# SECTION
# III - A

## SECTION III - DEVELOPING COST ON THE DSS-1571 REPORT

**June 30, 2023**

### Section III-A Procedures for Recording Salary Data

*Description*

The Part I consists of three forms;

1. Part IA, Services
2. Part IB, Income Maintenance, Administration & Training
3. Part IC, Child Support Enforcement, IV-D

*Staff and Costs Information*

a. Employee Information:

For each employee listed; you will need:

(1) The employee's first initial, middle initial and last name as shown on payroll records;

(2) The employee's valid identification number**;**

(3) The last five digits of the *position number* assigned by Social Services Personnel;

(4) The employee's Job Classification (a maximum of 7 letters may be used);

(5) All employees must be reported even if they did not receive a pay check during the month.

(6) **Janitorial staff and student interns are not reported on Part I.** Housekeeping costs are included in Cost of Space.

b. Salary Information:

(1) You will need the salary paid or accrued during the report period. Normally, this amount will be equal to the monthly rate of pay that is to be found in the county's approved pay plan, **except** where one or more of the following occurred:

i. A retroactive salary increment was paid in compliance with State Personnel policies and regulations.

ii. A longevity payment was made - if the county does not have this specified in an approved pay plan, such payments must be shown on the DSS-1571 (Part II) as incompatible (Code 3l0, and Non-Reimbursable Total Cost).

iii. Severance payments are made.

iv. A bi-weekly pay plan exists.

v. Payment is made upon termination for accrued annual leave.

vi. Payment of individual is adjusted for leave without pay.

vii. When a worker is pro-rating salary, fringes, and time between Services and Income Maintenance, Services and IV-D, or IV-D and Income Maintenance.

viii. When reporting part-time workers.

(2) You will need the total of the county's (employer's) share of fringe benefits excluding worker's compensation and unemployment insurance which is reported on the DSS-1571, Part II.

(3) You will need to combine the total of the salary paid plus the county share of fringe benefits.

**Program Function Codes**

Program function codes are used to classify the part that each worker plays in the determination of client eligibility or in the provision of social services to the client. Workers are classified with respect to their program assignment and contact with clients. **Direct work time is calculated from daily worksheets and reported on the DSS-1571 as a whole or fraction of a position chargeable to the program(s) benefiting from their work activities.** Costs for each direct worker are apportioned to the benefiting program(s) in the same way.

**Support workers** are reported by function codes that identify the program(s) to which they render clerical or technical assistance, and/or supervision. These positions and personnel costs are distributed to the programs based upon the total number of direct positions reported for each program.

**Administrative staff** renders agency level support. **Costs** of such staff **are distributed to all programs** based upon the total accumulated equivalent positions in each program.

Function codes are two-digit numerical running from 0l to 99. The range of numbers is subdivided into groups; Services, Income Maintenance, Supervision and Support, and Administration. The Services block runs from 0l through 59, Income Maintenance from 60 through 74, Child Support Enforcement 79, Supervision and Support from 80 through 89, and Administration 90 through 99.

**Listed below are the codes to be used to identify workers.** ***Codes are two-digit numerical identifiers*.**

| **1. General Service Programs DSS-1571 Part IA** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
|---|---|---|---|
| SSBG Federal-Foster Care | 01 | 09 | 395 |
| Service Worker Family Planning | 01 | 10 | 080 |
| In Home Case Management-SSBG over and below 60 | 01 | 11 | 394 |
| SSBG Federal-Fam Supp Serv | 01 | 12 | 385 |
| In Home Case Management-ST/INH below 60 | 01 | 13 | 396 |
| SSBG Federal Adoption | 01 | 14 | 010 |
| Medical Trans. Admin. | 01 | 15 | 375 |
| Energy Admin. | 01 | 16 | 406 |
| Non-Reimbursable Adoption | 01 | 18 | 459 |
| SSBG Federal GAP | 02 | 09 | 361 |
| Child Care and Development Fraud | 02 | 10 | 370 |
| CCDF - Admin. | 02 | 11 | 364 |
| TANF-SSBG GAP | 02 | 12 | 066 |
| HCCBG Cares | 02 | 16 | 531 |
| Non-Elig-At Risk Case Mgmt | 02 | 18 | 500 |
| TANF to SSBG-Foster Care | 03 | 09 | 050 |
| TANF CPS Serv | 03 | 11 | 358 |
| Adult Protective Services-SSBG | 03 | 12 | 170 |
| TANF Foster Care Serv | 03 | 13 | 055 |
| TANF Family Support Serv | 03 | 14 | 053 |
| TANF Adoption Serv | 03 | 15 | 085 |
| TANF to SSBG-Adoption | 03 | 16 | 088 |
| Non-Eligible Emergency Energy Asst | 03 | 18 | 502 |
| Links | 04 | 09 | 290 |
| APS 100% | 04 | 13 | 169 |
| Non-Eligible Subsidized Child Care | 04 | 18 | 503 |
| SSBG Federal-CPS | 05 | 09 | 012 |
| Foster Care Caseworker Visit | 05 | 10 | 096 |
| LIEAP ARPA Adm | 05 | 12 | 492 |
| SSBG Federal-Home & Comm Serv | 05 | 13 | 101 |
| SSBG Federal-At Risk Case Mgmt | 05 | 14 | 214 |
| SSBG Federal-APS | 05 | 15 | 390 |
| SSBG Federal-CM & Counsel | 05 | 16 | 397 |
| Comm Response Pgm | 06 | 10 | 136 |
| LIHWAP CAA Adm (inactive) | 06 | 12 | 410 |
| Family Reunification | 06 | 16 | 220 |
| Non-Eligible-APS | 06 | 18 | 504 |
| SSBG Fed Guardianship | 07 | 09 | 387 |
| LIHWAP ARP ADM | 07 | 14 | 418 |
| Non-Eligible-Guardianship | 07 | 18 | 514 |
| Refugee Assistance | 08 | 15 | 389 |
| Quality Improvement Non Reimb | 08 | 18 | 333 |
| Adult Home Specialist | 09 | 11 | 128 |
| Adult Home Specialist-Cnty | 09 | 15 | 131 |

| **Cont. General Service Programs DSS 1571 Part IA** | **Function Code** | **Column Reported** | **Application Codes** |
|---|---|---|---|
| Medical Trans Non Reimb | 09 | 18 | 517 |
| Employment and Training SNAP 100% | 11 | 09 | 466 |
| FNS Employment and Training 100% | 11 | 11 | 461 |
| FS E&T ABAWD | 11 | 16 | 472 |
| Non-Eligible-CPS | 11 | 18 | 506 |
| Non-Eligible-Home & Comm | 14 | 18 | 508 |
| Repatriation-Admin | 16 | 09 | 112 |
| Trans-Adult –SIH Hm & Comm 18-59 | 16 | 10 | 237 |
| Trans-Child-Foster CRE-SSBG | 16 | 11 | 249 |
| Trans-Child-CPS-SSBG | 16 | 12 | 248 |
| Trans-Adult-SIH-Home & Comm>60 | 16 | 13 | 247 |
| Trans-Chld FC SIH<17 | 16 | 14 | 189 |
| Trans-Chld CPS SIH<17 | 16 | 15 | 188 |
| Trans Child FC SIH<17 | Prior to Nov 2019 | | 193 |
| Trans Child CPS SIH<17 | Prior to Nov 2019 | | 192 |
| Transportation-Adults-SSBG | 16 | 16 | 250 |
| GAP Non-Reimb | 16 | 18 | 513 |
| MAC APS | 19 | 10 | 488 |
| MAC Apps/Outr | 19 | 11 | 480 |
| Prep & Deliv Meals-STE > 60 | 19 | 12 | 184 |
| MAC Cord/Transp | 19 | 14 | 478 |
| Prep & Deliv Meals | 19 | 18 | 187 |
| Permanency Plan CPS Svcs | 20 | 11 | 366 |
| Permanency Plan CPS Admin | Automatically Assigned | | 326 |
| Permanency Plan Adoption Svcs | 20 | 12 | 090 |
| Permanency Plan Adoption Admin | Automatically Assigned | | 070 |
| Permanency Plan Fam Supp Svcs | 20 | 13 | 486 |
| Permanency Plan Fam Supp Admin | Automatically Assigned | | 476 |
| Perm Plan Fos Care Svcs | 20 | 14 | 368 |
| Perm Plan Fos Care Admin | Automatically Assigned | | 328 |
| Non-Eligible-FNS Employ & Train | 21 | 18 | 473 |
| F.S. Workfare (after July 1, 1986) | 24 | 12 | 456 |
| CWS NH Exp | 25 | 09 | 117 |
| ST CPS Caseload Redu | 25 | 13 | 103 |
| CPS State 100% | 25 | 15 | 115 |
| CPS (TANF TO SSBG) | 25 | 16 | 127 |
| IV-E State Finger Printing Criminal History Check | 27 | 15 | 230 |
| Non IV-E State Finger Printing Criminal History Check | 27 | 16 | 231 |
| DCD Smart | 30 | 12 | 398 |
| DCD Smart Non-Reimbursable | 30 | 18 | 346 |
| Other Non-DSS Reim Serv | 34 | 12 | 799 |
| Other Non-DSS Reim Serv | 34 | 13 | 797 |
| Other Non-DSS Reim Serv | 34 | 14 | 779 |
| Other Non-DSS Reim Serv | 34 | 15 | 774 |

| **Cont. General Service Programs DSS-1571 Part IA** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
|---|---|---|---|
| Other Non-DSS Reim Serv | 34 | 16 | 798 |
| Other Non-DSS Reim Serv | 35 | 12 | 792 |
| Other Non-DSS Reim Serv | 35 | 13 | 793 |
| Other Non-DSS Reim Serv | 35 | 14 | 794 |
| Other Non-DSS Reim Serv | 35 | 15 | 795 |
| Other Non-DSS Reim Serv | 35 | 16 | 796 |
| Other Non-DSS Reim Serv | 36 | 09 | 781 |
| Other Non-DSS Reim Serv | 36 | 10 | 782 |
| Other Non-DSS Reim Serv | 36 | 11 | 783 |
| Other Non-DSS Reim Serv | 36 | 12 | 784 |
| Other Non-DSS Reim Serv | 36 | 13 | 785 |
| Other Non-DSS Reim Serv | 36 | 14 | 786 |
| Other Non-DSS Reim Serv | 36 | 15 | 787 |
| Other Non-DSS Reim Serv | 36 | 16 | 778 |
| Other Non-DSS Reim Serv | 36 | 18 | 780 |
| Adoption Access CI | 37 | 09 | 124 |
| Non-IV-E Adoption | 37 | 11 | 084 |
| Non-IV-E CPS | 37 | 15 | 272 |
| ST IV-E CPS 50% | 37 | 16 | 274 |
| IV-E Optional Admin-Foster Care | 38 | 09 | 302 |
| IV-E/State Foster Care | 38 | 10 | 355 |
| Non-IV-E Foster Care | 38 | 11 | 354 |
| IV-E Optional Adoption Training | 38 | 12 | 132 |
| IV-E Adoption Training (Parents) | 38 | 13 | 095 |
| IV-E Foster Care Training (Parents) | 38 | 14 | 097 |
| IV-E CPS (County) | 38 | 16 | 074 |
| IV-E Optional Admin-Adoption | 39 | 09 | 304 |
| IV-E/State Adoption | 39 | 10 | 083 |
| IV-E Adoption | 39 | 15 | 094 |
| IV-E Optional GAP | 40 | 10 | 306 |
| Work First Serv-Foster Care | 53 | 09 | 044 |
| TANF Admin WF Emp Svcs | 53 | 10 | 240 |
| Work First Serv-Family Support | 53 | 11 | 046 |
| TANF Service 100% Fed WFFA | 53 | 12 | 239 |
| Work First Svc-Adoption | 53 | 13 | 092 |
| WF Svcs Guardianship Assistance | 53 | 14 | 032 |
| Work First Serv-CPS | 53 | 15 | 319 |
| TANF DV Non-Reimb | 53 | 18 | 388 |
| Work First Service-WF Employ Svc | 54 | 09 | 049 |
| TANF Service 100% Fed-WF Emp Svc | 54 | 10 | 238 |
| Work First Admin-WFFA | 54 | 11 | 048 |
| TANF Admin 100% Fed-WFFA | 54 | 12 | 226 |
| WRK FRST Services WFFA | 54 | 14 | 039 |
| WRK FRST ADMIN WF Emp SVCS | 54 | 16 | 031 |
| Work First Non-Reimb-WF Emp Svcs | 54 | 18 | 340 |

| **Cont. General Service Programs DSS-1571 Part IA** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
|---|---|---|---|
| TANF Serv 100% Fed-Fos Care | 55 | 09 | 060 |
| TANF Serv 100% Fed-Fam Supp | 55 | 11 | 058 |
| TANF Serv 100% Fed-Adopt | 55 | 13 | 089 |
| TANF Serv 100% Fed-CPS | 55 | 15 | 051 |
| Work First NR Adopt-Overage | 55 | 18 | 342 |
| Work First NR CPS-Overage | 56 | 18 | 343 |
| SVC Disaster Non-Reimb | 57 | 16 | 530 |
| Work First NR FOS Care-Overage | 57 | 18 | 344 |
| Work First NR Fam Sup-Overage | 58 | 18 | 345 |
| Work First Admin-WFFA Overage | 63 | 18 | 348 |
| **2. In-Home Services DSS-1571 Part 1A** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
| Adult Day Care Coordinator-SSBG Both over and under 60 | 14 | 11 | 030 |
| Adult Day Care Coordinator-ST/INH below 60 | 14 | 13 | 035 |
| In Home Aide On Site-SSBG Both over and below 60 | 15 | 11 | 020 |
| State In Home 17 and under 60 | 15 | 15 | 190 |
| In Home Aide Supervisor-SSBG Both over and below 60 | 17 | 11 | 120 |
| In Home Aide Supervisor-SSBG Both over and below 60 | 17 | 11 | 120 |
| In Home Aide Supervisor ST/INH < 60 | 17 | 13 | |
| Housing & Home Improvement-SSBG Both over and below 60 | 18 | 11 | 140 |
| Housing & Home Improvement-ST/INH below 60 | 18 | 13 | 145 |
| Prep-Delivery Meals-State <60 | 19 | 13 | 185 |
| Prep-Delivery Meals Coord. below 60-Non reimbursable | 19 | 18 | 187 |
| In Home Aide Off Site-SSBG below 60 | 39 | 11 | 308 |
| In Home Aide Off Site-ST/INH Both over and below 60 | 39 | 13 | 311 |
| In Home Aide Off Site Both over and below 60–Non reimbursable | 39 | 18 | 313 |
| In Hm Aide-On Site-ST/INH 60 and over | 40 | 13 | 150 |
| Case Management-ST/INH 60 and over | 41 | 13 | 151 |
| Housing & Home Improvement ST/INH 60 and over | 42 | 13 | 152 |
| Prep-Delivery meals Coord.-ST/INH 60 and up-Non reimbursable | 43 | 18 | 163 |
| Adult Day Care Coordinator 60 and over | 44 | 13 | 154 |
| In Home Aide Supervisor ST/INH 60 and over | 45 | 13 | 155 |
| In Home Aide Off Site ST/INH 60 and over | 46 | 13 | 156 |

| | | | |
|---|---|---|---|
| In Home Aide Off Site ST/INH 60 and over-Non reimbursable | 46 | 18 | 166 |
| Home & Community Care Block Grant | 47 | 18 | 157 |
| **3. Generic Services Function Codes DSS-1571 Part IA** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
| County Program 31 | 31 | 09,10, 11,18 | 251,256, 257,297 |
| County Program 32 | 32 | 09,10, 11,18 | 252,258 259,298 |
| County Program 33 | 33 | 09,10, 11,18 | 253,260, 261,299 |
| County Program 34 | 34 | 09,10, 11,18 | 254,262, 263,300 |
| County Program 35 | 35 | 09,10, 11,18 | 255,264, 265,301 |
| | | | |
| **4. Income Maintenance DSS-1571 Part 1B** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
| MIC-1/NC Health Choice | 63 | 09 | 440 |
| Eligibility St/Cnty Special Assist 50/50 | 64 | 09 | 444 |
| Eligibility Specialist-MA | 64 | 10 | 412 |
| Eligibility Specialist-Refugee PA | 64 | 12 | 403 |
| Refugee MA | 64 | 13 | 402 |
| Eligibility Specialist-Food Stamp | 64 | 14 | 417 |
| Medicaid Administration 75% | 64 | 15 | 421 |
| Eligibility Specialist-Energy Asst. | 64 | 16 | 406 |
| Non-Eligible Emergency Energy Eligibility Specialist | 64 | 18 | 502 |
| EBT Issuance | 65 | 09 | 242 |
| EBT Training | 65 | 10 | 243 |
| IM DSNAP Reimb | 65 | 12 | 411 |
| Fraud Investigator-FS | 65 | 14 | 405 |
| Special Assistance 75% | 65 | 15 | 434 |
| Fraud Investigator-FS Non Fraud | 65 | 16 | 404 |
| Energy Worker (LIEAP/CIP) | 66 | 16 | 406 |
| IV-E Regular Foster Care Worker | 67 | 09 | 431 |
| LIHWAP ARP ADM | 67 | 10 | 418 |
| LIEAP ARPA Adm | 67 | 11 | 492 |
| LIHWAP CAA Adm (inactive) | 67 | 14 | 410 |
| IM Disaster Non-Reimb | 67 | 16 | 529 |
| **5. Generic Income Maintenance Function Codes DSS-1571 Part 1B** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
| County Program 71 | 71 | 18 | 400 |
| County Program 72 | 72 | 18 | 401 |
| County Program 73 | 73 | 18 | 419 |
| County Program 74 | 74 | 18 | 426 |
| Other Non-DSS Reim Serv | 75 | 10 | 789 |
| Other Non-DSS Reim Serv | 75 | 18 | 788 |
| | | | |
| | | | |

| **6. Child Support Program DSS-1571 Part IC** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
|---|---|---|---|
| Child Support Worker | 79 | 09 | 430 |
| IV-D Non Reimbursable Incentive | 79 | 10 | 123 |
| IV-D Parelegal Services | 79 | 12 | 428 |
| CSE Disaster Non Reimb | 79 | 18 | 791 |
| | | | |
| **7. Supervision & Support** | ***Function Code*** | | |
| Service Supervision | 84 | | |
| Income Maintenance Supervision and Clerical/Support | 85 | | |
| IV-D Supervision and Clerical/Support | 86 | | |
| Non-E&E Income Maintenance Supervision and Clerical Support *(active beginning 9/22 svc mth pd 10/22)* | 81 | | |
| | | | |
| 8. **Joint Workers** | ***Function Code*** | | |
| ~~Service & Income Maintenance~~ | ~~87~~ | See assigned LBL | No longer eligible for use |
| ~~Service & IV-D~~ | ~~88~~ | See assigned LBL | No longer eligible for use |
| ~~Income Maintenance & IV-D~~ | ~~89~~ | See assigned LBL | No longer eligible for use |
| ~~Services and Income Maintenance Clerical~~ | ~~90~~ | See assigned LBL | No longer eligible for use |
| ~~Services and IV-D Clerical~~ | ~~91~~ | See assigned LBL | No longer eligible for use |
| | | | |
| | | | |
| **9. Administration DSS-1571 Part 1B** | ***Function Code*** | | |
| Administration Supervision & Support | 98 | | |
| Non-E&E Admin Supervision & Support *(active beginning 9/22 svc mth pd 10/22)* | 96 | | |
| | | | |
| **10. Training** | ***Function Code*** | ***Column Reported*** | ***Application Codes*** |
| Training Officer- MA | 99 | 10 | 429 |
| Training Officer-FC | 99 | 13 | 407 |
| Training Officer-IV-E Adoption | 99 | 14 | 133 |
| Training Officer-FS | 99 | 15 | 409 |
| Training Officer-Child Support | 99 | 16 | 425 |

**Please Note: Function Codes do not convert to another program. A split entry is required. Please do not use Function Code 82.**

**Please Note: Not all Part I codes are available to be used by all counties. Please review your "*Dear County Directors*" letters that were mailed to the county directors and the letters are also located on the North Carolina Department of Health and Human Services, Office of Controller's website**. ***The Part IA* is for the reporting of program time, salaries, and fringe benefits of agency staff assigned to Service programs.** Services reporting requirements beyond these are due to the existence of varying rates of match. Through the use of the appropriate function code, an individual staff worker's percent of time spent in a program can be reported and subsequently reimbursed from both the applicable Federal and State funds available.

**The following items below are considered to be helpful hints in completing Part IA:**

1. **For any individual worker, the total percentages of time indicated in the program columns**, plus any percentage of time shown in column l8 **should equal 100 %** except as stated in paragraph 5 of this section.

2. Employee time spent in the performance of direct client-related activities during the reporting period is shown in the appropriate program column(s). **Support staff is reported with *no* percent of time entry in the program columns.** Non-Reimbursable time is shown in Column l7 or l8, as applicable. The total equivalent work time and cost of support staff will be distributed by the State upon submission of the monthly expenditure report.

3. **Staff Training.** For staff development Personnel the percent(s) of time is entered in the appropriate program column(s) on the Part IB.

4. Overtime by a staff worker in the provision of Energy Assistance may be reported as a separate line entry.

5. When reporting a worker for whom the county is reimbursed from funds provided by an agency other than the Division of Social Services, the percents of time for that worker should be reported in the appropriate program columns, and in Column 18 (when serving ineligibles) should equal 100 percents. In addition, an entry of 100 percent will be made in Column 17. This entry will signal the computer not to reimburse the salary and fringe benefits shown for that worker. The worker's percents of time in the program columns are used in the cost distribution process.

6. For service programs, direct client/program related time is maintained on a form DSS-4263, Daily Time Report. The form should be maintained in accordance with instructions outlined in the Service Information System (SIS) User's Manual. At the end of the month of service the Daily Time Report is summarized and the percents of time (by program/activity) are transferred to the appropriate column(s) on the Part IA. **A county may use its State-generated Percentage Report to prepare its Part IA when the county believes that the information provided is adequate.**

7. To report staff time associated with the provision of In-Home Services when Social Services Block Grant is desired, enter the percentage of time in column 11. The worker should be listed with the appropriate function code (01, 14, 15, 17, 18, 19 and 39).

8. Service workers who perform case management activities that are associated with the provision of In-Home Services can charge that portion of their time to State In-Home by listing the appropriate percentage of time in Column 13.

9. To report staff time associated with In-Home Services for clients 60 and over and when State In-Home reimbursement is desired, enter the percentage of time in column 13. The worker should be listed with the appropriate function code (40, 41, 42, 43, 44, 45, and 46).

10. Time spent by a social worker providing Permanency Planning activities should be coded as a function code "20" when Special Permanency Planning funding is desired.

11. **Refugee Assistance Services** should only be reported when prior Divisional Approval has been granted to provide refugee services to qualified refugees.

12. Direct services or income maintenance staff whose assigned activities cover more than one program and who will be reported using a single function code (i.e., 0l, 64, 99, etc.) may be reported using a one-line entry as stated below.

    Example: A social worker providing services in Social Services Block Grant, Permanency Planning, and Title XIX Medical Transportation can be reported as a function code 0l using a one-line entry. The time reported in each program will be automatically reimbursed using the appropriate rates of FFP.

l3. The state laws under which fraud can be prosecuted, and current expenditure/time classifications can be allowed, cover only public assistance programs. Therefore, when reporting staff investigating services fraud counties should use the functional code for Service Supervision and Support.

l4. To report a <u>social</u> <u>worker</u> with time spent in eligibility determination that is chargeable to *Title IV-E*, a split entry is required with the Title IV-E time reported on Part IB in column 9.

15. **Joint worker classifications of Services and Income Maintenance; and Services and Child Support** (function codes 87 and 88, respectively) **will be reported on the Part IA only**. The joint worker classified as income maintenance and Child Support worker (function code 89) will be reported on the Part IB only.

16. Data entry operators for service programs should be reported on the Part IA as function code 84 (the function code for services support workers). Data entry operators for income maintenance programs should be reported on the Part IB as function code 85 (the function code for income maintenance support workers). No time should be reported in any of the program columns for the data entry operator. The costs for these workers will be distributed in the same manner as other support staff.

17. In-Home Aide Off Site Worker salary and fringe benefit cost may be reported as a summary entry. The entry will be reported on the DSS-1571, Part I-A for State In-Home funds as a

function code 39 for services to clients under sixty (60), a function code 46 for adults sixty (60) and over a function code 39 regardless of age for SSBG funds and a function code 47 for adults over sixty (60) for Home and Community Care Block Grant (HCCBG) funds. (Note: For In-Home Aide Offsite Workers, the day sheet reporting requirements have changed; refer to the SIS user's manual for those changes.)

18. ***Non-reimbursable, Non-Allocable (NON ALL)***

When using this column a total line entry of 200 % is required. This column is used whenever the worker is reimbursed from funds that are not administered by the State DSS. (If such worker is paid half from non-State DSS funding and half from agency funds, a split entry is required). An entry of 100 % in Column l7 offsets any salary reported with the associated overhead going to those program(s) in which the worker's staff time is shown (by 100 % in the appropriate column 9 – 16). If there is an entry in Column l7 for a worker, the personnel costs will not be reimbursed.

*19.* ***Column l8 - Non-reimbursable, Allocable (ALL)***

Enter the percent of time any worker spends in a non-DSS program or activity, or with an ineligible client. (A non-DSS program is one that is not funded or administered by the Division of Social Services). Entries in this column mean that the salary, fringe benefit, *and* overhead are not reimbursed. If a county wishes to track non-DSS reimbursable costs for service programs within the county department of social services' area of responsibility (e.g., the Long Term Care Screening program) the time should be reported in this column with the worker listed as one of the generic function codes (for services these are function codes 31, 32, 33, 34 and 35). Use of any of these generic function codes is *optional*. Each county can decide whether they want to use any of them at all and also which ones designate which non-DSS reimbursable programs in their county. If a county chooses to use one of these generic function codes, use of the generic code requires an entry of 100% in this column, with the appropriate equivalency entered.

The cost for the activity of certifying *All Program* recipients for the Subscriber Line Charge Credit Waiver Program is non-DSS reimbursable.

20. ***Reporting Supervisory Staff***

Staff reported using the function code 84 are shown with entries for personnel data, salary, etc., and equivalency. No program percent of time will be entered in columns 9 through l6. All positions will be allocated based upon reported equivalent positions for all programs comprising the services function.

21. ***Data Entry Operator for Service Programs***

Operator of the terminal system for service programs will be reported by use of the **function code 84**. No program percent of time will be reported since the position will be allocated to the service programs.

22. ***Services Fraud***

The time that an agency fraud investigator spends in the investigation of services fraud will be shown as that same program indicated as having received the fraud investigation.

23. ***Reporting Non-Supervisory/Support Staff***

Non-supervisory support staff must use a **function code 84**. All positions will be allocated based upon reported equivalent positions for all programs.

24. ***In-Home Off Site Worker***

a. **In-Home Aide Off Site workers rendering in-home aide to clients sixty (60) and over and under sixty (60) may be reported as a summary line entry.** The entry will be indicated as detailed below:

(1) In-Home Aide FTE will be entered in the Employee Name Column.

(2) 999-99-999 will be entered as the valid employee identification number in the ID Number column.

(3) 00000 will be entered in the Position Number column.

(4) CFTE will be entered in the Job Classification column.

(5) In the salary paid column show the total salary amount paid for each funding source for the In-Home Aide staff. The total cost for the county share of fringe benefits paid will be shown. The total paid column will be the sum total of salary paid and county share of fringe benefits paid.

(6) In the function code column enter function code "39" for clients under sixty (60) and function code "46" for adults sixty and over and function code 47 for HCCBG adults over sixty (60).

(7) In the equivalency column 0.00 will be used. The purpose of an equivalency is to distribute overhead costs to the correct program. In-Home Aide Off site workers overhead will be calculated on the DSS-3538 form.

(8) Each summary entry for In-Home Aide's salary and fringe benefits cost, the county will enter the percentage only in the following column(s):

i) Column 11 for SSBG In-Home
ii) Column 13 for State
iii) Column 18 for Non-DSS reimbursable.
iv) Column 17 for reimbursement of overhead cost only (percentage must equal 200% when column 17 and another column(s) is used).
v) Column 18 for HCCBG

***The Part IB*** **is for the reporting of program time, salaries, and fringe benefits of agency staff assigned to Income Maintenance activities, Administration, Joint Workers and Training benefiting specific programs for which such costs are required.** These workers generally interview clients and determine whether or not they are eligible for Medicaid, Food Stamps, or public assistance programs. Administrative staff generally performs duties that benefit the entire agency. **An example of**

**an administrative worker would be the director of the agency or a receptionist answering the switchboard.**

**Listed below are Helpful Hints on completing the Part IB:**

1. **Fraud** - A fraud investigator is a person who determines if fraud has been committed by a client to receive benefits from the local department of social services by supplying false information. For information regarding which activities are eligible or ineligible as fraud control activities, contact the Assistant Chief for Program Integrity.

2. **Food Stamp Issuance Workers** - are considered direct program staff. Use function code 64 when entering time spent by all tellers and support staff directly involved in the issuance of food stamps.

3. ***Energy Assistance Program (ENERGY)***

   **Eligibility staffs that spend time determining eligibility for the block grant program for Low Income Energy Assistance Payments or Crisis Intervention Payments are required to be reported using the function Code 66.** Reimbursement of program expenditures, up to the county's allocated share of administrative funds, will be at l00 percent FFP. When a county has exceeded this allocation, reported costs will continue to accumulate in a separate account code, but with *no* federal or state participation in those costs.

   All allowable Energy program activities should also be reported in this column, using function code 66, in order to have these costs reimbursed out of Energy funds. This means that activities of fraud investigators working in the Energy program area should be reported using function code 66, with time shown in this column.

   Support costs will be allocated to the Energy program based upon the reported total number of direct eligibility staff equivalents.

4. ***Column l7 - Non-reimbursable, Non-Allocable (NON ALL)***

   When using this column an entry of 200 % is required. This column is used whenever the worker is reimbursed from funds that are not administered by the State DSS. (If such worker is paid half from non-State DSS funding and half from agency funds, a split entry is required). An entry of 100 % in Column 17 offsets any salary reported with the associated overhead going to those program(s) in which the worker's staff time is shown (by 100 % in the appropriate Column 9 – 16). If there is an entry in Column l7 for a worker, the personnel cost will not be reimbursed.

5. ***Column l8 - Non-reimbursable, Allocable (ALL)***

   Enter the percent of time any worker spends in a non-DSS program or activity, or with an ineligible client. A non-DSS program is one that is not funded or administered by the Division of Social Services. Entries in this column mean that the salary, fringe benefit, *and* overhead are not reimbursed. If a county wishes to track non-DSS reimbursable costs for income maintenance programs within the county department of social services' area of responsibility (e.g., the Food Distribution program), the time should be reported in this column with the

worker listed as one of the generic function codes (for income maintenance, these are function codes 71, 72, 73 and 74). Use of any of these generic function codes is optional. Each county can decide whether they want to use any of them at all and also which ones designate which non-DSS reimbursable programs in their county. If a county chooses to use one of these generic function codes, use of the generic code requires an entry of 100% in this column, with the appropriate equivalency.

The cost for the activity of certifying Work First recipients for the Subscriber Line Charge Credit Waiver Program is non-DSS reimbursable.

6. ***Reporting Support and Supervisory Staff***

**Income Maintenance support and supervisory staff should be reported as function code 85. The costs for these workers will be distributed to the income maintenance programs through our cost allocation process.** ***Do not enter any percent of time figures in any of the columns.***

7. ***Data Entry Operator for Income Maintenance Programs***

**Data entry operators for income maintenance programs should be reported on the Part IB as function code 85.** No time should be reported in any of the program columns. The costs for these workers will be distributed in the same manner as other support staff.

8. **Administrative Staff** such as director, administrative officers, accounting technicians, and receptionist **should be reported as a function code 98** with no time in any column.

9. **For Income Maintenance and Child Support Enforcement programs**, direct client/program related time is to be maintained on a form DSS-2203 (Day Sheet). The form is maintained in accordance with instructions outlined in the Division of Social Services Statistical Manual (RPA). At the end of a report period, the DSS-2203 data is summarized on a form DSS-2204, and the worker percentages (by program) are transferred to the appropriate column(s) on the Part IB or IC.

10. A direct income maintenance worker whose monthly activities have included Energy Assistance Program eligibility determination may be reported on one line by using the function code 66 and entering the percent of time worked in the appropriate program columns.

11. **The *director* of the county agency *and the administrative staff* are reported on the Part IB.** When reporting administrative staff (Administrative Officer, Accounting Technician, Receptionist...etc.) who have spent time in support of non-reimbursable activities, the appropriate percent of time will normally be entered in Column l8. Such time will draw a portion of any distributed costs.

**All Administrative staff should be reported as a function code 98 on the Part IB.**

***Staff Attorneys***

**If the attorney is a staff attorney, then he/she should be reported on the DSS-1571, Part I.** Time spent providing discrete services (e.g. Adoption Services-Legal) should be reported on the Part IA. For the portion of time spent providing services, the attorney should be listed as function code "01" and the percentage(s) of time should be listed in the appropriate column(s). The time spent providing legal representation for the agency in the income maintenance area (e.g. fraud) should be shown on the Part IB with the appropriate function code. For the time the attorney spends providing general administrative support for the agency, he/she should be coded to the function code "98" (and shown on the IB). Counties should ONLY use function code 98 for staff attorneys when the attorney is providing general administrative support.

***The Part IC* is used to report the staff that works in the Child Support Program.**

Column 9 will be used to report Work First related time and non-Work First related time. The percent of time entered will be transferred from the day sheet summary (DSS-2204) maintained in the county.

Note: Do not use columns 10 through 16.

l. *Completing Column 9 - Part IC* (Work First/NON Work First)

a. This column is concerned with staff activity relating to either Work First eligible clients or non-Work First eligible clients.

b. **Direct child support worker's percent of time should be entered in the appropriate column using the function Code 79.** Administrative overhead will be drawn to the program categories based on the equivalency and program time reported.

(l) **Support workers will be reported using function Code 86** and no percent of time in the program columns. In this way a support worker's costs will be allocated between the two IV-D program categories based on the number of direct workers reported.

(2) All allowable program costs are reimbursed at 66.00% FFP.

2. *Using the Non-Reimbursable Columns*

a. *Column l7 - Non-Reimbursable, Non-Allocable* (NON-ALL)

When using this column a total line entry of 200% is required. This column is used whenever the worker is reimbursed from funds that are not administered by the State DSS. (If such worker is paid half from non-State DSS funding and half from agency funds a split entry is required). An entry of 100% in Column l7 offsets any salary reported with the associated overhead going to those program(s) in which the worker's staff time is shown (by 100% in the appropriate column 9 – 16). If there is an entry in Column 17 for a worker the personnel costs will not be reimbursed.

b. *Column l8 - Non-Reimbursable, Allocable* (ALL)

Enter the percent of time any worker spends in a non-DSS program or activity. A non-DSS program is one that is not funded or administered by the Division of Social Services. Entries in this column mean that the salary, fringe benefit, *and* overhead are not reimbursed.

Equivalencies are reported in Column 2 of all parts of the personal cost statement. **Each equivalency must have two decimal places even if the equivalency is zero. (0.00)**

1. PURPOSE:

**The equivalency system is an attempt to facilitate the distribution of administrative "burden" (which is everything from clerical staff salaries, to electricity, to paper clips) to those benefiting social programs by means of a mechanism which we have found to be appropriate-direct worker time.** However, in order to make the most equitable distribution, it is necessary to employ a method of distributing this "burden" to direct staff positions according to the proportion that they are using it. Thus, the equivalency system serves as the basis for the assignment of non-direct personnel and associated overhead expenses to each program. The share of overhead that is borne by each program is determined by dividing the total equivalent direct staff in a program by the total equivalent staff in the agency. This fraction represents the share of the overhead that will be charged to or borne by each program.

2. HOW IT WORKS:

a. The total equivalency entered for any one particular staff worker, regardless of the number of lines and/or Parts I used shall not exceed l.00 except in making a prior month (s) adjustment, overtime, reporting contracted or temporary employees. **In *no* case should an equivalency exceed 9.99.**

b. In general, the equivalency of a worker who is employed in and *fills a position for only part of a month* (in instances such as hirings and terminations taking place in mid-month, or part-time employees) should be prorated. The method for determining the correct proration is to **divide the total days worked by the employee during the month by the total available workdays in the month.** Thus, the equivalency of a worker who is employed less than a full month would be less than l.00.

c. As we stated in paragraph l, the objective of our equivalency system is to facilitate the distribution of overhead "burden" to direct staff positions according to the proportion that they are using it. For our purposes, **a direct worker who is *on leave* (annual, sick, whatever, with or without pay) *for the entire month* is employed in but not "filling" the position and would not be considered benefiting from overhead.** Therefore, the turnaround coding for a worker who is on paid leave for the entire month would continue to reflect the worker's salary, fringes, and direct time percentage just as it was shown for the last month during which the person was actually on the job. Commensurately, the turnaround **coding for a worker who is on unpaid leave for the entire month, the direct time percentage would be shown just as it was for the last month during which the person was actually on the job. In both cases, however, the equivalency would be "*zeroed*" out, because as previously stated, the worker is not benefiting from the overhead,** so the position should therefore not be "drawing down" overhead burden.

This policy also applies to such positions as At Risk Case Management (ARCM) and Community Alternative Program (CAP) workers. To maintain consistency between funding sources, these workers' salaries are recorded as if the person were actually on the job for the leave period. However, it is imperative that no FTE is recorded for this type of situation. No

administrative time may be claimed for ARCM and CAP workers during their absence. By recording a zero equivalency, this will assure there is not duplication of administrative cost being reimbursed.

**NOTE:** Always show program time when applicable even if salaries, fringes and equivalencies are being "zeroed out". **When the state's computer finds no program time entered for a worker whose function code mandates program time, it rejects the entry.**

d. **The equivalency** is entered in Column 2 (which can be found, lamentably, between columns 8 and 9) and **must always be shown to two decimal places.**

3. **EXAMPLE SITUATIONS** - All of the following examples are based on the month of May 1993. The examples are based on an 8 hour workday. If a county DSS only works 7½ hours per day, then they should compute equivalencies on 7½ hours per day.

a. *How to compute the number of workdays available in a given month.*

The number of weekdays less any holidays. The computation of the total workdays in May 1993 is as follows:

Total weekdays (21) less holidays (1) = Total workdays available (20).

(1) An employee was hired May 3, 1993. The equivalency would be 1.00. (20 days worked divided by 20 days available.)

(2) An employee was hired May 12, 1993. The equivalency would be 0.65. (13 days worked divided by 20 days available.)

(3) An employee was hired in January 1992, was on vacation from May 17 through May 31, 1993. The equivalency would be 1.00. Note vacation or sick leave does not affect the equivalency in this example.

(4) An employee was on vacation from May 3 through June 1, 1993. The equivalency would be 0.00 since the employee was out the entire month.

(5) A part-time employee works 115 hours in the month of May 1993. The equivalency would be 0.72. (The total hours worked (115) divided by (160) (20 days times 8 hours a day) equals 72%

(6) Allowable Overtime: Overtime should be reported using the actual FTE (1.00 + the percentage calculated for the amount of time worked over) and should be reported in the month paid.

(7) Time Reportable On Two Or More Of The Parts I: A **social worker's** summarized day-sheets show total services provision time of l02 hours [this includes direct service time as well as the general administrative time (except for leave time) associated with the provision of direct service]. In addition, 3l hours were spent during the month in the Energy Program (this includes

general administrative time except for leave time). There were 32 hours on annual leave.

| | | |
|---|---|---|
| 102 ÷ 133 = | 0.77 | equivalency for services time |
| 31 ÷ 133 = | 0.23 | equivalency for Energy time |
| 133 ÷ 133 = | 1.00 | total equivalency |

As stated earlier, short-term leave taken by a full-time employee who is filling a position will not cause the equivalency to be less than 1.00. As you can see in the calculation above, however, it is necessary to exclude leave when apportioning the equivalency for a split entry. Please Note: Other types of general administrative time (such as meetings, travel, etc.) are included for purposes of determining equivalencies when reporting the worker in the above example. This is because the amount of general administrative time associated with services provision may widely differ from the amount of general administrative time associated with the provision of an income maintenance program. If equivalencies are calculated using only direct time, a disproportionate share of general administrative cost might be drawn to either services or income maintenance, causing an inequitable distribution of costs. It is essential that meetings, travel, breaks and other general administrative activities be recorded to the daysheet/program associated with those activities so that equivalencies can be accurately calculated. It should be pointed out that this method of including general administrative time when figuring *equivalencies* for joint services and income maintenance workers does not affect how regular Day Sheet and Daily Report Summaries should be calculated; that is, the summaries are used to calculate percentages of time by program (as distinguished from equivalencies) and are figured based on *direct time only*.

Now then, assuming that this worker's salary is $1200, with 13.7% FICA and retirement, plus $35 health insurance premium, the correct split entry would be as follows:

| | Salary | FR Ben | Tot Pd. | Code | Equiv |
|---|---|---|---|---|---|
| Part I-A | 924.00 | 153.54 | 1077.54 | 01 | 0.77 |
| Part I-B | 276.00 | 45.86 | 321.86 | 66 | 0.23 |

Note that the Services time is reported on a Part IA, the Energy time is reported on Part IB, and the salary and fringes are prorated in the same proportion as the equivalencies.

(8) *Time worked beyond normal work hours*

Any worker's cost for on call, overtime, after hours etc. will be added to their base pay and reported based on the percentage of time determined by the day

sheets and any other normal reporting requirements with the appropriate equivalency.

Any regular social workers cost for on-call, overtime, after hours etc. may require a split entry using the appropriate equivalency and function code based on the percentage of time report.

Split entries are made necessary by a lack of horizontal space on the Part I forms, particularly the Parts I-A and I-B. We only have ten "Percent of Time" columns on each of the Part I forms, and when we have more programs than columns, we must "stack" two or more programs in certain columns in order to get all programs on the form. This presents a difficulty when it develops that a worker has time that should be charged to two or more of those programs that are "stacked" in a single "Percent of Time" column. We solve this problem by using "split entries", a procedure in which we employ two (or three, or four, etc.) entries for the same worker in order to be able to distinguish between the two or more blocks of time that need to be reported in the single column. **Split entries are therefore necessary in at least the following types of situations**:

1. Whenever program workers are paid for overtime, and the county wishes to report the straight-time to one program and the overtime to another.

2. When a worker has time that is reportable on the Part I-A (Services), as well as time that is reportable on the Part I-B (Income Maintenance), or any other combination involving Parts l-A, l-B, and l-C.

3. If a supervisor is carrying a caseload and related direct service time is reported on the DSS-4263, a split entry is also required. For example, if a supervisor/support or other administrative person performs a direct service, and that time is reported on the DSS-4263, the portion of their time spent in direct service should be reported as such on the DSS 1571. That is, the supervisor/support staff's FTE will be reported on the DSS 1571 report based on direct time of service to client and supervisory time.

**The In-Home Aide program is staffed by employees providing services to clients in their homes, and therefore does not benefit from all the overhead cost as do on-site county staff members.** The interim plan of Cost Allocation for the chore program will be to manually identify the cost centers actually benefiting the In-Home Aide program and allocate a share of overhead cost to this program based on its share of the local department's full-time equivalencies. Since most In-**Home Aide workers provide less than full-time service,** each county would convert total working hours per month In-Home Aide activity into full-time equivalency (FTE). The percentage determined by dividing the In-Home Aide FTE by the agency's total FTE is applied to the total of the cost pools benefiting the In-Home Aide program to determine the amount of In-Home Aide overhead to be charged to the activity.

**The Form DSS-3538 is to be used each month to calculate the county's overhead to be charged to the In-Home Aide activities.** *Counties are no longer required to fax nor mail a copy of the DSS-3538 report to the state office*. Counties will retain a copy for their records as this form will serve as documentation to support the allocation of overhead to the In-Home Aide program and will be subject to audit in the county's single audit process.

Preceding Column One is an informational listing of function codes to assist local departments in determining what to include in the three columns which must be completed. **Function code 01-38 and 40-49 means those staff personnel reported on the 1571 as workers performing work which is reported as function code 01 through 38 and 40-47.** As new codes are added to the 1571, the county will be responsible for including these codes in the proper programs in completing the required columns on the form.

**Column 1 will be used to enter the local department's full-time equivalencies by each major program area: Services, Income Maintenance, and Child Support Enforcement.** A total FTE for each program area will be shown in the blank space provided, and a sub-total for total FTE's will be shown for the sum of all major program areas. In the space provided below the sub-total, the local department will compute the In-Home Aide FTE's by entering the total paid In-Home Aide hours paid to county staff who provided In-Home Aide services during the reporting period. This total will be divided by total working hours per month to arrive at the local department's In-Home Aide FTE. This computation will be entered on the line provided and then added to the sub-total previously computed, to arrive at the total department FTE.

**Column 2 will be used to list the total cost of the times of the items of overhead which benefit the total county department.** This would include the cost of salaries and fringe benefits of the Director and other administrative staff (function code 98), as reported on the current month's DSS-1571. General support cost, (program code 311) should also be reported from the current month's DSS-1571 report. Those items of administrative cost on the DSS-Form 3538, beginning with Cost of Space and ending with Board Member Expense will be the amounts reported on the current month's DSS-1571, Part II. The items listed on Form DSS-3538 under Indirect Cost should be itemized by cost pools as shown on the form. The amount to be entered by the local departments will be one-twelfth of the annual amount if the local department's county-wide cost allocation plan itemizes scheduled cost for these cost pools.

For those local departments who use a single rate Indirect Cost Plan, the county department will compute the monthly indirect cost by applying the percentage against the applicable base. The local department will write in the amount from the Indirect Cost line on the DSS-1571 Part II on the line designated as Single Rate Plan Total, in column two of the DSS-3538.

**Column 3 is to be used to identify the cost pools that benefit the In-Home Aide Program to any material extent.** Each local department should carefully evaluate the function of each cost center shown in Column Two to determine the benefit, if any, to the In-Home Aide program. If after evaluation, it is determined that the cost pool benefits the In-Home Aide program, the amount that is shown in Column Two must be entered in Column Three. If it is determined that no benefit is derived by the In-Home Aide program from a cost pool, then the local department will enter a zero in Column Three. Those cost pools identified by an asterisk (*) on Form DSS-3538 are required to be included in column Three. Other cost pools would be included or excluded depending upon the local department's organizational structure and operational procedures. For those local departments utilizing a Single Rate Indirect Cost Plan, the figure computed and put in column two will be carried to column three.

In-Home Aide supervision is usually provided either by the social worker, the case manager or an In-Home Aide supervisor and is directly charged to the proper program funding source, which allocates overhead to the In-Home Aide program through the normal distribution process. The

Service Supervision and Clerical Support cost centers therefore, provide little benefit, if any, to the In-Home Aide Program. The same would be true for both the Income Maintenance and Child Support supervision and support cost centers.

Upon completion of entering the applicable figures for each cost center in column three, the local department will total columns two and three to determine the total departmental overhead and the total overhead from the cost centers benefiting the In-Home Aide program.

Using the space provided at the bottom of Form DSS-3538, the local department will determine the actual In-Home Aide overhead cost to be reported. This computation will be made by dividing the In-Home Aide FTE by the Total Agency FTE computed in Column One. The answer derived will be a percentage, which will be multiplied by the total shown in Column Three. **The results of this computation will be the amount of In-Home Aide overhead which the local department will report on the DSS-1571, Part II**.

DSS-3538 (12/04) Month of Services_____20_____

WORK SHEET OF OVERHEAD COST BENEFITING
IN HOME AIDE (OFF SITE) EMPLOYEES
_____ COUNTY

| | | (1) | | (2) | | (3) |
|---|---|---|---|---|---|---|
| | Code | Personnel Positions | | Total Agency Overhead | | Overhead Benefiting In Home Aide |
| Services Program FTE | 1-38+40+41-47+84+82+83 | | | | | |
| Income Maintenance FTE | 64-74+85 | | | | | |
| Child Support FTE | 79+86 | | | | | |
| Sub-total FTE | | | | | | |
| In Home Aide FTE | | | | | | |
| Paid hours of aide | | | | | | |
| Activity:__ - (avail. hrs/mo.) | | | | | | |
| TOTAL AGENCY FTE | | | | | | |
| *Admin., Staff | 98 | | | | | |
| Admin., Clerical | 98 | | | | | |
| Administrative | 311 | | | XXXXXXX | | XXXXXXXX |
| Cost of Space (Direct) | | | | | | |
| Training | | | | | | |
| Professional Fees | | | | | | |
| Travel (Admin.) | | | | | | |
| Office Supplies | | | | | | |
| Equipment (Purchase & Depreciation) | | | | | | |
| Equipment Repairs | | | | | | |
| *Workers Compensation | | | | | | |
| *Unemployment Insurance | | | | | | |
| *Board Member Expense | | | | | | |
| Other | | | | | | |
| *Indirect Cost (Single Rate Plan Total) | | | | | | |
| Indirect Cost (Multi-Rate Plan) | | | | XXXXXXX | | XXXXXXXX |
| Cost of Space | | | | | | |
| Professional Services | | | | | | |
| *Outside Audit | | | | | | |
| Insurance | | | | | | |
| Legal Services | | | | | | |
| Data Processing | | | | | | |
| Purchasing | | | | | | |
| *Personnel | | | | | | |
| *County Manager | | | | | | |
| *Accounting & Budgeting | | | | | | |
| TOTAL | | | | $ | | $ |
| | | | | ========= | | ========== |

| |
|---|
| IN HOME AIDE Overhead Calculation: |
| In Home Aide FTE_____divided by Total FTE_____=_____% X Col. 3 = $_____In Home Aide Overhead |
| SUPPLEMENTAL INFORMATION: IN HOME AIDE workers #_____ |
| *These costs are required to be included in column 3. |

***Temporary Employees***

The information contained here does not contain new policy or procedures; it is intended as a clarification of existing policies. The appropriate reporting method depends upon a number of factors. Following is a brief description of the different ways temporary employees should be reported.

1. ***Temporary Employees Hired Through an Employment Agency***

   Position numbers are *not* required for temporary employees who are hired through an employment agency.

   a. **If the employees are housed in a DSS building** and receive any supervision or clerical support from a DSS employee there are two basic reimbursement reporting methods.

      (1) The employees can be reported on the DSS-1571 Part I, with a salary, fringes and total figure indicated (you may have to prorate your total cost in order to show an amount for each employee, if you are paying the employment agency a lump sum and you are hiring more than one employee). The appropriate equivalency should be shown for each employee.

      (2) You may lump the employees into a single line entry on the DSS-1571 Part I, with zero (0) salary indicated for fringes and total using a "fictitious" name and a "fictitious" identification number. You would have to add together the equivalencies of these employees and enter the combined equivalency on the line. **Please note that our reimbursement system will not accept an equivalency greater than 9.99** (on any one line of the Part I); therefore, if your combined equivalency exceeds 9.99, you would have to have more than a one line entry. The cost should be reported on the *DSS-1571 Part II*, on the appropriate line.

   b. **If the temporary employees are housed in a non-DSS building** and are not supervised or supported by DSS staff, then the cost of these employees can be reported on the DSS-1571, Part II. In this case, no entry would have to be made on the Part I, as no overhead would have to be drawn to these staff costs.

2. ***Temporary Employees Not Hired Through an Employment Agency***

   a. For "regular" temporary employees, Regional Personnel Offices do not require job descriptions in advance, but assign a position number to the employee at the time that the employment papers are processed. If an employee (even temporary) is housed in a DSS building (even on a weekend or after hours), then that employee must be reported on the payroll of the DSS and on the DSS-1571 Part I. If the employee receives any supervision or clerical support from a DSS employee, the same rule applies.

b. If a DSS or if the county contracts with a provider to provide a service (e.g., a contract with a provider for the provider to perform all eligibility determinations for the LIEAP Program) and the employees are temporary, are housed in a non-DSS building and are not supervised or supported by DSS staff, then the costs associated with this contract can be reported on the DSS-1571 Part II, on the appropriate line.

3. *Volunteers*

Sometimes the State Office receives questions regarding what sort of monetary compensation can be given to "volunteers." A "volunteer" may be reimbursed for "out of pocket" expenses incurred in the performance of his/her duties (e.g. mileage costs, registration fees for a meeting). Volunteers may receive compensation for "out of pocket" expenses only to the extent that regular employees of that county's DSS receive such reimbursement. **If a "volunteer" is paid a *salary*, then he/she is no longer considered a volunteer but is an employee and must be reported for reimbursement in accordance with the procedures for reporting staff costs**. Expenses reimbursed to volunteers may be reported on the DSS-1571 Part II.

4. *Contracted Workers*

When entering into a contract for additional workers, the following methods of reporting should be used:

a. If a worker is to be housed in the DSS facility and the worker keeps a daysheet and the daysheet is keyed, then the worker can be reported as a normal employee by entering salary, fringes, total paid, equivalency and the percentage of time on the DSS-1571 Part I.

b. If the worker does not keep a daysheet or the daysheet is not keyed, then the cost or the worker must be reported on the DSS-1571, Part I and Part IV. The Part I must indicate salary, fringes and total as $0.00. The appropriate function code, equivalency and the percentage of time must be indicated. The total amount paid for salary, fringes and other cost will be reported on the Part IV and broken down to the client level.

c. If the worker is located outside of the DSS facility then the entry may be reported on Part I of the DSS 1571 report with the equivalency of 0. Counties may use the vendor's name as the employee name and use 999-99-9999 as the employee ID. *Example: Name- Vanguard, Employee ID- 999-99-9999.* All cost should be reported on the Part IV broken down by client, direct cost, indirect cost (if indicated), and service code.

d. If the worker is located outside of the DSS facility but a clear delineation of supervision exists, i.e., if contract between vendor and agency stipulates supervision, then overhead may be claimed for these workers. Documentation of time charged for these workers should be maintained either by daysheets, certifications or some other type of audit-worthy method. These workers should be

reported on the Part I with equivalent FTEs but with salary and benefits of 0. Contracted costs should be reported on the Part II (if no Part IV is required by policy) or the Part IV (if required).

# SECTION III – B

**Section III-B Cost Reporting on the DSS-1571 Part II**

**The Administrative Cost Statement or Part II enables the county to report their costs that are incurred and paid during a month as either direct program charges or as costs to be allocated by the State Division of Social Services. Some contract cost is also reported on the Part II.**

Administrative costs must be reported based on the current system your county now uses.

1. If a county directly charge all direct worker's administrative cost (e.g., travel, training) use the appropriate code on the Part II.

2. If a county does not directly charge all direct worker's administrative cost (e.g., travel, training), then report the costs to be allocated to the particular category of program area (349 for services, 359 income maintenance, and 361 for IV-D). **As a general rule and to avoid inconsistent treatment of costs, only expenditures that can be identified to a particular program/service must be direct charged. If all expenditures of a particular type (i.e., travel or training, etc.) cannot be identified to a particular program/service, then the expenditures must be allocated to the appropriate category of program.**

3. The exception to this instruction applies to Code 310 E&E Allowable General Admin Support and Code 311 Non Allowable E&E Indirect Admin Support. Amounts entered in these codes will be distributed to all programs rather than being directly charged. Code 311 will include items that are not in direct support of workers efforts. Examples of costs assigned to this code are advertising cost; retiree benefits; membership fees, subscriptions; publications of a general nature and non-rental Indirect Cost from the Indirect Cost Plan previously report as Indirect Cost in Code 310. Code 310 will include items which are in direct support of workers efforts. Examples of costs assigned to this code are rent; phone; postage; equipment rental; printing charges; building depreciation; capital outlay equipment; Indirect Cost (rental related not reported in Code 311); and professional services including interpreters, and doctor's fees for providing testimonies on behalf of clients.

**Direct Charging and Expensing of Equipment**

1. Equipment (This includes hardware and software) with a unit cost of less than $5,000 may be expensed without the approval of the State. Expensing an item means that the entire cost is charged to the current year budget, rather than depreciated and charged over time through depreciation expense or a use allowance. Items, which are expensed, are still subject to cost allocation, unless approval is also granted to direct charge. Approval authority to expense equipment lies solely with the DHHS Controller's Office.
2. Equipment (This includes hardware and software) with a unit cost of less than $5,000 may be direct charged to a *particular funding source* with the approval of the State. Direct charging eliminates the requirement to cost allocate the purchase price. This type of request requires approval from both the Director of the appropriate operating division and the DHHS Controller.

3. Equipment (This includes software and software) that costs $5,000 or more must be depreciated. For non-ADP/ADP equipment (e.g. vehicles), the Department has authority for approval of direct charges and expenses. These requests should be submitted to the State, as outlined below. Also, capital leases of $5,000 or more need prior approval from the State. (See section II-A for a complete definition of Capital Lease)

   ***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.***

Requests to either expense or direct charge, or both, must be made in writing. *A signed letter from the county director on county letterhead along with the Direct Request Charge, Expense, or Depreciate Equipment form must be forwarded to*

| | |
|---|---|
| Fax to: | County Administration Accounting Unit<br>(919) 715-5847 |
| Mail Original to: | Mr. Lem Harris<br>Office of the Controller<br>2019 Mail Service Center<br>Raleigh, NC 27699-2019<br>ATTN: Myra Dixon |

**Request to Direct Charge, Expense or Depreciate form, must contain the following:**

1. Indicate if the equipment will be a Direct Charge, Expense and/or Depreciate.

2. A detail list of the *number of units* of each item of equipment with the various *unit costs*.

3. An explanation of how this equipment will be used and how it will benefit the local agency and/or the particular program. This must be specific as to utilization by staff or by clients.

4. The person in the county who may be contacted if more information or explanation is needed.

5. If requesting to direct charge to a particular program, a statement that the equipment will be used only for that particular program over the equipment's useful life, and that you accept responsibility for appropriate records.

6. **If requesting to direct charge to a particular program with specific staff workers utilizing the equipment, the county will need to supply the function and column code that is used to report that worker's time. (For further explanations detailing allowable and/or unallowable Direct Charge request, please read the Dear County Director Letter found at**

   **https://files.nc.gov/ncdhhs/documents/files/oocontroller/socserv/direct-charging.pdf**

Appendix V

**Reimbursable Cost includes:**

Total of costs included for each program/service determined to be matchable with federal and/or state funds. In the event that the county incurs In-Home Services costs that it intends to fund from 100% county money, use fund identification number 4.

**Non-Reimbursable Cost includes:**

Total of costs included for each program/service which have been determined to be non-matchable either; (a) as outlined in Fiscal Policy, or (b) because the county has voluntarily elected to pay such costs from "all county" funds. You must add the non-reimbursable cost and report it as one total with code 999-1.

**Total costs will equal the totals of the reimbursable and non-reimbursable costs.**

**The following items are considered to be helpful hints in completing the Part II Administrative Cost Statements.**

1. ***Share the Light and Wake Electric*** - Counties reporting these expenditures should forward the number of households served each month to: Allison Smith, Energy Programs coordinator, at the Division of Social Services.

2. ***Food Stamp Employment and Training*** - Individuals participating in the Food Stamp Employment and Training Program may be reimbursed actual expenses or a flat monthly fee up to the amount the county has agreed upon per month per participant for costs of transportation or other costs that are reasonably necessary and directly related to participation in employment and training. These costs may be reported for reimbursement on the DSS-1571 by entering the total amount reimbursed to individuals.

3. ***In-Home Aide Overhead (DSS-3538 Form)***-The amount of chore overhead computed on the Form DSS-3538 will be reported on the DSS-1571, Part II as follows:

   a. The overhead will be reported on the Part II using the same percentages determined by dividing each funding sources hours of In-Home Aide activity by the county's total hours of chore activity. The percentage by funding source will be applied to the total overhead figure computed on the DSS-3538 to determine the overhead by funding source.

   b. The amount of In-Home Aide overhead determined by the computation on Form-3538 and reported by funding source on the DSS-1571, Part II, is to be subtracted from the total reported in Column 2 on line 311 of the current DSS-1571 Part II. This adjusted amount on line 311 will be distributed to all programs using the current cost allocation procedures.

4. ***Home and Community Care Block Grant (HCCBG)*** - Costs are reimbursed by the Division of Aging for eligible adults sixty (60) and over. The DSS-1571 is a mechanism for tracking costs for only the DSS staff that renders services to those adults sixty (60)

and over. To report the Non-DSS reimbursable Administrative costs for HCCBG enter on line 333 with the fund I.D. "5".

5. ***In-Home Services*** - To report worker's administrative costs use Code 331 (adult day care), 332 (in-home aide), 333 (in-home aide off site), 334 (housing and home improvement) and 335 (Preparation and Delivery of Meals) with fund I.D. "2" (State In-Home funds) for clients under sixty (60), fund I.D. "3" (State In-Home funds) for adults sixty (60) and over fund I.D. "1" (SSBG Regular funds) regardless of ages.

   **Example**: Overhead for off site employees will be reported with a code 333 and fund I.D. "1" for SSBG funds regardless of age. State In-Home funds will be reported with a code 333 with a fund I.D. "2" for clients under sixty (60) and a code 333 with a Fund I.D. "3" for adults sixty (60) and over.

6. ***ADP Equipment and Software Services***

   **Acquisitions made which serve or benefit only the Services Programs** will be reported as Code 380.

   **Acquisitions made which serve or benefit only the Income Maintenance Programs**, will be reported as Code 381.

   **Acquisitions made which serve or benefit only the Child Support Enforcement Program** will be reported as Code 382.

   **Acquisitions made which serve or benefit the general Administrative functions** at the county DSS will be reported as Code 383.

   **Acquisitions made for the Income Maintenance Programs which are Non-E&E Allowable** will be reported as Code 802. (*Active beginning 9/22 svc mth pd 10/22*)

   **Acquisitions made for General Administrative Functions which are Non-E&E Allowable** will be reported as Code 803. (*Active beginning 9/22 svc mth pd 10/22*)

Please note: Counties are advised, with the changes brought on from the installation of North Carolina Families Accessing Services through Technology (NCFAST) to examine the use of ADP codes 380 and 381 for universal workers. If these codes are not applicable in every aspect regarding time and cost distribution for the universal intake worker, then these codes will not be appropriate. Thus, if county workers perform a combination of Income Maintenance, Services and /or Child Support Enforcement activities, application code 383 would be the appropriate cost pool for charging their equipment. Counties should also consider where on the DSS-1571 to record worker's activities. Refer to definitions of DSS-1571 Part 1A, 1B and 1C in Section 1-B Reports of this manual and figure III-B-2 below for additional guidance.

Appendix VI

- ***The form*** **- entitled Computer Equipment Acquisition Plan is to be completed for computer hardware and software purchases made by counties. The form should be filed with the Division and a confirmation of receipt memorandum should be received by the county from the Division, before a purchase order is signed to ensure that expenditures will be eligible for reimbursement. The Computer Equipment Acquisition Plan may be submitted after equipment is purchased but the county will run the risk that they will not be able to claim the expenditure for reimbursement if the plan is subsequently not approved. Acquisition Plans should be submitted to Shanna Shaw, Information Systems Manager. Plans may be faxed to Shanna Shaw if there is a tight purchasing deadline, as well plans may be submitted at any time during the year. One plan may be submitted for all purchases for the year or multiple plans may be submitted during the year. As a footnote*, *the audit guide for single auditors contains a comparison of the date on the confirmation of receipt memorandum to the date of the purchase order to ensure that counties are in compliance with the Council policy*.**

- *If the actual total amount of the acquisition is* ***less*** *than the amount submitted* - on the Acquisition Plan, ***no further action is necessary***. Also, the county may change the number of items that are actually purchased as long as no new items are added and/or the total amount on the Acquisition Plan is not exceeded. For example, if a county submits an Acquisition Plan with 8 terminals and 4 personal computers and subsequently decides to make an adjustment and purchase 10 terminals and 2 personal computers, the county may do so without notifying the Division as long as the total amount on the plan has not been exceeded. If the actual total amount of the purchase ***exceeds*** the total amount on the Acquisition Plan, ***a revised plan must be submitted***.

  At the onset of each State Fiscal Year a new Acquisition Plan must be submitted, unused portions from prior State Fiscal Year Plans may not be carried forward.

*Note: Please refer to section VIII (Special Procurement Practices & Management of Property) of this manual for further detail regarding ADP Equipment.*

7. *Functional "Pool"* codes are included for collecting costs that can be readily identified as being chargeable to a group of programs that are providing like-type activities. The pools and their codes and titles are shown below.

   *Codes for Distributing Pool Costs*. Expenditures charged to the "functional pool" codes will be distributed only to the programs and separately reportable activities classified within that pool.

| ***Functional Pool*** | ***Code*** | ***Title*** |
|---|---|---|
| Services | 349 | General Services Support |
| Income Maintenance | 359 | General Income Maintenance Support |
| Income Maintenance | 801 | Non-E&E General Income Maint Sup |
| Child Support | 361 | Child Support/IV-D |
| Administrative Costs | *310 | E&E Allowable General Adm Support |
| Administrative Costs | 804 | Non-E&E Distributable Admin Costs |
| Indirect Administrative Support | 311 | Non-Allowable E&E Indirect Adm Support |

* (Distributable to all programs)

8. ***Rules for Charging/Allocating of Attorney's Costs***

**Regardless of whether the attorney is a staff attorney or whether the attorney's services are purchased, the following guidelines must be followed when charging/allocating the associated costs.**

Basically, the rule is to direct charge all costs of legal services or allocate all costs. Costs direct charged to one program must also be direct charged to all programs [an

administrative cost pool (such as code 3l0 on the DSS-l57l, Part II) can be considered a program].

***Example***, if an attorney provides services to the agency on behalf of Foster Care Children, the time spent in those activities can appropriately be direct charged to Social Services Block Grant on the DSS-l57l, Part II. The remainder of the attorney's time must also be direct charged. If the remainder of his/her time was spent on personnel matters for the entire agency, then that time could appropriately be "direct charged" to code 3l0 on the DSS-l57l, Part II, since those activities were beneficial to the agency as a whole (including S.S.B.G.).

9. ***General Information on Attorney Services***

As part of a county's established plan for the provision of services they may purchase an attorney's service. Contracts should be negotiated in accordance with policies.

The cost of legal services required in the administration of the grant programs is allowable. However, **the costs of legal services provided by the county attorney (or for that matter, any attorney) are unallowable if there is no material benefit to social services programs.** This category would include the costs associated with legal services provided as a part of the county attorney's official duties, such as in his or her capacity as legal advisor to the county commissioners.

10. ***General Contract Information***

Effective for the State Fiscal Year 2007, the Division of Social Services in coordination with the Division of Aging and Adult Services, have developed new contract procedures that replace the Family Services Manual, Chapter IV Volume VI. Forms for contracts and additional information can be found at:
http//www.dhhs.state.nc.us/dss/budget/contracts.htm

11. ***Non Reimbursable Cost***

Use Fund ID 4 when reporting Non-reimbursable costs.

12. **Program oriented training costs must be allocated at the county level using a reasonable and documented method.** Such costs are reported only as direct program

costs. General administrative and clerical workshops should be allocated using the Code 3l0.

The following are reportable as program training costs:

a. Social Services Block Grant - Payment for books; training supplies and equipment; tuition, registration fees for training sessions; travel and per diem for trainees; cost of space rented for training.

b. Food Assistance - covers *only* in-service training specific to the Food Stamp Program. Training is covered under administrative costs; no separate training funds available.

Documentation is required at the county level to support agendas and costs.

13. Administrative attorney fees which benefit the county agency as a whole are includable as Distributable Program Costs, Code 310. Such costs will be distributed to *all* agency programs. **Child Support Enforcement (IV-D) legal fees are to be reported on the DSS-1571 Part II.**

14. **The costs of interpreters for the deaf when hired to permit a client to gain access to services are reported for reimbursement see Section II A page II A-1 number B-1**.

15. ***Travel***

a. *County staff* are authorized reimbursement of actual cost for official travel that is based on, (l) a county-wide travel plan that has been approved by the county board of commissioners and placed on file or, (2) in the absence of such a plan, in accordance with state policy for official travel.

b. ***Direct staff* travel may be (1) direct charged by reportable program/service or (2) reported as a distributable cost using either functional "pool" Code 349, 359, and 361, as appropriate.** Do not report travel of *direct staff* as Code 310 or 311 since this would result in a portion of Services travel (for example) being allocated to Income Maintenance. **Travel of *administrative staff should* be reported on Program Code line 310** since those costs are appropriately distributable to all programs. Travel of *Supervision and Support Workers* (worker function types 82, 83, 84, 85, 86) *must* be reported on code line 349, 359, or 361, as appropriate. Travel of *Joint Workers'* (function types 87, 88, 89, 90, and 91) *must* be reported on Code line 310.

Note: Regarding Medicaid Non-Emergency Medical Transportation (NEMT). If a staff person use his/her personal vehicle to transport clients, they will need to report the cost on the DMA 2055. That cost will not appear on the DS 1571-report. Below is the link for the DMA form.

https://files.nc.gov/nc**dma/dma-2055**--1-.xls

c. ***Registration fees*** for DSS employees to attend program related meetings, conferences, workshops, seminars, and institutes **are allowable. See Section II A, page II A-8, Bullet Point J**.

16. ***Transportation***

Whether client transportation services are provided or purchased, transportation costs should be separately identified. Costs incurred for the provision of transportation for clients should be reported by the appropriate program/service. Transportation costs may be categorized as:

a. Staff time – Time reported for staff members who provide client transportation services (example: coordinating, arranging or driving clients) should be reported as transportation related on the DSS-1571 Part IA, when this is their primary job responsibility.

b. Purchased Services – SSBG transportation services which are identifiable by client should be reported on the DSS-1571 Part IV using a SIS client ID. Costs for contracts and other purchased transportation services not specifically identifiable to the client level should be reported on the DSS-1571 Part II.

c. Other client related transportation costs – Other transportation related costs determined allowable by specific program guidelines should be reported on the DSS-1571 Part II (example: car repair maintenance, insurance, etc for Work First clients).

d. Agency vehicle costs - Operating and maintenance costs for agency vehicles used to provide client transportation services must be reported in the same manner as the vehicle purchase was originally reported (example: direct charged versus cost allocated). These include such costs as repairs, automotive supplies, inspections, etc**.**

17. ***Supplies***

Supplies which are client only related and that can be identified to a specific program/service without resulting in the subsequent allocation of similar other costs to the same program *may be direct charged.* An example of directly chargeable supplies might be supplies used in the Homemaker program. General office supplies should, in most cases, be reported on Line 310 and distributed to all programs.

18. Enter the following costs on Program Code line 310, E&E Allowable or Program Code line 311 Non-Allowable E&E.

a. ***Indirect cost*** **is an allowable cost provided a county has a current accounting plan on file and has certified such in writing to the County Administration Branch.** Include the monthly amount of Indirect Cost on line 311 from the Indirect Cost Plan which is non rental. Enter on line 310 the remaining portion of Indirect Cost. The Indirect Cost amount must also be entered in the space appearing just below the sub-total.

b. ***Maintenance and repair of equipment*** costs incurred to maintain and repair equipment used in the administration of DSS programs, which neither increase the value nor appreciably prolong the useful life of the equipment, but keep it in efficient operating condition are allowable and should be entered on Program Code 310.

c. ***Worker's Compensation and Unemployment Insurance***. Due to the nature of this expense the total amount to be reported shall be entered as code 310. Allocation will be done as a part of the reimbursement process by the Division. It is possible to direct charge Worker's Compensation costs; however, the county that chooses to do so must be careful to fully support any method used for the distribution during a program review or audit and the County must report the expenditure on Part II of their counties 1571 report. Thus regardless of the method used for reporting, Worker's Compensation is only reportable on the Part II.

d. ***Allowable Board Member expenses*** are reported with Program Code 311.

e. ***Telephone and Postage*** included on line 310 (distributable program costs) if the cost cannot be identified to specific program/service.

f. ***Office supplies*** - Same as above.

g. ***Travel and Training Function Code 98*** - Staff should be reported on Program Code 310

19. ***MIC-1/NC Health Choice*** – Program code 441. Fees should no longer be assessed or collected.

20. From the Joint State County Relations and NCACDSS Executive Board Meeting; Effective July 1, 2023: Counties will begin receiving reimbursement via direct deposit for all county issued checks to non-enrolled energy providers instead of claiming reimbursement through the 1571 process. This payment functionality will be used for the current county issued checks for Crisis Intervention Program (CIP), Low Income Energy Assistance Program (LIEAP) and all private funding sources such as Share the Light and Share the Warmth. Continue to report all prior year payment returns using 1571 report as a negative value. Click below link for Dear County correspondence regarding revised payment information.

Energy Provider Direct Deposit Enrollment

21. Indirect cost must be included on the Part II and not just on the Statement of Administrative Costs.

22. The amount of non-reimbursable overhead expenditures calculated on Form 3538 must be subtracted from line 310 on the DSS 1571, Part II.

23. A table of current Part II Codes with Application Codes follows:

| Code Part II | Fund No. | Application Code | Description |
|---|---|---|---|
| 383 | 1 | 383 | ADP EQUIPMENT GENERAL ADMINISTRATION |
| 381 | 1 | 381 | ADP EQUIPMENT INCOME MAINTENANCE |
| 382 | 1 | 382 | ADP EQUIPMENT IV-D |
| 380 | 1 | 380 | ADP EQUIPMENT SERVICES |
| 802 | 1 | | NON-E&E ADP EQUIPMENT INCOME MAINTANCE |
| 803 | 1 | | NON-E&E ADP EQUIPMENT GENERAL ADMIN |
| 170 | 1 | 170 | ADULT PROTECTIVE SERVICES-SSBG |
| **494** | **1** | **494** | **APS-ARPA-SSA** |
| 303 | 1 | 515 | APS CARE COVID19 |
| 493 | 1 | 493 | APS ESSENTIAL SVCS |
| 396 | 1 | 364 | CCDF ADMINISTRATION |
| 397 | 1 | 363 | CCDF ADMINISTRATION SPECIAL |
| 370 | 1 | 370 | CCDF FRAUD INVST |
| 207 | 1 | 207 | CHILD AND FAMILY ENRICHMENT TANF 100 % FEDERAL |
| 205 | 1 | 205 | CHILD CARE TANF 100% FEDERAL |
| 361 | 1 | | CHILD SUPPORT IV D |
| 252 | 4 | 252 | CNTY PROG 32 |
| 255 | 4 | 255 | CNTY PROG 35 COL 9 |
| 256 | 4 | 256 | CNTY PROG 31 |
| 263 | 4 | 263 | CNTY PROG 34 |
| 301 | 4 | 301 | CNTY PROG 35 |
| 400 | 4 | 400 | CNTY PROG 71 |
| 309 | 1 | 516 | CPS CARE COVID19 |
| 372 | 1 | 372 | CRISIS INTERVENTION PROGRAM |
| 136 | 1 | 136 | COM RESPONSE PGM |
| 105 | 1 | 105 | CONTRACT SVC GUARDIANSHIP |
| 499 | 4 | 499 | CONTRACT SVC GUARDIANSHIP NON REIMB |
| 379 | 1 | 379 | CRISIS INTERVENTION PROGRAM AUDIT/PRIOR YR REFUNDS |
| 345 | 1 | 040 | DAY CARE CHILDREN SSBG |
| 398 | 1 | 398 | DCD SMART START |
| 346 | 4 | 346 | DCD SMART START NON REIMBURSABLE |
| 427 | 1 | 427 | DMA EQUIPTMENT 75% |
| 227 | 1 | 227 | EA CASH TANF 100 % |
| 358 | 1 | 406 | ENERGY ASSISTANCE PROGRAM (LIEAP) |
| 373 | 1 | 373 | SHARE THE LIGHT |
| 323 | 1 | 080 | FAMILY PLANNING |
| 245 | 1 | 245 | FOOD STAMP EBT TRAINING |
| 458 | 1 | 458 | FOOD STAMP EMPLOYMENT AND TRAINING |
| 354 | 1 | 405 | FOOD STAMP FRAUD |
| 456 | 1 | 456 | FOOD STAMP NO STATE ADMINISTRATION |

| Code Part II | Fund No. | Application Code | Description |
|---|---|---|---|
| 404 | 1 | 404 | FOOD STAMP NON FRAUD |
| 362 | 1 | 408 | FOOD STAMP OTHER |
| 096 | 1 | 096 | FOSTER CARE CASE WORKER VISIT |
| 310 | 1 | | GENERAL ADMINISTRATIVE SUPPORT |
| 804 | 1 | | NON-E&E GENERAL ADMINISTRATIVE SUPPORT |
| 359 | 1 | | GENERAL INCOME MAINTENANCE SUPPORT |
| 801 | 1 | | NON-E&E GENERAL INCOME MAINT SUPPORT |
| 349 | 1 | | GENERAL SERVICES SUPPORT |
| 078 | 1 | 078 | HAYWOOD ELECTRIC MEMBERSHIP CORP/HEMCP |
| 333 | 5 | 157 | HCCBG IN HOME 60 AND UP OFF SITE |
| 332 | 5 | 157 | HCCBG IN HOME 60 AND UP ON SITE |
| 433 | 1 | 433 | HEALTH COVERAGE FOR WORKERS WITH DISABILITES |
| 334 | 3 | 152 | HOUSING AND HOME IMPROVEMENT 60 AND UP |
| 334 | 1 | 140 | HOUSING AND HOME IMPROVEMENT SSBG |
| 334 | 2 | 145 | HOUSING AND HOME IMPROVEMENT STATE |
| 411 | 1 | 411 | IM DSNAP REIMB |
| 529 | 4 | 529 | IM DISASTER NON-REIMB |
| 331 | 3 | 154 | IN HOME ADULT DAY CARE COORDINATOR 60 AND UP |
| 331 | 1 | 030 | IN HOME ADULT DAY CARE SSBG |
| 331 | 2 | 035 | IN HOME ADULT DAY CARE STATE |
| 313 | 4 | 313 | IN HOME ADULT OVERHEAD NON REIMBURSABLE |
| 308 | 1 | 308 | IN HOME AIDE OFF SITE SSBG |
| 333 | 3 | 156 | IN HOME AIDE OFF SITE 60 AND UP |
| 333 | 1 | 308 | IN HOME AIDE OFF SITE SSBG |
| 333 | 2 | 311 | IN HOME AIDE OFF SITE STATE IN HOME |
| 333 | 4 | 313 | IN HOME AIDE OVERHEAD NON REIMBURSABLE |
| 332 | 3 | 150 | IN HOME AIDE ON SITE 60 AND UP |
| 332 | 4 | 021 | IN HOME AIDE ON SITE NON REIMBURSABLE |
| 332 | 1 | 020 | IN HOME AIDE ON SITE SSBG |
| 332 | 2 | 022 | IN HOME AIDE ON SITE STATE IN HOME |
| 432 | 1 | 432 | IV-D BLOOD TEST |
| 450 | 1 | 450 | IV-D COOPERATIVE AGREEMENTS |
| 791 | 1 | 791 | IV-D CSE DISASTER NON-REIMB (TEMP ACCESS) |
| 423 | 1 | 423 | IV-D GOVERNMENT SERVICE CONTRACT |
| 123 | 4 | 123 | IV-D NON REIMBURSABLE INCENTIVE |
| 424 | 1 | 424 | IV-D PATERNITY TEST FEES |
| 449 | 1 | 449 | IV-D PRIVATE SERVICE CONTRACT |
| 133 | 1 | 133 | IV-E ADOPTION TRAINING |
| 095 | 1 | 095 | IV-E ADOPTION TRAINING (PARENTS) |
| 363 | 1 | 431 | IV-E ELIGIBILITY DETERMINATION |
| 431 | 2 | 431 | IV-E ELIGIBILITY DETERMINATION |

| Code Part II | Fund No. | Application Code | Description |
|---|---|---|---|
| 336 | 1 | 336 | IV-E FAMILY FINDING PLT |
| 364 | 1 | 407 | IV-E FOSTER CARE TRAINING |
| 097 | 1 | 097 | IV-E FOSTER CARE TRAINING (PARENTS) |
| 302 | 1 | 302 | IV-E OPTIONAL ADMIN-FOSTER CARE |
| 304 | 1 | 304 | IV-E OPTIONAL ADMIN-ADOPTION |
| 132 | 1 | 132 | IV-E OPTIONAL ADMIN ADOPTION TRAINING |
| 355 | 1 | 355 | IV-E/STATE FOSTER CARE |
| 230 | 1 | 230 | IV-E STATE FINGER PRINTING CRIMINAL HISTORY CHECK |
| 074 | 1 | 074 | IV-E/CPS COUNTY |
| 492 | 1 | 492 | LIEAP ARPA ADM |
| 498 | 1 | 498 | LIEAP ARPA |
| 416 | 1 | 416 | LIHWAP ARP (county check write payment) |
| 418 | 1 | 418 | LIHWAP ARP ADM |
| 352 | 1 | 352 | LIHEAP BENEFIT PAYMENTS |
| 360 | 1 | 360 | LIHEAP PRIOR PERIOD/AUDIT ADJUSTMENT |
| **495** | **1** | **495** | **LIHEAP SUPPLEMENT IIJA** |
| 377 | 1 | 377 | LIHWAP CAA (inactive) |
| 410 | 1 | 410 | LIHWAP CAA ADM (inactive) |
| 290 | 1 | 290 | LINKS |
| 480 | 1 | 480 | MAC Apps/Outr |
| 518 | 4 | 518 | MEDICAL VEHICLE NON-REIMB |
| 412 | 1 | 412 | MEDICAL ASSISTANCE ADMINISTRATION |
| 357 | 1 | 429 | MEDICAL ASSISTANCE TRAINING |
| 375 | 1 | 375 | MEDICAL TRANSPORTATION ADMINISTRATION |
| 440 | 1 | 440 | MIC-1/NC HEALTH CHOICE |
| 441 | 1 | 441 | MIC-1/NC HEALTH CHOICE FEES |
| 483 | 1 | 483 | MIC-1/NC HEALTH CHOICE LOCAL |
| 311 | 1 | | NON ALLOWABLE E&E INDIRECT ADMIN SUPPORT |
| 502 | 4 | 502 | NON ELIGIBLE EMERGENCY ENERGY ASSISTANCE |
| 506 | 4 | 506 | NON-ELIGIBLE-CPS |
| 507 | 4 | 507 | NON ELIGIBLE-FOSTER CARE |
| 508 | 4 | 508 | NON ELIGIBLE HOME & COMM |
| 272 | 1 | 272 | NON IV-E CPS |
| 009 | 1 | 354 | NON IV-E FOSTER CARE |
| 231 | 1 | 231 | NON IV-E ST FINGER PRINTING CRIMINAL HISTORY CHECK |
| 286 | 4 | 286 | NON REIMBURSABLE MEDICAL CMS |
| 335 | 4 | 187 | PREPARATION AND DELIVERY OF MEALS NON REIMBURSABLE |
| 335 | 2 | 185 | PREPARATION AND DELIVERY OF MEALS- STATE <60 |

| Code Part II | Fund No. | Application Code | Description |
|---|---|---|---|
| 343 | 1 | 389 | REFUGEE SERVICES |
| 065 | 1 | 065 | SHARE THE WARMTH |
| 444 | 1 | 444 | ST/CNTY SPECIAL ASSISTANCE 50/50 |
| 090 | 1 | 090 | PERM PLAN ADOPT SERV |
| 368 | 1 | 368 | PERM PLAN FOS CARE SERV |
| 491 | 1 | 491 | SSBG FAMILY SUPPORT SERV |
| 321 | 1 | 395 | SSBG FEDERAL-FOSTER CARE |
| 101 | 1 | 101 | SSBG FEDERAL-HOME & COMM SERV |
| 274 | 1 | 274 | STATE IV-E CPS 50% |
| 190 | 1 | 190 | STATE IN HOME 17 AND UNDER |
| 530 | 4 | 530 | SVC DISASTER NON-REIMB |
| 226 | 1 | 226 | TANF ADMIN 100 % FED-WFFA |
| 085 | 1 | 085 | TANF ADOPTION SERV |
| 203 | 1 | 203 | TANF CASE MGT NO ELIG |
| 406 | 1 | 358 | TANF CPS SERV |
| 053 | 1 | 053 | TANF FAMILY SUPPORT SERV |
| 055 | 1 | 055 | TANF FOSTER CARE SERV |
| 204 | 1 | 204 | TANF OTHER 100 % FEDERAL |
| 200 | 1 | 200 | TANF PARTICIPATION EXP |
| 060 | 1 | 060 | TANF SERV 100% FED-FOS CARE |
| 089 | 1 | 089 | TANF SERV 100% FED-ADOPT |
| 238 | 1 | 238 | TANF SERV 100 % FED-WF EMP SVC |
| 088 | 1 | 088 | TANF TO SSBG-ADOPTION |
| 050 | 1 | 050 | TANF TO SSBG-FOSTER CARE |
| 206 | 1 | 206 | TANF TRANSPORTATION 100% FEDERAL |
| 106 | 1 | 106 | WAKE ELECTRIC ROUND-UP |
| 043 | 1 | 043 | WF CASE MANAGEMENT NO ELIG |
| 277 | 1 | 277 | WF HOUSING OTHS (MOE) |
| 276 | 1 | 276 | WF HOUSING OTHS 100 % FED. |
| 232 | 1 | 232 | WORK FIRST CASH |
| 225 | 1 | 225 | WORK FIRST CHILD CARE |
| 233 | 1 | 233 | WORK FIRST EDUCATION & TRAINING 527 |
| 246 | 1 | 246 | WORK FIRST EDUCATION & TRAINING 100% FEDERAL |
| 340 | 4 | 340 | WORK FIRST NON REIMB-WF EMP SVCS |
| 049 | 1 | 049 | WORK FIRST SVC-WF EMPLOY SVCS |
| 235 | 1 | 235 | WORK FIRST PARTICIPATION EXPENSES 537 |
| 221 | 1 | 221 | WORK FIRST PURCHASED SERVICES |
| 234 | 1 | 234 | WORK FIRST TRANSPORTATION 532 |

**Please Note: Not all Part II codes are available to be used by all counties. Please review your "*Dear County Directors*" letters that were mailed to the county directors and the letters are also located on the North Carolina Department of Health and Human Services, Office of Controller's website**.

# SECTION III – C

**Section III-C Purchased Services Reporting DSS-1571 Part IV**

The DSS-1571, PART IV contains a six-block heading, a client service information section, and payment data showing to which costs were paid by the provider and the total cost of each client's units of service received. A fund column is provided to identity a specific fund source.

The following manuals should be referenced for information regarding eligibility category codes, service codes, and units of service:

l. ***Eligibility Category Codes*** - Category codes are no longer needed for Part IV reporting effective July 1, 1993.

2. *Service Codes* - The Services Information System (SIS) User's Manual.

**Contract Reporting Procedures:**

When entering into a contract for services, one of the following methods of reporting must be used:

a. If the person providing the service (contracted worker) is stationed **on-site** in the DSS facility and **completes a Day Sheet that is keyed into SIS,** the following reporting procedures are applicable:

Part I: Report the worker as any other staff member (e.g.; salary and fringes)
Part II: Enter all cost **other than** salary and fringes (e.g.; indirect costs, travel, supplies, etc.)

b. If the person providing the service (contract worker) is stationed on-site in the DSS facility **but does not complete a Day Sheet**, the following reporting procedures are applicable:

Part I: Report the worker as any other staff member ***except*** show the salary and fringes as equal to $0.00. Show the related equivalency for the worker.
Part II: Enter the contract cost.
Part IV: Report all costs broken down to the client level. Direct and indirect costs must be separated and reported in the following manner:

(1) All direct costs (e.g., salary, fringes, travel, supplies, etc.) are to be reported in proportion to the client's level of service. **The appropriate Fund ID code should be reported.**

(2) All indirect costs are to be reported in proportion to the client's level of direct costs. **The appropriate Fund ID code should be reported.**

c. If the person providing the service (contracted worker) is housed **outside** of the DSS facility, the following reporting procedures are applicable:

Part II: Enter the contract cost.

Part IV: Report all costs broken down to the client level. Direct and indirect costs must be separated and reported in the following manner:

(1) All *direct* costs (e.g., salary, fringes, travel, supplies, etc.) are to be reported in proportion to the client's level of service. **The appropriate Fund ID code should be reported.**

(1) All *indirect* costs are to be reported in proportion to the client's level of direct costs. **The appropriate Fund ID code should be reported.**

***Contract Reporting Requirements*:**

When entering into a contract, the following method of reporting must be used:

Part IV: Report costs by client based on the level of service received. **The appropriate Fund ID code should be reported.**

**Child Day Care (State Subsidy, CCDF Payments, etc.) is not reported on the DSS-1571 report.**

*Who submits?*

1. **The DSS-1571, Part IV is transmitted by counties to the State to cover the provision of purchased services.**

2. Providers under contracts should submit the Part IV (or an invoice which contains all necessary information) to the county monthly, in time for the county to use that information to complete a DSS-1571 Part IV. **All Part IV's should be submitted together with the regular county submission.**

3. **For counties that began participating in the Food Stamp Workfare program after July 1, 1986, reports of payments for work related expenses are to be reported as follows:**

   a. Payments for essential expenses (other than transportation expenses) required for participation in job preparation activities and/or to meet worksite requirements (e.g., fees for job preparation training, uniforms, shoes) should be reported on the Part IV using service code "515" and Fund ID "H".

   b. Payments for transportation (as defined in this category) should be reported on the Part IV using service code "567" and Fund ID "H".

      This category includes reimbursement to participants, transportation provided under contract and bus tokens provided by the county.

4. ***Purchased Attorney Services***

   If the attorney's services are purchased, costs should be reported as follows:

a. **If the attorney is providing a legal component of a service to a *client*, it must be reported on the DSS-l57l Part IV.** In this case, a DSS-5027 will have to be prepared for each client in question.

b. **If the services have not been identified as being services to clients, but are directly and tangibly beneficial to the *agency* in the furtherance of its social services programs, the costs are to be reported on the DSS-l57l Part II as *administrative support*.** The services must be in conformity with a written contract that specifies terms and conditions, which have been properly executed, and which is on file with both parties prior to requesting reimbursement.

**If the attorney provides *general administrative support* to the agency, the costs should be reported to program code "3l0" on the Part II.** Other activities of the attorney, which may be related specifically to either the services area or to income maintenance, be charged to the program "pool" code "349" or "359", as appropriate. The attorney's costs may be direct charged to an individual funding source line, as long as all costs are direct charged.

**If the attorney is providing a legal component of a service to represent the agency (e.g. representing the agency in Protective Services cases), those costs can be lumped and reported on the Part II, coded to the appropriate funding source.** It is not necessary to report such costs on the Part IV, since we do not require client specific information for the attorney's time when he/she is representing the agency. Those activities could properly be considered as "administrative support."
***Please note*: If the attorney is providing a legal component of a service, regardless of whether the attorney is representing the *client* or the *agency*, and regardless of the reporting method chosen, a contract must be completed.**

5. ***Consumer Contributions (formerly Service Cost –Sharing)***

Effective March 1, 1994, and amended August 1, 2005, the Social Services Commission requires that individuals be offered the opportunity to contribute to the following five services:

**a.** Adult Day Health

**b.** Adult Day Care

**c.** In-Home Aide services

**d.** Housing and Home Improvement, (Renovation/Repairs and Furnishing/Appliance purchases only)

**e.** Preparation and Delivery of Meals

**f.** Personal and Family Counseling

While all consumer contribution revenues are voluntary, the contributions must be reported on the DSS-1571, Part IV for the service month collected. Although the contributions are not considered "fees," for the purposes of the DSS-1571 use the "Fees Collected" Column to document consumer contributions revenues received for the service(s) provided to a client that month.

Some of the fund ID codes for these services that may have consumer contributions are as follows:

(a) SSBG 3
(b) SSBG In home 4
(c) State In home under 60 8
(d) State In Home 60 and over 7
(e) Special Federal ADC under 60 A
(f) Special Federal ADC 60 and over M
(g) Special State ADC under 60 D
(h) Special State ADC 60 and over F

NOTE: Consumer Contributions Policy can be found in the Division of Aging and Adults Services Manual, Chapter 1 – Consumer Contributions Policy and Procedures.

6. ***LINKS Purchased Service*** must be reported on the DSS-1571 Part IV. Enter a fund I.D. "K".

7. **The following codes should be used, depending upon which funding source you wish to obtain reimbursement from.**

***Social Services Block Grant In-Home*** - If you wish to have your Adult Day Care purchased service costs reimbursed from S.S.B.G. In-Home; you should enter a fund I.D. 4 on Part IV of the DSS 1571 transfer file.

***State In-Home*** - If you wish to have your Adult Day Care purchased service costs reimbursed from your State In-Home allocation, you should enter a fund I.D. "8" for clients under sixty (60) and "7" for adults sixty 60 and over on Part IV.

***Special Adult Day Care*** - If you wish to have your Adult Day Care purchased service costs reimbursed from your Special Adult Day Care allocation, you should enter a fund I.D. "A" or **"D"** for clients under sixty (60) and "M" or **"**F" for adults sixty on Part IV.

8. ***Child Support Fee Collecting***

When reporting child support fee collections, you must identify the client, enter the SIS identification number, and record the fee amount in the imposed and collected columns. Remember *No entry* is required in column amount because the collection serves as an offset to expenditures. Also, the Service code 435 or 436 and the Fund I. D. "3".

**The following instructions describe what is reported on the Part IV.**

County/Provider ID

***County ID***: **Those counties which are submitting the Part IV** as a part of their monthly administrative report (DSS-157l, Parts I and II) **should enter their standard three-digit county number** (e.g. Alamance County would enter 00l).

***Provider ID***: Providers submitting the Part IV should enter their six-digit assigned provider ID number.

**Month of Service**

**Enter the month of services covered by the report as two digits** (January would be shown as 0l; February, as 02; etc.). Enter the last two numbers of the calendar year.

**Name**

Enter the county name for programs operated by county departments of social services and the program name for all programs operated by other service provider agencies.

**Method of Service Provision**

Indicate in the appropriate block the method through which services were provided.

*Direct Provision* - includes services directly *provided to* recipients by staff employed in agency operated facilities. For reporting purposes, *Cash Payment Chore* will be checked as Direct Provision.

*Purchase Public* - includes services *purchased by* county departments of social services for recipients through contractual agreements with other public agencies.

*Purchase Private* - includes services purchased by county departments of social services through contractual agreements with private non-profit and/or proprietary organizations.

***Recipient Name*** - List the name of each recipient by last name, first name (or initial), and middle initial. (Note: For alcohol and drug programs, the recipient's case file number must be entered instead of his/her name).

***Recipient Identification Number and Service Code***
Enter the eleven digit client identification number, or MPI number, category code, and service code of the reported client. A service code must be shown for each client reported regardless of whether they are eligible or ineligible.

If a recipient receives more than one service and/or service component, a separate line entry must be made for each service code indicating the recipient's name and ID number.

NOTE: Total Allowable Cost Reimbursement Method Only

Total Cost Reporting Only:

For ineligible clients served complete as outlined herein.

***Authorized Rate***

This column is not applicable to the Total Allowable Cost Reimbursement Method.

Unit Cost/Fixed Rate - Enter the approved rate of payment per unit of service for each recipient. In those cases where rates are not established on the same basis as the defined unit, such as adult day care services and transportation, enter the approved authorized rate indicated in service contract. If a recipient receives a service at more than one rate, a separate line entry indicating the recipient's name, ID number, category code and service code must be made for each authorized rate.

***Units Provided***

Enter the number of units of service provided or purchased for each client being reported. **Whole units should be entered as l.00 and partial units as 0.25, 0.50, and 0.75, as applicable.**

***Invoice for Service Payments***

a. *Unit Cost and Fixed Rate Method*

Do not use these columns.

b. *Total Cost Method*

SVC Date

Enter month and date on which expenses were incurred for the direct recipient expense. **Do *not* report any cost until it has been recorded in the county accounting records as an expense.**

***Fees***

All imposed fees that are collected must be reported on the DSS-1571 Part IV. The appropriate funding source (Fund ID) must be representative of the same program to which the workers' time is charged. (Fees should not be reported as collected until they have been paid to the DSS.) A workers' time should not be reported as non-reimbursable on the basis that the fee collected is used to off-set the salary.

| Federal | State | County | Fund ID Codes | Program |
|---|---|---|---|---|
| 100.00 | | | 1 | Refugee Assistance |
| | 75.00 | 25.00 | 2 | SSBG State |
| 75.00 | | 25.00 | 3 | SSBG & State In-Home |
| 66.00 | | 34.00 | 3 | IV-D |
| 87.50 | | 12.50 | 4 | SSBG In-Home |
| | | 100.00 | 5 | HCCBG CARES |
| | | 100.00 | 6 | HCCBG 60 & Up |
| 87.50 | | 12.50 | 7 | STIH Adult 60 and over/Prep & Del |
| 87.50 | | 12.50 | 8 | State In-Home under 60 |
| | | 100.00 | 9 | Adoption Access Case Management |
| | | 100.00 | 9 | County Only/Non-DSS (do not use with app code 435) |
| | | 100.00 | 9 | Work First Block Grant Non Reimb. |
| 87.50 | | 12.50 | A | Sp Federal Adult under 60 |
| | | 100.00 | B | HCCBG |
| | 87.50 | 12.50 | D | Sp State Adult under 60 State |
| | 87.50 | 12.50 | F | Sp State Adults 60 and over State |
| 75.00 | | 25.00 | G | Permanency Planning |
| 75.00 | | 25 .00 | H | Adult Protective Services-SSBG |
| | | 100.00 | J | Adoption Access |
| 80.00 | 20.00 | | K | LINKS |
| 75.00 | | 25.00 | L | TANF to SSBG |
| 87.50 | | 12.50 | M | Sp Federal Adults 60 and over |
| | 100.00 | | N | CPS State |
| 87.50 | | 12.50 | P | State In Home 17 and Under |
| 75.00 | | 25.00 | P | Transportation Prior to Nov 2019 |
| 100.00 | | | Q | TANF CPS & FC/Adoption |
| 50.00 | | 50.00 | R | IV-E Optional Foster Care |
| 50.00 | | 50.00 | S | F.S. Emp. & Tr. Supp. Services |
| 100.00 | | | T | Work First Service 100 % |
| | 100.00 | | U | Smart Start |
| | | | W | Work First Block Grant (Various) |
| 100.00 | | | V | Family Reunification Fund |
| 50.00 | | 50.00 | X | IV-E Optional Adoption |
| | | 100.00 | X | Adolescent Parenting Non Reimb. |

**Please Note: The above Part IV Fund ID codes are not the same codes as the program codes that are listed in the SIS Manual Appendix C.**

**Please Note: Not all Part IV codes are available to be used. Please review your "*Dear County Directors*" letters that were mailed to the county directors and the letters are also located on the North Carolina Department of Health and Human Services, Office of Controller's website**.

# SECTION
# III - D

**Section III-D Title IV-D Child Support Enforcement Program**

**The purpose of the IV-D Child Support Expenditure report is to report the administrative costs and purchased services costs incurred by county DSS agencies or county designated non-DSS agencies so they can be reimbursed from funds available from the Division for the Child Support Enforcement program. All cost reported must be in compliance with the provisions of Section II of this Fiscal Manual and provisions and policies of Child Support Enforcement.**

*General Information*

Reports of administrative program costs and purchased services are prepared by county DSS and non-DSS IV-D agencies and submitted to the County Administration Accounting Unit. Reports are to be submitted in accordance with the instructions contained in this section.

Counties which operate the IV-D Program may enter into a contract between the sheriff and the DSS Director (or the IV-D Director for counties where IV-D is not under the DSS) in which reimbursement claims are based on the total annual cost of sheriff's services provided on behalf of IV-D as documented in the indirect cost allocation plan. Under this method, one-twelfth of the annual total identified in the indirect cost allocation plan for sheriff's services would be reported each month on the DSS-1571 with the new Part II code under the title of "IV-D Government Service Contract". This new Part II code should be used for the former Type Expenditure Code **A** for *Purchase of Service Contract Government* found on the former form DSS-1321 that was previously used for reporting these costs.

l. *Form Format*

Child Support Enforcement program costs for reimbursement are to be reported using the following forms:

DSS-l57l, Part IC Personnel Cost Statement
DSS-l57l, Part II Statement of Administrative Costs
DSS-l57l, Part IV Monthly Report of Services

2. *Forwarding*

a. The County DSS IV-D agency's personnel and other administration costs are included in the regular county DSS report. (DSS-l57l, Part IC, Part II, and Part IV). This county report is submitted regularly and is an integral part of the monthly county reimbursement. **All reports shall be uploaded successfully by the 15th of each month.**

b. Non-DSS County IV-D agencies shall submit the DSS-l57l, Part IC, Part II and Part IV to the County Administration Accounting Unit. **All reports shall be uploaded successfully by the 15th of each month.**

***Other Information***

1. *Personnel Cost Statement, Part 1C*

   a. The county DSS Child Support agency personnel data is submitted as an integral part of the department's regular monthly expenditure report. New staff listings are made using the DSS-1571, Part 1C.

   b. Non-DSS County IV-D agencies complete and submit the Personnel Cost Statement (Part 1C) each month. New staff listings are made using the DSS-1571, Part 1C.

2. *New Part II Codes to claim reimbursement through the DSS-1571 for the Title IV-D Child Support Enforcement Program have been established to replace reporting previously submitted on the DSS-1321.*

   a. Part II Code 423 formerly (Code A) for Purchase of Service Contract-**.**
   b. Part II Code 449 formerly (Code B) for Purchase of Service Contract –Private
   c. Part II Code 450 formerly (Code C) for Cooperative Agreements
   d. Part II Code 432 formerly (Code D) for IV-D Blood Test

3. *Part II Codes and Descriptions of expenditure types are as follows:*

Part II Code **423**, Fund 1 (IV-D Government Services Contract)

*Formerly Code A* *PURCHASE OF SERVICE CONTRACT - GOVERNMENT*

1. County Attorney fees
2. Contract expenses for Sheriff or Deputy Sheriff
3. Indirect Cost for Sheriff's Department (Note: Indirect Cost must be specifically identified)

Part II Code **424,** Fund I (IV-D Paternity Test)

*Formerly Code N/A* LABCORP TESTING

Part II Code **449**, Fund 1 (IV-D Private Service Contract)

*Formerly Code B* *PURCHASE OF SERVICE CONTRACT - PRIVATE*

1. Private Attorney fees

Part II Code **450**, Fund 1 (IV-D Cooperative Agreements)

*Formerly Code C* *COOPERATIVE AGREEMENTS*

1. Sheriff's process service fees
2. Fees to Clerk of Court

3. Fees for vital records
4. Cost for publication services
5. Cost for contract administrative or collection services

Part II Code **432**, Fund 1 (IV-D Blood Test)

*Formerly Code D IV-D BLOOD TESTS*

- Cost of blood tests

4. *Administrative Cost Statement, Part II*

The DSS-l57l, Part II is used by the several types of Child Support agencies for the reporting of administrative program costs (i.e. travel, equipment, supplies, etc.). The non-DSS County IV-D agency will use code 361 on the DSS-l57l, Part II. The costs reported by these two types of agencies are all direct program costs.

5. *Recipient Data and Related Costs, Service Programs*

The use of the DSS-l57l, Part IV is to permit the entry and proper crediting of fees collected from recipients by IV-D agencies.

6. *Requirements for Completion of Part IV by IV-D Agencies*

*Heading*

*County/Provider:* Enter the three-digit County or agency identification number.

*Month of Service:* Enter the month of services covered by the report as two-digits (January would be shown as 0l). Enter the last two numbers of the calendar year.

Enter the county name for programs operated by county departments of social services and the program name for all programs operated by other provider agencies.

*Method of Service Provision,* Choose Direct Provision.

*Recipient Name* - List the name of each recipient by last name, first name (or initial), and middle initial.

*Identification Number* - Enter the eleven digit client identification or MPI number.

*Service Code* - Enter the three-digit code 435 in order to report Non-Work First client application fees. Enter the three-digit code 436 to report direct cost recovery paid toward costs incurred in Non-Work First cases.

*Fees Imposed* - Enter the amount of each fee imposed on recipient.

*Fees Collected* - Enter the amount of each fee collected (the same amount shown in Column l6). Information in this column goes into the SIS.

*Fund I.D.* - Enter a "3".

***Form DSS-2239 - Legal Services IV-D Bill***

l. Form DSS-2239 must be completed by the attorney and submitted to the local Child Support agency each month. As a substitution, a form developed detailing all of the required information from the DSS-2239 form is permissible.

2. *Categories of legal services eligible for FFP.*

a. **The legal services eligible for federal financial participation (FFP) are limited to the following categories of services:**

(l) **Establishment of paternity**

(2) **Establishment and enforcement of support obligation.**

The service category *Administration* is NOT eligible for FFP.

b. With concurrence from staff of the Attorney General's Office, the Division considers the following data elements necessary to ensure accurate billing for reimbursement of legal services, and to satisfy an audit review.

(l) IV-D Case Name

(2) Date(s) that the attorney/law firm performed services for the case.

(3) Total time spent on each case, distinguished between in-court and out-of-court time if different rates are utilized.

(4) Basic services that the attorney/law firm provided. These services must be related to services allowable for reimbursement.