

**FORMAT OF FUNDING MANUAL**

Description
This manual is set up as follows: <ul style="list-style-type: none"><li>Appendix 3.1 - Overview, Legal Basis and Manual Format</li><li>Appendix 3.2 - Federal, State and County Funding for Child Welfare Services</li><li>Appendix 3.3 - Prevention Services Funding</li><li>Appendix 3.4 - Child Protective Services Funding</li><li>Appendix 3.5 - Foster Care Funding</li><li>Appendix 3.6 - Adoption Assistance Funding</li><li>Appendix 3.7 - Guardianship Assistance Payments</li></ul>

**I. INTRODUCTION**

Child protective services are legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abuse, neglected and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caretaker. Child Protective Services, provided by county Departments of Social Services, are designed to protect children from further harm and to support and improve parental/caretaker abilities in order to assure a safe and nurturing home for each child. Generally, such services provided in the home of these families are preventive, rehabilitative, and non-punitive with efforts directed toward identifying and treating the causes of the maltreating behavior. This is accomplished through parent/caretaker cooperation and consent or, in the event conditions pose serious issues for the child's safety, through the agency's petition to the court.

All children and their families are eligible for protective services regardless of their income. The provision of services is based solely on the child's immediate or continuing need. By statute, agencies must provide protective services twenty-four hours a day, seven days a week (N.C.G.S. 7B-300).

Child Protective Services are funded by both Federal and State funds. Currently, child protective services are funded by the following funding sources:

**II. CPS INTAKE – SERVICE CODE 211 – PROGRAM CODES R,0,9,22**

**A. TEA (PROGRAM CODES R AND 0)**

The CPS report is considered the application for services as long as an agency representative signs the CPS Intake form. For general service caseloads, the information may be communicated via the DSS 5027 since this form acts as the application for services and the client signs the form.

Since the report is considered an emergency situation for the family, and since TEA has no income requirement, service code 211 may be funded by

TEA whether or not the report is accepted for investigative/family assessment.

If the report is not accepted for investigative/family assessment, or if the CPS report is not substantiated/found in need of services, the family may still be eligible for TEA if the family requests or agrees to the service. Program codes R and 0 have the same eligibility requirements.

Please see eligibility requirements for TEA under Investigative/Family Assessments below.

**B. MOE - MAINTENANCE-OF-EFFORT IN CPS IN-HOME SERVICES  
(PROGRAM CODE 9)**

CPS Intake (Service Code 211) may be funded by MOE. It is not necessary to establish any of the MOE eligibility requirements for CPS intake.

**C. FEDERAL ADOPTION INCENTIVE FUND (PROGRAM CODE 22)**

North Carolina participates in the federal Adoption Incentive Fund. This Fund provides grants to states that have exceeded their baseline of adoptive placements. The Fund is a combination of IV-B and IV-E monies and is reimbursed at 100%. These funds may be used for several child welfare services in addition to adoption services.

**However, North Carolina has not received federal funds and no funds have been available to the county Departments of Social Services as a result. Once the funds become available, county DSS's may use these funds for 211 services on their day sheets.**

**III. CPS ASSESSMENTS - SERVICE CODE 210 – PROGRAM CODES R, 0, 5, 6, 7, 8, 9, & 22**

**A. TEA (PROGRAM CODES R AND 0)**

The TEA eligibility period begins with the date the child is determined eligible for any TEA service.

Child Protective Services investigative/family assessments (Service Code 210) and CPS Intake (Service Code 211) may be funded through TEA without having to assess whether the family meets eligibility requirements. By definition, all of these children are experiencing one of the emergency situations listed below (one of the three specifically related to child welfare), living with a parent or specified relative and the family does not have the resources to meet the need.

**In addition, the federal prohibition from using federal funds for illegal aliens does not apply because the federal guidelines exempt CPS from the prohibition.** In these situations, the CPS Intake report constitutes the application for TEA services, as long as an agency representative signs

the CPS Intake form. **The TEA eligibility period begins with the date the child is determined eligible for any TEA service, in this case the date of the CPS intake. TEA Services may only be provided for up to 364 days.** If the agency chooses another funding source to provide 210 or 211 services, the 364 day clock begins when **TEA** eligibility for additional services is determined and documented.

If TEA is to pay for any other service, it is necessary for the agency to determine whether the family meets all three of the eligibility requirements (described below). For example, if during the investigative or family assessment, it is determined that the family requires Housing and Home Improvement Services to prevent further risk to the child, and the agency wants to use TEA funds, the agency must determine whether the family meets each of the three eligibility requirements listed below. Once a child is determined to be eligible for TEA funding, the 364 day clock begins to run. For general service caseloads, the information may be communicated via the DSS 5027 since this form acts as the application for services and the client signs the form. **Please see section III.A.1 for a discussion of TEA funding of Case planning and case management / in-home services (SIS code 215).**

Families are eligible for TEA allowable services if all eligibility requirements listed below are met. This means that TEA can fund prevention and other allowable general services in addition to those provided to families who are receiving mandated child welfare services.

### **VERIFICATION OF TEA ELIGIBILITY FORM**

When the agency makes an eligibility determination to fund **services** through TEA, the Verification of TEA Eligibility form must be used. (See Appendix) For foster care maintenance payments, the DSS 5120 must be used. (See Appendix)

Once eligibility has been determined, all anticipated services that the family might need during the 364 day period must be listed on the "Verification of TEA Eligibility" form. The form provides a grouping of services rather than an exhaustive list.

It is important that each of these groupings be checked if the social worker believes that any of these services may be needed.

For example, during the initial stages of the investigative/family assessment, it does not appear that the child will be removed from the home. However, as the assessment continues, it becomes necessary to remove the child and place the child in foster care. If the social worker has not checked "Out of Home Services" on the Verification form, TEA cannot pay for the foster care maintenance payments.

Program Codes "R" and "0" (zero) have the same eligibility requirements. Both of these codes refer to TEA services. They may be used interchangeably as far as eligibility requirements are concerned. However, the North Carolina Legislature has allocated funds for hiring new child welfare staff over the years and, in some

cases, has stipulated that TANF funds be used for these social workers. In order for the Division to appropriately track payments for these new positions, Program Code 0 has been set up. Program Code 0 funds should be used before Program Code R funds so that the activities of social workers in positions allocated by the stipulated TANF funds may be tracked.

**ELIGIBILITY REQUIREMENTS FOR TEA**

The former AFDC-EA program listed 10 emergency situations under which a family might qualify for AFDC-EA. These are:

- A crisis situation resulting from a catastrophic illness;
- A substantial loss of shelter, food, clothing, or household furnishings due to fire, flood or similar natural or man-made disaster, or a crime of violence;
- Emergency situation over which there was no control and which left the family homeless or in immediate danger of eviction or foreclosure;
- A situation in which Emergency Assistance is necessary to avoid destitution of the needy child or to provide shelter for the child;
- Emergency situation which could lead to destitution, and the destitution or need for a living arrangement did not arise because the child or a specified relative refused, without good cause, to accept employment
- Mass emergencies;
- Loss of a relative who has been responsible for support and/or care of one of his family members;
- Abuse, neglect, or dependency of children; Situation in which a child is at risk of removal from the home;
- Situation in which return to the home of a child who is currently separated from his family may create an emergency.

The last three mentioned above relate specifically to child welfare:

- Abuse, neglect, or dependency of children;
- Situation in which a child is at risk of removal from the home;
- Situation in which return to the home of a child who is currently separated from his family may create an emergency.

(Typically, children who are receiving CPS services will come under the first emergency definition.

<b>ELIGIBILITY REQUIREMENTS FOR TEA</b>
1. The family must be experiencing one of the above emergency situations, <b>and</b>

2.	The child must have lived with a parent or specified relative (as defined in the former AFDC-EA program regulations) within six months preceding the determination of TEA eligibility, <b>and</b> .
3.	3. The family must not have the resources to meet the emergency.

The definition of "**specified relative**" for TEA purposes is as follows:

- **a parent**-biological mother or father, legal or alleged father, or adoptive parent;
- **persons related by blood**, half blood, or adoption-brother, sister, grandparent, great-grandparent, great-great-grandparent, uncle or aunt, great-uncle or aunt, great-great-uncle or aunt, nephew, niece, first cousin, or first cousin
- once removed. (a first cousin once removed is defined as the child of a first cousin.)
- **step-relative**-step-parent, stepbrother, or stepsister.

A child's TEA eligibility may begin at any time the agency decides the eligibility factors are met. TEA services may not be provided for longer than 364 days unless a different emergency situation occurs.

In such a case, the agency would have closed its case with the family (including closing out the 5027) and the family would come to the attention of the agency through a new CPS report. At that time, a new 364 day period would begin if all eligibility factors are present at that time.

#### **B. MOE (MAINTENANCE-OF-EFFORT-PROGRAM CODE 9)**

For CPS assessments, the worker must determine the family's financial eligibility before coding Service Code 210 to MOE. The task of asking a possibly resistant family involved in a CPS investigative/family assessment for income information may be problematic. Consequently, there is no requirement that CPS staff ask families for this information **unless there is no other way to determine the financial eligibility**. Documentation of family income through agency records is preferable. When documentation is available, Service Code 210 may be coded to MOE from the date the worker determines that the family meets all 4 eligibility criteria. Eligibility may be documented as a part of the case narrative or the MOE Eligibility form (See Appendix) may be used.

Investigative assessments in residential child care facilities; residential educational facilities; day care homes or facilities; DHHS divisions, institutions or schools; or family foster homes **may not be funded through MOE**.

### MOE ELIGIBILITY REQUIREMENTS

Federal TANF policy requires that MOE funds be used only for eligible families that meet the four criteria discussed below:

- 1) The **first criteria** is that the family's income is at or below 200% of the Federal Poverty Level. Federal Poverty Guidelines can be found at <http://aspe.hhs.gov/poverty/index.shtml>. In determining whether a family meets this income standard, social workers may use information from agency records showing that the family receives Work First payments, Medicaid or Health Choice, or Food Stamps. If agency records are inconclusive, the social worker may obtain this type of information from the family. The income must be documented in the record; however, it is not necessary to obtain written verification of the income amount. When a child is living in the home of a specified relative other than his parent(s), the relative's income is not considered in determining the child's eligibility. A parent's income from S.S.I. is also not counted.
- 2) In that instance, the child is considered a family of one **if the only parent in the home is receiving SSI.**
- 3) The **second eligibility criteria** is that the child must be living with a specified relative. The definition of specified relative differs slightly from the definition stated in TEA (see italics below). The following relationships are considered specified relatives for the purposes of MOE: ***a blood or half blood relative or adoptive relative limited to: brother, sister, grandparent, great-grandparent, great-greatgrandparent, uncle or aunt, great-uncle or aunt, great-greatuncle or aunt, nephew, niece, first cousin, stepbrother, stepsister; and spouses of anyone listed above even after the marriage has been terminated by death or divorce.***
- 4) The **third eligibility requirement** is that the service to be funded by MOE must meet the following TANF Purpose:  
  
To provide assistance to income-eligible families so that children may be cared for in their own homes or in the homes of relatives.  
  
Please note that workers must document how provision of the MOE funded service meets this TANF purpose. Such documentation may be included in the case record narrative or on the "Eligibility for MOE" form.
- 5) The **fourth eligibility requirement** concerns the citizenship status of the child. Certain non-citizens may be eligible for MOE-funded services. Families who receive Work First payments, Medicaid or Health Choice, or Food Stamps meet the citizenship requirement for MOE. If agency records are inconclusive and the CPS worker has questions about the child's citizenship status, it is recommended that Work First staff be consulted to clarify the child's status.

<b>MOE Requirements (Program Code 9)</b>	
1.	Family's income must be at or below 200% of FPL; <b>and</b>
2.	Child must be living with a specified relative; <b>and</b>
3.	Service must meet TANF Purpose related to child welfare; <b>and</b>
4.	Child must be US citizen or qualified alien.

The eligibility period begins at the time that the family is determined eligible. There is no provision for retroactive eligibility determination. Eligibility re-determinations must be conducted annually to ensure that the family remains eligible. Workers should document the family's receipt of public assistance when that is applicable.

**C. IV-E WAIVER IN CPS (SERVICE CODES 5, 6, 7, 8)**

Service Codes 5, 6, 7, and 8 pertain to the IV-E Waiver. This Waiver is granted by the federal Agency for Children, Youth and Families (ACYF). The Waiver allows non-IV-E eligible as well as IV-E eligible children to obtain services whether or not those services are usually allowed by IV-E.

For example, IV-E does not pay for investigative/family assessments as these are considered services and IV-E does not pay for services. For those counties that participate in the IV-E Waiver, IV-E funds can pay for such services. The Waiver is an option that county Departments of Social Services can take if they abide by the guidelines of the Waiver and are one of the approved Waiver counties.

North Carolina's demonstration project has five primary outcome goals:

- Reduce the rate of initial entry into foster care
- Reduce the length of stay in foster care
- Reduce the rate of recidivism
- Reduce the number of placements of children in foster care
- Reduce the rate of maltreatment of children in foster care

The Waiver provides broad flexibility in the use of otherwise very restrictive IV-E foster care maintenance and administrative dollars. Participating counties can move federal IV-E foster care dollars up front to deliver preventive services or activities designed to prevent kids from coming into care. Counties can also use IV-E funds on services or activities designed to move children out of foster care sooner, or to prevent kids from coming back into care.

In addition, the Waiver allows the 38 demonstration counties to use IV-E foster care funds to provide payments (equal to foster care board rates) to non-licensed individuals for children in DSS custody. These "kinship like" arrangements are contingent on the providers assuming legal guardianship of the child. This provides another means for the participating agencies to

secure a permanent home for children who otherwise would be hard to place. Assisted guardianship is for kids in agency custody longer than 12 months (backlog) and for whom reunification and adoption have been ruled out as a permanency option by the courts.

Program codes 5, 6, 7 and 8 have been established to facilitate the 38 demonstration counties to claim reimbursement for Waiver-related activities. The flexibility offered under the Waiver is intended to allow counties to identify specific activities or services to be used on an identified child to help prevent that child from coming into care, or to help that child exit care to permanence sooner.

Program codes 5 and 6 are to be used when the county has chosen to spend their "Reinvestment Savings" for a specific activity or service for a specific child. If the county has completed the eligibility determination process and the child is IV-E eligible, the county would use code 5. If the child has been determined not to be IV-E eligible, the county would use code 6. Both codes draw down the same reimbursement rate.

The different codes help track how the waiver is being used to help non-IVE eligible kids in addition to IV-E eligible kids.

Program codes 7 and 8 are codes to be used when a county has identified a specific activity or services for a specific child and has determined they want to use funds other than their Reinvestment funds to pay for the activity or service. Code 7 is to be used when the county has done the eligibility determination and the child has been determined to be IV-E eligible, and code 8 if the child has been determined to be not IV-E eligible. Since waiver funds can be used to keep kids out of custody, in which case most counties would not have done the eligibility determination, counties can use code 8. Both codes draw down the same reimbursement rate.

**The Waiver is intended to be child specific and activity or service specific. None of the 38 demonstration counties has been authorized to use waiver funds for every child in their caseloads. Nor are counties authorized for every worker to charge daily time to the Waiver. IV-E Waiver funds may not be used for CPS Intake or adoption assistance payments.**

The focus is for counties to provide specific services and/or activities to specific children so that they do not need to enter care.

The three categories of regulations that are waived are: **expanded eligibility, expanded services** and **assisted guardianship**.

#### **D. FEDERAL ADOPTION INCENTIVE FUND (PROGRAM CODE 22)**

North Carolina participates in the federal Adoption Incentive Fund. This Fund provides grants to states that have exceeded their baseline of adoptive placements. The Fund is a combination of IV-B and IV-E monies and is reimbursed at 100%. **Currently, North Carolina has not received**

**federal funds and no funds have been available to the county Departments of Social Services as a result.**

**Once the funds become available, county DSS's may use these funds for 210 services on their day sheets.**

**E. TITLE XIX-MEDICAID-AT-RISK CASE MANAGEMENT SERVICES (SERVICE CODE 395; PROGRAM CODE 2)**

Medicaid-At-Risk Case Management Services is no longer a service that is offered and available.

**F. FEDERAL ADOPTION INCENTIVE FUND (PROGRAM CODE 22)**

North Carolina participates in the federal Adoption Incentive Fund. This Fund provides grants to states that have exceeded their baseline of adoptive placements. The Fund is a combination of IV-B and IV-E monies and is reimbursed at 100%. North Carolina has not received any funds for this program even though the state continues to place children for adoption at high rates. As soon as the program is refunded by the federal agency, counties may again use Code 22. At this writing, however, counties may not use this code.

**IV. CPS IN-HOME SERVICES (SERVICE CODE 215, PROGRAM CODE Z)**

In most instances, In-Home Services are paid for through the Title IV-E program (Service Code 215, Program Code Z). The rationale for this is that each of these children would have to enter the agency's custody unless appropriate services are provided to the family.

As such, each child is considered to be at imminent risk of removal from the home and placement in foster care "absent effective preventive services". The child remains a candidate for foster care placement when the Risk Assessment indicates Moderate, High or Intensive. Whenever "candidacy" exists, Program Code Z should be used.

There are times when the agency elects to keep a case open for In-Home Services when the Risk Assessment rating is Low. When that occurs, the child can no longer be considered a "candidate" for foster care because, by definition, he is not at imminent risk of removal. IV-E cannot be used to pay for these services when the Risk Assessment documents a Low risk rating. Other funding sources must be used when that occurs. "Candidacy" must be re-determined every six months.

**A. OTHER PROGRAM CODES FOR CPS IN-HOME SERVICES R, 0, 9, X, N,**

**1. TEA (PROGRAM CODES R, 0) IN CPS IN-HOME SERVICES**

TEA may be used when "candidacy" cannot be justified when the Risk Reassessment rating is Low. The social worker needs to determine

eligibility for TEA if the agency decides to use this funding source for 215. The emergency situation continues to be abuse, neglect or dependency during provision of 215 services. If a new, valid CPS report is accepted after 215 services are closed and is substantiated, and CPS In-Home Services are provided, a new 364 day period begins with the date the child is determined eligible for any TEA service. Funding sources that may be available for 215 services when the Risk Rating is Low are listed below (**Note: IV-E is listed in the chart because IV-E should always be used when "candidacy" can be justified.**)

<b>CPS Service Code 215-In-Home Services</b>	
<b>Program Code</b>	<b>Name of Funding Source</b>
<b>Z</b>	<b>IV-E</b> (use when "candidacy" <b>can</b> be justified)
<b>R</b>	<b>TEA-(TANF)</b>
<b>0</b>	<b>TANF CPS&amp;FC/Adopt</b>
<b>9</b>	<b>MOE</b> (Maintenance of Effort)
<b>X</b>	<b>SSBG-</b> (Social Services Block Grant)
<b>N</b>	<b>Non-DSS Reimbursable</b> (all county funds)
<b>395/2</b>	<b>(ARCMS)</b> At Risk Case Management Services

Once the investigative or family assessment moves into provision of InHome Services, a formal application for TEA must be made by the family. The Family Services Agreement serves as the formal application for services post substantiation or a finding of In Need of Services.

Except in cases of alleged child abuse or neglect, the State will require that the child's parent or other responsible adult sign an application for services.

In cases of alleged child abuse or neglect, the record of a report of suspected abuse or neglect may be considered the application for emergency services, if it is signed by a State agency or county official denoting that the agency is applying for EA on behalf of the child. If the suspected abuse or neglect is substantiated and emergency assistance services are provided..., the record of report (application) must be supplemented with all of the information necessary to make an eligibility determination. When an abused or neglected child is determined eligible for TANF-funded services..., the State agency will notify the child's parent(s) or responsible adult(s) that services have been authorized using TANF or other public funds.

*(Excerpt from the Settlement Agreement between NC Department of Health and Human Services and US Department of Health and Human Services)*

**Note:** "Neglect" would also encompass dependency

The In-Home Services Agreement contains a statement at the bottom of each page stating that, unless otherwise indicated, all services provided to the family are paid for by public funds, including TANF funds. This meets the requirement for informing the parent or caretaker that TANF funds may be used.

Because the In-Home Services Agreement is to be completed within 30 days of the case decision, all services that may be needed during the provision of In-Home Services must be listed during that same 30 day period. However, if completion of the In-Home Services Agreement is delayed beyond 30 days, documentation of the anticipated services must be documented on the Verification of TEA Eligibility form. (See Appendix)

## 2. MOE (MAINTENANCE OF EFFORT) IN CPS IN-HOME SERVICES (PROGRAM CODE 9)

As with the discussion of TEA in In-Home Services, MOE may be used in those cases where the Risk Assessment rating is low, when "candidacy" for foster care cannot be justified. The family must meet all of the eligibility requirements for MOE before coding 215 to MOE. Whenever the child meets the standard of "candidacy", IV-E **must** be used for 215.

### MOE ELIGIBILITY REQUIREMENTS

Federal TANF policy requires that MOE funds be used only for eligible families that meet four criteria discussed below:

- a) The **first criteria** is that the family's income is at or below 200% of the Federal Poverty Level. Federal Poverty Guidelines can be found at <http://aspe.hhs.gov/poverty/index.shtml>. In determining whether a family meets this income standard, social workers may use information from agency records showing that the family receives Work First payments, Medicaid or Health Choice, or Food Stamps. If agency records are inconclusive, the social worker may obtain this type of information from the family. The income must be documented in the record; however, it is not necessary to obtain written verification of the income amount. When a child is living in the home of a specified relative other than his parent(s), the relative's income is not considered in determining the child's eligibility. A parent's income from S.S.I. is also not counted. In that instance, the child is considered a family of one **if the only parent in the home is receiving SSI.**
- b) The **second eligibility criteria** is that the child must be living with a specified relative. The definition of specified relative differs slightly from the definition stated in TEA (see italics below). The following relationships are considered specified relatives for the purposes of MOE: ***a blood or half blood relative or adoptive relative limited to: brother, sister, grandparent, great-grandparent, great-greatgrandparent, uncle or aunt, great-uncle or aunt, great-***

***greatuncle or aunt, nephew, niece, first cousin, stepbrother, stepsister; and spouses of anyone listed above even after the marriage has been terminated by death or divorce.***

- c) The **third eligibility requirement** is that the service to be funded by MOE must meet the following TANF Purpose:
- To provide assistance to income-eligible families so that children may be cared for in their own homes or in the homes of relatives.*
- Please note that workers must document how provision of the MOE funded service meets this TANF purpose. Such documentation may be included in the case record narrative or on the "Eligibility for MOE" form.
- d) The **fourth eligibility requirement** concerns the citizenship status of the child. Certain non-citizens may be eligible for MOE-funded services. Families who receive Work First payments, Medicaid or Health Choice, or Food Stamps meet the citizenship requirement for MOE. If agency records are inconclusive and the CPS worker has questions about the child's citizenship status, it is recommended that Work First staff be consulted to clarify the child's status.

<b>MOE Requirements (Program Code 9)</b>	
1.	Family's income must be at or below 200% of FPL; <b>and</b>
2.	Child must be living with a specified relative; <b>and</b>
3.	Service must meet TANF Purpose related to child welfare; <b>and</b>
4.	Child must be US citizen or qualified alien.

The eligibility period begins at the time that the family is determined eligible. There is no provision for retroactive eligibility determination. Workers should document the family's receipt of public assistance when that is applicable. Eligibility re-determinations must be conducted annually to ensure that the family remains eligible.

**3. TITLE XX – SOCIAL SERVICES BLOCK GRANT IN CPS IN-HOME SERVICES (SSBG-PROGRAM CODE X)**

The Social Services Block Grant under Title XX of the Social Security Act provides money for many services including child welfare. While SSBG no longer provides funding for CPS investigative/family assessments, it does provide funding for CPS In-Home Services **only** when the risk reassessment is low and "candidacy" for the child cannot be justified.

SSBG has the broadest eligibility requirements allowing almost all individuals and families to qualify for the funding.

The purpose of SSBG is to provide assistance to States to enable them to furnish services directed at one or more of five broad goals:

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

For child welfare services, SSBG funded services are provided without regard to income. The eligibility requirements are as follows:

### **ELIGIBILITY**

The individual is in need of the service and is in the service- specific target population;

The service is available in the geographic area in which he lives.

Obviously, families receiving In-Home Services are in need of the service and belong to a mandated service-specific target population. All geographic areas of the state provide CPS In-Home Services. For non-child welfare services funded by SSBG, consumer contributions are requested but are not mandatory for the client to pay.

Some restrictions are placed on the use of SSBG funds. Funds cannot be used for the following:

- most medical care except family planning;
- rehabilitation and certain detoxification services;
- purchase of land, construction, or major capital improvements;
- most room and board except emergency short-term services;
- educational services generally provided by public schools;
- most social services provided in and by employees of hospitals, nursing homes, and prisons;
- cash payments for subsistence;
- child day care services that do not meet State and local standards;
- and

- wages to individuals as a social service except wages of welfare recipients employed in child day care. As mentioned above, SSBG funds are used for a variety of services other than child welfare. Therefore, agencies have to determine when and for how long SSBG monies will be used for child welfare services. Since the program is used to fund many Adult Services, agencies generally use the majority of these funds for that purpose.

**4. TITLE XIX-MEDICAID-AT-RISK CASE MANAGEMENT SERVICES WITH IN-HOME SERVICES (SERVICE CODE 395; PROGRAM CODE 2)**

At Risk Case Management Services is no longer an available service.

**5. SSBG (SOCIAL SERVICES BLOCK GRANT) AND CPS IN-HOME SERVICES (PROGRAM CODE X)**

The Social Services Block Grant under Title XX of the Social Security Act provides money for many services including child welfare.

While SSBG no longer provides funding for CPS investigative/family assessments, it does provide funding for CPS In-Home Services **only** when the risk reassessment is low and "candidacy" for the child cannot be justified.

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- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

For child welfare services, SSBG funded services are provided without regard to income. The eligibility requirements are as follows:

**ELIGIBILITY**

- The individual is in need of the service and is in the service- specific target population;
- The service is available in the geographic area in which he lives.

Obviously, families receiving In-Home Services are in need of the service and belong to a mandated service-specific target population. All geographic areas of the state provide CPS In-Home Services. For non-child welfare services funded by SSBG, consumer contributions are requested but are not mandatory for the client to pay.

Some restrictions are placed on the use of SSBG funds. Funds cannot be used for the following:

- most medical care except family planning;
- rehabilitation and certain detoxification services;
- purchase of land, construction, or major capital improvements;
- most room and board except emergency short-term services;
- educational services generally provided by public schools;
- most social services provided in and by employees of hospitals, nursing homes, and prisons;
- cash payments for subsistence;
- child day care services that do not meet State and local standards; and
- wages to individuals as a social service except wages of welfare recipients employed in child day care

As mentioned above, SSBG funds are used for a variety of services other than child welfare. Therefore, agencies have to determine when and for how long SSBG monies will be used for child welfare services

Since the program is used to fund many Adult Services, agencies generally use the majority of these funds for that purpose.

**6. NON-DSS REIMBURSABLE IN IN-HOME SERVICES (PROGRAM CODE N)**

Program Code N refers to funding that county Departments of Social Services use when neither federal nor state funding is available or appropriate. In some cases, Program Code N money is all county funds, but in other cases, funds may be provided by church groups or community groups. An example of when these funds might be used is when the agency needs to provide a particular service to a person who is not a US citizen or a qualified alien. Federal funds cannot be used for these persons. Because county Departments of Social Services do not have many discretionary funds, "N" funds are usually limited.