or Other Pac. Islander (Hispanic or Latino)**
- 43 = White/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)**
- 44 = White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)**
- 45 = Black/American Ind. or Alaskan/Asian (Non Hispanic or Latino)**
- 46 = Black/American Ind. or Alaskan/Asian (Hispanic or Latino)**
- 47 = Black/American Ind. or Alaskan/Native/Hawaiian (Non Hispanic or Latino)**
- 48 = Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino)**
- 49 = Black/Asian/Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)**
- 50 = Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)**
- 51 = American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)**
- 52 = American Indian/Asian/Native Hawaiian (Hispanic or Latino)**
- 53 = White/Black/American Indian/Asian (Non Hispanic or Latino)**
- 54 = White/Black/American Indian/Asian (Hispanic or Latino)**
- 55 = White/Black/American Indian/Native Hawaiian (Non Hispanic or Latino)**
- 56 = White/Black/American Indian/Native Hawaiian (Hispanic or Latino)**
- 57 = White/Black/Asian/Native Hawaiian (Non Hispanic or Latino)**
- 58 = White/Black/Asian/Native Hawaiian (Hispanic or Latino)**
- 59 = White/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)**
- 60 = White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)**
- 61 = Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)**
- 62 = Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)**
- 63 = White/Black/American Indian/Asian/Native Hawaiian (Non Hispanic or Latino)**
- 64 = White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)**

FIELD 25: IN SCHOOL

- P** Yes – individual is enrolled in a *public* school
- R** Yes – individual is enrolled in a *private* school
- H** Yes – individual is enrolled in *home* school
- N** No – individual is not enrolled in school

FIELD 26: HIGHEST GRADE OR STATUS

- P** Preschool
- 01 - 20** to identify either the highest grade attained if the individual is no longer in school, or the last grade attended or the current grade if the individual is still in school.
- 98** GED status
- 99** Unknown

FIELD 27: LANGUAGE PREFERENCE

EN	English	KO	Korean
SP	Spanish	LA	Laotian
AR	Arabic	MI	Miao
CA	Cambodian	MK	Mon-Khmer
CH	Chinese	PE	Persian
FR	French	PO	Polish
FC	French Creole	PG	Portuguese
GE	German	PC	Portuguese Creole
GR	Greek	RU	Russian
GU	Gujarati	SC	Serbo-Croatian
HI	Hindi	TA	Tagalog
HM	Hmong	TH	Thai
HU	Hungarian	UR	Urdu
IT	Italian	VI	Vietnamese
JA	Japanese	OT	Other

SECTION II DEFINITIONS OF TABLE VALUES FOR RESERVED FIELDS

Table A: Home and Community Care Block Grant

NOTE: Complete both fields 7 and 14 for HCCBG.
It is essential that the Home and Community Care Block Grant codes be keyed into the system by the 10th of each month or the last working day prior to the 10th when the 10th falls on a weekend or holiday. Payment may be denied by the Division of Aging if this deadline is not met.

FIELD 7: OTHER

All five spaces must be completed or the client will not be registered and payment from the Division of Aging will not be made except as noted for the Fifth Space, which is required only for clients receiving Preparation and Delivery of Meals. The Division of Aging policy regarding the definitions and use of these codes is to be followed. This can be found in the Home and Community Care Block Grant Procedures Manual for Community Service Providers, Sections 3 and 4.

First Space - Enter **A** in the first space of the Other field to identify that the data to follow applies to the Home and Community Care Block Grant (HCCBG) administered by the Division of Aging.

Second Space - Is client oriented?

- 1 No Referral source or agency's professional assessment indicates client has a problem with or has suffered a significant decline in short term memory, thinking, or decision making.
- 2 Yes Referral source or agency's professional assessment indicate no indication of a significant memory problem.

Third Space - Number of IADL impairments client experiences.

- 0 None
- 1 One impairment
- 2 Two impairments
- 3 Three or more impairments

Fourth Space - Number of ADL impairments client experiences.

- 0 None
- 1 One impairment
- 2 Two impairments
- 3 Three or more impairments

Fifth Space - Is client at nutritional risk?

Note: Entry required only for clients receiving Preparation and Delivery of Meals

- 1 No nutritional risk
- 2 Moderate nutritional risk
- 3 High nutritional risk

FIELD 14: SPECIAL USE

First Space - Enter **A** in the first space of the Special Use field to identify that the data to follow applies to the Home and Community Care Block Grant (HCCBG) administered by the Division of Aging.

For each service to be provided under the Home and Community Care Block Grant, complete the next five spaces of this field to answer the following questions. All five spaces must be completed or the client will not be registered and payment from the Division of Aging will not be made except as noted for the Sixth Space, which is required only for clients receiving Preparation and Delivery of Meals. The Division of Aging policy regarding the definitions and use of these codes is to be followed. This can be found in the Home and Community Care Block Grant Procedures Manual for Community Service Providers, Sections 3 and 4.

Second Space - What is the functional status of the individual?

Note: DSS-5027 entry will be rejected if the functional status is coded "1 Well" and the client is being registered for In-Home Aide Services, Adult Day Care or Adult Day Health unless the client is the caregiver as indicated in the Fourth Space, below.

- 1 Well
- 2 At Risk
- 3 High Risk

Third Space - Is the service being provided to relieve the caregiver?

(When the answer is Yes and the service being provided is In Home Aide Services, the system will automatically convert to the DOA Respite code for the same level of In Home Aide Services).

- 1 Yes
- 2 No

Fourth Space - Is the client the caregiver?

- 1 Yes
- 2 No

Fifth Space - Is the client economically needy?

- 1 Yes
- 2 No

Sixth Space - Are Nutrition Services (as defined by the Division of Aging) being provided under the Division of Aging definition of Special Eligibility Criteria?

Note: Entry required only for clients receiving Preparation and Delivery of Meals. DSS-5027 entry will be rejected if incorrect age entry is made here for clients being registered for Preparation and Delivery of Meals.

- 1 Yes (Client is age 59 or under)
- 2 No (Client is age 60 or older)

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. In as much 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 101 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.

(Click on:

County Departments of Social Services...
Important Correspondence...
Title IV-E Penetration Rate)

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,0,9,22
Adoption Case Management	009	009	Yes	009	Yes	N,P,R,V,X,Z,0,22,30
Adoption Services	010	010	Yes	010	Yes	N,P,R,V,X,0,22,30
Recruitment and Assessment of Adoptive Parents		011	No	011	No	N,P,R,V,X,Z,0,22,30
Adoption Assistance Case Management	012	012	Yes	012	Yes	N,P,R,V,X,Z,0,22
Training for Adoptive Parents		014	No	014	No	N,P,R,V,X,Z,0,22,30
Post Adoption Case Management	016	016	Yes	016	Yes	N,P,R,V,X,Z,0,22,30
Adoption Access (CI)		017	No	No	No	N
Adoption Access (CI) Case Management	018	018	Yes	018	Yes	N
Adoption Case Planning/Case Management	019	019	Yes	019	Yes	N,P,R,V,X,Z,0,22
Preparation for and Participation in Judicial Determinations-Adoptions	028	028	Yes	028	Yes	N,P,R,V,X,Z,0,22
Foster Care Services For Children						
Diagnostic and Treatment Services (Non-Residential) -Foster Care	100	100	Yes	100	Yes	N,P,R,V,X,Y,0,9,13,22
Foster Care Assistance Eligibility		101	Yes	No	No	N,P,V,X,Z,Y,22
Training for Foster Parents		102	No	102	No	A,N,P,R,V,X,Z,Y,0,13,22,30
Recruitment and Assessment of Foster Parents		103	No	103	No	N,P,R,V,X,Z,0,22,30
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	N,P,R,V,X,Z,Y,0,9,13,22
Foster Care Case Planning/Case Management-Team Setting	119	119	Yes	119	Yes	N,P,R,V,X,Z,0,22,30
Preparation for and Participation in Judicial Determinations-Foster Care	128	128	Yes	128	Yes	N,P,R,V,X,Z,0,22
LINKS Activities: Outreach Services	132	132	No	132	No	K,N,X
LINKS Services to Current/Former Foster Youth 13-15	135	135	Yes	135	Yes	A,K,N,P,X,Y,Z
LINKS Activities: Services to Current or Former Foster Youth Ages 16-21	136	136	Yes	136	Yes	A,K,N,P,X,Y,Z
LINKS Activities – Group Setting		137	No	137	No	K,N,V,X,Z
LINKS – Program Planning		138	No	138	No	K,N,V,X,Z

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 – Assessments	210	210	Yes	No	No	R,0,9,22
CPS – Intake		211	No	No	No	R,0,9,22
CPS – Medical, Psychological, and Medico-Legal Diagnostic Services	212			212	Yes	P,R,X,0,9,22
CPS – In-Home Services (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,0,22,30
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	P,R,Y,0,13
Diagnostic and Treatment Services (Non-Residential) -CPS	230	230	Yes	230	Yes	N,P,R,X,0,9,22
General Services For Children						
Delinquency Prevention	050	050	Yes	050	Yes	N,P,X,22,30
Family Reunification Services	120	120	Yes	120	Yes	N,P,Q,R,X,Y,0,9,13,22,30
Family Preservation Services	121	121	Yes	121	Yes	N,P,Q,R,X,Y,0,9,13,22,30
Family Support Services	122	122	Yes	122	Yes	N,P,Q,R,X,Y,0,9,13,22,30
Intensive Family Preservation Services	123	123	Yes	123	Yes	N,P,Q,R,X,Y,0,9,13,22,30
IFA Camping Component	241			241	Yes	R,0,9
Residential Treatment For Emotionally Disturbed	293			293	Yes	R,0
Child & Family Support Team Activity: Non-DSS Recipient		319	No	No	No	N
Evaluation Activities for Child Welfare Programs		320	No	320	No	N,P,X,Z,22,30
Other Child Welfare Services	390	390	Yes	390	Yes	N,P,R,V,0,9,22,30

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	N,P,X,Y,5,6,7,8
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
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	B,C,H,I,N,P,R,U,X,Y,0,9,13
Level II Personal Care	042	042	Yes	042	Yes	B,C,H,I,N,P,R,U,X,Y,0,9,13
Level II Home Management	043	043	Yes	043	Yes	B,C,H,I,N,P,R,U,X,Y,0,9,13
Level III Home Management	044	044	Yes	044	Yes	B,C,H,I,N,P,R,U,X,Y,0,9,13
Level III Personal Care	045	045	Yes	045	Yes	B,C,H,I,N,P,R,U,X,Y,0,9,13
Level IV Home Management	046	046	Yes	046	Yes	B,C,H,I,N,P,R,U,X,Y,0,9,13
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
Housing and Home Improvement	140	140	Yes	140	Yes	B,C,I,N,P,R,X,Y,0,9,13
Personal And Family Counseling	170	170	Yes	170	Yes	N,P,R,X,Y,0,9,13
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,N,P,X,Y,4,30
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	N,P,R,X,Y,0,9,13,30
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	N,P,R,X,0
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	N,P,T,X,Y,4
Case Management	380	380	Yes	No	No	R,0,9,13
Service Intake		381	No	No	No	N,P,R,T,X,Y,0,4,9,13
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	991	No	E,N
Child Day Care Services Delivery		816	No	No	No	L,N,X,4
Child Day Care Program Management		002	No	No	No	L,N,X,4
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	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,9,12,W
Case Management Without Eligibility Determination		522	No	522	No	R,9,12,W
Adult Care	523	523	No	523	Yes	R,9,W
Education/Training				527	No	R,9,12,W
Work First Transportation Services				532	No	R,9,12,W
Participation Expenses	537			537	No	R,9,12,W
Transportation Retention Services	541			541	Yes	R,9,12,W
Child Care Retention Services	542			542	Yes	R,9,12,W
Other Retention Services	543			543	Yes	R,9,12,W
On-The-Job Training	544	544	Yes	544	Yes	R,9,12,W
Work First Eligibility Determination		545	No	No	No	R,9,W
Job Development and Placement	546	546	No	546	No	R,9,12,W
Job Search/Job Readiness	547	547	No	547	No	R,9,12,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,9,12,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
Work First Functional Assessments				559	Yes	14
Child And Family Enrichment Services	561	561	No	561	No	R,9,12,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

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.

011 – Recruitment and Assessment of Adoptive Parents – Arranging/conducting recruitment and assessment activities to ensure the availability of adoptive homes, including developing and distributing information about adoption opportunities. Activities include:

- Recruitment and assessment of prospective adoptive parents.
- Adoptive home assessments.
- Social Worker travel associated with recruitment and assessment adoptive parents.
- Documentation associated with the recruitment and assessment of prospective adoptive parents.

NOTE: This code should be used for relative and non-relative Recruitment/Assessment activities, as well as for out of state requests for home studies. When Recruitment/Assessment activities are conducted with groups or with individuals, the facilitator must survey or otherwise determine how many of the participants are potential foster parents and how many are potential adoptive parents, and allocate time reported on the DSS-4263 proportionally between the foster care code and the adoption code.

012 - Adoption Assistance Case Management – Activities include:

- Determination of eligibility for special needs children for Adoption Assistance benefits.
- Identification, assessment, selection, and preparation of adoptive families for children eligible for Adoption Assistance benefits.
- Preparation and review of Adoption Assistance benefits.
- Participation in grievances, appeals, and fair hearings surrounding denial of Adoption Assistance benefits.
- Annual review of eligibility for Adoption Assistance benefits.
- Ensuring that special needs adoptive placements across state lines are in compliance with Interstate Compact laws.
- Management of non-recurring adoption costs eligibility determination, approval and authorization for reimbursement.
- Travel associated with Adoption Assistance Case Management.

014 – Training for Adoptive Parents – Activities include:

- Short term training of current or prospective adoptive parents.
- Travel associated with the training of adoptive parents.

NOTE: This includes MAPP/GPS Training and any other training (both preparation and follow-up) of all Adoptive Parents. When training activities are conducted with groups or with individuals, the trainer must survey or otherwise determine how many of the participants are foster parents and how many are adoptive parents, and allocate time reported on the DSS-4263 proportionally between the foster care code and the adoption code.

016 - Post Adoption Case Management - Case management services provided after the final decree of adoption has been issued.

- Referral to, coordination with, and utilization of community-based treatment services.
- Referral to community based post-adoption stabilization and support services.
- Provision of information to help the child and family understand their experiences regarding the child's biological/cultural heritage that will require sensitive support.
- Provision of information, instruction, guidance, and mentoring to the child and/or adoptive parents.
- Travel involved in post-adoption case management.
- Documentation involved in post adoption case management.

017 – Adoption Access (CI)

This code is used whenever there are non-client-specific CI service activities and does not require the assignment of a SIS ID number. This could include questions from potential recipients of CI service or the provision of services when another agency is acting as Confidential Intermediary (CI). This includes time spent on:

- Responding to inquiries about CI services, including time spent in intake services helping potential CI recipients understand the services offered and whether or not they want to apply for those services.
- Review/research of agency record at the request of another agency acting as CI.
- Preparing/summarizing information to send to CI agency.
- Consultation with the state Division of Social Services when the contact is about a case where the agency is not the CI.

018 – Adoption Access (CI) Case Management

This includes a broad range of client-specific activities and is used when the local agency is acting as CI for an individual. Use of this code requires assignment of a SIS ID number. This includes time spent on:

- Explaining and signing documents related to CI, including the Application for Confidential Intermediary Services; Confidential Intermediary Agreement; Consent to Release Information and/or Contact and Release of Liability and Agreement to Hold Harmless.
- Conducting in-house record review.
- Conducting Internet-based searches.
- Consultation with the state Division of Social Services, when this contact is about the specific individual or case.
- Searches of public databases and phone contact related to these searches.
- Preparation of documentation, including case summary and results to be sent to individual.
- Attempted phone and mail contact with identified parties.
- Phone, mail and face to face contact with identified parties regarding CI services and their willingness to share identifying information.
- Preparing and signing of Consent of Release of Information and/or Contact by identified person.
- Assessing and clarifying expectations for parties involved in receiving CI services.
- Planning, scheduling and conducting face to face visits, including time spent in discussing possible outcomes and processing with individuals following the visit.
- Assessing the need for follow up and assisting in referring or scheduling further services.

019 - Adoption 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 adoption, including but not limited to:

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

028 - Preparation for and Participation in Judicial Determinations – Adoptions – Activities include:

- Preparation of court reports specific to adoptive placement.
- Court appearances in regard to motions, reviews, reports or petitions that are specific to adoptive placement.
- Travel associated with preparation and participation for judicial determination.

050 – Delinquency Prevention Services means the provision of services to youths who are in danger of being confined to a correctional facility, including counseling and other treatment services to provide guidance and direction to youths who are having behavior problems which, if not corrected, may result in their being brought before the court and committed or recommitted to a correctional facility. Also included are counseling or instructions for parents or other caretakers to improve parent/caretaker capacity to supervise the youth; vocational counseling and, where appropriate, assistance in obtaining employment; assistance in establishing better child-school, child-parent, child-community relationships, assistance in securing better living arrangement; assistance in relieving unnecessary psycho-social pressures on the child and/or family; and provision, as appropriate, of information and counseling on drug and alcohol abuse.

At county option, residential care, including room and board for up to six months for any one placement, may be provided where necessary to the provision of a comprehensive and intensive regimen of the services described above. Medical or remedial care are included in such residential care when they are integral, but subordinate parts of the regimen of services. Included are psychiatric diagnosis and treatment and drug therapy as prescribed by a physician.

100 - Diagnostic and Treatment Services (Non-Residential)-Foster Care

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 foster 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.

101 - Foster Care Services for Children - Foster Care Assistance Eligibility means time spent by service worker on either establishing initial eligibility or reestablishing on-going eligibility for Foster Care Assistance.

102 – Training for Foster Parents – Activities include:

- Short term training of current or prospective Foster parents.
- Travel associated with the training of Foster parents.

NOTE: This includes MAPP/GPS Training and any other training (both preparation and follow-up) of all Foster Parents. When training activities are conducted with groups or with individuals, the trainer must survey or otherwise determine how many of the participants are foster parents and how many are adoptive parents, and allocate time reported on the DSS-4263 proportionally between the foster care code and the adoption code.

103 –Recruitment and Assessment of Foster Parents – Arranging/conducting recruitment and assessment activities to ensure the availability of foster homes, including developing and distributing information about fostering opportunities. Activities include:

- Recruitment and assessment of prospective Foster parents.
- Foster home assessments.
- Social Worker travel associated with recruitment and assessment Foster parents.
- Documentation associated with the recruitment and assessment of prospective Foster parents.
- Documentation and related activities associated with the re-assessment and re-licensing of foster parents.

NOTE: This code should be used for relative and non-relative Recruitment/Assessment activities, as well as for out of state requests for home studies. When Recruitment/Assessment activities are conducted with groups or with individuals, the facilitator must survey or otherwise determine how many of the participants are potential foster parents and how many are potential adoptive parents, and allocate time reported on the DSS-4263 proportionally between the foster care code and the adoption code.

104 – Foster Care Services For Children – Special Services means, at county option, the provision by a foster family home of services, in addition to basic foster care, which meets the special needs of children in that home.

105 – Optional Elements At county option, services may include payment of resource items provided to support participation in school. Resource items include supplies, special clothes, and fees for membership in school sponsored extra curricular activities. Tutoring may be considered a resource item if it is provided as a part of Independent Living Services.

At county option, services may include the provision of legal services to facilitate permanency planning for a child.

109 - Foster Care Services For Children -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. This includes time spent on:

- Referral to, coordination with, and utilization of other services;
- Maintenance of contact with the family and others significant to the case. This also includes aftercare services to the family when a child is placed via a court order with the parents, a relative, or a non-relative, or who has been placed on a court ordered trial home visit.
- Working with the parents on the status of the case and case goals;
- Giving information, instruction, guidance, and mentoring regarding parenting skills;
- Preparation for and participation in court, e.g., petitions, motions, reviews, reports;
- Preparation of the child and biological family for separation and placement, including negotiation/preparation of visitation agreements and any subsequent time spent on notices related to changes in where the child is living;
- Monitoring and updating the Out of Home Family Services Agreement;
- Periodic reviews of the Out of Home Family Services Agreement including foster care review team meetings;
- Supervising the care of the child and of the foster care arrangement to assure that the child receives proper care.
- Grievances, appeals, and fair hearings surrounding termination of use of foster care facilities which have been found unsuitable for the care of children, or associated with any individuals claim that benefits and services have been denied or not acted upon with reasonable promptness, or related to complaints about the agency's failure to keep parents involved in case planning, case reviews, and placement decisions.

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.

132 – LINKS Activities: Outreach Services Locating and offering services to former foster youth ages 13-21 have aged out of foster care or are otherwise known to be in need of LINKS services.

135 – LINKS Services to Current/Former Foster Youth 13-15 Assessment of needs, skills, and resources, engaging young adolescents in planning and implementing LINKS services, and service delivery to the targeted group.

136 – LINKS Activities: Services to Current or Former Foster Youth ages 16-21 Assessment of needs, skills, and resources, engaging youth and young adults in planning and implementing LINKS services, and service delivery to the targeted group of older adolescents and young adults who are or were in DSS custody/planning responsibility.

137 – LINKS Activities – Group Setting Activities associated with planning, coordinating and conducting activities with eligible LINKS participants in a group setting for the purposes of instruction, skill-building, leadership development, or collaboration with other youth-serving agencies to conduct such activities.

138 – LINKS – Program Planning General administrative activities conducted by the county LINKS liaison/coordinator to include LINKS program planning, data collection and analysis, preparation of reports, surveys, and development of agency plans.

210 – Protective Services for Children - CPS Assessments - Activities Include:

- Conducting those activities necessary to determine whether or not allegations of abuse, neglect, or dependency are true, and to evaluate the safety of the child in the home.
- CPS Assessments refer to both CPS Family Assessments and CPS Investigative Assessments.
- The primary elements of CPS Assessments as defined by law and Administrative Rule are included in this service code.
- Activities related to petitions for interference with a CPS Assessment are to be coded in this category.
- Tasks related to information gathering for the purpose of making a case decision, such as referral to CME/CFEP, are included under this code.
- Giving information, instruction, guidance, and mentoring regarding parenting skills; ongoing determination of the need for placement; referrals to other service providers and evaluation of services provided; and gathering information for initial case plans.
- The CPS Assessment encompasses the completion of the Structured Decision Making Tools including the Safety Assessment, Family Risk Assessment, Family Assessment of Strengths and Needs, and the Case Decision Summary/Initial Case Plan.
- Documentation of pre-placement activities and related travel time.

211 – Protective Services for Children - Intake - Activities Include:

- Receiving and documenting a report, which alleges that, a child or children may be abused, neglected or dependent.
- Making a thorough evaluation of the information provided by the reporter to determine whether a CPS Assessment will be initiated.
- Informing the person making the report of the agency's decision whether or not to conduct a CPS Assessment and their right to a review of this decision.
- Directing the reporter to other agency or community resources, when indicated.
- Making referrals to the district attorney and/or law enforcement, when indicated.
- Completing thorough documentation of the above activities.

212 – Protective Services For Children – Medical, Psychological, and Medico-Legal Diagnostic Services - Medical, psychological and medico-legal diagnostic studies and

evaluations when needed to substantiate and assess the circumstances of abuse or neglect of children.

215 – Protective Services For Children – In-Home Services For Children Defined As Reasonable Candidates For Foster Care and Their Families,

after there has been a substantiation of child abuse, neglect, and/or dependency or a case decision of services needed and removal of the child is a reasonable possibility in the absence of such services. This code should be used when:

- Monitoring, expanding and updating the In-Home Family Services Agreement to address identified areas of need.
- Routine case supervisory activities;
- Maintenance of contact with the family and others significant to the case.
- Working with the parents on the status of the case and case goals.
- Giving information, instruction, guidance and mentoring regarding parenting skills.
- Referral to monitoring of service as appropriate, including referrals to DSS-provided clinical treatment.
- Ongoing determination of appropriateness of need for out-of-home placement.
- Ensuring that foster care placements across state lines are in compliance with interstate compact laws.
- Documentation of CPS In-Home Services activities.
- This code should be used for travel associated with any of the above activities.

When a CPS Assessment is not substantiated or if there was not a finding of Services Needed, the CPS case is closed and related activities are not IV-E reimbursable. The family may be referred to voluntary services or services outside the agency.

219 - Protective Services for Children-Team Setting

Planning, arranging, and conducting multidisciplinary assessment and planning team meetings on behalf of children reported for abuse, neglect, or dependency or for whom there has been a substantiation of child abuse, neglect, or dependency and for whom removal from the home is a reasonable possibility in the absence of such services. This code includes, but not limited to:

- Day One conferences;
- Community Assessment Teams;
- Child and Family Team Meetings

220 – Unsuccessful Attempts to Locate Victim Child

Unsuccessful efforts to locate the alleged victim child in order to initiate the CPS Assessment.

228 – Preparation For and Participation in Judicial Determinations in Juvenile Court (Pre-Placement)

Activities which contribute to preparing a report for the juvenile court, or preparing for or participating in a juvenile court proceeding, with the exception of cases involving interference with a CPS Assessment.

229 – Other Court Related Activity (Preplacement)

This code should be used when a worker is engaged in preparation for or participation in court-related activities other than for Juvenile Court, e.g., divorce/custody cases or criminal cases.

230 - Diagnostic and Treatment Services (Non-Residential)-CPS

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. 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.

241 – Individual And Family Adjustment Services – Camping Component means day or residential camp experience for school age children and therapeutic camp for developmentally disabled or handicapped individuals and their families and for youths whose behavior is delinquent or undisciplined may be provided at county option.

293 – Residential Treatment For The Emotionally Disturbed means services provided in an environment effectively structured and designed as a therapeutic milieu to meet individualized needs of emotionally disturbed individuals. Services should initiate and direct recovery from the incidence and debilitating effects of emotional disturbance in such manner that rehabilitation toward adequate social and emotional functioning can be continued by follow-up support and treatment in home and community. Included are room and boards for up to six consecutive months for any one placement in residential treatment. Psychiatric counseling and drug therapy specifically related to the treatment of the individual's emotional disturbance might be provided as integral but subordinate to the regimen of residential treatment services.

319 – Child & Family Support Team Activity: Non-DSS Recipient means a Child and Family Team facilitator's time spent preparing for, participating in, or facilitating Child and Family Support Team meetings where the subject child is currently not receiving any child welfare services provided by the local Department of Social Services. Activities include any follow up that is required to help meet needs identified during such meetings. This code should be used to document the worker's time in cases where the child was identified by their school as being at risk of academic failure or out of home placement, but the child has no open case with DSS and no assigned client ID.

320 - Evaluation Activities for Child Welfare Programs

Collecting, analyzing, and reporting data related to specific performance measures when those activities are assigned to establish baselines and/or to evaluate the effectiveness of the child welfare delivery system.

390 – Other Child Welfare Services Means social work intervention services which, in addition to core services (i.e., those services defined above that are available as Child Welfare Services) protect and promote the welfare of children, including the strengthening of their own homes where possible. Activities include gathering information about and assessing the needs and problems of a child within the context of family interaction, environment and/or coping patterns; helping a child and his family gain insights into and understanding of their needs and problems, and assisting them to know about and use other services and resources available to them. Activities also include collaborating on a case by case basis with individuals in other systems (e.g., judicial, health, education) to plan with and support a child and those involved with him through a crisis or an at-risk situation. These services may also include purchases to alleviate non-recurring, episodic events impacting the child's welfare.

II. ADULT SERVICES

030 – Day Care Services For Adults – Daily Care means the provision of an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Also included are medical examinations required for individuals participants for admission to day care and periodically thereafter when not otherwise available without cost, and food and food services to provide a nutritional meal and snacks as appropriate to the program. Services must be provided in a home or center certified to meet State Standards for such programs.

031 – Day Care Services For Adult – Recruitment Only means the recruitment, study, and development of adult day care programs, evaluation and periodic re-evaluation to determine if the programs meet the needs of the individuals they serve, and consultation and technical assistance to help day care programs expand and improve the quality of care provided.

Special Instructions: This code is used by agency services staff to report on the DSS-4263 only those parts of this service described above which are provided to vendors.

070 – Employment and Training Support Services means services provided as part of an individual service plan to enable appropriate individuals to secure paid employment or training leading to employment, including basic education and continuing education. Services included 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 educational resources, training programs, and possible sources of employment; and counseling and information to encourage and support the individual's employment objectives with respect to such topics as grooming, how to apply to appropriate resources, employer expectations, and constructive resolution of work related problems. Also included is arrangement for or provision of general and specialized diagnostic tests and evaluation to assess the individual's potential for employment and any limitations, which affect employment or training.

At provider option, payment for resource items may be provided to facilitate the provision of employment and training support services. Resource items include tuition, supplies, and rental or purchase of books when needed to assist in meeting the usual expenses of obtaining vocational training, basic education, or a high school education or its equivalent in public or private technical institutes or community colleges; lunches, uniforms, and subject to state office approval, tools and other equipment necessary to enable individuals to accept training or employment when such items are not otherwise available.

091 – Foster Care Services For Adults – Recruitment and Evaluation means recruitment, study, and development of family care homes and group care facilities, evaluation and periodic re-evaluation to determine if the home or facility meets the needs of the individuals it serves, and consultation and technical assistance to help family care homes and group care facilities to expand and improve the quality of care provided.

095 – Adult Placement Services are activities necessary to assist aging or disabled individuals and their families or representatives in finding substitute homes or residential health care facilities suitable to their needs when they are unable to remain in their current living situations. Activities include completing an initial screening and assessment while providing counseling to help the individual and his family or representative to determine the need for initial or continued placement; assisting in the process for completing necessary financial application and medical evaluations; helping to locate and secure placement in a suitable setting and level of care; supporting an individual and his family or representative in the individual's transition from one location to another; and providing counseling and other services to help the individual adjust to the new setting and maintain the placement. Adult Placement Services also include assisting individuals, when requested, to return to more independent settings in the community, or to relocate in more appropriate settings when new levels of care are needed.

107 – Guardianship Services means services provided to an individual alleged to be in need of a guardian or services to those for whom the agency director or assistant director has been appointed as legal guardian. The service includes the assessment of an individual's need for guardianship; activities aimed at locating the appropriate person(s) to serve as guardian(s); and, when necessary, petitioning or assisting the family to petition for the adjudication of incompetence for an adult and the appointment of a guardian for an adult or minor under the provision of GS 35A. Working with other community agencies to locate an appropriate guardian for an individual and work with the clerk of court concerning an individual case are included in this service, as is coordination of activities with the agency's attorney regarding court action on a specific case. Ongoing case work with clients for whom the agency's director or assistant director has been appointed as guardian is also part of this service. This includes contacts with the client, with client's family as part of a service plan, or with facility staff; completing quarterly reviews; and completing and filing annual accounting and status reports.

155 – Day Health Services For Adults – Daily Care means the provision of an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence, and promoting his social, physical, and emotional well-being. Services must include a preadmission health assessment; assistance with activities of daily living including feeding, ambulation, or toileting as needed by individual participants; health care monitoring of each participant's general health and medical regimen, which includes documenting the periodic assessment of the vital signs, weight, dental health, general nutrition, and hygiene of each participant; documenting and reporting changes in health status to caretakers; assistance to participants and caretakers with medical treatment plans, diets, and referrals as needed; health education programs for all participants and health care counseling tailored to meet the needs of participants and caretakers. Also included are medical examinations required for individual participants admission to day health and periodically thereafter when not otherwise available without cost, food and food services to provide a nutritional meal and snacks as appropriate to the program. Services must be provided in a home or center certified to meet State Standards for adult day health or combination adult day care/adult day health.

200 – Protective Services For Adults – Intake means receiving and documenting information which alleges that a disabled adult has been abused, neglected or exploited and is in need of protective services. Intake activities include making a decision regarding the information being provided to determine whether a protective services evaluation will be initiated, noticing the reporter about whether the information has been accepted for APS, directing the reporter to another agency or other community resources, when appropriate; making referrals to the district attorney, law enforcement and/or regulatory agencies, when appropriate; and completing thorough documentation of the above activities.

202 – Protective Services For Adults - Evaluation means conducting activities necessary to determine whether a disabled adult has been abused, neglected or exploited, and is in need of protective services, and to assess what services are needed to prevent further mistreatment. Unsuccessful efforts to locate the adult are included as part of the evaluation process. Evaluation includes making the case decision determining capacity to consent, and activities related to obtaining service authorization either from the client or the court. It includes the services of lawyers to represent the agency where court action is necessary to protect the adult. When an APS petition has been filed, it includes the time until court authorization is obtained. If the need for protective services is not substantiated, referrals to any available and appropriate agency or community resources are included as thorough evaluation activities. Documentation of the evaluation, of authorization for services, of the distribution of required notices, as well as termination of adult protective services in situations where the report is unsubstantiated or service authorization was not obtained are part of this activity.

204 – Protective Services For Adults – Mobilizing Services means the provision of services, as part of a service plan, when the need for protective services has been substantiated. Such services include arranging for the provision of and assisting individuals and their relatives or caretakers in utilizing appropriate services and community resources; conducting quarterly reviews if the case remains open for services; and documenting in the client record the services provided. Includes the services of lawyers to represent the agency where court action is necessary. Includes the case termination decision when the goals in the protective services plan have been met, the client's situation has stabilized, and/or there is no longer a need for protective services. Also includes time involved in transferring the case for other agency services or additional community services prior to termination.

396 – Adult Care Home Case Management

Adult Care Home Case Management (ACH/CMS) includes: verifying the need for Enhanced Adult Care Home Personal Care (ACH/PC); monitoring the resident's condition and determining if the tasks in the adult care home's care plan for Enhanced ACH/PC are being performed in a manner appropriate to the needs of the resident; assessing and reassessing the broader health care service needs of the heavy care resident; preparing an ACH/CMS Service Plan to address the overall health care needs of the heavy care resident; working with the adult care home, the heavy care resident, and the resident's family/responsible party to locate and arrange for Medicaid-funded services to meet the health care needs of that resident; coordinating services when multiple service providers are involved in the heavy care resident's care; and determining that services are being received, appropriate and adequate for meeting the heavy care resident's needs, and consistent with accepted standards for quality care.

397 – Adult Care Home Screening

Adult Care Home Screening includes a series of interrelated activities conducted by a case manager in determining that residents in adult care homes meet Medicaid criteria for Enhanced Adult Care Home Personal Care. These activities include case finding, reviewing referral documents provided by the facility, assessing the condition of residents relative to Medicaid criteria, securing additional information about the resident needed to verify their status and making the determination that the resident does or does not qualify for Enhanced ACH/PC. Adult Care Home Screening may also be used when the resident has died or was discharged from the facility and the case manager's activities are associated with determining whether the resident was eligible for Enhanced ACH/PC while they resided in the facility. The code for Adult Care Home Screening may also be used when case managers carry out activities required by the program, which cannot reasonably be assigned to an individual client. Such activities include reviewing Medicaid payment summaries, providing general program consultation to facilities, and other similar activities, which effect multiple residents.

III. GENERAL SERVICES

In-Home Aide Services means those paraprofessional services which assist children and adults, their families, or both with essential home management tasks, personal care tasks, or supervision, or all of the above, to enable children, adults, and their families to remain, and function effectively, in their own homes as long as possible.

For reporting purposes the case manager will select the highest level of the service to be provided to the client/family, based on the assessed needs, even though some assigned tasks may be listed at lower levels.

041 – Level I Home Management

In-Home Aide Services at this level are intended to provide support to those needing assistance with basic home management tasks, such as housekeeping, cooking shopping, and bill paying. Persons/families to be served include those who are self-directing, medically stable, and have at least one instrumental activity of daily living (IADL) impairment or require assistance with basic home management tasks. Personal care tasks may not be performed at this level.

042 – Level II Personal Care

In-Home Aide Services at this level are intended to provide support to persons/families who predominately require assistance with basic personal care/activities of daily living but does not preclude providing assistance with home management tasks. Provision of both the personal care and home management tasks can be done for or in support of the person/family when capacities are diminishing or when he/they are striving to maintain or improve personal or family functioning. Persons/families to be served include those who are medically stable and partially dependent in activities of daily living (ADL) functioning (1 or 2 ADLs) due to physical and/or mental impairment; or who have maintenance needs and/or rehabilitative potential. In addition to their predominate personal care needs, person/families may also have increased IADL needs (2-4) requiring additional support to maintain/achieve overall functioning.

043 – Level II Home Management

In-Home Aide Services at this level are intended to provide support to persons/families who predominately or entirely require assistance with home management tasks but does not preclude providing assistance with personal care tasks. Provision of home management tasks focuses more on strengthening and developing the person's/family's own skills than on doing these tasks for the client. Persons/families to be served include those who need assistance to remain in their own homes; to maintain, strengthen, and safeguard their functioning because of physical/emotional illness or handicap; to preserve and strengthen parental functioning; or to obtain education, training, and employment to improve their economic self-sufficiency. Persons/families may also need assistance with IADL activities to improve IADL functioning or to learn independent skills; or they may have increased IADL needs (2-4) requiring additional support to maintain/achieve overall functioning.

NOTE: When Level II - Home Management is provided by county DSS staff for Work First participants and/or their family members, the service is reported as Work First Case Management Support Services (522).

044 – Level III Home Management

In-Home Aide Services at this level are intended to provide intensive education and support to persons/families in carrying out home management tasks and improving family functioning skills. Provision of the service primarily focuses on individualized work with an individual/family in teaching and demonstrating skills and tasks and reinforcing improved individual/family accomplishments. It also involves direct assistance and support in crisis situations. Individuals/families to be served generally have moderate to severe limitations in cognitive and/or psycho-social functioning, have poor family functioning skills or are in a family crisis, but have potential for partial/total independence in IADL impairments (more than 4).

NOTE: When Level III - Home Management is provided by county DSS staff for Work First participants and/or their family members, the service is reported as Work First Case Management Support Services (522).

045 – Level III Personal Care

In-Home Aide Services at this level are intended to provide substantial ADL support to individuals/families who require assistance with health and personal care tasks. Provision of these tasks involves extensive "hands on" care and potential assistance with a wide range of health related conditions. Persons to be served include those who are medically stable with significant ADL impairments (3 or more) resulting from a chronic condition; or who are medically stable with significant ADL impairments, but have rehabilitative potential; or who are medically unstable due to recent illness, complications of a chronic condition, or a deteriorating condition with variable IADL and ADL needs; or children and their families who have any of a wide range of health related conditions and who need substantial support.

046 – Level IV Home Management

In-Home Aide Services at this level are intended to provide a wide range of educational and supportive services to persons/families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills. Provision of the service involves quick and creative response to individual/family crisis situations identified by the case manager; it also focuses on conducting appropriate learning sessions with small groups of persons from different families who have similar needs. Persons/families to be served include those who have serious limitations in cognitive and/or psycho-social functioning, who may live in disruptive family situations, but who have the potential for major or complete independence in IADL or home management functioning and who have little or no ADL impairment.

080 – Health Support Services – Family Planning means services to enable individuals and families to voluntarily limit the family size or to space the children, and to prevent or reduce the incidence of births, out of wedlock. Such services include educational activities, the provision of printed materials, counseling about family planning and genetics, and help in utilizing medical and educational services available in the community and state. Also included are educational services in human sexuality appropriate to an individual's emotional and social adjustment and physical development.

110 – Health Support Services means helping individuals and families to recognize health needs including those related to alcohol and drug abuse; to cope with incapacities and limited functioning resulting from aging, disability, or handicap and to choose, obtain and use resources and mechanisms of support under Medicaid (including the early and periodic screening, diagnosis and treatment program), Medicare, maternal and child health programs and from other public or private agencies or providers of health services; counseling and planning, as appropriate, with individuals, families, and health providers to help assure continuity of treatment and the carrying out of health recommendations; and helping individuals to secure admission to medical institutions and children to secure admission to other health-related facilities as needed; and family planning services as described in the family planning component.

140 – Housing and Home Improvement Services means assistance to individuals and families in obtaining and retaining adequate housing and basic furnishings. Services include helping to improve landlord-tenant relations, to identify sub-standard housing, to secure correction of housing code violations, to obtain or retain ownership of own home, and to find and relocate to more suitable housing. The provision of labor and materials for minor renovations and repairs to owner-occupied dwellings to remedy conditions, which are a risk to personal health and safety, may be included as an optional part of this service.

Basic appliances, such as stove, refrigerator, heater, fan, or air conditioner may also be provided at county option to facilitate the provision of housing and home improvement services. Such appliances may be provided when this is not the responsibility of the landlord and the individual lacks these essentials to prepare food or is without heat or cooling equipment, which is needed to protect their health.

170 – Personal and Family Counseling means the rendering of counseling services or therapy to individuals, either singly or in groups, for the purpose of resolving emotional conflicts within social relationships. It operates through a process of mobilizing the strengths inherent in the person which are needed to deal with immediate situations and developing the coping ability of the family and its members to use themselves effectively in life roles and tasks. The process involves a professional relationship with a skilled counselor to help the client(s) to assess the situation, to plan steps for dealing with it, and to take appropriate action.

Special Instructions: Code 170 is used on the DSS-4263 only by staff qualified in accordance with the Standards for Personal and Family Counseling as set forth in Volume V, Chapter XIII of the Family Services Manual.

180 – Preparation And Delivery Of Meals means the preparation and delivery of nutritious meals to a blind, aging, or disabled individual in his own home or in a central dining facility as necessary to prevent institutionalization or malnutrition. The cost of raw food necessary to provide the meal service is included.

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.

285 – Health Support Services – Communication Assistance (Optional Resource) means assistance with communication to enable individuals to utilize needed health and medical resources and other community services and resources through the provision of interpreters for the deaf and the provision of telephones when not otherwise available for the aging, disabled, or handicapped who are alone and homebound, or who have a health or medical condition which necessitates ready access to or frequent use of a telephone in their home.

Special Instructions: Code 285 is used on the DSS-4263 only by agency employed interpreters to report their activities in direct provision of communication assistance to clients.

303 – Community Living Services means the provision of services to support continuation of the individual's family or community-based situation, or to prepare him for leaving institutional care and facilitate his transition to living in the community. Such services include training in community living skills and work activity training commensurate with the individual's age and developmental level; recreational and other activities which promote normalization outside an institutional setting; and assistance in arranging for and utilizing community services and resources which support this regimen of services. On an optional basis, services may also include remedial and treatment services necessary to ameliorate the handicapping effects of the disability which prevent or constrain personal, social, and work adjustment (e.g., physical therapy, speech therapy), and food and food services to provide a nutritious meal and snacks during the time clients participate in on-site services.

Community Living Services - Transportation means the provision of transportation when needed and not otherwise available to access community living services programs.

330 – Individual And Family Adjustment Services means services designed to offer assistance to individuals and their family members in support of attempts to restructure or solidify the individual's environment. Activities include counseling to enable the individual to recognize, understand, and cope with problems and conflicts in regard specifically to such areas as household management, consumer affairs, family life, alcoholism, drug addiction, mental retardation, emotional disturbance, and school related problems. Such counseling is also designed to help individuals independently utilize community resources, including other social services: take advantage of natural support systems; and achieve an adequate level of functioning within the family. Also included is arranging for other services when needed to support the provision of individual and family adjustment services; diagnostic psychological study and evaluation necessary to determine the appropriate plan of service; activities associated with fulfilling the agency's responsibility to serve as guardian or representative payee for individual clients; and social development through therapeutic groups as a part of a service plan to give individuals opportunities for participation in structured group activities focused on helping them cope with personal problems, develop capacities for more adequate social functioning and relieve social isolation.

331 – Individual And Family Adjustment Services – Representative Payee means services offered to individuals for whom the DSS has been appointed the representative payee, including assurance of the appropriate use of income for the client's needs, and strengthening the client's basic skills in money management.

332 – Individual And Family Adjustment Paraprofessional Services

Examples of direct services are:

- Supervising visits between parent and child
- Supervising children (while parents attend therapy, parenting classes, Etc.) in absence of caregiver.
- Teaching, coaching, modeling parenting skills, home management skills, communication skills with resources to parents and caretakers and placement providers.
- Teaching, coaching, modeling advocacy skills (especially as related to housing, school system, services agencies)
- Supporting case management of neglected, abused, dependent, delinquent children.
- Transporting/supervising/providing in loco parentis to children going to doctor visits, schools (time in care may be transportation, time at the providers needs to be coded something.)
- Communicating information between services providers and case managers/placement providers.
- Testifying in court related to specific assigned duties and client interaction (supervised visits, school visits, etc.).

350 – TANF Domestic Violence Case Management 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 Work First program requirements and other direct services to clients that related to domestic violence.

Special Instructions: County DSS workers must use Program Code N (DSS NON-REIMBURSABLE) to report time coded to this Service Code on the DSS-4263.

351 – TANF Domestic Violence Emergency Assistance Short term not to exceed four months 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.

395 – At Risk Case Management Services

At Risk Case Management Services is a group of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person or organization. This include evaluating the client's situation to determine the need for initial or continuing case management services; assessing and reassessing the service needs of clients; developing and implementing a Client/Family Service Plan to meet the service needs of the client' assisting the client in locating and contacting providers and programs for needed services; coordinating delivery of services when multiple providers or programs are involved in care provision; and monitoring services when multiple providers or programs are involved in care provision; and monitoring services to insure that they are received, are adequate to meet the client's needs, and are consistent with quality care.

Psychosocial intervention to assist clients in locating needed services, coordinating the delivery of those services, and monitoring the adequacy of the services. Psychosocial intervention typically encompasses these domains: safety and protection, food, housing, clothing, medical care, school placement and adjustment, vocational needs, financial needs, parent/child or foster parent/child relationship problems, and residential placement coordination.

IV. INTAKE AND CASE MANAGEMENT

380 – Case Management means planning and directing the provision of social services within the constraints of policies and procedures to an individual who is receiving or who is applying to receive services. Activities include initial and on-going eligibility determination and assessment of the nature, impact and extent of individual's current service needs as well as establishment of ways and means to tackle the individual's problem. This includes keeping track of what has been provided and what can be provided in relation to the client's needs. Activities include determination and orchestration of conditions and methods of service delivery, which will best support resolution of the individual's problem(s). This means assuming the role of prime agent who assures an equitable, consistent, dependable and coordinated flow of services to the client as he or she moves through the service delivery systems. Activities include establishing separate and joint responsibilities, authorities and tasks among services workers and services agencies involved in the process of helping the individual.

NOTE: When code 380 is used in conjunction with program code 9 (MOE) it must only be used for non-child welfare.

381 – Services Intake describes the function of designated service staff who are assigned to handle the task of initiating clients into the service delivery system of the agency. Activities include receiving requests for services; exploring with the client his request in terms of the services available; taking applications; and such elements of case management as establishing eligibility for services, initiating the Service Client Information Record and certifying clients for purchased services. The extent to which Services Intake performs any of the above case management activities is an agency decision and is related to how broadly the agency wishes to define the intake function. Also included may be working with clients to apply eligibility criteria and determine eligibility for another agency's resources, e.g., crippled children, free school lunches. As a part of assessing with the client his request for help and the nature of his need, the designated intake staff may provide Information and Referral as a part of the tasks assigned to Intake.

385 – Case Management – State Abortion Fund is the activity of completing and reviewing the State Abortion Fund Authorization Form DSS-6847.

NOTE: When this time is reported on the Worker Daily Report of Services to Client (DSS-4263), the Client ID must be entered. It is not appropriate to record this activity as a block of time.

386 – Case Management - In-Home Services means case management activities as defined under Code 380 when carried out to support and facilitate the provision of In-Home Services to a client.

NOTE: In-Home Services are Adult Day Care, In-Home Aide Services, Housing and Home Improvement Services, and Preparation and Delivery of Meals.

V. OTHER ADMINISTRATIVE ACTIVITIES

002 – Child Day Care Program Management - Activities include recruiting and training providers, enrolling providers in the subsidized child day care program, maintaining provider files, preparing or supervising the preparation of monthly reimbursement reports, monitoring day care spending to insure that the budget is maintained and maximum use of funding is attained, developing local policies, observing center and home operations to insure the programmatically- and fiscally-responsible operation of the program, monitoring compliance of nonregistered homes standards, training staff, coordinating with other child care programs and agencies, promoting community awareness of day care needs and responding to requests for information, and other activities required to manage the subsidized child day care program.

804 – Adolescent Parenting Administrative Activity means program development for the Adolescent Parenting Program. Included are such activities as orientation of agency staff to the program model and implementation of the program components, including: in-house management team, community advisory committee and the recruitment, training and coordination/supervision of volunteers. Also included are activities associated with building community awareness to the program such as public speaking and resource building.

816 – Child Day Care Services Delivery - This code is used to record activities needed to deliver child day care services, including transportation, to eligible families. This includes such activities as working with the family to assess its child day care needs, determining initial and on-going client eligibility and establishing fees, providing parents with information that enables them to recognize quality care and to make informed child care choices, arranging a plan of care that best meets the needs of the child and the family, maintaining contact with the family and provider to insure the family is receiving the appropriate service(s), authorizing payments, and maintaining case files.

980 – County General Assistance - use this code when a county General Assistance payment is initiated and provided by service staff and it is not integral to the delivery of services.

990 – General Administration - record in a block of time at end of day those activities considered general administration; e.g., leave, employee travel, supervisor/worker conferences, attendance at training sessions, other non-direct service activities of less than 5-minute duration, compensatory time, etc.

991 – Crisis Intervention Program - use this code to report time spent by a service worker in Crisis Intervention Program activities, e.g., taking applications, assessing need, establishing eligibility, and authorizing payments.

Note: When staff time is purchased, 991 costs are reported on the DSS-1571 Part II.

781 – Other Non-DSS Reimbursable Service

782 – Other Non-DSS Reimbursable Service

783 - Other Non-DSS Reimbursable Service

784 – Other Non-DSS Reimbursable Service

785 – Other Non-DSS Reimbursable Service

786 – Other Non-DSS Reimbursable Service

787 – Other Non-DSS Reimbursable Service

788 – Other Non-DSS Reimbursable Service

789 – Other Non-DSS Reimbursable Service

VI. LONG-TERM CARE SCREENING PROGRAM

610 – Case Management is assessing client needs and planning care, as well as locating, obtaining, coordinating, and monitoring services to maintain the client's health, safety, and well-being in the community as a part of the State's Long Term Care Screening Program (CAP/DA). The principal components of case management are:

- Assessing the client/family for the program in six functional areas by a team of at least two persons (a social worker and a registered nurse) in the home of the client. The initial part of the assessment may also be conducted while the client is in the hospital or nursing facility if the client/patient is to be discharged within 30 days.
- Developing the Plan of Care, revising the Plan as needed and securing approval of the Plan and all revisions.
- Locating and coordinating sources of help from within the family and community so that the burden of care is not exclusively borne by formal health and social agencies.
- Monitoring the client's situation to assure quality care as well as the continued appropriateness of the services and CAP/DA participation. The monitoring includes reviewing provider documentation and claims; obtaining input from the client, family, physician, caregivers, and providers; and personal observation.
- Coordinating with Medicaid income maintenance staff regarding the client's Medicaid eligibility and the meeting of applicable deductibles. This includes planning with the income maintenance caseworkers, clients, and families/primary caregivers on how deductibles will be met. Conducting the annual reassessment (Continued Need Review) by the registered nurse/social worker team. Discharging the client when CAP/DA is no longer appropriate and assisting the client/family in making other appropriate plans.

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.

580 – Employment Programs Case Management means planning and directing the provision of social services within the constraints of policies and procedures for a Food Stamp Workfare participant. Activities include initial and ongoing assessment of the nature, impact and extent of the individual's current service needs as well as establishment of ways and means to tackle the individual's problem. This includes keeping track of what has been provided and what can be provided in relation to the client's needs. Activities include determination and orchestration of conditions and methods of service delivery, which will best support resolution of the individual's problem(s) and effectively facilitate achievement of the individual's goal. This means assuming the role of prime agent who assures an equitable, consistent, dependable and coordinated flow of services to the client for the duration of work program participation. Activities include establishing separate and joint responsibilities, authorities and tasks among services workers and services agencies involved in the process of helping the individual. Activities also include assisting the individual in making application to other service programs and in gathering sufficient information for a determination of eligibility for services provided under other service programs.

581 – Employment Programs Intake includes all Food Stamp Workfare program staff activities of providing information to individuals who have been referred to or who are inquiring about the program. Intake activities include but are not limited to making an explanation of the program, explaining the advantages and/or disadvantages, and exploring with the individual the appropriateness of his participation. The Intake code may also be used to cover employment program staff activities provided on behalf of former participants. Intake activities may include counseling, assisting individuals in identifying and pursuing other resources for training and employment and follow-up to determine the outcome for clients to whom information and referral service has been provided.

582 – Worksite Development And Management means identifying potential Food Stamp Workfare worksites for the program and securing support and/or commitment for work slots. Included are explaining program policy to worksite sponsors, negotiating a Work Experience Agreement, and monitoring worksites.

583 – Program Development means Food Stamp Workfare staff time spent identifying and developing community resources for job placement and development, education and training, and supportive services. Developing labor market information, educating the public about the program, and posting education, training, worksite, and other opportunities are included in this service.

Special Instructions: It Is not required that an individual must have completed an application for services and have been assigned an eligibility category code in order to receive Intake Services. A SIS ID# is not required on the DSS-4263 for reporting under this code.

590 - Able-Bodied Adults Without Dependents Case Management means planning, directing, or providing social services to an Able-Bodied Adult Without Dependents within the constraints of policies and procedures. Activities include initial and ongoing assessment of the nature of the barriers keeping the individual from becoming employed. This includes keeping track of what has been provided and what can be provided in relationship to the individual's needs. Activities include determination and orchestration of conditions and methods of service delivery, which will best support resolution of the individual's problem(s) and effectively facilitate achievement of the individual's employment goal.

591 - Able-Bodied Adults Without Dependents Work Site (Community Work Experience)

Development, Placement and Management means identifying potential worksites for individuals and securing support and/or commitment for work slots with public and private non-profit agencies. Included are explaining program policies to worksite managers, negotiating an Agreement between the Department of Social Services and worksite agency, placement of individuals, and monitoring work sites.

592 - Able-Bodied Adults Without Dependents Education Development, Placement and

Management means identifying potential education components (e.g., Pathways to Employment, Human Resources Development, Adult High School, General Education Development, Adult Basic Education, etc.) for individuals. Included are advocating for individuals requiring educational opportunities, placement of individuals, and obtaining reports on individual participation and progress.

593 - Able-Bodied Adults Without Dependents Training Development, Placement and

Management means identifying potential training components (e.g., JTPA, N. C. Department of Labor, etc.) for individuals. Included are advocating for individuals requiring training opportunities, placement of individuals, and obtaining reports on individual participation and progress.

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 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: Costs for Code 532 are reported on the DSS-1571; client ID numbers are **not** 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 activities and those 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 or providing activities such as Job Coaching/Mentoring.

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.

559 – Work First Functional Assessments - include purchasing *Functional Evaluations (FE)* services that document a person's ability to work or *Vocational Assessments (VA)* to assess an individual's abilities, skills, interests and readiness for employment. Functional Assessments can be performed from a physical, medical, behavioral or psychological perspective. Specific services may include, but are not limited to, academic testing, observation, interviewing, dexterity testing, motor skills testing and job placement.

Special Instructions: Worker time spent arranging for FE/VA and participating in activities related to FE/VA should be coded as either 522 - Case Management Without Eligibility Determination, 548 – Case Management For Non-Custodial Parents Of Work First Children or 558 – Case Management Retention Services, as appropriate for the individual being served.

Note: Service Code 559 should be reported on the DSS-1571 Part IV only and client ID numbers are 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).

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).

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**
This code refers to 100% TANF Block Grant funds. These funds are allocated to county departments of social services on a formula basis for their Work First programs, and are also used to fund some child welfare services under the TANF provision that allows services to be provided solely under prior law.

This code may be used by Work First case managers to document Work First supportive services provided to TANF eligible families to accomplish one of the four purposes of the TANF program. Those purposes include: (1) Assistance to needy families; (2) promotion of job preparation, work and marriage to end dependency of needy families; (3) prevention and reduction of out of wedlock pregnancies; and (4) encouragement of formation and maintenance of two parent families.

This code may be used by child welfare social workers, to provide services that were approved in the former AFDC-EA State Plan. These services are provided under the TANF provision that allows services to be "provided solely under prior law". All eligibility requirements outlined in law and policy must be met. (Please refer to Family Services Manual, Volume I, Chapter IV: Child Placement Services, Section 1205.)

Briefly, when used for allowable child welfare services, the following eligibility requirements must be met:

- The family must be experiencing an emergency (policy defines what the term "emergency" means); and
- the child must be living with a parent or specified relative (or, if the child is in foster care, the child must have lived with a parent or specified relative within six months of the eligibility determination); and
- the family does not have the resources to meet the emergency.

- 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)**

This code refers to a special allocation of 100% TANF Block Grant funds for the purpose of increasing the number of social workers providing child welfare services. This code has the same eligibility requirements as does Program Code **R – 100% TANF Federally Funded**, when used to provide those services approved in the former AFDC-EA State Plan under the TANF provision that allows services to be "provided solely under prior law".

This code is used to track costs associated with the expansion of child welfare services to TANF-eligible children and their families. Workers should consult with their supervisors, program administrators and/or fiscal officers as to if and when this Program Code should be used when documenting services to TANF-eligible children on their daily reports of services to clients (day sheets).

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

This code refers to Maintenance-of-Effort requirements outlined in the federal TANF regulations. Each county has its own MOE spending requirement that must be met in order for North Carolina to receive TANF block grant funds.

When this code is used by Work First case managers to document supportive services provided to Work First participants, the eligibility requirements for TANF and Work First outlined in law and policy must be met. North Carolina's TANF State Plan identifies the following as permissible uses of MOE funds:

- Work First Family Assistance
- Child care
- Supportive and Preventive Services
- Educational activities intended to increase self-sufficiency, job training and work, excluding any expenditure for public education in the State except expenditures which involve the provision for services or assistance to a member of an eligible family which is not generally available to others
- Administrative Costs (may not exceed 15% - see TANF State Plan for further clarification)
- Case Management Services, including outreach and follow-up activities
- Services such as housing assistance or health care assistance which can help families meet their goals for self-sufficiency
- Automating the provisions of law
- Other uses that can reasonably be expected to enable families care for their children in the home, and support the four purposes of TANF.

When this code is used by child welfare social workers to document allowable services to children and their families, the eligibility requirements outlined in law and policy must be met. (Please refer to Dear Director Letter, dated 03-03-00, "Use of Maintenance of Effort (MOE) Funds for Child Welfare Services".) At a minimum, use of Program Code 9 involves the following eligibility factors:

- Services provided to a family must meet the 1st TANF goal of maintaining the child in his/her own home or the home of a relative.
- The family must meet income requirements (income must be no greater than 200% of the Federal Poverty Level), citizenship requirements (workers usually check with their Work First staff to determine this), and
- the child must be living with a parent or specified relative (or if the child is in foster care, the child is considered a family of one).

If a child is IV-E eligible and the service provided is one funded by IV-E, IV-E funds must be used rather than MOE.

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.

14. Work First Functional Assessment Funds

Work First Functional Assessment Funds are 100% TANF Block Grant funds reimbursed to county Departments of Social Services for the purchase of Functional Evaluation and/or Vocational Assessment services for Work First applicants and recipients.

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) for only those activities classified as “offering and arranging for family planning services”, including disseminating written and oral information; providing for individual and/or group discussions about all methods of family planning, including abstinence; and assisting with scheduling of visits to a medical family planning provider. 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.

- 12. Work First Demonstration Grant (TANF)**
Federal TANF dollars allocated to approved Work First Demonstration Grant Counties for demonstration initiatives that are designed specifically to increase participating counties' All-Family and Two-Parent Work Participation Rates. Counties may utilize these funds when providing services to Work First participants including: child care; transportation; educational activities intended to increase self-sufficiency; job search and readiness; job training, development and placement; payment of expenses to facilitate participation in approved activities; child and family enrichment activities and case management. These funds may also be utilized to provide similar services to support the continued employment of former recipients of Work First Family Assistance or those individual with gross family income at or below 200% of Federal Poverty Level.
- 13. Adolescent Parenting Program – TANF**
Provides funds for staff purchased services, resource materials, training and volunteer costs for services to young first time parents (TANF eligible) to encourage continued school attendance, discourage second pregnancies, and promote parenting skills. Funds are provided to participating counties only.
- 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 D

IX. WORK FIRST PILOTS

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
WF Pilot-Transportation	431	431	Yes	431	Yes	R
WF Pilot-Subsidized Employment	401	401	Yes	401	Yes	R
WF Pilot-Other Support Services	402	402	Yes	402	Yes	R
WF Pilot-Non-Custodial Parent Case Management and Employment	403	403	Yes	403	Yes	R
WF Pilot-Cash Emergency Assistance				Yes	No	R
WF Pilot-Case Management and Other Work Activities/Expenses,	405	405	Yes	405	Yes	R
WF Pilot-Child and Family Enrichment Services	406	406	No	Yes	No	R

431 – WORK FIRST PILOTS-TRANSPORTATION SERVICES means purchasing transportation to enable participants 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 counties' Work First Pilot proposal. The purchase of childcare transportation, when not included in the child care payment, is to be reported as Transportation Services

Include here transportation services for all families served, including non-custodial parents who meet eligibility requirements. Also included is staff time for DSS staff whose responsibility it is to actually provide transportation (i.e., van driver).

Note: A SIS or EIS client ID number is required.

401 – WORK FIRST PILOTS-SUBSIDIZED EMPLOYMENT 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, and cost of tools and other equipment, when not provided by the employer to any employee. This includes "paid work experience" as described in some counties' Work First Pilot proposals.

Note: A SIS or EIS client ID is required.

402 – WORK FIRST PILOTS-OTHER SUPPORT SERVICES are all other services provided to assist Work First participants as described in counties' Work First Pilot proposal. These services include other **allowable** services that are not categorized in another service code.

Included are 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.

Note: A SIS or EIS client ID is required.

403 – WORK FIRST PILOTS CASE MANAGEMENT AND WORK ACTIVITIES FOR NON-CUSTODIAL PARENTS OF WORK FIRST CHILDREN consolidates traditional case management and a variety of work activities and some other expenses needed to facilitate employment or maintain successful family life.

Case management includes planning and directing the provision of, and/or directly providing services by 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. Case management also includes, among other things, gathering information through various methods, such as interviewing, formal testing, and self-assessment instruments, coordination with agency staff and other community resources when

appropriate to prevent duplicative assessments, purchase of diagnostic evaluations to assess and individual's job readiness. 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.

Work Activities 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 subsidized employment or OJT.

Special Instructions: Staff time spent recruiting possible resources or negotiating a subsidized employment or 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.

- 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.

Note: that a SIS client ID is required.

WORK FIRST PILOTS EMERGENCY ASSISTANCE includes the short-term (no longer than 4 months) assistance for crisis situations as described in the county's Work First Pilot proposal.

405 – WORK FIRST PILOTS CASE MANAGEMENT AND OTHER WORK

ACTIVITIES consolidates traditional case management and a variety of work activities and some other expenses needed to facilitate employment or maintain successful family life.

Case management means planning and directing the provision of, and /or directly providing services by staff with case management responsibilities as defined in the county's Work First Pilot proposal. Activities include 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 also 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.

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.

Work Activities and expenses that are shown here include:

Participation expenses such as car repairs, licensing fees, and meals and refreshments (as allowable) CPR training and equipment such as a fire extinguisher for an individual providing child care, uniforms, tools, and medical exams for someone participating in work experience. This includes one-time work related expenses also.

Job search/job readiness activities that help an individual or group by 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 case manager or other service provider. Expenses required for participation in Job Search and Job Readiness include, but are not limited to, fees and supplies, costs for 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.

Mental health and substance abuse 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.

Note: A SIS or EIS client ID is required.

406 – WORK FIRST PILOTS 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 should 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's 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.

Note: No client ID is required for this service code.

APPENDIX E

XI. (Reserved)

APPENDIX F

XII. (Reserved)

APPENDIX G

XIII. REPATRIATION SERVICES

SERVICE	DSS 5027	DSS 4263		PURCHASED SERVICES*		PROGRAM CODE
		SIS CODE	CLIENT ID# REQ'D	ALLOWED	CLIENT ID# REQ'D	
Repatriation Services	389	389	No	389	No	50

Service Code Definition:

389 – Repatriation Services are those activities, benefits and services provided to American citizens returning to the United States from foreign nations because of destitution, mental illness, physical illness, or international crisis. Allowable activities include, but are not limited to: intake, case management, needs assessment and referral to private and public service providers, counseling, health care, transportation, temporary shelter, and the provision of emergency cash assistance and loans. Funds expended for these services are considered loans to the individual, who will be responsible for reimbursement to the Federal government. Services may be provided for up to 90 days from the date an individual arrives in the United States.

Special Instructions: If the only service provided to a repatriated individual is **389-Repatriation Services**, it is not necessary (but allowable) to complete a SIS Client Entry Form (DSS-5027) to open a service client information record in the Services Information System. If the individual receives additional services, a DSS-5027 must be completed, as appropriate for the specific services provided, and the request for **389-Repatriation Services** should be documented along with the other services requested.

Program Code Description:

50. **Repatriation Funds**

Federal repatriation funds passed through International Social Services to NC-DHHS for the purpose of providing case management, counseling, health care, transportation, emergency cash assistance/loans, and other needed services to American citizens returning to the United States because of destitution, mental illness, physical illness, or international crisis.