

**FISCAL 101**

**A BUDGET GUIDE FOR DSS  
DIRECTORS**



**Prepared by**

**DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**DIVISION OF SOCIAL SERVICES  
BUDGET OFFICE**

**February 6, 2008**

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## A Budget Guide for Division of Social Services Directors

Prepared by the Local Business Liaisons  
NC Division of Social Services, Budget Office

**Purpose:** To provide a basic overview of fiscal information that will be helpful for new Directors and Senior Management, including general fiscal guidance and information for specific program areas. Even if a manager has responsibility for only one area of the agency, it is good to grasp a basic knowledge of all aspects of fiscal impact on the agency. All program areas are interrelated and linked through the cost allocation process, and all areas are sometimes “competing” for diminishing funding. Learning to find the best balance in providing services and in being fiscally responsible is an ongoing challenge for social services administrators. In order to start thinking about areas of fiscal impact that a Director or Administrator should be aware of, review the checklist in **Attachment A, Page 11.**

### ADMINISTRATIVE COSTS

#### I. General Fiscal Information:

- A. **County Budget Process** begins by establishing line items for expenditures, revenues and developing written justifications.
  1. Follow your county’s procedures. See County DSS Business Cycle, **Attachment B, page 13.**
  2. Refer to State Budget Estimates for capped amounts and uncapped percentages, and Budget Narrative for program explanations  
On Line Budget Narrative Outline and Budget Estimates are located at:  
<http://www.dhhs.state.nc.us/dss/budget/estimates.htm> A list of mandated and optional programs and services with General Statute References is currently being updated and will be posted with the on-line version as soon as it is complete.
  3. Remember some funds are capped and some are uncapped. See List of Capped Fund Sources, **Attachment C, page 14.**
  4. Some programs will require the budget and revenues to be established up front and other programs will only require the county’s share to be budgeted. It should be noted the State will draft the county’s share of cost. These programs are listed in **Attachment D, page 15.**
  5. Counties should budget revenue based on the Cost Allocation principles and process; the State Budget Template is an excellent means for calculating administrative revenues and projecting changes quickly. It will also provide an accurate picture of the total budget, Federal, State, and County dollars on the DSS-1047. View the template file and instructions at <http://www.dhhs.state.nc.us/dss/budget/estimates.htm> . A **Sample State and County Budget Template** is also posted at <http://www.dhhs.state.nc.us/dss/budget/county.htm> . For a list of budget issues to consider during this process please see **Attachment E, pages 16-17**; for a lists of guidelines to follow for preparing a budget, please see **Attachment F, page 18**; and **Attachment G, pages 19-20**, provides a sample of a Maximus report entitled “Average Percent of Time”. This report tracks history of workers coding throughout the fiscal year and can be used to enter percentages into the budget template.

6. Strive to maintain consistency with similar type of expenditures that must either be cost allocated or direct charged within a fiscal year. For capital expenditures note whether to budget full reimbursement or whether the item purchased will have to be depreciated over several years for reporting purposes. Request permission from Controller's Office for a direct program charge, or for expensing an item in excess of the limit, as shown in **Attachment H1-2, pages 21-22.**
  7. A list of acronyms, **Attachment I, pages 23-25** and their definitions are provided.
- B. County Management of Funding** requires the tracking of expenditures and revenues on a monthly basis to ensure maximization of revenues. Review county line items and compare budgeted vs. actual in expenditures and revenues. Follow up on reasons for deviations, and make budget amendments if needed.
1. Discuss with Services staff regularly how to prioritize choice of day sheet Program Codes based on available funds, reimbursement percentage, and client eligibility (more information included in **Chapter XIII: Child Welfare Funding Manual** posted at: <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-78/man/> . More information is in section **II. Family Services and Child Welfare (FSCW)**).
  2. Be sure fiscal staff balances the county ledger to the 1571 monthly before uploading. Only report expenditures for services that have been provided and documented. If a county provides up front payment for a service, that cost is 100% county cost until the service has been provided.
  3. Use TEC and QuIC software to view 1571 revenues on the QuIC 335 and 411 prior to uploading the 1571; make any needed adjustments to maximize revenues. This software helps show effects of cost allocation on capped fund sources; this is your in-house preview that mirrors how state reimbursement will occur based on reported costs and full-time equivalencies. If your county is not balancing QuIC and using it as a management tool, contact your LBL and/or Maximus.
  4. View State Fiscal Reports and compare to line items. There are several ways to view management reports on line:
    - a. XPTR, State system – Mainframe access
    - b. XTND, can view XPTR reports in a windows environment
    - c. XNET, can View XPTR reports on the Internet
    - d. see web site: <http://www.state.nc.us/sysware/>
    - e. To gain access to management reports, contact your agency's security officer and/or the Help Desk at 919-855-3200.
    - f. Some key XPTR Report Names for Administrative Costs, and information they provide, are in **Attachment I-1, page 26.**
  5. Look at EFT notices from Controller's Office, either hard copies or view them on line, and compare drafts and deposits to XPTR reports, as well as to budgeted and actual expenditures and revenues on the county ledger. A list of EFT descriptions and corresponding XPTR reports are in **Attachments J 1-2 pages 27-29.**

**PROGRAM COSTS** (includes Public Assistance and Services)

Please note this list is not all-inclusive and there may be other grants or funding sources that are unique to your county.

**Note: For all program costs, be sure to document client eligibility in records for all fund sources used which require eligibility determination.**

## **I. Food & Nutrition Services and Energy Programs**

- A. Capped allocations to watch on XS411 report: Energy Admin (Day Sheet Code “E”), Crisis Intervention payments, CP&L (Project Share)
- B. Food & Nutrition Services caseload size will determine EBT draft cost; vendor up fronts the cost and your share is drafted through EFT. Review Food & Nutrition Expenditure Report in XPTR:  

DHREBT EBT827-01-AU YTD BY MONTH (report in directory - DHR/SLA)
- C. Program Integrity – watch collections, incentives earned; balance EPICS, FRD reports to County Admin reports and to Medicaid reports. Management Report in XPTR:  

DHRFRD FRD428Y YTD CNTY COLLECTN.
- D. Attachment M-2, page 36, is a partial listing of Public Assistance Reports.

## **II. Family Services and Child Welfare (FSCW)**

- A. Work First Block Grant, Capped allocations to watch on XS411 and WC373 report: WFBG MOE, TANF 100% Federal:
  - 1. Meeting MOE and not going over? Meeting Program Goals?
  - 2. Drawing down all your TANF and not going over? If overspending, requirements must be met to qualify for any available reallocation, should it be available.
  - 3. Balance spending between MOE and TANF, switch codes back and forth if needed (be aware of eligibility documentation requirement).
  - 4. Balance WFBG spending between Work First and Child Welfare programs
- B. XPTR report showing Public Assistance costs, TANF and TANF-Unemployed Parents: DHRWFA SAAP ASSISTNC EXP/AVG PMT
- C. TANF Domestic Violence is a capped allocation. DSS must have an agreement with local DV agency, DSS staff time no longer allowed.
- D. Children's Services, Capped allocations to watch on XS411 report are: SSBG Federal & State, Adoption/Foster Care State, Permanency and Special Perm. Planning, Child Protective Services (50% federal continues uncapped), TANF to SSBG, TANF CPS & Foster Care/Adoption (use this before WFBG TANF), WFBG TANF 100% Federal, WFBG MOE (balance with WF costs - both programs use WFBG funds), LINKS, Family to Family, Family Preservation. **Attachment K, pages 30-33**, is a sample 411 Report that tracks an agency’s revenue allocations and can be used to better track your revenues. **Attachment L, page 34**, suggests a way to prioritize day sheet coding; priority may vary depending on your particular agency’s available funding.
- E. Foster Care and Adoption Assistance, Budgeting and Tracking; various funding streams and percentage of county match; budget payments for children in care by age group, anticipate for changes.

1. Foster Care - are facilities licensed properly for the children in care? Rates are set by the state, and agencies may receive maximization under IV-E, TEA, and At Risk whenever possible. Reconciling county ledger to what's entered in CPPS to PQA reports, both expenditure and revenue? Using TEA Foster Care rather than SFHF for eligible cases when TANF is available? Using SFHF if WFBG TANF is on track to over-spend?
2. Adoption Assistance – reconcile county ledger to what's entered in CPPS to PQA reports, expenditures and revenues (only vendor payments receive revenue; cash is a sight draft)
3. Trust Accounts – who is monitoring the balances to assure that foster children remain eligible for Medicaid?
4. Contact Tina Bumgarner, Financial Resource/SMF Coordinator for questions and information regarding Money Matters training. Tina can be contacted at (704) 462-2686 or [Tina.Bumgarner@ncmail.net](mailto:Tina.Bumgarner@ncmail.net). Your assigned LBL is also available for assistance. Good management reports in XPTR for Foster Care and Adoptions (more are listed in **Attachment M1, page 35, XPTR Report Names for Foster Care, Adoption Assistance, and Public Assistance**)

DHRPQFC PMT RPT PQA020  
 DHRPQ FC SAAP PQA026  
 DHRPQ VENDOR SAAP PQA036  
 DHRPQ ADOPT AST CASH SAAP PQA046  
 DHRPQA PQA151 CCI ADMIN COUNTY (Latest)  
 DHRPQA FC PMT REPORT PQA165-1 (and PQA 165-2, and PQA 165-3)  
 DHRPQ FC LEVEL IV MH PQA220  
 DHRPQA MAX ADJ REG TQA225 (Latest)

**Be aware of proposed changes to Foster Care payments and reimbursements beginning with State Fiscal Year 2008-09. Refer to the 2008-09 Budget Estimates and Narrative for more details.**

### III. Child Support Enforcement (CSE)

- A. Staff in DSS draw revenue, including overhead, at 66% federal uncapped. Counties should budget and track collections and incentives earned.
- B. Based on the passage of the Deficit Reduction Act of 2005, effective October 1, 2007, the performance incentive funds can no longer be utilized as match to draw federal dollars. Incentive money passed through to the local agencies must be used as 100% county funds. These funds when spent must be claimed on the DSS-1571 form under the new non-reimbursable IV-D incentive fund code. The DHHS Controller's office issued a Dear County letter dated September 25, 2007 providing instructions for the new code. If you have any questions, please contact your CSE consultant or Michele Tart at (919-255-3800). Your assigned LBL is also available.
- C. Encourage good communication with Public Assistance and Foster Care staff for maximizing collections and for accurate distribution of those collections.

D. Some management reports in XPTR:

DHRFKK COLLECTIONS BY PAY SOURCE  
DHRFKK IVD COLLECTIONS REPORT  
DHRFKK PYMTS DISTRIBUTED PER CTY

#### **IV. Adult Services – now with Division of Aging and Adult Services (DAAS)**

- A. Capped allocations to watch on XS411 report: SSBG Federal and State, Adult Care Home Case Management (50% federal continues uncapped), Adult Home Specialist (50% federal continues uncapped), Adult Protective Services, State In-Home, and Adult Day Care. Adult Services revenues not on the 411 report but significant to watch include Home & Community Care Block Grant, CAP DA, Personal Care Service, At Risk Case Management, and Title XIX Medicaid Transportation. **Attachment N, pages 37-39** lists some fund sources and information for Adult Services programs.
- B. Monitor Special Assistance county cost; try to use in-home services where possible, more cost-efficient. XPTR report showing SA costs: DHRWFA SAAP ASSISTNC EXP/AVG PMT
- C. Track and reconcile guardianship and payee trust accounts by reconciling with monthly bank account statements.

#### **V. Division of Medical Assistance (DMA) - Medicaid**

- A. Capped allocations to watch on XS411 report:
  - 1. MA Expansion (50% federal continues uncapped),
  - 2. NC Health Choice (federal reimbursement continues uncapped at the current FFP rate and the percentage changes at the beginning of each federal fiscal year – October 1).
- B. At Risk Case Management (ARCM) for Adults, Personal Care Services (PCS), Community Alternatives Program (CAP):
  - 1. Bill Medicaid via CMS 1500 or electronically via web-based software at:  
<https://webclaims.ncmedicaid.com/ncecs/>  
(Try Internet Explorer if encounter problems accessing site)
  - 2. Reconcile billed claims to the Remittance Advice (RA). The RA is a document sent to the agency from DMA showing processed claims and whether they were processed for reimbursement or denied. Determine why any claims were denied and then reclaim them. This process insures all claims are reimbursed to the agency.
  - 3. Review HIPAA Guidelines to insure compliance when dealing with medical information.

C. Medicaid Program costs:

1. This is the county share of cost of Medicaid Services provided for eligible clients.
2. Monitor monthly sight draft to track county cost. This cost is a major part of each county budget and can be difficult to estimate.
3. On Oct. 1, 2007, the county Medicaid share was reduced by 25 percent, from 15 percent of the nonfederal share to 11.25 percent. According to state estimates, this will save counties approximately \$86.1 million for the final eight months of fiscal year 2007-2008. Any Medicaid expense incurred on or after Oct. 1 would be charged to counties at the lower participation rate – counties would begin to see their savings accrue with the November 2007 Medicaid bill, technically referred to as a “warrant.” By July 1, 2008, the county Medicaid share is further reduced to 7.5 percent of the nonfederal share. According to figures from the state, this will save counties approximately \$271 million for fiscal year 2008-09. And finally, on July 1, 2009, the county Medicaid share is eliminated completely. The state estimates this will save counties approximately \$593 million in fiscal year 2009-10. More information can be located at: [http://www.ncacc.org/medicaid\\_1007.html](http://www.ncacc.org/medicaid_1007.html) .

D. Transportation:

1. The most cost-efficient means should be used.
2. Staff time should be reported separately for arranging vs. providing transportation due to the difference in reimbursement rates between the two.
3. Document and track reimbursement.

E. Management Reports in XPTR:

Medicaid Cost Calculation:

DHRWDA MS666SAM WARRANT CNTY and  
DHRWDA WD667 COUNTY AND STATE

Expenditures, by service and by provider:

DHRRLA PER ANNUAL  
DHRRLA PER MONTHLY YEAR-TO-DATE  
DHRRLA PER COMPARISON CURR/PRIOR  
DHRRLA PROVIDER EARNINGS RPT CY  
DHRRLA PROVIDER EARNINGS RPT SFY

Health Choice reporting:

DHRWDB SUMMARY NCHC VS MEDICAID  
DHRWDB NCHC PREMIUM RECON  
DHRWDB NCHC DETAIL PREMIUM RECON

## **VI. Division of Child Development (DCD): Child Care Development Fund (CCDF), Smart Start**

- A. Capped allocations to watch on XS411 report:
  - 1. Smart Start Reimbursement (Admin portion)
  - 2. Child Care Dev (Admin portion)
- B. Monitor program payments in both CCDF and Smart Start
- C. Review expenditure reports sent out by DCD
  - 1. Check spending coefficient
  - 2. Monitor waiting list
- D. WFCBG - Both MOE and TANF can be used for eligible clients when needed based on each individual county's availability of these funds.

## **VII. Division of Services for the Blind (DSB)**

- A. Special Assistance for the Blind, monitor county share in budget and monthly sight drafts.
- B. Budget for staff costs according to annual agreement with DSB. Negotiate for cost of space, supplies, equipment, etc. Treat similar costs consistently on 1571.

## **VIII. Division of Public Health (DPH)**

- A. Capped allocations to watch on XS411 report: Adolescent Parenting

## **IX. Conclusion: Importance of attention to detail by fiscal staff, back-up plan developed and strong management emphasis on fiscal accountability**

One of the best things a director can do for his/her agency and for management teams/managers is to invest in recruiting and retaining high-quality fiscal staff. In addition, backup support is critical in all major areas that impact a county's reimbursement and places them at audit risk. The internal control environment set by management is important for managers to consistently place a strong emphasis on good fiscal practice.

## **X. Fiscal and Administrative Resources**

### **Web Site, NC Division of Social Services**

<http://www.ncdhhs.gov/dss/>

#### **Dear County Director and Administrative letters**

Keep up with new policy issued in program and fiscal letters; some helpful web sites:

**DSS:** Dear County Director letters - <http://www.dhhs.state.nc.us/dss/dcdl/index.htm>

**DHHS Office of the Controller:** <http://www.dhhs.state.nc.us/control/socserv/reccorr.htm>

<http://www.dhhs.state.nc.us/control/socserv/reccorr2.htm>

**DMA:** Adult Medicaid Admin. Letters -

<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/adm/index.htm>

EIS Admin. Letters - <http://info.dhhs.state.nc.us/olm/manuals/dma/eis/adm/index.htm>

Family & Children's MA Admin. Letters. -

<http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/adm/index.htm>

Dear County Director Letters - <http://www.dhhs.state.nc.us/dma/dcdss.html>

Medicaid Bulletins – <http://www.ncdhhs.gov/dma/bulletin.htm>

#### **DSS Local Support Staff County Assignments and/or Schedules**

<http://www.dhhs.state.nc.us/dss/team/>

Site includes contact information, county assignments, and/or schedules for: Local Business Liaisons, County Operation Liaisons, Adult Program Representatives, Children's Services Program Representatives, Work First/Food and Nutrition Services & Energy Programs Representatives, and Child Support Enforcement.

#### **Division of Social Services Budget Office**

Sarah Barham, Budget Officer, 919-733-1259

Kathy Sommese, Assistant Budget Officer, 919-733-1259

Jane Johnson, Budget Analyst, 919-733-1259

Marcia Silvers, Budget Analyst, 919-733-1259

Alycia Gaither, Budget Analyst, 919-733-1259

Jill Robertson, Budget Analyst – 919-733-1259

Vacant, Budget Analyst, 919-733-1259

Sandra Weathers, Accounting Technician, 919-733-1259

James Clark, Local Business Liaison Supervisor, 910-754-6431

Lee Quick, Monitoring, 910-582-4174

Neil Walters, County Operations Liaison 843-280-0642

County Operation Liaisons, <http://www.dhhs.state.nc.us/dss/team/OLLList.htm>

Local Business Liaisons, <http://www.dhhs.state.nc.us/dss/team/LBLList.htm>

#### **Budget Narrative Outline, Budget Estimates, and Budget Template**

<http://www.dhhs.state.nc.us/dss/budget/estimates.htm>

#### **Monitoring**

<http://www.dhhs.state.nc.us/dss/Monitoring/sa.htm>

#### **Facility Inspections: 10 NCAC 24A .0504 and Form DSS-1414**

LBL and/or COL will review county DSS agencies for compliance with the standards set forth in 10 NCAC 67A .0103, using guidelines in 10 NCAC 67A .0103 and Form DSS-1414 to determine

compliance. Efficiency of work flow, adequacy of environment to perform required functions, and privacy of client information will be the primary considerations in determining compliance.

**Division of Social Services Program Compliance Section**

Vacant, Contracts, 919-733-9385

Carlotta Dixon, HIPAA, 919- 733-3055

**Contract Information**

State Contract templates, which meet federal guidelines, are posted at:

<http://www.dhhs.state.nc.us/dss/budget/forms.htm>

**HIPAA**

<http://dirm.state.nc.us/hipaa/>

<http://dirm.state.nc.us/hipaa/hipaa2002/local/socialservices.html>

**Division of Social Services Performance Reporting/Automation (Services Information System)**

Hank Bowers, Chief, 919-733-4530

**SIS manual**

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

**SIS updates**

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/chg/index.htm>

**Web Site, DHHS Office of the Controller**

<http://www.dhhs.state.nc.us/control/>

**DHHS Office of the Controller**

Laketha Miller, Controller

Jack Chappell, Section Chief, Program/Benefit Payments, 919-733-0169

Debbie Hawkins, Head, DSS/DOA/DMA/DFS Branch, 919-733-4640

Myra Dixon, Supervisor, County Administration Accounting Unit, 919-733-2306

Don McLamb, Audit Resolution Coordinator for Governmental Audits, 919-855-3740

**DSS Fiscal Manual, maintained by DHHS Office of the Controller**

<http://info.dhhs.state.nc.us/olm/manuals/ooc/fsc/man/>

**Maximus 1571 software (TEC, QuIC, PET, PAC)**

Email support: [help@maximussupport.com](mailto:help@maximussupport.com)

Web Site: <http://www.maximussupport.com/>

**DIRM electronic 1571 upload and Part IV Preparation Program**

<http://www.dhhs.state.nc.us/control/socserv/1571proj.htm>

**EFTs (Electronic Fund Transfers), Deposits and Drafts, Explanations**

Controller's web site has EFTs on line, track deposits and drafts back to each program; compare to line items and to XPTR reports. Controller's Office has issued a chart linking EFTs to XPTR report titles.

<http://www.dhhs.state.nc.us/control/socserv/socserv.htm>

PA/CSE EFT Notices

### **Child Placement and Payment System**

<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-80/man/index.htm>

### **Chapter XIII Child Welfare Funding Manual**

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

<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-78/man/>

### **Background and federal guidelines for IVE, the ACF web site is:**

[http://www.acf.hhs.gov/j2ee/programs/cb/laws\\_policies/laws/cwpm/policy.jsp?idFlag=8](http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy.jsp?idFlag=8)

### **Mental Health Bulletins are posted at (treatment needs of children):**

<http://www.dhhs.state.nc.us/mhddsas/announce/index.htm>

### **Foster Care Rate-Setting**

<http://www.dhhs.state.nc.us/control/>

Residential Treatment and Foster Care Facilities

<http://www.ncdhhs.gov/control/fcf/fcfac.htm>

### **Audit Information**

<http://www.dhhs.state.nc.us/control/>

Scroll down for Audit Confirmation Reports

**Audit Compliance Supplements are developed by the Division of Social Services.** They are on line at: <http://www.treasurer.state.nc.us/>

Agency Matrix of Crosscutting Requirements (excerpt below – it now includes reference to Family Services Manual Vol. VI, Ch. IV; but we can revise this if needed); tells auditors what to check for compliance in Single County Audit

**Local Government Commission** gives guidance to counties per NC General Statutes: (Local Government Budget and Fiscal Control Act at

[http://www.ncga.state.nc.us/statutes/generalstatutes/html/bychapter/chapter\\_159.html](http://www.ncga.state.nc.us/statutes/generalstatutes/html/bychapter/chapter_159.html)

Chapter 159. Local Government Finance)

### **Record Retention**

Department of Cultural Resources Schedule for Department of Social Services

[http://www.ah.dcr.state.nc.us/records/local/SocialServices/2006\\_SocialServicesRecRetention.pdf](http://www.ah.dcr.state.nc.us/records/local/SocialServices/2006_SocialServicesRecRetention.pdf)

Local Records Management Analysts

<http://www.ah.dcr.state.nc.us/records/counties.htm>

DHHS Controller's Office memorandum and spreadsheet on web at

<http://www.dhhs.state.nc.us/control/>

"Letters/reports/forms for ALL Agencies"

"Records Retention and Disposition Schedule Memorandum" and

"Records Retention and Disposition Schedule Spreadsheet"

**Personnel**

<http://www.osp.state.nc.us/ExternalHome/Group5/LocalGovmt/index.html>

**Contact List for Counties and Local Jurisdictions**

<http://www.osp.state.nc.us/ExternalHome/Group5/LocalGovmt/Local%20Government%20Contacts.xls>

**NC General Statutes Chapter 108A, Social Services**

[http://www.ncga.state.nc.us/statutes/generalstatutes/html/bychapter/chapter\\_108a.html](http://www.ncga.state.nc.us/statutes/generalstatutes/html/bychapter/chapter_108a.html)

**Federal Guidance**

**OMB Circular A-8** <http://www.whitehouse.gov/omb/circulars/a087/a087-all.html7> –

Dated 05/04/95, further amended 8/29/97

Cost Principles for State, Local and Indian Tribal Governments

OMB Circular A-133 - Revised June 24, 1997

<http://clinton2.nara.gov/OMB/circulars/a133/a133.html>

Audits of States, Local Governments, and Non-Profit Organizations

Code of Federal Regulations, Title 45 – Public Welfare and Human Services

[http://www.access.gpo.gov/nara/cfr/waisidx\\_02/45cfrv1\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfrv1_02.html)

**Email lists:**

To be added to the NCACDSS fiscal list serve: Email Tracy Turner at [Tracy@ncacdss.org](mailto:Tracy@ncacdss.org)

To receive email notices of SIS updates: Email Hank Bowers, [Hank.Bowers@ncmail.net](mailto:Hank.Bowers@ncmail.net)

To receive email notices of Medicaid Cost Calculation: Email John R. Moody, [John.R.Moody@ncmail.net](mailto:John.R.Moody@ncmail.net)

To receive email notices of Medicaid/EPICS Collections and Incentives: Email [Angela.Saddler@ncmail.net](mailto:Angela.Saddler@ncmail.net) Regions I & II and [Dora.Boissy@ncmail.net](mailto:Dora.Boissy@ncmail.net) for Regions III & IV

To receive email notices of Day Care Expenditures: Email John Winstead, [John.Winstead@ncmail.net](mailto:John.Winstead@ncmail.net)

**DO YOU KNOW? (As it relates to the County DSS Office)**

1. Who completes the 1571?
2. Do several people complete parts of the DSS 1571 <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-78/man/> ?
3. Who is the trained back up person(s) for the 1571?
4. Who is responsible for reconciling revenues and expenditures?
5. As part of proper internal control procedures, does a separate person reconcile the receipt book to deposits?
6. How are cash payments, returned checks, Medicaid cards, and Food and Nutrition Services handled? Who is responsible? Is the policy in writing? Auditors will ask for this information as a part of the county single audit?
7. Who orders supplies and approves purchases?
8. Who maintains and updates fixed asset inventory log?
9. What are policy and procedures for agency trust accounts?
10. What were the results of the most recent single audit?
11. In your (director's) absence, who has written authorization to sign your name, utilize signature stamp, or electronic signature? What is the county policy?
12. Who approves staff travel under current county policy?
13. If checks are written in the agency, what is the county policy on the who, how, and when of tracking?
14. Does a separate person reconcile the bank statement?
15. What are county policy and procedures for handling budget amendments as they relate to the DSS Board, County Finance, and County Commissioner Board?
16. For purchases, what are the county limits for supplies versus capital outlay? What is county policy regarding requirements on bidding for purchases? Best practice contract documents are located: <http://www.ncdhhs.gov/dss/budget/contracts.htm> .
17. Who maintains, updates, and logs contracts for the agency?
18. Do you know the procedures and policies of your county finance officer and county manager as they relate to DSS?
19. How does the agency budget work? Find out when the budget is due to the county to allow preparation time and presentation to the DSS Board.
20. What are the current record retention guidelines? (reference **page 10 for web address**).
21. How to access and review current Crosscutting Compliance Supplements requirements? (reference **page 10 for web address**).
22. Review the agency's most recent Self Assessment and Facility Inspection Reports for any problems or issues.

**Attachment B****COUNTY DSS BUSINESS CYCLE**

- July 1: New Fiscal Year begins
- July-September: State Budget Certified
- July-May: Controller issues funding authorizations, based on allocations by DSS and other Divisions
- October-December: Audit for prior year rendered; submitted to Local Government Commission for review.
- December-June: Controller's office works to resolve audit findings
- December: first 6 months payments processed, WC302 report produced; used as basis for February 15 estimates.
- January-May: Counties preparing budget for subsequent fiscal year for submission to County Finance and Board of Commissioners.
- February 15: per G.S. 108A-88, initial County Budget estimates due to counties.
- February-March: Controller's office submits DHHS portion of Compliance Supplement to Local Government Commission
- March-May: Compliance Supplement for current year issued by Local Government Commission
- April-May: Auditors arrive to begin fieldwork
- June 1: Per G.S. 159, County Budget must be presented for next fiscal year.
- The cycle starts again.

## **Attachment C List of Capped Funding Sources from Budget Estimates**

In order as shown on XS 411 Report:

Line #; Allocation Name; (Name as printed on XS411 Report)

1. Social Services Block Grant (SSBG FEDERAL)
2. State In-Home Services (STATE IN HOME)
3. State Share of Foster Care & Adoptions (IV-E) Admin. (ADOPT/FC STATE)  
(Federal is uncapped)
4. Permanency Planning Regular (PERM PLAN)
5. Permanency Planning Special (SP PERM PLAN)
6. Adult Day Care - Federal (SPEC FEDERAL ADC)
7. LIEAP and CIP Administration (ENERGY ADMIN) – staff time coded here
8. Crisis Intervention Payments-CIP (CRISIS) – checks to CIP vendors
9. Energy Neighbors (formerly Project Share-Carolina Power & Light (CP&L))
10. State Share of Child Protective Services - IV-E (IV-E CPS)  
(Federal is uncapped)
11. TANF Domestic Violence (TANF DOM VIOL)
12. SSBG STATE (SSBG STATE)
13. CIP STATE (CIP STATE) – not currently in use as of this update
14. Adolescent Parenting (ADOL PARENTING)
15. Work First Demonstration Grant (WF DEMO)
16. State Share of Medicaid Expansion (Federal is uncapped) (MA EXPANSION)
17. Smart Start Services Support (SMART START REIM)
18. Child Protective Services – State (CPS EXPANSION)
19. Child Care Services Support (CHILD CARE DEV)
20. State Share of Adult Care Home Case Management (ADULT CARE HOME)  
(Federal is uncapped)
21. Work First County Block Grant Federal Allocation (WF FEDERAL)
22. Work First County Block Grant State Allocation-Electing Counties Only (WF STATE)
23. Share the Warmth (SHARE THE WARMTH)
24. Adult Day Care - State (SPEC STATE ADC)
25. Monthly Caseworker Visits (FC CASE WKR VISIT)
26. TANF Transferred to SSBG (TANF TO SSBG)
27. Adult Protective Services – State (STATE APS)
28. TANF Child Welfare Workers – Local DSS (TANF CPS&FC/ADOPT)
29. LINKS (LINKS)
30. State Share of Adult Home Specialist (ADULT HOME SPEC) (Federal is uncapped)
31. State Share of NC Health Choice (NC HEALTH CHOICE) (Federal is uncapped)

Other Programs not tracked on XS 411 Report:

- Energy Assistance Payments \*Special Assistance (SA)
- LINKS Special Funds - Housing & Transitional Funds; Education/Training Vouchers
- State Aid to Counties \*Foster Care & Adoption Assistance
- Day Care Subsidy Payments - CCDF and Smart Start
- Medicaid and Medicaid Transportation

**Attachment D Budget Total Expenditure or County Share**

| <b>Budget Total Expenditure, and Federal/State Revenue (You write the Checks and Report for Reimbursement)</b> | <b>Budget County Share Only (Your Share is Drafted from your Bank Account)</b> |
|--|--|
|  |  |
| <b>Public Assistance (if applicable)</b>   | <b>Public Assistance</b>   |
| A portion of Work First Family Assistance (Reg. & UP) ONLY if you need to write the check up front             | Medicaid Program Costs   |
| Title IV-B NAS Adoption Vendor Payments  | Special Assistance for the Blind   |
| Title IV-B NAG Adoption Vendor Payments  | Work First Family Assistance (Reg. & UP)                                       |
| Title IV-E Adoption Vendor Payments; Non-Recurring   | State/County Special Asst. for Adults  |
| Title IV-E Foster Care   | Title IV-B NAS Adoption Assistance Payments                                    |
| Title IV-E Maximization  | Title IV-B NAG Adoption Assistance Payments                                    |
| State Foster Care Benefits Program   | Title IV-E Adoption Assistance Payments  |
| Crisis Intervention Payments   |  |
| Project Share  |  |
|  |  |
| <b>Services</b>  | <b>Services</b>  |
| SSBG Services @ 75%  | N/A  |
| TANF Transferred to SSBG   |  |
| LINKS  |  |
| Child Protective Services - IV-E   |  |
| Permanency Planning Regular  |  |
| Permanency Planning Special  |  |
| Family Preservation  |  |
| Refugee Assistance Administration  |  |
| Food Stamp Workfare  |  |
| Food Stamp Employment & Training   |  |
| Work First County Block Grant – Total (Includes TANF 100% Federal, and State/County MOE)                       |  |
| Adult Care Home Case Management  |  |
| Adult Protective Services - State  |  |
| Adult Home Specialist  |  |
| TANF Domestic Violence   |  |
| State In-Home Services   |  |
| Adult Day Care   |  |
| Adolescent Parenting   |  |
| Quality Improvement Pilot Program  |  |
|  |  |
| <b>Public Assistance Administration</b>  | <b>Public Assistance Administration</b>  |
| Medicaid Expansion   | EBT Administration (Fee per Household)   |
| State/Co. Special Asst. for Adults Admin. (no revenue)   |  |
| LIEAP and CIP Administration   |  |
| Food Assistance Administration   |  |
| Foster Care & Adoptions (IV-E) Admin.  |  |
| Foster Care, Adoptions & CPS - TANF  |  |
|  |  |
| Day Care Subsidy Payments  |  |
| Services Support   |  |
| Medicaid (Title XIX) Administration  |  |
| NC Health Choice   |  |
| NC Health Choice Fees Collected  |  |
|  |  |
| <b>NO NEED TO BUDGET COUNTY FUNDS</b>  | <b>BUDGET AS REVENUE</b>   |
| Food Stamp Allotments  | Title IV-D Collections   |
| Energy Assistance Payments   | Offset - IV-D Incentive  |
| Refugee Assistance Payments  | Offset - Fraud Collections   |
|  | State Aid to Counties  |

## **Attachment E Current Budget Issues:**

The following is a list of Budget issues for FY 2008-2009. This may help in planning your county Budget for FY 2008-2009.

1. You will need to budget for planned changes in Foster care. The first change will be budgeting for single pay status. The county will pay all foster care cost to the provider except for the Medicaid portion. This change will result in increases to budget line item expenditures and revenues. The next change is a proposed rate increase on Standard Board Payments. Counties should review where children are placed, the number of children in each placement, and the cost of those placements. Based on current and historical patterns, consider what type of increase should be considered for potential new children coming in to foster care. This is a proposed change pending NC General Assembly approval.
2. The proposed Standard Board rate for Foster Care will also apply to Adoption Assistance. If the proposed rates are approved, the county portion of Adoption Assistance will increase. Review caseload to determine whether enough funds are budgeted for Adoption Assistance Vendor Payments?
3. Review individual costs and fees for providing Adoption Intermediary Services?
4. Consider local plans to budget the incentives from Child Support? What are plans for any Seat Managed computers or printers if they fail?
5. If your county is participating in the Quality Improvement with the Division of Aging, you will need to budget staff as non-reimbursable and show revenues.
6. EBT cost will be \$ 0.55 per-case-per-month; county share will be \$ 0.275. County Cost for the call center is based on the individual county percentage of Food Stamp cases based on the state caseload divided by the cost of operating the call center. The cost of operating the call center is 50% Federal and 50% County. To determine the local share of the call center cost, review drafts over a period of time to make an annualized projection. Add the EBT cost projection, call center cost, and growth cost to project the budget amount. There will continue to be a \$ 0.494 cost if a client calls from a pay phone to get a pin number. This will result in \$ 0.247 county cost to factor into the calculation. Counties will not be charged for pinning cost in either English or Spanish. Review your Food Stamp Caseload for increases and possible decreases. Do you need to budget an amount in the event of a Disaster Food Stamp Program?
7. What are potential expenses for the various employment programs operated by Food & Nutrition Services?
8. Travel expenses for staff - Review all programs including Child Welfare Core Training. Will the county increase mileage and per diem rates? If you operate county cars, how will the increase in fuel cost impact the budget?
9. Automation - How old is the hardware ( personal computers, LANs, Servers)? What are the plans for replacement/repair? Include printer and cartridge cost (may be considered supplies). Copiers - How are they working? Can you find something cheaper, or is it time to renew the lease?
10. Leasing Equipment - Determine what type of lease is currently in place (capital or operating). Do you need approval from the Controllers Office?
11. Telephone, Internet, Cell Phones - Have you looked at rates, group purchase of cell phone minutes, and cheaper Internet provider? Who needs a cell phone?
12. Supplies – Is current budget enough to provide staff with supplies? How have supply needs increased? How does the postage line item look?
13. Are there plans to replace office furniture or for repairs/maintenance to the building?
14. Review service contracts on cost for repairs/replacements on computers, copiers, telephone, pagers, cell phones, pest control, heating/cooling systems, and maintenance.

15. MAXIMUS contract cost for TEC, QUIC, PET and PAC - It should be \$1,625 for TEC and QUIC, \$800 for PET and \$400 for PAC.
16. Are you planning to contract with someone to assist with Personnel issues?
17. Contracts for attorney fees and planned expenses - Write to the DSS Budget Officer annually for permission to exceed the \$125/hour rate. Include detailed documentation explaining the need for requesting to waiver from the established rate.
18. Review space in the file room. Is the record retention policy being followed?
19. Employee recruitment cost for advertising - How will vacancies be covered? Will the agency contract for staff?
20. Employee cost- Have there been increases such as higher Medical insurance and salary increases (merits, cost of living, salary study, etc.)?
21. Medicaid Transportation - Is budgeting based on current expenditures and projected need? Are other transportation funds available (i.e. EDTAP, RGP)?
22. Medicaid and Special Assistance county dollars budgeted - How does your spending compare to the budget estimates?
23. Child Day Care expenditures and allocations - How do they compare? How does current year spending compare with next year's allocation?
24. CAP-DA - Look at staffing needs, caseload, and revenue and expenditures.
25. Is Medicaid at Risk (At-Risk Case Mgt.) being used or considered as a funding source for Adult Services? Is staff aware of documentation and billing requirements?
26. Do Work First expenditures match projections in the Work First Plan and what staff actually code on the day sheets? If participating in the Work First Demonstration Project, what do spending, tracking, and participation rates look like?
27. Will the county receive the Special Adoption incentive funds? If so, budget the expenditures and revenues?
28. Does the county plan to use Special LINKS funding? If so, budget the expenditures and revenues?
29. Watch Indirect Cost Plans because the final plan will not be available at the same time next year's budget is due. Consider using the most current indirect cost plan cost for next year's budget.
30. The possibility of changes in funding from the General Assembly - How will these impact services and funding provided by the county? What are the plans if state funding changes during the budget process or after the local budget is adopted?
31. Can you explain changes in the local budget for increases/decreases in various line items, to the county share, or in revenue?
32. If during a monitoring/audit the county has a payback due to overpayments, how will this be handled? Does the county need to budget funds for County Responsible Overpayments (CROP).

This list is not all-inclusive. Revised 1-24-2008

## Attachment F                    How to Prepare for a DSS Budget Using the Budget Template

1. Gather past history of expenditures, future planning for staff, equipment and contracts.
2. Compile averages for FTE's spent in programs for all services. This can be done by using the Maximus TEC Report Wizard. Open TEC, click Reports, All Reports, and choose Avg Percent of Time Report. There is the option of getting averages on a YTD, quarterly, or any other time frame you wish by entering the "From" and "To" period. Be sure to include any vacant positions (if not listed on the Avg Percent of Time Report) and any new staff positions that may be proposed in the current budget request.
3. Compile a list of each individual's annualized salary – consider work against status, probation increases, etc. that may occur during the coming year.
4. Obtain the monthly figure for hospital insurance, retirement percentage, 401K, cost of living. Merit increases, etc.
5. If possible, obtain the new 310 and 311 Indirect Cost figures and cost of space for the year. If new figures are not available, use current figures and adjust when the new figures are received.
6. You will need annualized 349, 359, 361 cost allocation expenditures (travel/training for Services, Income Maintenance and Child Support)
7. You will need an annualized 310 expenditures (county line item expenditures i.e. telephone/postage, admin. travel, capital outlay, etc.). 310 expenses are usually the DSS operating costs.
8. Compile figures for what **YOUR** county will be budgeting for program areas (Foster Care, Adoption Assistance, Medicaid, food stamp issuance, etc.) **See Attachment E on pages 15-17.**
9. Other items needed are the State Estimates, Budget Narrative, and Mid Year XS337 and WC302 reports.
10. When gathering your data remember after you complete the template, information will have to be posted and balanced to the county general ledger.

Budgeting for staff performing Work First with Eligibility and Income Maintenance Services requiring the white day sheet:

IM Caseworkers performing Work First Eligibility are considered a function in Services. This is why they do the 4263 green days sheets when performing case management (522 SIS code) and administration (545 SIS code) and is keyed into the SIS system. For template entry, a split entry will be required. The time spent doing Work First with and without Eligibility will be budgeted in the Service area of the Template. Hand calculations will need to be done before entering into the Template.

Example:

|   |                    |          |
|---|--------------------|----------|
| IM Caseworker total salary              |                    | \$20,000 |
| 30% of time spent in WF Case Management | x .30% = \$ 6,000  |          |
| 70% of time spent in Income Maintenance | x .70% = \$ 14,000 |          |

\$6,000 would be total salary in Services with .30 equivalent. Insurance would be:  
 12 months X 30% = 3.6 or 4 months for insurance.

\$14,000 would be total salary in IM with .70 equivalent. The 70% equivalent balance of 1.00 FTE split between – 40% Food & Nutrition Services and 30% Medicaid Eligibility (30% MA would be split between MA and NCHC based on % from NCXPTR report DHRWDB SUMMARY NCHC VS MEDICAID). This will also require a split entry within the IM section due to a different Function Code for NCHC. Insurance would be:  
 12 months X 70% = 8.4 or 8 months for insurance.

██████████ Dss  
TEC for the DSS Fund  
Summarized - Average Percentage of Time by Employee  
Period 7/2004 to 7/2004

Last Name >= Abbott and Last Name <= Yount

| Func                 | Col | Part | Position | Job Class                | Salary | Benefits | Total Comp | Fnc/Col Equiv | Avg Equiv % |      |         |
|----------------------|-----|------|----------|--------------------------|--------|----------|------------|---------------|-------------|------|---------|
| EMPLOYEE: ██████████ | 83  | 00   | A        | Service Clerical/support | 01182  | CACD     | 3,484.72   | 435.26        | 3,919.98    | 0.00 | 0.00    |
|                      |     |      |          |                          |        |          | 3,484.72   | 435.26        | 3,919.98    | 0.00 | 0.00    |
| EMPLOYEE: ██████████ | 83  | 00   | A        | Service Clerical/support | 00664  | Attny    | 7,577.43   | 1,422.34      | 8,999.77    | 1.00 | 100.00% |
|                      |     |      |          |                          |        |          | 7,577.43   | 1,422.34      | 8,999.77    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 34  | 11   | A        | Other Mental Health      | 00629  | CLINICI  | 1,739.54   | 446.53        | 2,186.07    | 1.00 | 100.00% |
|                      |     |      |          |                          |        |          | 1,739.54   | 446.53        | 2,186.07    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 34  | 09   | A        | County Program 34        | 00883  | NSS      | 1,313.10   | 176.63        | 1,489.73    | 0.50 | 100.00% |
|                      |     |      |          |                          |        |          | 1,313.10   | 176.63        | 1,489.73    | 0.50 | 100.00% |
| EMPLOYEE: ██████████ | 83  | 00   | A        | Service Clerical/support | 00655  | ADSS/S   | 3,324.21   | 895.06        | 4,219.27    | 1.00 | 100.00% |
|                      |     |      |          |                          |        |          | 3,324.21   | 895.06        | 4,219.27    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 98  | 00   | B        | Administration Super. &  | 00637  | OOS/A    | 3,855.83   | 933.82        | 4,589.65    | 1.00 | 100.00% |
|                      |     |      |          |                          |        |          | 3,855.83   | 933.82        | 4,589.65    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 79  | 09   | C        | Child Support Worker     | 01207  | CSA      | 3,506.76   | 921.86        | 4,428.62    | 1.00 | 100.00% |
|                      |     |      |          |                          |        |          | 3,506.76   | 921.86        | 4,428.62    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 34  | 11   | A        | Other Mental Health      | 00598  | CLINICI  | 1,974.22   | 430.16        | 2,404.38    | 1.00 | 100.00% |
|                      |     |      |          |                          |        |          | 1,974.22   | 430.16        | 2,404.38    | 1.00 | 100.00% |

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██████████ Dss  
TEC for the DSS Fund  
Summarized - Average Percentage of Time by Employee  
Period 7/2004 to 7/2004

Last Name >= Abbott and Last Name <= Yount

| Func                 | Col | Part | Position | Job Class                    | Salary | Benefits | Total Comp | Fnc/Col Equiv | Avg Equiv % |      |         |
|----------------------|-----|------|----------|------------------------------|--------|----------|------------|---------------|-------------|------|---------|
| EMPLOYEE: ██████████ | 31  | 18   | A        | County Program 31            | 00890  | TP       | 0.00       | 313.96        | 313.96      | 0.00 | 0.00    |
|                      |     |      |          |                              |        |          | 0.00       | 313.96        | 313.96      | 0.00 | 0.00    |
| EMPLOYEE: ██████████ | 98  | 00   | B        | Administration Super. &      | 01181  | TCOORD   | 4,296.24   | 1,020.17      | 5,316.41    | 1.00 | 100.00% |
|                      |     |      |          |                              |        |          | 4,296.24   | 1,020.17      | 5,316.41    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 79  | 09   | C        | Child Support Worker         | 00823  | CSA      | 4,288.33   | 1,009.39      | 5,297.72    | 1.00 | 100.00% |
|                      |     |      |          |                              |        |          | 4,288.33   | 1,009.39      | 5,297.72    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 33  | 09   | A        | Smart Start                  | 01186  | CLINICI  | 1,514.14   | 383.67        | 1,897.81    | 1.00 | 100.00% |
|                      |     |      |          |                              |        |          | 1,514.14   | 383.67        | 1,897.81    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 86  | 00   | C        | Iv-sup. And Clerical/support | 00814  | ADMSS/   | 2,650.88   | 1,008.71      | 3,659.59    | 1.00 | 100.00% |
|                      |     |      |          |                              |        |          | 2,650.88   | 1,008.71      | 3,659.59    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 01  | 09   | A        | Service Worker Ssbg          | 00752  | SWIII    | 2,455.37   | 506.51        | 2,961.88    | 0.41 | 41.00%  |
|                      | 01  | 14   | A        | Permanency Planning          | 00752  | SWIII    | 793.11     | 956.72        | 1,630.83    | 0.13 | 13.00%  |
|                      | 38  | 09   | A        | Iv-e Optional                | 00752  | SWIII    | 2,787.34   | 574.99        | 3,362.33    | 0.46 | 46.00%  |
|                      |     |      |          |                              |        |          | 6,035.82   | 1,245.11      | 7,280.93    | 1.00 | 100.00% |
| EMPLOYEE: ██████████ | 34  | 11   | A        | Other Mental Health          | 01223  | CLINICI  | 1,707.35   | 447.94        | 2,155.29    | 1.00 | 100.00% |
|                      |     |      |          |                              |        |          | 1,707.35   | 447.94        | 2,155.29    | 1.00 | 100.00% |

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██████████ Dss  
 TEC for the DSS Fund  
 Summarized - Average Percentage of Time by Employee  
 Period 7/2004 to 7/2004

Last Name >= Abbott and Last Name <= Yount

| Func                            | Col | Part | Position                       | Job Class | Salary          | Benefits        | Total Comp      | Fnc/Col Equiv | Avg Equiv %    |         |
|---------------------------------|-----|------|--------------------------------|-----------|-----------------|-----------------|-----------------|---------------|----------------|---------|
| EMPLOYEE: ██████████ ██████████ |     |      |                                |           |                 |                 |                 |               |                |         |
| 32                              | 10  | A    | Individual/family Therapy      | 00617     | CLINICI         | 1,143.49        | 277.93          | 1,421.42      | 0.69           | 69.00%  |
| 32                              | 11  | A    | Group Therapy (family Net)     | 00617     | CLINICI         | 295.13          | 71.73           | 366.86        | 0.18           | 18.00%  |
| 34                              | 10  | A    | C. Eval/intake/screening       | 00617     | CLINICI         | 176.98          | 43.02           | 220.00        | 0.11           | 11.00%  |
| 34                              | 11  | A    | Other Mental Health            | 00617     | CLINICI         | 36.85           | 8.96            | 45.81         | 0.02           | 2.00%   |
|                                 |     |      |                                |           | <u>1,652.45</u> | <u>401.64</u>   | <u>2,054.09</u> | <u>1.00</u>   | <u>100.00%</u> |         |
| EMPLOYEE: ██████████ ██████████ |     |      |                                |           |                 |                 |                 |               |                |         |
| 64                              | 14  | B    | Eligibility Specialist-food St | 00788     | IMC             | 3,053.17        | 862.87          | 3,916.04      | 1.00           | 100.00% |
|                                 |     |      |                                |           | <u>3,053.17</u> | <u>862.87</u>   | <u>3,916.04</u> | <u>1.00</u>   | <u>100.00%</u> |         |
| EMPLOYEE: ██████████ ██████████ |     |      |                                |           |                 |                 |                 |               |                |         |
| 01                              | 09  | A    | Service Worker Subg            | 00694     | SWIII           | 1,606.25        | 332.66          | 1,938.91      | 0.26           | 26.00%  |
| 09                              | 18  | A    | Medicaid At Risk Case          | 00694     | SWIII           | 4,526.83        | 937.53          | 5,464.36      | 0.74           | 74.00%  |
|                                 |     |      |                                |           | <u>6,133.08</u> | <u>1,270.19</u> | <u>7,403.27</u> | <u>1.00</u>   | <u>100.00%</u> |         |
| EMPLOYEE: ██████████ ██████████ |     |      |                                |           |                 |                 |                 |               |                |         |
| 01                              | 09  | A    | Service Worker Subg            | 00683     | FCSW            | 89.97           | 20.60           | 110.57        | 0.02           | 2.00%   |
| 09                              | 18  | A    | Medicaid At Risk Case          | 00683     | FCSW            | 494.13          | 113.13          | 607.26        | 0.10           | 10.00%  |
| 38                              | 09  | A    | Iv-e Optional                  | 00683     | FCSW            | 4,070.32        | 931.92          | 5,002.24      | 0.87           | 87.00%  |
| 54                              | 10  | A    | Tanf                           | 00683     | FCSW            | 56.05           | 12.83           | 68.88         | 0.01           | 1.00%   |
|                                 |     |      |                                |           | <u>4,710.47</u> | <u>1,078.48</u> | <u>5,788.95</u> | <u>1.00</u>   | <u>100.00%</u> |         |
| EMPLOYEE: ██████████ ██████████ |     |      |                                |           |                 |                 |                 |               |                |         |
| 01                              | 09  | A    | Service Worker Subg            | 01204     | SWIII           | 3,099.33        | 675.07          | 3,774.40      | 0.65           | 65.00%  |
| 38                              | 09  | A    | Iv-e Optional                  | 01204     | SWIII           | 1,652.06        | 359.84          | 2,011.90      | 0.35           | 35.00%  |
|                                 |     |      |                                |           | <u>4,751.39</u> | <u>1,034.91</u> | <u>5,786.30</u> | <u>1.00</u>   | <u>100.00%</u> |         |
| EMPLOYEE: ██████████ ██████████ |     |      |                                |           |                 |                 |                 |               |                |         |
| 63                              | 09  | B    | Nchealth Choice                | 01201     | IMC             | 145.65          | 33.69           | 179.34        | 0.10           | 10.00%  |
| 64                              | 10  | B    | Eligibility Specialist-ma      | 01201     | IMC             | 1,327.06        | 306.86          | 1,634.02      | 0.90           | 90.00%  |
|                                 |     |      |                                |           | <u>1,472.71</u> | <u>340.65</u>   | <u>1,813.36</u> | <u>1.00</u>   | <u>100.00%</u> |         |



**General guidelines to follow when direct charging or expensing equipment are:**

1. Equipment with a unit cost of \$5,000 or less may be expensed without prior State approval if it is being cost-allocated to a code such as 310-General Administrative Support.
2. Equipment with a unit cost of \$5,000 or less may be direct charged to a particular funding source with the approval of the State (both Division Director and DHHS Controller).
3. For equipment (except ADP) with a unit cost over \$5,000 that the county wants to direct charge and/or expense to a particular funding source, the county must have prior State approval (both Division Director and DHHS Controller).
4. Items of ADP equipment with a unit cost over \$5,000 may be direct charged to a particular funding source with prior State approval but **must be depreciated**. For further clarification on depreciation, please contact your local business liaison or County Administration.
5. Items of ADP equipment with a unit cost over \$5,000 may be direct charged to a code such as 310-General Administrative Support with prior State approval but **must be depreciated**. Items of ADP equipment with a unit cost of \$5,000 or less may be expensed without prior State approval if it is being cost-allocated to a code such as 310-General Administrative Support.
6. When State approval is required to either expense or direct charge, you must send a written request explaining your request. Please be aware that these requests must be reviewed by both program and fiscal staff, thus lengthening the approval process. ***Effective July 1, 2004 for FY 04-05, it is no longer required that the original signature of the county director on the request to direct charge and/or expense equipment letter be mailed to the Controller's Office; it may be faxed to the Controller's office. Electronic signatures and signature stamps are permitted. However, it is the responsibility of the county to establish procedures assuring that only authorized persons have access to facsimile signatures. Regardless of whether a copy of the document is faxed or mailed, counties are required to retain a copy of the document submitted for retention and audit purposes.***

The written requests must include the following:

- a) A detailed list of the number and cost of the various units of equipment. The attached form must be completed.
- b) An explanation detailing how the equipment will be used and by whom. It should also explain how the equipment will benefit the local agency and/or the particular program.
- c) If request is to direct charge equipment for particular staff, a description of work performed by the staff and their title. If the position is determining eligibility for more than one funding source or if their time is supervisory and/or clerical, the request to direct charge cannot be approved.
- d) The person in the county that may be contacted if more information or explanation is needed.
- e) A statement that the equipment will be used only for the particular funding source to which it is being charged during its useful life and that you accept responsibility for appropriate records.

**Attachment H-2 REQUEST TO DIRECT CHARGE, EXPENSE OR DEPRECIATE EQUIPMENT**

County: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

This request is to:  Direct Charge  Expense  Depreciate

If direct charging:

The item(s) of equipment outlined below will be used solely by (check one or both):  Staff  Clients

We request approval to direct charge these items to the \_\_\_\_\_ funding source. We agree, as the basis for making this request, to ensure that this equipment will be used solely for the benefit of the funding program throughout its useful life. We further agree to maintain appropriate records to demonstrate compliance with this requirement. \*Please attach a separate sheet showing what positions will be using the equipment, what parts of the 1571 are they reported on, and function & column.

| Quantity | Item Description | Unit Price | Total Price | Explanation/Justification |
|----------|------------------|------------|-------------|---------------------------|
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |
|          |                  |            |             |                           |

Additional information to justify the request, including information on how approval of the request will benefit the county department or its clients:

**Attachment I****COMMONLY USED ACRONYMS & TERMS**

|                           |  |
|---------------------------|--|
| 1571                      | State Reimbursement System/ Report County uses to get reimbursement                                  |
| AA                        | Aid to the Aged  |
| AB                        | Aid to the Blind   |
| ABAWD                     | Able-bodied Adult without Dependent  |
| ACHCM                     | Adult Care Home Case Management  |
| AD                        | Aid to the Disabled  |
| A/R                       | Applicant/Recipient  |
| AGING                     | Division of Aging  |
| AHS                       | Adult Home Specialist  |
| AOC                       | Administrative Office of the Court   |
| AP                        | Absent Parent  |
| APA                       | Administrative Procedures Act  |
| APR                       | Adult Programs Representative  |
| APS                       | Adult Protective Services  |
| ARCM                      | At Risk Case Management  |
| BUDGET ESTIMATES          | Provided by State by February 15 or earlier to help you prepare your budget for the next fiscal year |
| CAA                       | Community Action Agency  |
| CAP                       | Community Alternative Program  |
| CCBG                      | Community Care Block Grant.  |
| CCDF                      | Child Care Development Fund  |
| CCPT                      | Community Child Protection Team  |
| CFR                       | Child Fatality Review  |
| CFSR                      | Child and Family Services Review   |
| CIP                       | Crisis Intervention Program  |
| COL                       | County Operations Liaison  |
| COMPLIANCE SUPPLEMENTS    | Tells auditors what to check for in Single County Audit  |
| CPPS                      | Child Placement and Payment System   |
| CPR                       | Children Program Representative  |
| CROSSCUTTING REQUIREMENTS | Tells auditors what to check for in Single County Audit  |
| CPS                       | Child Protective Services  |
| CSE                       | Child Support Enforcement  |
| CSE Rep.                  | Child Support Consultant   |
| DAAS                      | Division of Aging and Adult Services   |
| DCD                       | Division Of Child Development  |
| DC Rep.                   | Day Care Subsidy Services Consultants  |
| DFS                       | Division of Facility Services  |
| DHHS                      | Department of Health & Human Services  |
| DOT                       | Department of Transportation   |
| DIRM                      | Division of Information Resources Management   |
| DIVISION                  | State Division of Social Services  |
| DMA                       | Division of Medical Assistance   |
| DPH                       | Division Of Public Health  |

|              |   |
|--------------|---|
| DPI          | Department of Public Instruction  |
| DSB          | Division Of Services For The Blind  |
| DSS          | Local Department of Social Services   |
| DSS          | State Division of Social Services   |
| DV           | Domestic Violence   |
| E & T        | Employment and Training   |
| EBT          | Electronic Benefits Transfer  |
| EFT          | Electronic Funds Transfer   |
| EPICS        | Enterprise Program Integrity Control System   |
| FAEP Rep     | Food Assistance and Energy Program Consultant   |
| FC           | Foster Care   |
| FCHC         | Family and Children Health Choice   |
| FEMA         | Federal Emergency Management Act  |
| FFP          | Federal Financial Participation   |
| FS           | Food Stamps – Food & Nutrition Services   |
| FSCWS        | Family Support and Child Welfare Services Section   |
| FSIS         | Food Stamp Information System   |
| FTE          | Full Time Equivalent  |
| GA           | General Assistance  |
| GS           | General Statues   |
| HAPP COUNCIL | Human Services Automation Policy and Planning   |
| HC           | Health Choice   |
| HIPPA        | The Health Insurance Portability and Accountability Act of 1996   |
| ICCA         | Individual Child Care Arrangement   |
| ICF          | Intermediate Care Facility  |
| IV-D         | Child Support Enforcement   |
| IV-E         | WFFA Foster Care and Adoption Assistance  |
| LBL          | Local Business Liaison  |
| LBR          | Leading By Results  |
| LGC          | Local Government Commission   |
| LIEAP        | Low Income Energy Assistance Program (State title)  |
| LIHEAP       | Low Income Home Energy Assistance Program (Federal title)   |
| LINKS        | LINKS Letters do not Stand for Anything. It is a IV-E Program That is Designed to Help Adolescents age 13 thru 20 who are in Foster Care be Connected with Resources to Help Them be Self Sufficient. |
| LME          | Local Management Entity   |
| LTC          | Long Term Care  |
| MAXIMUS      | Software Co that Developed Software that Counties use to claim Reimbursement  |
| MOE          | Maintenance Of Effort   |
| MRS          | Multiple Response System  |
| NC FAST      | NC Families Accessing Services Through Technology   |
| NCAC         | North Carolina Administrative Code  |
| NCACDSS      | NC Association Of County Directors Of Social Services   |
| NCAS         | NC Accounting System  |
| NCSS         | State Division of Social Services   |

|               |  |
|---------------|--|
| NCGS          | NC General Statutes  |
| NCNG          | North Carolina Natural Gas   |
| OSBM          | Office of State Budget and Management  |
| PA            | Public Assistance  |
| PAC           | Budget Software Part IV, 1571 Reporting  |
| PCM           | Program Compliance Monitor   |
| PCR           | Program Compliance Representative  |
| PCS           | Personal Care Services   |
| PET           | Part II of 1571 reporting  |
| PIP           | Program Improvement Plan   |
| PIR           | Program Integrity Representative   |
| PQA           | Foster Care and Adoption Assistance Reports  |
| QSAP          | Qualified Substance Abuse Professional   |
| QuIC          | Budget Software used by Counties to Cost Allocation Monthly 1571 Costs                       |
| RA            | Remittance Advice  |
| SA            | State County Special Assistance for Adults   |
| SAIT          | Special Assistance and Improvement Team  |
| SFHF          | State Foster Home Fund   |
| SINGLE AUDIT  | Counties Contract to Have a Single Audit Done Each Year for all Financial Activities         |
| SIS           | Services Information System  |
| SNAP          | Simplified Nutritional Assistance Program  |
| SSA           | Social Security Administration   |
| SSBG          | Social Services Block Grant  |
| SSI           | Supplemental Security Income   |
| TANF          | Temporary Assistance for Needy Families  |
| TAR           | Transportation   |
| TEA           | Temporary Emergency Assistance   |
| TEC           | Budget Software- See Maximus   |
| WC302         | Report That Shows Total Expenditure by Share for Entire Year. Used by Auditors for Year End. |
| WC302         | Year to Date and Monthly TANF/Work First Block Grant Expenditure Report                      |
| WF            | Work First   |
| WFBG (WFCBG)  | Work First Block Grant (Work First County Block Grant)                                       |
| WF Demo       | Work First Demonstration Grant   |
| WFR           | Work First Representative  |
| XPTR (NCXPTR) | NC State Computer Network/Access to Reports  |
| XS411         | Shows Monthly Federal Allocation Expenditures  |
| XTND/XNET     | Windows Based NC State Computer Network/Access to Reports                                    |

## These are the most commonly used reports.

| XPTR Access Code                    | What the Report Shows   |
|-------------------------------------|---|
| DHRWCA WCA450 NOTIFICATIONS RPT     | Monthly Closing Notification Report, tells you whether the previous month's data has been completely processed, and if the system is ready for you to transmit 1571 data for the new month.   |
| DHRWCA DAILY XS305/BX EDIT REPORT   | Edit errors for the Part IV, I, and II; tells whether part of the 1571 did not process and reason   |
| DHRWCA DAILY XS315 PART I/II REPORT | Good transactions of Part I & II; shows actual 1571 Part I and II data that you uploaded successfully from TEC and QUIC.  |
| DHRWCA DAILY XS319 PART IV REPORT   | Good transactions of Part IV; shows actual 1571 Part IV data that you uploaded successfully, either through the DIRM software or through Maximus' PAC software.   |
| DHRWCA WCA305 XS307 DATA POSTED     | County Transmittal Tracking, tells whether the most recent 1571 for your county has been received by the state, and what time it was processed.   |
| DHRWCA COUNTY TRANSMITTAL BAL RPT   | Parts I, II, & IV Balance Control Report (compares file total with "Certification") If not transmitted and balanced by 20 <sup>th</sup> of month, your 1571 is considered late and you will not be eligible for an interim payment the following month  |
| DHRWCA WCA335 XS325 SUM & DIST      | Resulting costs from the 1571 you upload, after allocated overhead is distributed based on FTE's by program (you can print your own XS325 from QuIC prior to uploading)   |
| DHRWCA WCA335 XS335 REM. CO. WEL    | Reimbursement of Expenditures for month; pulls from XS325 and breaks costs into Federal, State, and County. Note any manual adjustments by the state and reasons, e.g. you ran out of an allocation and the expenditure was re-coded to 100% county (you can print your own XS335 from QuIC prior to uploading) |
| DHRWCA WCA375 XS337 CTY SUM REP     | Reimbursement of Expenditures, same as XS335 except this is cumulative Year To Date for the fiscal year.  |
| DHRWCA WCA410 XS411C CTY MTH ALL    | Allocation balances (Spending of Capped Fund Sources). <b>Manage carefully to maximize revenues (you can print your own XS411 from QuIC prior to uploading)</b>   |
| DHRWCA WCA410 WC373 MTH WF RPT      | Work First Monthly Expenditures; shows Work First Block Grant Expenditures for the month. Track TANF in the Federal Share column (also on 411 report) and County MOE in the county share column (you can set up QuIC 411 to track county MOE as well, and view prior to uploading)                              |
| DHRWCA WCA410 WC373 YTD WF RPT      | Work First Year-To-Date Expenditures; shows Work First Block Grant Expenditures cumulatively for the fiscal year. Track TANF in the Federal Share column (also on 411 report) and County MOE in the county share column (you can set up QuIC 411 to track county MOE as well, and view prior to loading)        |
| DHRWCA 302 BUDGETED CTY EXP. RPT    | Participation in Budgeted County Expenditures; shows County Admin and Services, as well as Public Assistance Costs. Auditors use this report to reconcile to county ledger.   |

**Attachment J-1**

**EFT Description/Balancing Procedure List**

| SUBSYSTEM/<br>DESCRIPTION | PROGRAM/<br>BILLING<br>INFO | SHORT<br>EXPLANATION                      | BALANCING PROCEDURE   |
|---------------------------|-----------------------------|---|---|
| ADOPT. ASST.              | IV-B                        | Adoption assistance payments              | PQA059 (Child Placement Cash Payment Warrant Calculation Report): Regular Run, Daily: County column   |
| ADOPT. ASST.              | IV-E                        | Adoption assistance payments              | PQA059 (Child Placement Cash Payment Warrant Calculation Report): Regular Run, Daily: County column   |
| ADOPT. ASST.              | IVEW                        | Adoption assistance payments              | PQA059 (Child Placement Cash Payment Warrant Calculation Report): Regular Run, Daily: County column   |
| ADOPT. ASST.              | STAT                        | Adoption assistance payments              | PQA059 (Child Placement Cash Payment Warrant Calculation Report): Regular Run, Daily: County column   |
| ADOPT. ASST.              | IVBW                        | Adoption assistance payments              | PQA059 (Child Placement Cash Payment Warrant Calculation Report): Regular Run, Daily: County column   |
| ADOPT. ASST.              | FWGO                        | Adoption assistance payments              | PQA059 (Child Placement Cash Payment Warrant Calculation Report): Regular Run, Daily: County column   |
| COUNTY ADMIN.             | IND-I                       | Interim payment                           | This amount is shown only as the total for Application Code "446" on the last page of the final "XS335" County Admin report for a month. (for counties that <u>DO</u> report Indian related expenditures)     |
| COUNTY ADMIN.             | WCA-I                       | Interim payment                           | This amount is shown only as the total for Application Code "446" on the last page of the final "XS335" County Admin report for a month. (for counties that <u>DO NOT</u> report Indian related expenditures) |
| COUNTY ADMIN.             | IND-S                       | Settlement payment                        | This amount is shown as "Warrant Amt" on the last page of the final "XS335" County Admin report for a month. (for counties that <u>DO</u> report Indian related expenditures)                                 |
| COUNTY ADMIN.             | WCA-S                       | Settlement payment                        | This amount is shown as "Warrant Amt" on the last page of the final "XS335" County Admin report for a month. (for counties that <u>DO NOT</u> report Indian related expenditures)                             |
| CSE-BLOOD TEST            | BTFE                        | Child Support Distributions               | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| CSE-LEGAL FEES            | CTFE                        | Child Support Distributions               | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| CSE-INCENTIVE             | REG.                        | Quarterly Incentive Payments              | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| CSE-INCENTIVE             | SET.                        | Incentive Payments                        | Federal Incentive Payments distributed per county, when received (column title identifies category)   |
| CSE-SETOFF-FEES           | FED.                        | Child Support Distributions               | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| CSE-SHARES                | AFDC                        | Child Support Distributions               | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| CSE-SHARES                | IVE                         | Child Support Distributions               | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| CSE-SHARES                | SFHF                        | Child Support Distributions               | DHRFCK Payments distributed per county, regular run, monthly, (column title identifies category)  |
| ELIGIBILITY               | AAF                         | Adjustments of Public assistance payments | WARRANT CALCULATION: Regular Run: County column   |
| ELIGIBILITY               | AAF-UP                      | Adjustments of Public assistance payments | WARRANT CALCULATION: Regular Run: County column   |
| ELIGIBILITY               | RRF                         | Public Assistance payments                | WARRANT CALCULATION: Regular Run, 10 Day Accumulative, Second Accumulative, Penalty Accumulative: County column; County issued: Total of Federal and State columns  |
| ELIGIBILITY               | SAA                         | Public Assistance payments                | WARRANT CALCULATION: Regular Run, 10 Day Accumulative, Second Accumulative: County Column   |
| ELIGIBILITY               | SAD                         | Public Assistance payments                | WARRANT CALCULATION: Regular Run, 10 Day Accumulative, Second Accumulative: County Column   |
| ELIGIBILITY               | SCD                         | Public Assistance payments                | WARRANT CALCULATION: Regular Run, 10 Day Accumulative, Second Accumulative: County Column   |
| ELIGIBILITY               | TNF                         | Public Assistance payments                | WARRANT CALCULATION: Regular Run, 10 Day Accumulative, Second Accumulative, Penalty Accumulative: County column; County issued: Total of Federal and State columns  |
| ELIGIBILITY               | TNF-UP                      | Public Assistance payments                | WARRANT CALCULATION: Regular Run, 10 Day Accumulative, Second Accumulative, Penalty Accumulative: County column; County issued: Total of Federal and State columns  |

| SUBSYSTEM/<br>DESCRIPTION | PROGRAM/<br>BILLING<br>INFO | SHORT<br>EXPLANATION       | BALANCING PROCEDURE  |
|---------------------------|-----------------------------|----------------------------|--|
| FOSTER CARE               | AT RISK                     | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| FOSTER CARE               | IV-E                        | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| FOSTER CARE               | IV-W                        | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| FOSTER CARE               | R&B                         | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| FOSTER CARE               | STATE                       | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| FOSTER CARE               | TEA                         | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| LIEAP                     | EPA                         | Public Assistance payments | WARRANT CALCULATION: End of Month run: County column   |
| MAXIMIZATION              | AT RISK                     | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| MAXIMIZATION              | IV-E                        | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| MAXIMIZATION              | R&B                         | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| MAXIMIZATION              | TEA                         | Foster care reimbursement  | PQA029 (Child Placement Foster Care Warrant Calculation Report): Monthly run: County column    |
| VENDOR                    | IV-B                        | Foster care reimbursement  | PQA039 (Child Placement Vendor Payment Warrant Calculation Report): Monthly run: County column |
| VENDOR                    | IV-E                        | Foster care reimbursement  | PQA039 (Child Placement Vendor Payment Warrant Calculation Report): Monthly run: County column |
| VENDOR                    | STAT                        | Foster care reimbursement  | PQA039 (Child Placement Vendor Payment Warrant Calculation Report): Monthly run: County column |
| XX/CCYY SVS               | COBILL                      | County billing DSB         | Division Services for Blind (DSB) Monthly Invoice, Total amount due                            |

**Attachment J-2**

**EFT Description/Balancing Procedure List (continued)**

| SUBSYSTEM/<br>DESCRIPTION   | PROGRAM/<br>BILLING<br>INFO | SHORT<br>EXPLANATION | BALANCING PROCEDURE   |
|-----------------------------|-----------------------------|----------------------|---|
| 1656 RETURNS                | VARIOUS                     |                      | FORMS/LETTERS SENT AS BACK UP   |
| ADMIN MAXIMIZATION          | IV-E                        |                      | CO SHARE OF ADMIN PAYMENTS TO CCIS  |
| ADOPT PURCHASE              | XXX AA                      |                      | LETTER FROM ADOPTION UNIT-DSS   |
| Retroactive Adoption        | IV-B                        |                      | LETTER FROM ADOPTION UNIT-DSS   |
| Retroactive Adoption        | IV-E                        |                      | LETTER FROM ADOPTION UNIT-DSS   |
| Retroactive Adoption        | STATE                       |                      | LETTER FROM ADOPTION UNIT-DSS   |
| BANK BLOCK/<br>BANK PROBLEM | REDRAFT                     |                      | PREVIOUS DRAFT REFUSED BY BANK, REDRAFT AFTER COUNTY NOTIFIED                                     |
| County Overpay              | CIP                         |                      | CRISIS INTERVENTION PROGRAM (CIP) ADJUSTMENTS REPORTED BY COUNTIES                                |
| CPS EXPAN                   | STATE                       |                      | CPS EXPANSION, NOTICE FROM DSS  |
| CPS POSITIONS               | SB622                       |                      | CPS POSITIONS ADDED BY SENATE BILL 622, NOTICE FROM DSS   |
| FOSTER CARE MM/YY           | HIV                         |                      | REIMBURSEMENT FOR HIV FOSTERCARE REQUESTED BY COUNTIES  |
| FOSTER CARE                 | HIV ST                      |                      | ADJUSTMENT NOTIFICATION from DSS  |
| HIV FC                      | OVERPAYMENT                 |                      | DRAFT FOR OVERPAYMENT FOR HIV FOSTER CARE PAYMENTS  |
| XXXXX                       | OVERCOLLECT                 |                      | REPAYMENT OF OVERCOLLECTION FOR PROGRAMS  |
| INDEP LIVING                | TRUST                       |                      | REPORTED EXPENDITURES TO INDEPENDENT LIVING UNIT-DSS  |
| IND LIV LINKS               | SCHOL                       |                      | REPORTED EXPENDITURES TO INDEPENDENT LIVING UNIT-DSS  |
| IND LIV LINKS               | TRANS HOUSING               |                      | REPORTED EXPENDITURES TO INDEPENDENT LIVING UNIT-DSS  |
| IND LIV LINKS               | EHRV                        |                      | REPORTED EXPENDITURES TO INDEPENDENT LIVING UNIT-DSS  |
| IND LIV LINKS               | TRANSITIONAL                |                      | REPORTED EXPENDITURES TO INDEPENDENT LIVING UNIT-DSS  |
| KATRINA SAA/SAD             | SSBG                        |                      | SPECIAL SSBG FUNDING FOR SAA/SAD PAYMENTS CODED TO KATRINA VICTIMS                                |
| REPATRIATION                | EMERG                       |                      | BILLING RECEIVED FROM COUNTY FOR REPATRIATION EXPENSES-DSS  |
| SPECIAL CHILD ADOPTION      | “FUNDING”                   |                      | NOTIFICATION FROM DSS   |
| SP CHILD INCENTIVE          | ADOPTION                    |                      | COUNTY SHARE OF SPECIAL CHILDREN INCENTIVE PAYMENTS   |
| STAFFING GRANT              | ACH                         |                      | CO SHARE OF ADULT CARE HOME CASE MGMT GRANT FOR QTR RPT   |
| MM/CCYY SVS                 | COBILL                      |                      | DIVISION OF SERVICES FOR THE BLIND (DSB) MONTHLY BILLING  |
| MM/YY                       | WFBG                        |                      | REPORTED ON COUNTY ADMINISTRATION REPORTS   |
| MM/YYYY EBT                 | Call Ctr                    |                      | COUNTY SHARE OF CALL CENTER COSTS WORKSHEET from Controller’s office                              |
| MM/YYYY EBT                 | eFunds                      |                      | PAYMENTS TO EFUNDS WORKSHEET from Controller’s office   |
| DEMO GRANTS                 | TNF                         |                      | TNF Demo Grant Advances and Drafts/ Reports from DSS Budget                                       |
| 01-06/07 Draft Reversal     | IV-E Guardiansh             |                      | Return of funds drafted for IVEW for 1/07-06/07, state paying the non-Federal share of IV-B funds |

**NOTES:** X DENOTES A QTR WITHIN SFY; MM - MONTH;  
MM/YY - MONTH/YEAR; YYYY & CCYY - YEAR;  
MM-MM/YY - FROM-THROUGH MONTH/YEAR;

**Attachment K**

**XS411 Report – Tracking Allocations (not all inclusive)**

XS411-CTY SEQ

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF SOCIAL SERVICES  
 YEAR-TO-DATE ALLOCATIONS EXPENDITURES  
 F.Y. 07/01/2007 - 06/30/2008

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COUNTY Sample County

**on target spending would be 50%**

|                    | SSBG FEDERAL |                | STATE IN HOME |                | ADOPT/FC STATE |                | PERM PLAN |                | SP PERM PLAN |                |
|--------------------|--------------|----------------|---------------|----------------|----------------|----------------|-----------|----------------|--------------|----------------|
|                    | AMOUNT       | PCT SPEND RATE | AMOUNT        | PCT SPEND RATE | AMOUNT         | PCT SPEND RATE | AMOUNT    | PCT SPEND RATE | AMOUNT       | PCT SPEND RATE |
| ANNUAL ALLOCATION  | 21,236.00    |                | 938.00        |                | 0.00           |                | 3,659.00  |                | 815.00       |                |
| EXPENDITURES -JUL  | 2,865.14     | 13             | 130.94        | 13             | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| -AUG               | 2,546.97     | 11             | 59.36         | 6              | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| -SEP               | 2,439.15     | 11             | 0.00          | 0              | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| -OCT               | 5,243.54     | 24             | 124.78        | 13             | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| -NOV               | 3,568.11     | 16             | 313.34        | 33             | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| -DEC               | 4,680.06     | 22             | 0.00          | 0              | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| Y-T-D EXPENDITURES | 21,342.97    | 100            | 628.42        | 66             | 0.00           |                | 0.00      | 0              | 0.00         | 0              |
| UNEXPENDED BALANCE | 106.97-      |                | 309.58        |                | 0.00           |                | 3,659.00  |                | 815.00       |                |

|  |  |  |   |   |
|--|--|--|---|---|
| Day Sheet Code X or<br>Purchased SSBG services | Day Sheet Codes B, C, I or<br>Purchased State InHome<br>svcs | Any Day Sheet Code in<br>Foster Care/Adoptions<br>IVE (Z) = 38/10<br>Non-IVE = 38/11 | Day Sheet Code P or<br>Purchased<br>Perm.Planning | Day Sheet Code P or<br>Purchased<br>Perm.Planning |
|--|--|--|---|---|

**SPEC FEDERAL ADC**
**ENERGY ADMIN**
**CRISIS**
**ENERGY NEIGHBORS**
**IV-E CPS**

|   |  |   |                                      |   |
|---|--|---|--------------------------------------|---|
| Div. of Aging funds<br>Purchased Services<br>Reported on 1571-IV<br><br>Federal portion | Day Sheet Code E<br>Services or IM staff<br>authorizing CIP and<br><br>LIEAP | CIP Payments<br>Reported on 1571-II<br>Reconcile to<br><br>Automated CIP system | CP&L Payments<br>Reported on 1571-II | Day Sheet Code<br>215-Z<br>CPCM not low risk<br>When this is gone<br>50% Federal<br>continues |
|---|--|---|--------------------------------------|---|

|                    | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT   | PCT<br>SPEND<br>RATE | AMOUNT    | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT   | PCT<br>SPEND<br>RATE |
|--------------------|--------|----------------------|----------|----------------------|-----------|----------------------|--------|----------------------|----------|----------------------|
| ANNUAL ALLOCATION  | 0.00   |                      | 4,404.00 |                      | 26,476.00 |                      | 0.00   |                      | 7,040.00 |                      |
| EXPENDITURES -JUL  | 0.00   |                      | 0.00     | 0                    | 0.00      | 0                    | 0.00   |                      | 319.70   | 4                    |
| -AUG               | 0.00   |                      | 110.84   | 2                    | 172.50    | 0                    | 0.00   |                      | 306.47   | 4                    |
| -SEP               | 0.00   |                      | 352.40   | 8                    | 1,000.22  | 3                    | 0.00   |                      | 355.45   | 5                    |
| -OCT               | 0.00   |                      | 329.55   | 7                    | 850.67    | 3                    | 0.00   |                      | 75.30    | 1                    |
| -NOV               | 0.00   |                      | 384.69   | 8                    | 0.00      | 0                    | 0.00   |                      | 294.51   | 4                    |
| -DEC               | 0.00   |                      | 3,226.52 | 73                   | 696.94    | 2                    | 0.00   |                      | 58.27    | 0                    |
| Y-T-D EXPENDITURES | 0.00   |                      | 4,404.00 | 100                  | 2,720.33  | 10                   | 0.00   |                      | 1,409.70 | 20                   |
| UNEXPENDED BALANCE | 0.00   |                      | 0.00     |                      | 23,755.67 |                      | 0.00   |                      | 5,630.30 |                      |

**TANF DOM VIOL**
**SSBG STATE**
**CIP STATE**
**ADOL PARENTING**
**WF DEMO**

|  |  |                      |   |   |
|--|--|----------------------|---|---|
| Contract with Shelter<br>Purchased Services<br>Reported on 1571-IV | Day Sheet Code X or<br>Purchased SSBG services | Not currently in use | Day Sheet Codes A, Y or<br>Purchased APP svcs.<br>Federal 50% continues<br>For A (Medicaid) | Demonstration<br>Grant in<br>52 counties<br>Day Sheet code 12<br>Time Limited |
|--|--|----------------------|---|---|

|                    | AMOUNT   | PCT<br>SPEND<br>RATE | AMOUNT   | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE |
|--------------------|----------|----------------------|----------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|
| ANNUAL ALLOCATION  | 8,095.00 |                      | 5,229.00 |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| EXPENDITURES -JUL  | 0.00     | 0                    | 0.00     | 0                    | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| -AUG               | 0.00     | 0                    | 0.00     | 0                    | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| -SEP               | 0.00     | 0                    | 0.00     | 0                    | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| -OCT               | 8,095.00 | 100                  | 170.98   | 3                    | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| -NOV               | 0.00     | 0                    | 1,337.49 | 25                   | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| -DEC               | 0.00     | 0                    | 1,187.88 | 22                   | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| Y-T-D EXPENDITURES | 8,095.00 | 100                  | 2,696.35 | 51                   | 0.00   |                      | 0.00   |                      | 0.00   |                      |
| UNEXPENDED BALANCE | 0.00     |                      | 2,532.65 |                      | 0.00   |                      | 0.00   |                      | 0.00   |                      |

**MA EXPANSION**
**SMART START REIM**
**CPS EXPANSION**
**CHILD CARE DEV**
**ADULT CARE HOME**

|   |   |   |   |                       |
|---|---|---|---|-----------------------|
| Code Medicaid Staff if                  | Day Sheet Code 4                              | Fiscal Officer converts<br>Certain SIS codes to<br>expansion funds when | Day Sheet Code L                              | Day Sheet Code 396-2  |
| Positions established<br>After 1/1/1989 | Can authorize CCDF and<br>Smart Start subsidy | Funds are exhausted   | Can authorize CCDF and<br>Smart Start subsidy | When this is gone     |
| Federal 50% continues                   | Per DCD staff                                 | Regular coding is used  | Per DCD staff                                 | Federal 50% continues |

|                    | AMOUNT    | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT    | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE |
|--------------------|-----------|----------------------|--------|----------------------|--------|----------------------|-----------|----------------------|--------|----------------------|
| ANNUAL ALLOCATION  | 19,000.00 |                      | 0.00   |                      | 0.00   |                      | 60,000.00 |                      | 0.00   |                      |
| EXPENDITURES -JUL  | 1,834.22  | 9                    | 0.00   |                      | 0.00   |                      | 6,550.97  | 10                   | 0.00   |                      |
| -AUG               | 208.07    | 1                    | 0.00   |                      | 0.00   |                      | 6,591.96  | 10                   | 0.00   |                      |
| -SEP               | 0.00      | 0                    | 0.00   |                      | 0.00   |                      | 7,223.53  | 12                   | 0.00   |                      |
| -OCT               | 0.00      | 0                    | 0.00   |                      | 0.00   |                      | 6,557.55  | 10                   | 0.00   |                      |
| -NOV               | 2,962.25  | 15                   | 0.00   |                      | 0.00   |                      | 7,040.55  | 11                   | 0.00   |                      |
| -DEC               | 2,485.57  | 13                   | 0.00   |                      | 0.00   |                      | 6,166.27  | 10                   | 0.00   |                      |
| Y-T-D EXPENDITURES | 7,490.11  | 39                   | 0.00   |                      | 0.00   |                      | 40,130.83 | 66                   | 0.00   |                      |
| UNEXPENDED BALANCE | 11,509.89 |                      | 0.00   |                      | 0.00   |                      | 19,869.17 |                      | 0.00   |                      |

**WF FEDERAL**
**WF STATE**
**SHARE THE WARMTH**
**SPEC STATE ADC**
**FC CASE WKR VISIT**

|  |  |   |   |   |
|--|--|---|---|---|
| Day Sheet Code R<br>Wk.First staff & purch.<br>Child Welfare 210,211<br>Other CW if eligible | Day Sheet Code 9<br>Wk.First staff & purch.<br>Child Welfare 211<br>Other CW if eligible | Funds for Piedmont<br>Natural Gas customers | Div. of Aging funds<br>Purchased Services<br>Reported on 1571-IV<br>State portion | Funds to support monthly<br>Caseworker visits to<br>Foster children |
|--|--|---|---|---|

|                    | AMOUNT    | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT   | PCT<br>SPEND<br>RATE |
|--------------------|-----------|----------------------|--------|----------------------|--------|----------------------|--------|----------------------|----------|----------------------|
| ANNUAL ALLOCATION  | 90,745.00 |                      | 0.00   |                      | 50.00  |                      | 0.00   |                      | 1,150.00 |                      |
| EXPENDITURES -JUL  | 6,781.91  | 7                    | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| -AUG               | 4,714.36  | 5                    | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| -SEP               | 4,381.89  | 4                    | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| -OCT               | 0.00      | 0                    | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| -NOV               | 4,144.79  | 4                    | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| -DEC               | 18,423.93 | 20                   | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| Y-T-D EXPENDITURES | 38,446.88 | 42                   | 0.00   |                      | 0.00   | 0                    | 0.00   |                      | 0.00     | 0                    |
| UNEXPENDED BALANCE | 52,298.12 |                      | 0.00   |                      | 50.00  |                      | 0.00   |                      | 1,150.00 |                      |

TANF TO SSBG                      STATE APS                      TANF CPS&FC/ADOPT                      LINKS                      ADULT HOME SPEC

|   |   |  |   |   |
|---|---|--|---|---|
| Day Sheet Code V or purch.<br>Foster Care & Adoption<br>Child is Family of 1<br><200% poverty (MA,HC) | Day Sheet Code J or<br>Purchased APS services | Day Sheet Code 0 (zero)<br>Child Welfare 210,211<br>Other TANF if client eligible<br>Use before R for Child<br>Welfare | Day Sheet Code K<br>Purchased LINKS serv.<br>Not including LINKS<br>Special funds | Day Sheet Code O<br>(alpha)<br>63.42% here, rest to X<br>When this is gone<br>50% Federal continues |
|---|---|--|---|---|

|                    | AMOUNT   | PCT<br>SPEND<br>RATE | AMOUNT    | PCT<br>SPEND<br>RATE | AMOUNT   | PCT<br>SPEND<br>RATE | AMOUNT | PCT<br>SPEND<br>RATE | AMOUNT   | PCT<br>SPEND<br>RATE |
|--------------------|----------|----------------------|-----------|----------------------|----------|----------------------|--------|----------------------|----------|----------------------|
| ANNUAL ALLOCATION  | 7,843.00 |                      | 8,750.00  |                      | 6,164.00 |                      | 100.00 |                      | 4,392.00 |                      |
| EXPENDITURES -JUL  | 0.00     | 0                    | 2,714.20  | 31                   | 0.00     | 0                    | 0.00   | 0                    | 146.65   | 3                    |
| -AUG               | 0.00     | 0                    | 3,752.19  | 42                   | 0.00     | 0                    | 0.00   | 0                    | 0.00     | 0                    |
| -SEP               | 0.00     | 0                    | 4,564.25  | 52                   | 0.00     | 0                    | 0.00   | 0                    | 0.00     | 0                    |
| -OCT               | 0.00     | 0                    | 2,280.64- | 26                   | 2,951.68 | 47                   | 0.00   | 0                    | 0.00     | 0                    |
| -NOV               | 44.17    | 0                    | 0.00      | 0                    | 2,194.69 | 35                   | 0.00   | 0                    | 511.52   | 11                   |
| -DEC               | 104.65   | 1                    | 0.00      | 0                    | 62.85    | 1                    | 0.00   | 0                    | 0.00     | 0                    |
| Y-T-D EXPENDITURES | 148.82   | 1                    | 8,750.00  | 100                  | 5,209.22 | 84                   | 0.00   | 0                    | 658.17   | 14                   |
| UNEXPENDED BALANCE | 7,694.18 |                      | 0.00      |                      | 954.78   |                      | 100.00 |                      | 3,733.83 |                      |

NC HEALTH CHOICE

Use XPTR report to split  
FTE for FCHC into MA&HC  
When this is gone  
Current Federal % continues

|                    | AMOUNT    | PCT<br>SPEND<br>RATE |
|--------------------|-----------|----------------------|
| ANNUAL ALLOCATION  | 2,288.00  |                      |
| EXPENDITURES -JUL  | 1,935.97  | 84                   |
| -AUG               | 2,310.97  | 101                  |
| -SEP               | 940.86    | 41                   |
| -OCT               | 2,899.80- | 126                  |
| -NOV               | 500.00-   | 21                   |
| -DEC               | 50.00-    | 2                    |
| Y-T-D EXPENDITURES | 1,738.00  | 75                   |
| UNEXPENDED BALANCE | 550.00    |                      |

**Attachment L**

**Day Sheet Codes for Children’s Services**

Consider when choosing the best code:

1. What activity are you doing? (refer to definitions in SIS manual) = SIS service code
2. Which program codes (funds) are allowable with that service code? (refer to SIS manual, Appendix B, Section I. Children’s Services)
3. Of the allowable codes, which does your agency receive funding for? Refer to State Budget Estimates, Funding Authorizations, and fiscal report XS411.
4. Of these codes, which is the client eligible for? (May be eligible for more than one; document eligibility in case record for all program codes used, when required)
5. If client is eligible for more than one program code, prioritize them in this way:
  - a. Use Z if child is IV-E eligible
  - b. If non-IV-E, which code has the greatest % revenue?
  - c. Which funds are capped? (When you run out, switch to another available program code)
  - d. Does your agency need to prioritize use of code 9 in order to meet MOE?

**Funds (Program Codes) for Children’s Services: % Revenue Capped? Eligibility**

|   |                      |             |           |  |
|---|----------------------|-------------|-----------|--|
| Z. IV-E Administration Activities                   | Foster Care/Adoption | 50%         | No        | Document IV-E eligibility                        |
| Z. IV-E CPS/Case Management                         | CPS                  | 75% or 50%  | Yes-State | Risk Assessment for moderate, high, or intensive |
| 0. TANF CPS & FC/Adopt (Zero)                       |                      | 100%        | Yes       | Form updated 8/28/2001                           |
| R. TANF 100% Federal Funding until allocation spent |                      | 100%        | Yes       | Form updated 8/28/2001                           |
| K. LINKS (formerly Independent Living Program)      |                      | 100%        | Yes       | age 13-21, in DSS custody                        |
| P. Permanency Planning                              |                      | 100% or 75% | Yes       | Broad, see manual                                |
| V. TANF transferred to SSBG                         |                      | 75%         | Yes       | 200% of poverty, child (can be family of 1)      |
| X. SSBG   |                      | 75%         | Yes       | Broad, non-IV-E, in need of services             |
| 7. IV-E Waiver – Eligible                           |                      | 75%         | No        | Document IV-E eligibility*                       |
| 8. IV-E Waiver - Non-Eligible                       |                      | 75%         | No        | Non-IV-E*  |
| A. Adolescent Parenting Program – Medicaid          | 85% or 50%           |             | Yes-State | young first-time parents, Medicaid- eligible     |
| Y. Adolescent Parenting Program - Non-Medicaid      | 50%                  |             | Yes-State | young first-time parents, non-Medicaid-eligible  |
| 9. Work First Block Grant                           | 0% - MOE             |             | Yes       | Form in letter dated 3/3/2000.                   |
| N. Non-DSS Reimbursable (100% county funds)         | 0%                   |             | No        | N/A  |

**NOTE: Adoption/Foster Care State** 100% Yes Document according to code used on day sheet

If those who have this funding source, coding must be done by the fiscal staff at time of 1571 preparation. The 1571 preparer will re-code one of the above foster care codes and report as function code 38 col. 10 (IV-E children) or function code 38 col. 11 (non-IV-E children). Consider funding options and whether to target the non-IVE children depending on other available funding options.

**\*Not currently an available option**

**FOSTER CARE AND ADOPTION ASSISTANCE REPORTS**

**REPORT NAME (PQA)**

Adoption Assistance **Daily** Check Register  
 Adoption Assistance **Regular Run** Check Register  
 Adoption Assistance Warrant Calculation-Daily Issues Accumulative  
 Adoption Assistance Warrant Calculation-Regular Run  
 Adoption Assistance Adjustment Register  
 FC Final Payment Report-Level IV Mental Health Facilities  
 Final Foster Care Payment Report  
 Foster Care Adjustment Register (Maximization)  
 Foster Care Adjustment Register (Standard Board Rate)  
 Foster Care IV-E Child Institution Administrative Costs  
 Foster Care Maximization Payment Reports  
 Foster Care Warrant Calculation Worksheet  
 Summary of Assistance Expenditures and Average Payment-Adopt. Asst.  
 Summary of Assistance Expenditures and Average Payment-Foster Care  
 Summary of Assistance Expenditures and Average Payment-Vendor  
 CPPS Summary of Year-to-Date Expenditures  
 FC Vendor Summary of Assistance Expenditures by County  
 Vendor Payment Adjustment Register  
 Vendor Payment Report  
 Vendor Payment Warrant Calculation Worksheet

**XPTR REPORT NAME**

DHRPQ ADOPT ASST DAILY PQA044  
 DHRPQ ADOPT ASST CK REG PQA044  
 DHRPQ ADOP AST CA WAR CAL PQA059  
 DHRPQ ADOP AST CA WAR CAL PQA059  
 DHRPQ ADOPT ASST ADJ REG PQA045  
 DHRPQ FC LEVEL IV MH PQA220  
 DHRPQ FC PMT RPT PQA020  
 DHRPQ FC MAXIM ADJ PQA225  
 DHRPQ FC ADJ REG PQA025  
 DHRPQA PQA151 CCI ADMIN COUNTY  
 DHRPQ FC MAXIMIZATION PQA022  
 DHRPQ FC WARRANT CALC PQA029  
 DHRPQ ADOPT AST CASH SAAP PQA046  
 DHRPQ FC SAAP PQA026  
 DHRPQ VENDOR SAAP PQA036  
 DHRPQ PQA050 YTD EXPEND.SUMMARY  
 DHRPQA PQA138 COUNTY EXPENDITUR  
 DHRPQ VENDOR PMT ADJ REG PQA035  
 DHRPQ VENDOR PMT PQA030  
 DHRPQ VENDOR WARRANT CALC PQA039

**PUBLIC ASSISTANCE REPORTS**

**REPORT NAME (EIS)**

Daily Straggler-State Issued Checks  
Daily Accumulative Check Register  
County Issued Accumulative Check Register  
Regular Run Payment Schedule  
Regular Run Check Register  
Regular Run Warrant Calculation  
Monthly Adjustment Register  
1st Accumulative Check Register  
1st Accumulative Warrant Calculation Worksheet  
2nd Accumulative Check Register  
2nd Accumulative Warrant Calculation Worksheet  
1st County Issued Check Register  
1st County Issued Warrant Calculation Worksheet  
2nd County Issued Check Register  
2nd County Issued Warrant Calculation Worksheet  
Summary of Assistance Expenditures and Average Payment  
EPICS County Collection Report-Monthly  
EPICS County Collection Report-Quarter  
EPICS County Collection Report-Year-to-Date  
EPICS AFDC/TANF CROP Report

**XPTR REPORT NAME**

DHREJ DAILY - STRAGGLER  
DHREJ DAILY ACCUMULATIVE  
DHREJ DAILY - CTY ISSUED  
DHREJ RECIPIENT PAYMENT SCHEDULE  
DHRWFA RECIPIENT CK REGISTER RUN  
DHREJ WARRANT CALC WORKSHEET  
DHRWFA MONTHLY ADJ REGISTER  
DHRWFA CHECK REGISTER-1ST ACCUM  
DHRWFA WARRANT WRKSHEET-1ST ACCU  
DHRWFA CHECK REGISTER-2ND ACCUM  
DHRWFA WARRANT WRKSHEET-2ND ACC  
DHRWFA CHECK REGISTER-1ST COUNTY  
DHRWFA WARRANT WRKSHEET-1ST CTY  
DHRWFA CHECK REGISTER-2ND COUNTY  
DHRWFA WARRANT WRKSHEET-2ND CTY  
DHRWFA SAAP ASSISTNC EXP/AVG PMT  
DHRFRD FRD428M MTH CNTY COLLECTN  
DHRFRD FRD428Q QTR CNTY COLLECTN  
DHRFRD FRD428Y YTD CNTY COLLECTN  
DHRFRD FRD418 AFDC TANF CROP RPT

## **Attachment N Funding For County DSS Adult Services Programs**

### **Social Services Block Grant – Day Sheet Code X**

Funding is for a variety of services provided by the county DSS to elderly and disabled adults (very little for children's services). There are two pots of money under program code "X"

1. SSBG Federal (XS411) 75% Federal capped, 25% County
2. SSBG State (XS411) 75% State capped, 25% County

### **State Adult Protective Services – Day Sheet Code J**

Funding is for APS social workers in counties demonstrating additional APS needs.  
100% State Funds capped

### **Adult Care Home Case Management (ACHCM) – Day Sheet Code 2**

Medicaid administrative reimbursement and State match, for county DSS social workers who assess SA recipients in order to give prior approval for enhanced personal care services; to identify community-based health and social services needed by the residents; and to provide case management to these residents to assure that care needs are adequately met by the facility and other providers.  
50% Federal uncapped, 25% State capped, 25% County

### **At-Risk Case Management (ARCM) – Day Sheet Code 2**

Medicaid reimbursement is available for county DSS social workers who provide this service to adults and or children at risk of abuse, neglect or exploitation and in substantiated cases. Reimbursement is will be based on current year Medicaid FMAP with a maximum rate of \$55.28/hour.

### **CAP/DA Program/PCS Program – Day Sheet Code N**

The Community Alternatives Program for Disabled Adults (CAP/DA) and Personal Care Service programs provide a package of services to allow adults who qualify for nursing facility care to remain in their private residences. These programs provide care that is cost-effective in comparison to the Medicaid cost for nursing facility care.  
DMA is billed a maximum rate of \$13.82 for each 15-minutes or \$55.28 per hour.

### **State Adult Home Specialist Fund (AHS) – Day Sheet Code O (alpha)**

Adult Home Specialists in counties to increase the time and effort by County DSSs to monitor adult care homes.

50% Federal uncapped, 40% State capped, 10% County

(State Medicaid penetration rate 63.42% applied to "O" with remainder charged to SSBG "X")

### **State/County Special Assistance for Adults (SAA/SAD)**

Pays for care in licensed adult care homes for individuals who need this level of care and do not have sufficient income to pay for the care themselves.

50% State uncapped, 50% County

**State/County Special Assistance for Adult Administration**

Special Assistance eligibility workers take applications and determine eligibility for SA initially and for annual re-determinations.

100% County

**State In-Home Funds – Day Sheet Codes B, C, I**

County DSS’s can provide or purchase in-home services for elderly and disabled adults. Used primarily for in-home aide services.

Program codes            B                    18 years – 59 years

C                            17 years and under

I                            60 years and over

87.5% Federal capped, 12.5% County

**Adult Day Care Fund**

County DSS’s can purchase adult day care for elderly and disabled adults. This allocation is broken into two separate parts. One is a federal/county split and the other is a state/county split. The percentages are as follows:

87.5% Federal capped, 12.5% County (1571 Part IV Fund ID A & M)

87.5% State capped, 12.5% County (1571 Part IV Fund ID D & F)

**TANF Domestic Violence– Day Sheet Code 10**

County DSS’s can provide services directly or contract with a local domestic violence agency. County DSS administrative time is not reimbursable via this code.

100% Federal capped

**In-Home Aide Services – HCCBG Option A Reporting– Day Sheet Code H**

Funds are from the Division of Aging and Community Care Block Grant for In-Home Aide services.

90% Federal capped, 10% County

**In-Home Aide Services – HCCBG Option B Reporting– Day Sheet Code U**

Funds are from the Division of Aging and Community Care Block Grant for In-Home Aide services.

90% Federal capped, 10% County

**Title XIX Medical Transportation (MA Services) – Day Sheet Code T**

Medicaid funds to provide transportation for medical services to authorized Medicaid recipients. (Funding will match Medicaid reimbursement and is expected to phase out with the approval of the house bill to phase out county participation in the Medicaid cost.)

**Title XIX Medical Transportation Administration (MA Admin) – Day Sheet Code T**

Medicaid funds to arrange or authorize transportation for medical services to authorized Medicaid recipients.

50% Federal uncapped, 50% County

**Home and Community Care Block Grant**

Funds are from the Division of Aging and Community Care Block Grant Title III-C and B for Congregate Meals, Home Delivered Meals, and Transportation and Supportive services.

90% Federal capped, 10% County

**Elderly and Disabled Transportation Assistance Program (EDTAP)**

A State funded program administered by NCDOT is designed to supplement human service funds that are used to meet the transportation needs of the elderly and the disabled.

100% State funds

**Refer to Appendix C of the SIS Manual for a list of program code definitions.**