

DAY SHEETS and Time Reporting

Why Keep Day Sheets?

- Primary purpose is to
 - Compute percentages of time spent by staff in the delivery of direct service activities, which will provide the basis for county reimbursement
 - Provide documentation, along with the case record, to support reimbursement
- Day sheets also:
 - Provide information to determine the cost of services provided
 - Enable more effective planning and budgeting
 - Provide a source of recipient counts for federal reporting and program management
 - Provide an audit trail for services
- When activities are funded by one or more Federal fund sources it is a **Federal requirement** to accurately account for time spent in activities supported by those funds
- While Federal regulations allow other methods of accounting for time, NC elects to use 100% time-reporting
- The consensus is that 100% reporting gives counties more control over the reimbursement outcomes and enables better maximization of financial resources

Federal Regulations

OMB Circular A-87, Attachment B, 11. h. ...

(4) Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation...

Personal Activity Reports

- (5) Personnel activity reports ... must meet the following standards:
- (a) They must reflect an after-the-fact distribution of the actual activity...
 - (b) They must account for the total activity for which each employee is compensated
 - (c) They must be prepared at least monthly...
 - (d) They must be signed by the employee

Federal Regulations: Clarification

ASMB C-10, Part 3.4 clarifies further that:

- A PAR is a timesheet or log maintained by the employee which contemporaneously accounts for 100% of their time.
- If activities or programs worked on vary constantly throughout the work day, then they must be completed as each event begins and ends.

- Time sheets must be detailed enough to reflect all activities performed during a specific period of time. The time increments should be sufficient to recognize: (1) the number of different activities performed, and (2) the dynamics of these responsibilities.
- In limited situations a PAR can be a time certification relying on an informal log or calendar notations.
- Use of logs or calendar notes is only suitable where few activities are involved and the effort involved covers long periods without diversions to other efforts.

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

Who Keeps Day Sheets?

All **staff having direct client contact** and performing client-related service activities as defined in the SIS Manual

Child Care Coordinators who spend time providing services to eligible individuals

Workers providing both direct Services and direct Income Maintenance functions will have to keep Daily Reports.

Time spent in providing direct services activities must be reported on the DSS-4263 "green day sheet".

Time spent on Income Maintenance activities must be reported on the DSS-2203 "white day sheet" which is maintained in the county.

DSS-4263

DSS-2203

DSS-2204

Who Does Not Keep Day Sheets?

Staff who are full-time **Service Support** or full-time **Other Administration**

Volunteers, students, interns, etc.,

however, any direct services they provide must be documented in the recipient's case file.

When Are Day Sheets Prepared?

- Daily Reports must be completed as accurately and timely as possible.
- ACF's interpretation of Federal regulations is that DSS should require contemporaneous recording of activities on the DSS-4263.

- DSS position is that if alternative formats (notebooks, logs, calendars, etc.) are used by the worker to track activities throughout the day, entries should be recorded...
 - at intervals no greater than one hour, and
 - as concurrently with their being performed as reasonably possible
 - in sufficient detail so as to allow for reliable and accurate transcription to the DSS-4263 at the end of the day.
- **Whatever method is used to track activities, the Daily Report should be *completed* on a daily basis.**

When Are Day Sheets Due?

The deadline for entering the Daily Reports in the Services Information System is the 5th day of the following month or the nearest working day if the 5th day falls on the weekend or on a holiday.

The original copy of the DSS-4263 should be given to the appropriate supervisor and the white copy should be kept in the county file.

Timely Submission

- Each day sheet should be completed on a daily basis
- Day sheets should be reviewed by the supervisor and submitted for keying on at least a weekly basis
- Day sheets for days falling in the last calendar week of each month should be reviewed and sent for keying by the first working day of the next month
- See SIS User's Manual, DSS-4263, page 4

General Instructions

- In order to have a single record, all activities should be recorded on the Daily Reports.
- Any time for which the worker is *scheduled* to work, and *all overtime worked*, must be accounted for. This includes direct service time, case management, administrative activities, compensatory time and leave taken.
- Note time that exceeds the normal workday in the comments section.
- Leave and compensatory time taken should be reported as General Administration (Service Code 990).
- It is not necessary to report days on which the agency is officially closed for business, such as holidays, snow days, etc.

Recording Blocks of Time

- The requirement for contemporaneous recording of activities (as they start and end) generally precludes recording activities in a "block" of time, however...
- If alternative formats (notebooks, logs, calendars, etc.) are used by the worker to track activities throughout the day, certain activities may be *transcribed* to the DSS-4263 as a block of time including:

- Direct service activities of less than 5 minutes duration:
 - Must be recorded to the appropriate direct Service Code or Case Management code that does not require a client ID (codes 380, 386, 522, 580 or 590)
 - Must be grouped (added together) by the appropriate allowable Program Codes
- General Administration activities
 - Service Code 990 should be used to record leave, travel, conferences, training, compensatory time and activities (*other than direct services*) of less than 5 minutes duration

TASKS TO BE CODED UNDER "G" - GENERAL ADMINISTRATION
Annual Leave
Sick Leave
Comp Time OFF
Jury Duty
Travel Time to Training
Staff Meetings when there is no case specific discussions
Attendance in Training Sessions
Breaks

- “Missing” time
 - Contemporaneous recording of activities should reduce or eliminate the occurrence of “missing” time
 - If a worker finds there is some time unaccounted for, the missing time must be recorded as General Administration (Service Code 990)
 - Failure to account for 100% of an employee's time will result in the shifting of program/activity costs to those programs for which time is accounted

General Instructions

Minutes (Entry Required)

Use the rightmost spaces leaving the unused spaces to the left blank to record the number of minutes spent in performing the activity reported in Item 9 (Service).

When a worker provides a service to two or more clients at the same time, all clients involved should be reported on the Daily Report with the time spent divided in proportion to the time spent with each client.

Worker Certification Statement

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

Worker Certification

- Federal regulations require that workers certify their time reports for completeness and accuracy
- DSS-4263 has a certification statement and space for the worker's signature
- Electronic versions of the day sheet must also be certified; options may include
 - Electronic signature or PIN
 - Certification of a detailed printout of data entered
 - Certification form cross-referenced to data input by worker
 - Certification "pop-up" or window before "submit" action
- See SIS User's Manual, DSS-4263, page 12

Correction of Errors

- Since the worker must certify the completeness and accuracy of all entries on each day sheet, only the worker can make corrections
- Supervisors and data entry clerks must return the day sheet to the worker for correction
- Supervisors should not instruct workers to use or avoid using any codes in order to affect the outcome of the time report data
- Corrected day sheets must be keyed prior to the monthly cutoff
- See SIS User's Manual, DSS-4263, page 4

SIS User's Manual

- The Services Information System (SIS) User's Manual is available on-line
- You can access the SIS Manual online
 - From links on the DSS Homepage at www.ncdhhs.gov
 - From the DHHS On-line Manuals web page at <http://info.dhhs.state.nc.us/olm/manuals>
 - Directly at the following URL <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man>
- This is the official version of the manual

SIS Change Notices

- Updates to the SIS Manual
 - Are posted at the following address <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/chg>
 - Can be accessed from the main menu bar on the SIS Manual Table of Contents
 - Contain descriptions of current changes
 - Include links to PDF versions of
 - the Change Notice itself
 - the relevant pages from the manual (Attachments)
 - the entire SIS Users Manual in one PDF document (with separate links to facsimiles of the DSS-5027 and DSS-4263)
- Adobe.com, where you can download Acrobat reader (for PDF docs)

Service Codes and Program Codes

- Tables summarizing Service Code usage and valid Service Code/Program Code combinations can be found in [Appendix B](#) of the SIS User's Manual
- Definitions of Service Codes are also found in Appendix B
- Descriptions of Program Codes are found in [Appendix C](#)
- Tables summarizing special Service Codes and/or Program Codes, and their definitions or descriptions, can be found in Appendices D through G

Fiscal Considerations

Day sheets are important in order to report the correct funding source (Program Code) and to supply the state with statistics for the Federal Government..

Miscoding could lead to audit exceptions and cause reimbursement from the wrong funding source that could lead to a loss of revenues for the county.

Communication is the Key

- In order to make the correct choices when recording Services Codes and Program Codes.
- Each county will need at least one key person to utilize the SIS User's Manual Appendix B, communicate with the Fiscal Staff for available funding sources and consult with State Program Representatives.
- The best code or code combination today can be incorrect tomorrow.

Direct workers are coded to the direct program time.

SO

How are supervisors, clerical, administrative and operating costs (overhead) funded?

The Cost Allocation process is setup to distribute these costs by Full Time Equivalencies (FTE'S)...

Supervisors, clerical and Admin. Support are distributed to (above) programs by FTE's. The more FTE's spent in a program, the more the support salaries and fringe costs are distributed to the program.

Straight math determines the amount of overhead charged to each program.

Program	FTE	% of total	Cost
Social Services Block Grant (SSBG) "X"	2	8.70%	\$ 434.78
TANF "R"	8	34.78%	\$ 1,739.13
IV-E CPS "Z"	13	56.52%	\$ 2,826.09
Total	23	100.00%	\$ 5,000.00

The Impact of Correct/Incorrect Reporting

Worker has provided a service using service code 109 FC Case Management. The worker has an option to choose the following allowable program codes:

N, P, R, V, X, Z, Y, 0, 9, 13 & 22

Worker is not sure so SSBG "X" code, is chosen
Did not communicate with Supervisor of Fiscal staff.

SSBG Participation rate: **75% Federal** **25% County**

- Worker's monthly salary and benefits \$3,000
- Supervisor/clerical/administrative/operating costs \$3,000
- TOTAL \$6,000

INCORRECT REPORTING

\$6,000 reported as "X" (SSBG)
The worker did not know the allocation for SSBG has already been spent.

There was no communication with supervisor or fiscal staff.

Participation rates AFTER spending allocation: **0% Federal** **100% County**

\$6,000 is now funded with all county money so no revenues received for the services provided with "X" SSBG.

CORRECT REPORTING

\$6,000 reported as "V" (TANF Transferred to SSBG)
After discussing with the supervisor and fiscal staff the Worker codes "V" "TANF Transferred to SSBG". This is allowable and the county has unspent funds.

Participation rates: **75% Federal** **25% County**
Reimbursement: \$4,500 \$1,500

Coding to "X" SSBG

Reimbursement: \$0 \$6,000

What are some impacts of insufficient communication where Day Sheets are concerned?

- Loss of Revenues
- Errors
- Audit Exceptions/Paybacks
- Incorrect Data
- Decreased Allocations
- Local Tax Rate could increase
- Unhappy Staff and Management
- Staff Turnover
- No Salary Raises
- Decreased Employee Benefits

SINGLE COUNTY AUDIT EXCEPTIONS

Examples of audit findings concerning day sheet entries:

- SFY 2004
 - one of five employees tested had incorrectly charged 480 minutes to TANF funding when in fact the time should have been charged to general administration for distribution
 - day sheet entries must be supported by documentation in the case file
 - County's internal control procedures to monitor day sheets were inadequate
 - Approximately 20% of the cases tested did not reflect the required documentation for day sheet entries
- SFY 2003
 - County should implement internal control procedures to monitor day sheets in order to properly charge staff time

Audit findings such as these could result in substantial financial penalties for the State!

CHILDREN’S SERVICES SERVICE CODE FLOW TABLE

Service	Action	Day Sheet Code	Eligibility
CPS call		211 – CPS Intake	None extra required
Screen out	Process screen out		
	Accept	210 - CPS Assessments	None extra required for TANF (TEA) “R” or “0” (zero); Verification IS required for “9”
If finding is “Not in Need of Services” or “Unsubstantiated”	Close. DSS-5104 will generate a DSS-5027 which will close 210.		
If finding is “In Need of Services” or “Substantiated”	DSS-5104 will generate DSS-5027 and add 215 services. When ready to close, worker will close 215.	215 - CPS In Home Services	Required
Foster Care			
Child comes into DSS custody/placement responsibility via emergency, Juvenile Court action, Voluntary Placement Agreement (VPA), or Contractual Agreement for Residential Services (CARS)			Complete DSS-5120 to determine eligibility (CPS workers/CFC workers)
Child enters DSS custody/placement authority	DSS-5027 to add service. Open DSS-5094 Services provided until closure. Close DSS-5094 first and then DSS-5027.	109 - Foster Care Services for Children	Required Redetermined by use of DSS-5120-A
Adoption Services			
Child in DSS custody, Court approves Plan of Adoption, TPR on Both parents or Relinquishment	DSS-5027 to add service(s)	009 – Adoption Case Management and 010 – Adoption Services	Determined by most current DSS 5120 or DSS-5120-A
Final Decree of Adoption, case closed	Close DSS-5094 first and then DSS-5027. Open DSS-5095 for adoption assistance.		

COMMONLY USED CHILDREN'S SERVICES CODES

- Program Codes are assigned to direct service activities (Service Codes).
 - The child's eligibility is what determines which Program Code to use.
 - For some services, applicable fund Programs are established in the Service Code definition and additional verification of eligibility is not required.
 - Here are some examples of what Service Codes to use and the eligibility criteria:
- **211 - Protective Services Intake**
Program Codes 9, 0, R, 22
 - Eligibility is already established and Eligibility Verification forms are not required.
 - If a county needs to meet Maintenance of Effort in the Work First Block Grant, use 9.
 - If a county has met MOE and has TEA 0 (zero) money, use 0.
 - If a county does not have 0 money then R is used.
 - **210 - Protective Services for Children - CPS Assessments**
Program Codes R, 0, 9, 22
 - For TEA (R and 0) eligibility is already established and Eligibility Verification forms are not required.
 - For Work First Block Grant (9), all MOE eligibility criteria must be met; MOE can not be used to fund all CPS Investigations.
 - If MOE eligibility exists, use the same fiscal sequence as described for 211.
 - **215 - Protective Services For Children – In-Home Services For Children Defined As Reasonable Candidates For Foster Care and Their Families**
Program Codes Z and R, 0, 9, X, N
CPS case decision made (that family is) "In Need of Services" or "Substantiated".
 - Absent effective preventive services, if the child is a Candidate for Foster Care with a Risk Assessment of Moderate, High or Intensive, use Z .
 - If the Risk Assessment is Low and it is decided that 215 will not be closed, cannot use "Z"; must use one of the other code options above .
 - Must establish TEA Eligibility to use code R or 0. Use Verification form .
 - Must establish MOE Eligibility to use code 9. Use Verification Form.
 - X is SSBG funds
 - N is non reimbursable services
 - **109 - Foster Care Services for Children**
Program Codes N, P, R, V, X, Z, 0, 9, 13 and 22 (only certain counties can use Program Code 13.)
 - Eligibility has to be initially determined on the DSS-5120 form when child is placed in DSS custody/placement authority. All eligibility is based on first ruling

in/ruling out IV-E (Z) eligibility. Redeterminations must be done within 12 months on the DSS-5120A form .

- 13 is for TANF - Adolescent Parenting Program
 - P is for Permanency Planning. (See Permanency Planning Handout)
 - R and 0 are TANF codes. Eligibility must be determined. Refer to the handout "CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE".
- **109 - Foster Care Services for Children** (continued)
 - X is SSBG and some counties may have available funds.
 - Z is for IV-E Eligible Children. Eligibility is determined by a set of required court findings, specific times frames, removal from a specified relative and other aspects of 1996 AFDC rules applying to need and deprivation. Refer to the handout "CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE".
 - 9 is MOE.
 - N is non-reimbursable.
 - **009 - Adoption Case Management**
Program Codes N, P, R, V, X, Z, 0, 22, 30
 - Eligibility is required, determined by most current DSS-5120/DSS-5120 A.
 - Use "Z" for case management activities (not services).
 - **010 - Adoption Services**
Program Codes are N, P, R, V, X, 0, 22 and 30
 - Eligibility is required, determined by most current DSS-5120/DSS-5120 A.
 - "Z" cannot be used for direct service activities.
 - **Special Instructions:** Stepparent and independent adoptions may not be coded to Program Codes R (100% Federal TANF) or 0 (TANF CPS & FC/Adop) because there is no emergency situation present.

SIS User's Manual *(not on slide – shown earlier)*

- The Services Information System (SIS) User's Manual is available on-line
- You can access the SIS Manual online -
 - From links on the DSS Homepage at www.dhhs.state.nc.us/dss
 - From the DHHS On-line Manuals web page at <http://info.dhhs.state.nc.us/olm/manuals>
 - Directly at the following URL <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man>

Chapter XIII: Child Welfare Funding Manual of the Family Support and Child Welfare policy is available on-line at:

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

CHILDREN’S SERVICES ELIGIBILITY AT A GLANCE

FUNDING SOURCE / PROGRAM		
TANF Emergency Assistance (TEA)	TANF Transferred to SSBG	Work First Block Grant
“R” (TANF 100% Fed.) and “0” (TANF CPS FC/Adopt)	"V"	"9" (MOE)
ELIGIBILITY REQUIREMENTS		
1. Family must be in crisis	1. Family income must be at or below 200% FPL	1. Family's (parents’) income at or below 200% FPL
2. Child living with specified relative (or lived with in six months prior to app.), or unborn child in household	2. Must have child in home	2. Child must be living with parent or specified relative
3. Cannot give services for more than 364 days. Time Clock starts at CPS Intake using “R”/“0” funds	3. Family needs services related to a Social Services Block Grant goal	3. Document how service meets TANF purpose for CW (<i>so that children may be cared for in own home or home of relative</i>)
4. Client must not have resources to meet emergency	4. Child is family of one	4. Child must be US citizen or qualified alien
5. Eligibility must be documented in child's case record		
TANF Eligibility Form and/or DSS-5120 is required	Income documentation required	MOE Eligibility Form and/or DSS-5120 is required
Special Notes		
<i>Always use “0” funds before “R” if available May <u>always</u> be used with Service Codes <u>210</u> & <u>211</u>.</i>	<i>Although “SSBG”, TANF income eligibility requirements still apply.</i>	<i>May <u>always</u> be used with Service Code <u>211</u>.</i>
<i>TEA may not be used for CPS for unqualified aliens</i>		<i>211: No Income information required 210: Income info required (preferred source is agency records)</i>

CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE

FUNDING SOURCE / PROGRAM	
IV-E ADMINISTRATIVE ACTIVITIES	
"Z" used with 215 - CPS In-Home Services	"Z" used with 109 - Foster Care Case Management Services
ELIGIBILITY	
1. After "Substantiation" or "In Need of Services" case decision	1. DSS has custody and placement responsibility
2. Child defined as reasonable Candidate for FC, "absent effective preventive services". (Foster Care "Candidacy" must be redetermined every 6 months).	2. Initial court order has "Contrary to Welfare or Best Interest" language
3. High, Moderate or Intensive Risk Assessment	3. Within 60 days the court order has "Reasonable Efforts" language. (Child is not IV-E until this language is in order)
4. Must use a different funding source/ Program Code for Low Risk	4. Child is judicially and actually removed from (same) parent(s) and/or specified relative(s).
	5. Need and Deprivation are determined. (Refer to July 16, 1996 AFDC Eligibility requirements)
	6. Every 12 months there is a court hearing and the court order has to state the permanent plan and make findings of specific reasonable efforts the agency has made to achieve that plan.
Special Notes	
<i>Must have a written, current Family Service Agreement.</i>	<i>Must have a written, current Family Service Agreement.</i>
<i>Z may not be used for CPS for unqualified aliens (includes Foster Care)</i>	<i>Child must be a US Citizen or qualified Alien.</i>
	<i>Initial determination of IV-E eligibility - use DSS-5120; Redetermination - use DSS-5120 A</i>
	<i>Must use IV-E funds If child is eligible</i>
	<i>Child must be in a licensed placement or placed with relative in process of licensing</i>
	<i>Includes SW Admin. time for Aftercare & Trial Home Visits; must document child's candidacy for FC</i>

CHILDREN'S SERVICES ELIGIBILITY AT A GLANCE

FUNDING SOURCE / PROGRAM	
Permanency Planning – Families for Kids	LINKS
"P"	"K"
ELIGIBILITY	
Permanency Planning funds may be used to provide services to children who are:	LINKS targets youth in the foster care system and young adults who have been discharged from foster care for services to facilitate their transition to adulthood. Funds may be used:
1. at imminent risk of entering DSS custody or placement responsibility	1. to provide services to youth and young adults who live or have lived in foster care through DSS as a teenager and are now 13 or older and not yet 21
2. in agency custody/placement responsibility less than 12 months	2. only for activities that are directed toward assisting children/youth with the transition from foster care to adulthood.
3. in agency custody/placement responsibility for more than 12 months <i>and</i> for whom the plan is NEITHER long-term foster care NOR reunification with birth parents; OR	3. Exception: may not use funds to provide services to youth who: <ul style="list-style-type: none"> • have personal reserves of more than \$10,000, or • are undocumented or illegal aliens.
4. who have left DSS custody/ placement responsibility within the previous 12 months (including post-adoption services)	
<i>Special Notes</i>	
<i>Allocations for Permanency Planning (FFK Funds) are made to county Departments of Social Services based on population.</i>	<i>Each county with eligible youth receives a LINKS program allocation based on a per capita formula that considers both mandated and non- mandated service populations. Counties then determine how their total* program allocation best meets the purposes of the youth in their county within federal and state guidelines. Not all counties receive funds for this Social Work staff time. Check with your Fiscal Officer.</i>

Work First Services

Program Codes at a glance

<u>FULL TITLE</u>	<u>CODE</u>	
Work First Block Grant	9	TIP: Supervisors/ Fiscal Staff can advise you on the Priority of Program Codes based on availability of funds.
TANF 100% Federally Funded	R	
Work First Non-DSS Reimbursable [All county money]	W	
Work First Demonstration Grants	12	
Work First Functional Assessments	14	

NOTES:

Case Narrative Documentation should always support/explain coding.

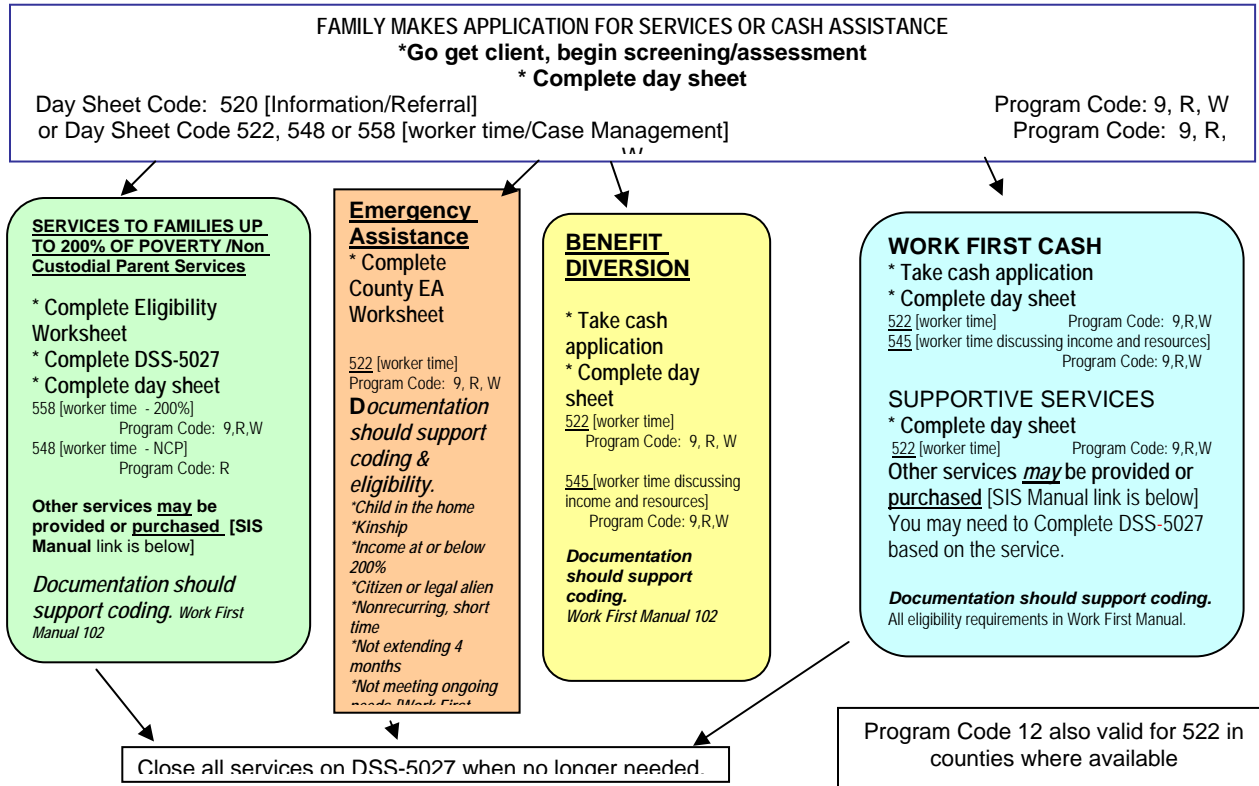
Program Code: 9, R - You must receive communication from your County Fiscal Agent as to which code to use. The decision will be based upon your county's funding priority and availability.

Program Code: W - This means use of all county money. It will seldom be used and only at the direction of your County Fiscal Agent and your Supervisor.

Program Code: 12 - County-specific grants for initiatives designed to increase Work Participation rates.

Program Code: 14 - TANF funding for Functional Evaluations and Vocational Assessments.

Work First Day Sheet Coding FLOW CHART



DAY SHEET TIPS

5 Tips for Supervisors

- Set up system for checking the accuracy and timely submission of day sheets.
- Offer worker incentives and consequences for day sheet accuracy and timeliness.
- Clear the path of communication with Fiscal Agents to get appropriate Program Codes to workers.
- Randomly review records to see if documentation supports use of codes on day sheets.
- At group meetings, include importance of day sheets and narratives as a standard item in the agenda.

5 Tips for Workers

- Complete your day sheets DAILY!
- ALWAYS sign your day sheets!
- Submit your complete and correct day sheets at least weekly!
- Complete your narratives timely to support your day sheet coding!
- Refer to the SIS User's Manual and ask your supervisor if you have questions!

Commonly Used Work First Codes

<u>Service Code</u>	<u>Definition</u>	<u>Available Program Codes</u>
520	Work First Information and Referral	9, R, W
521	Child Care	9, R, 12, W
522	Case Management Without Eligibility Determination	9, R, 12, W
545	Work First Eligibility Determination	9, R, W
548	Non-Custodial Parents Case Management	R
558	Case Management Retention Services [200% services]	9, R, W

Other services may be provided or purchased. (See links)

You may need to Complete DSS-5027.

Work First Manual: <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/>

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

Adult Services Service Codes

Services Information System User's Manual "SIS"

Social Services Block Grant

Program Code: X

75% Federal with 25% County Match (for most services)

Day Care Services For Adults - 030

- Organized program of services (Day)
- Community Setting
- Promoting independence, social, physical, and emotional well-being
- Family Services Manual, Volume V, Chapter II

Day Health Services For Adults - 155

- Folks that require one or more of the following during the hours of the day health program
 - Monitoring of a medical condition
 - Provision of assistance with or supervision of activities of daily living
 - Administration of medication, special feedings or provision of other treatment or services related to health care needs
- Volume V, Chapter II

Foster Care Services For Adults Recruitment and Evaluation - 091

- Study and development of family care homes and group care facilities
- Evaluation and periodic re-evaluation of home or facility
- Consultation and technical assistance to help Family Care Home & Group Care Facility to expand and improve

Adult Placement Services - 095

- Assist aging, disabled individuals and their families or reps
- Find substitute homes or residential health care facilities
- Screening, assessment, counseling
- Help complete financial application & medical evaluations
- Help locate & secure placement
- Provide support during transition
- Volume V, Chapter III

Guardianship Services - 107

- Folks alleged to be in need of a guardian
- Appointed by the Clerk of Court
- Assessment for need of guardianship
- Locating, Petitioning, Assisting
- Working with other Agency's.
- Working with the Clerk of Court.
- Ongoing case work.
- Volume V, Chapter VIII

Adult Protective Services

- 200-Protective Services Intake

- 202-Protective Services For Adults-Evaluation

- 204-Protective Services For Adults-Mobilizing Services

- Volume V, Chapter VII
- Program Code X, SSBG, 75/25
- Program Code J, State Adult Protective Services Fund, 100% State

In-Home Aide Services

- Paraprofessional services which assist children, adults and their families
- Provide home management skills
- Personal care tasks
- And supervision of the above tasks
- Help folks function effectively in their own homes
- Volume VII, Chapter VIII

IHAS Program Codes

- B – age 18 through 59
- I – age 60 and over
- 87½% Federal with 12½% County Match

IHAS Service Codes

- 041- Level I Home Management

- Basic management tasks, housekeeping, cooking, shopping, and bill paying

- 042 – Level II Personal Care

- Support to persons/families that require assistance with personal care/activities of daily living
- Also includes assistance with home management

- 043 – Level II Home Management

- Folks that predominately or entirely require assistance with home management tasks
- Also includes personal care
- Focus on strengthening and developing own skills

- 044 – Level III Home Management

- Intensive education and support in carrying out home management tasks and improving family functioning skills

- 045 – Level III Personal Care

- Provide substantial ADL support to individuals/families who require assistance with health and personal care tasks

- 046 – Level IV Home Management

- Educational and supportive services to persons/families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills

Health Support Services - 110

- Recognize and understand health problems
- Locate appropriate treatment
- Identify ways to pay for needed care and or services
- Cope with one or more disabling conditions and limited functioning
- Avoid future health risks
- Arrange out-of-home placement(s), when necessary
- Volume VII, Chapter III

Individual And Family Adjustment Services - 330

- Help individuals and families to recognize, understand, and cope with problems and conflicts they are experiencing
- Help individuals to become more self-reliant
- In problem solving
- More resourceful in seeking the help they need.
- Help individuals to independently use community resources, including other social services; take advantage of natural support systems; and function within the family
- SIS Appendix B

IFAS - Representative Payee - 331

- DSS appointed representative payee
- Assurance of the appropriate income for client's needs
- Strengthening the client's basic skills in money management
- SIS Manual

Case Management - 380

- Planning and directing provision of social services
- Eligibility determination
- Assessment of current service needs
- Tracking case history, progress and future needs of the client
- Assuming the role as prime agent
- SIS Manual

Services Intake - 381

- Agency defines intake function which can include:
 - Receiving requests for services
 - Taking applications
 - Establishing eligibility
 - Initiating client information record
 - Provide information and referral
- SIS Manual

Adult Care Home Case Management

SIS Code: 396, Program Code: 2

- The function of this case management is to verify the need for this additional assistance (Enhanced Personal Care) and to assure that the resident's needs for personal care, as well as needs for other related health and social services are being met.
- 50% Federal, 25% State, 25% County

Adult Care Home Screening

SIS Code: 397, Program Code: 2

- Determine that residents in ACH's meet Medicaid criteria
- All other activities which cannot be assigned to an individual

At-Risk CMS

SIS Code: 395, Program Code: 2

- At-Risk Case Management Services assist adults and children who are at-risk or show evidence of abuse, neglect, or exploitation in gaining access to needed medical, social, educational, and other services.
- A client must be a Medicaid recipient who is at-risk or shows evidence of abuse, neglect, or exploitation as defined in program policy. Criteria include impaired adults with insufficient caregiver availability.
- 64.05% Federal with a 35.95% County match

State Adult Home Specialist Fund

SIS Code: 091, Program Code: O

- Provides funds to support Foster Care Services for Adults
- Includes recruitment and evaluation activities
- Purpose of fund is to reduce the number of homes assigned to the Adult Home Specialist (1:14)
- 50% Federal, 40% State, 10% County

Reporting HCCBG

- Program Code H is used under option A. Reported information and reimbursement is flowing through the Area Agency on Aging.
- Program Code U is used under option B. Reporting will be from the DSS to the DAAS and reimbursement is made from DAAS to the county finance director.

? Questions ?

- Call Performance Management / Reporting and Evaluation Management: (919) 733-4530
- E-mail: Hank.Bowers@ncmail.net
- Contact your Local Business Liaison

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