

**I. The Child Placement and Payment System Manual (CPPS)**

**A. PURPOSE OF THE CHILD PLACEMENT AND PAYMENT SYSTEM**

- 1) To collect information about all children who are in the legal custody of county departments of social services or who are in foster care pursuant to a Voluntary Placement Agreement (VPA), whether an assistance payment is being made via the system.
- 2) To collect sufficient information regarding expenditures made by county departments of social services for foster care assistance payments and to generate reimbursement of state and/or federal funds.
- 3) To collect information regarding children who are placed in North Carolina under an Interstate Compact Agreement.
- 4) To collect information about children who are receiving adoption assistance.
- 5) To collect sufficient information to enable cash payments to be made to adoptive parents.
- 6) To provide case management information about children in the system and provide a mechanism for updating information about each child.
- 7) To collect and transmit information to meet federal reporting requirements.
- 8) To provide data for the purpose of measuring program performance.

**B. INTERFACES WITH OTHER SERVICES SYSTEMS**

The Client ID number is a common identifier, which links a child's record with other services systems. The Services Information System (SIS) (<https://policies.ncdhhs.gov/divisional/social-services/services-information-system-sis/policy-manuals>) database serves as a master file for all county child welfare agency service clients and maintains general client information which, therefore, does not require duplicate entries in each of the systems. There is an edit on each of the systems that prohibits a client record from being established until a SIS record exists. The county can determine if a SIS record already exists by conducting a name search in the SIS system. Consult the SIS menu screen and Data Entry Manual (<https://policies.ncdhhs.gov/divisional/social-services/services->

[information-system-sis/policy-manuals/sis100-dss5027-de-instructions.pdf](https://information-system-sis/policy-manuals/sis100-dss5027-de-instructions.pdf)) for instructions. Counties should use this method of verifying SIS records rather than using locally maintained indexes, which may not be identical to the SIS records and may not show any possible duplicated numbers.

If a child has duplicate SIS numbers in a county, the county should determine if the numbers can be merged. Once counties have identified the SIS number they wish to continue using (the target ID), they will be required to close out any open services on the number to be merged (the source ID) before the system will allow a merge. In rare instances, the system may not be able to merge the two IDs. In those cases, counties should continue to use only the number they have identified as the target ID. A note should be placed in the child's record noting that another ID was also used in the past, and that at the current time, the system will not allow merging. Any additional questions regarding SIS ID Merges may be directed to the Performance Management Section.

**C. DSS-5094 FORM**

County case managers may enter data directly into the CPPS if they have access to a data entry terminal. Edits are built into the system to assure that all required fields are keyed.

Copies of the blank Child Placement and Payment Report (DSS-5094) may be found at: [https://policies.ncdhhs.gov/divisional/social-services/forms?b\\_start:int=90](https://policies.ncdhhs.gov/divisional/social-services/forms?b_start:int=90). Case managers will need to complete this DSS-5094 form and additional pages, in a manner that assures that all the necessary and correct information is available for keying. DSS-5094 turnaround forms will be printed and sent to the county for distribution each time the system is updated.

Establishing and maintaining a current record for each child is the responsibility of the county which has custody or placement authority or supervision authority under an Interstate Compact Placement Agreement, regardless of the child's living arrangement. It should be opened as soon as the county child welfare agency has obtained a type of authority as specified for Field 19 of the form and closed when the county child welfare agency's authority no longer exists. In order for the case to be closed in the CPPS, it is not sufficient to just close the service on the DSS-5027. An entry must be made in Fields 23, 24, 37, and 48 on the DSS-5094 in order to close the case. If a child reenters care, their record can be reopened by completing a new DSS-5094 with the latest placement authority information. For youth aging out of foster care at 18 and completing a Voluntary Placement Agreement, see instructions for closing process and new entry requirements for continuation of placements.

The DSS-5094 must be updated for any change with the exception of Fields 19, 20, 21 and Section IV (Fields 25-33) which are never updated. Changes in Fields 1-4 and 6-13 must be made on the DSS-5027. Field 5 (SIS ID number) can only be changed if a SIS number is part of a SIS ID merge. In this case, the system will change the number automatically as part of the merge process. The system will update the SIS number during a batch process the night after the merge is keyed. Updates to fields 1-13 via the DSS-5027 or a SIS ID merge will not automatically generate a new turnaround form. If an updated turnaround is needed, workers can open the record by selecting option "3," entering the Client ID on the menu screen, and pressing the "Enter" key. "Update" the record by pressing the

PF9 key and the message “PQA20- 5094 UPDATE SUCCESSFUL” will appear. Although no updates have been made directly into the CPPS system, by using the update function within CPPS, a turnaround will be generated that will include the new information updated in the SIS. Note that some changes made in the DSS-5027 SIS system may require an overnight batch process to update. Workers must wait until that process has occurred before attempting to generate a turnaround that displays the updated information.

**D. DSS-5095 FORM**

County case managers may enter data directly into the Adoption Assistance Payment System if they have access to a data entry terminal. Edits are built into the system to assure that all required fields are keyed.

If data is entered by another unit, the case manager will need to complete the Child Placement and Payment System | Adoption Assistance (DSS-5095) form [https://policies.ncdhs.gov/divisional/social-services/forms?b\\_start:int=90](https://policies.ncdhs.gov/divisional/social-services/forms?b_start:int=90) in order to assure that all the necessary and correct information is available for keying. In either case, two turnaround forms will be printed and sent to the county for distribution each time the system is updated.

**E. HEALTH ASSESSMENT**

On the PQ01 screen, option B is used to enter health assessments for children in foster care. Children and youth in foster care are required to complete health assessments at intervals outlined in the [Permanency Planning Manual](#) under “Child Health Summary Components.” The dates for these health assessments must be entered into the CPPS system. Please note, sick visits or doctor’s visits outside of the required Initial 7-day, Comprehensive 30-Day, and annual well-visits are not required to be entered into the system.

To enter data into this field, simply select option B and enter the client ID SIS number. On the health assessment screen, use action “A” to add the assessment date. If dates are entered incorrectly, option “D” is available to delete.

**II.**

**A. REIMBURSEMENT REQUEST DEADLINES**

**1. DSS-5094 (Foster Care Assistance)**

The first preliminary keying deadline for foster care reimbursement is 5:00 PM on the 5<sup>th</sup> workday of the month. A second preliminary keying deadline is 5:00 PM on the 15<sup>th</sup> day of the month.

The final keying deadline for foster care assistance reimbursement is 5:00 PM the 19<sup>th</sup> of the month. If the 19<sup>th</sup> falls on a weekend or State holiday, the deadline is 5:00 PM on the last workday prior to the 19<sup>th</sup>.

**2. DSS-5095 (Adoption/ Extended Adoption Vendor Payments)**

The keying deadline for adoption assistance vendor payments is 5:00 PM on the 19<sup>th</sup> of the month. If the 19<sup>th</sup> falls on a weekend or State holiday, the deadline is 5:00 PM on the last workday prior to the 19<sup>th</sup>.

**3. DSS-5095 (Adoption /Guardianship Assistance, Extended Adoption/Guardianship Cash Payments)**

The keying deadline for adoption assistance cash payments is 5:00 PM on the 3<sup>rd</sup> workday from the last workday of the month.

**III. DSS-5094 FORM – DESIGN AND FUNCTION**

All data on the DSS-5094 must be completed for all children in a county child welfare agency's custody/placement responsibility regardless of the child's living arrangement. In addition, a DSS-5094 must be completed on children from other states who are placed in the county under an Interstate Compact Agreement. The DSS-5094 is separated into multiple sections. Information sections for *County, SIS and Child* can be captured using the DSS-5027 Services form and will automatically populate into the DSS-5094 form.

**A. COUNTY INFORMATION AT THE TOP OF THE FORM (FIELDS 1 THROUGH 4)**

Complete Fields 1 through 4 for every initial DSS-5094 submitted.

**FIELD 1 - County Number** (numeric, 2 digits)

No entry is required in this field if already printed on a DSS-5094. When using a blank DSS-5094, enter the standard two-digit county ID code.

**FIELD 2 - Case Manager's Name** (alpha/numeric, 16 digits)

No entry is required in this field if already printed on the DSS-5094. If there is a change in case manager, update on the DSS-5027. When using a blank DSS-5094, enter the case manager's last name, and first and middle initials.

**FIELD 3 - Case Manager's Number** (numeric, 9 digits)

No entry is required in this field if already printed on the DSS-5094. If there is a change to the case manager number, it must be updated on the DSS-5027. When using a blank DSS-5094, enter the valid case manager number as obtained from the Services Information System.

**FIELD 4 - County Case Number** (alpha/numeric, 6 digits)

This is an optional field available to assist the county in filing forms in case records. If a child has a SIS record, the County Case Number from that system will be brought forward. The case number in this system must be the same as the case number in the SIS.

**B. SIS INFORMATION (Fields 5 through 13)**

Complete this section for all children.

This section contains information related to the SIS data fields on the DSS-5094. If there is a DSS-5027 already entered for this client in the county, only Field 5 needs to be entered on the DSS-5094 (the system will automatically populate Fields 6 through 13 with information already entered on the DSS-5027). Do not complete Fields 6 through 13 for that child. Submit the DSS-5027 to open the

new service code(s) or update any fields. If SIS changes need to be made on a child already existing in SIS, use the child's DSS-5027 form.

If the child does not already have a DSS-5027 (SIS record) in the county, one will have to be established. A record should be opened for this child via the DSS-5027 as is done for all service recipients. After the DSS-5027 is keyed, the child's information will populate into the CPPS system once the SIS number (Field 5) is keyed.

**FIELD 5 - Client ID** (numeric, 11 digits)

Enter the child's SIS ID number. An entry is required in this field for all children.

**FIELD 6 - Client Name** (alpha/numeric, 15 digits)

Enter the name of the child. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

**FIELD 7 - Client's Social Security Number** (numeric, 9 digits)

Enter the child's social security number. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

When the county is unable to identify the child's social security number, enter a zero in each of the spaces across the field and update this field via the DSS-5027 when a Social Security Number has been obtained.

**FIELD 8 - Date of Birth** (numeric, 8 digits)

Record the month, day, and year of the child's birth. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

Use a leading zero for a month or day less than 10. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate month and year of birth, using the 15<sup>th</sup> as the day of birth.

**FIELD 9 - Special Areas** (numeric, 2 digits)

An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

Enter the code(s), which reflects special characteristics of the client based on worker judgment, not necessarily legally or medically established conditions. Up to six characteristics or circumstances may be entered for each individual. It is important to enter as

many as appropriate because this information is useful for justifying funding needs to meet specific problems. It is also important to update this information whenever there are changes or new special areas that are identified.

<b>Code</b>	<b>Value</b>
01	Developmental Disabilities
02	Blind or Visually Impaired
03	Deaf or Hard of Hearing
04	Physically Disabled
05	Emotionally Disturbed
06	Learning Disability
07	Medical Condition
08	HIV or AIDS
09	Substance Abuse
10	Do not use for new cases. Formerly Willie M. Class
11	Undisciplined Child
12	Delinquent Child
13	Homeless Person

**FIELD 10 - Sex** (numeric, 1 digit)

Enter the code, which identifies the sex of the child. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

<b>Code</b>	<b>Value</b>
1	Male
2	Female

**FIELD 11 - Race** (numeric, 2 digits)

Enter the code, which identifies the race of the child. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

In general, a person's race is determined by how they define themselves. In the case of young children, parents define the race of the child. If an “Unable to Determine” code (11 or 12) is used, this field must be updated immediately via the DSS-5027 when the race/ethnicity is determined.

**The race categories are:**

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

**Ethnicity**

- Non-Hispanic or Latino
- Hispanic or Latino

Combinations of race codes that could be selected are:

<b>Code</b>	<b>Value</b>
01	White (Non-Hispanic or Latino)
02	White (Hispanic or Latino)
03	Black (Non-Hispanic or Latino)
04	Black (Hispanic or Latino)
05	American Indian or Alaskan Native (Non-Hispanic or Latino)
06	American Indian or Alaskan Native (Hispanic or Latino)
07	Asian (Non-Hispanic or Latino)
08	Asian (Hispanic or Latino)
09	Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
10	Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
11	Unable to Determine (Non-Hispanic or Latino)
12	Unable to Determine (Hispanic or Latino)



**NC DSS  
Child Placement and Payment System Manual (CPPS)  
Appendix 2**

March 2024

<b>Code</b>	<b>Value</b>
13	White/Black (Non-Hispanic or Latino)
14	White/Black (Hispanic or Latino)
15	White/American Indian or Alaskan Native (Non-Hispanic or Latino)
16	White/American Indian or Alaskan Native (Hispanic or Latino)
17	White/Asian (Non-Hispanic or Latino)
18	White/Asian (Hispanic or Latino)
19	White/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
20	White/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
21	Black/American Indian or Alaskan Native (Non-Hispanic or Latino)
22	Black/American Indian or Alaskan Native (Hispanic or Latino)
23	Black/Asian (Non-Hispanic or Latino)
24	Black/Asian (Hispanic or Latino)
25	Black/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
26	Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
27	American Indian or Alaskan Native/Asian (Non-Hispanic or Latino)
28	American Indian or Alaskan Native/Asian (Hispanic or Latino)
29	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non- Hispanic or Latino)
30	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
31	Asian/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
32	Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
33	White/Black/American Indian or Alaskan Native (Non-Hispanic or Latino)
34	White/Black/American Indian or Alaskan Native (Hispanic or Latino)
35	White/Black/Asian (Non-Hispanic or Latino)
36	White/Black/Asian (Hispanic or Latino)
37	White/Black/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
38	White/Black/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
39	White/American Indian or Alaskan Native/Asian (Non-Hispanic or Latino)
40	White/American Indian or Alaskan Native/Asian (Hispanic or Latino)

<b>Code</b>	<b>Value</b>
41	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
42	American Indian or Alaskan Native/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
43	White/Asian/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
44	White/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
45	Black/American Ind. or Alaskan/Asian (Non-Hispanic or Latino)
46	Black/American Ind. or Alaskan/Asian (Hispanic or Latino)
47	Black/American Ind. or Alaskan/Native/Hawaiian (Non-Hispanic or Latino)
48	Black/American Ind. or Alaskan Native/Hawaiian (Hispanic or Latino)
49	Black/Asian/Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)
50	Black/Asian/Native Hawaiian or Other Pacific Islander (Hispanic or Latino)
51	American Indian/Asian/Native Hawaiian (Non-Hispanic or Latino)
52	American Indian/Asian/Native Hawaiian (Hispanic or Latino)
53	White/Black/American Indian/Asian (Non-Hispanic or Latino)
54	White/Black/American Indian/Asian (Hispanic or Latino)
55	White/Black/American Indian/Native Hawaiian (Non-Hispanic or Latino)
56	White/Black/American Indian/Native Hawaiian (Hispanic or Latino)
57	White/Black/Asian/Native Hawaiian (Non-Hispanic or Latino)
58	White/Black/Asian/Native Hawaiian (Hispanic or Latino)
59	White/American Indian/Asian/Native Hawaiian (Non-Hispanic or Latino)
60	White/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
61	Black/American Indian/Asian/Native Hawaiian (Non-Hispanic or Latino)
62	Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)
63	White/Black/American Indian/Asian/Native Hawaiian (Non-Hispanic or Latino)
64	White/Black/American Indian/Asian/Native Hawaiian (Hispanic or Latino)

**FIELD 12 – School** (numeric, 1 digit)

Enter the appropriate code to indicate if the child is attending school on a scheduled basis. Do not take holidays, breaks or summer vacations into consideration. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system. This field should be updated annually on the DSS-5027.

Code	Value
1	Yes, in school
2	No, not in school

**FIELD 13 - Grade** (alpha, numeric, 2 digits)

For children who are in school, enter the grade associated with their current or most recent attendance. If no longer in school, enter the last grade completed. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system. This field should be updated annually on the DSS-5027.

Code	Value
P	Preschool (including Kindergarten)
1-20	Current or Highest Grade
98	GED
99	Unknown (show special education here if not certain of grade equivalent)

**C. CHILD INFORMATION (Fields 14 through 18)**

Complete this section for all children.

This section of the form pertains to the child's situation at the time he/she was placed in county child welfare agency custody/placement responsibility and must be completed every time a DSS-5094 is opened to show the child has come into the custody/placement responsibility of the county child welfare agency (new cases and reopening of terminated cases). Information in this section must be completed for all cases. Fields 14, 15, 16, and 17 must be updated immediately at any time there is a change or when new information becomes available.

**FIELD 14 - Disability** (numeric, 1 digit)

Complete for each of the disabilities listed. This field differs from the SIS Special Areas field in that it requires the opinion of a qualified professional.

A qualified professional, as defined by Adoption and Foster Care Analysis and Reporting System (AFCARS), is a person employed by a medical facility or practice, including physicians, physician assistants, nurses, emergency medical technicians, dentists, dental assistants and technicians, chiropractors or a person employed by a mental health facility or practice, including psychologists, psychiatrists, therapists, etc... Any condition found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) or any medically diagnosed physical disability should be reflected in Field 14. Attention Deficit Hyperactivity Disorder (ADHD) is entered as "EMOTIONALLY DISTURBED".

- If there has been a diagnosis of a disability(ies) by a qualified professional, enter a "1" in the block beside "DISABILITY".
- If there is no disability, (whether the child was assessed or not) enter a "2" in the block beside "DISABILITY".
- If there appears to be a disability(ies) but a diagnosis by a qualified professional has not yet been conducted, enter a "3" in the block beside "DISABILITY". It is important to change this code as soon as a diagnosis is obtained.
- If a "1" is entered in the "DISABILITY" block, a "1" must also be entered in the block beside the disability(ies) diagnosed by a qualified professional.
- If a "2" or "3" is entered in the "DISABILITY" block, leave all blocks beside the disabilities listed on the form blank.

<b>Code</b>	<b>Value</b>
1	Yes, a qualified professional has clinically diagnosed the disability. Requires that "1" be entered for all the disability(ies) diagnosed.
2	No, there is no disability.
3	Not yet determined. It is important to change this code as soon as a diagnosis is obtained.

**FIELD 15 - Adoption Status** (multi-part data element numeric)

**a. Currently Free?**

Code	Value
1	If the child is currently free for adoption, enter "1" in this box. If Code "1" is used, Fields 38 and 39 must be completed. "Currently Free" means that the court has ordered Termination of Parental Rights (TPR) and the 10-day waiting period has passed with no notice of appeal (or relinquishment for adoption has been obtained) on both parents or the case on appeal is resolved.
2	If the child is not currently free for adoption, enter "2".
3	If the child's status is unknown, enter "3". If the child's status is later determined, change to the correct code.
4	If TPR is pending, enter "4". This includes if a TPR petition has been filed on at least one parent or for cases under appeal. Once the court orders Termination of Parental Rights and the 10-day waiting period has passed with no notice of appeal (or relinquishment for adoption has been obtained) on both parents or the case on appeal is resolved, change to the correct code.

**b. Previously Adopted?**

Code	Value
1	If the child has ever been legally adopted domestically, enter "1".
2	If the child has never been legally adopted, enter "2".
3	Enter "3" if the information is not available. If this information is later determined, change to the correct code.
4	If the child has ever been legally adopted internationally, enter "4".

**c. Age at Previous Adoption, Value**

If the answer to Previously Adopted is yes (Code 1 or 4), enter the age when the adoption was finalized. If uncertain, estimate age.

If the answer to Previously Adopted is no (Code 2), or unavailable (Code 3), leave age blank.

**d. Adoption Dissolved**—A child who was previously adopted, including international

adoptions, and enters Foster Care as a result of the court terminating the parents' rights or the parents' relinquishing their rights to the child.

If the answer to Previously Adopted is yes (Code 1 or 4) enter Y ("yes") or N ("no") if previous adoption was dissolved.

**FIELD 16 - HIV Status** (alpha, 1 digit)

This field identifies the basis for Human Immunodeficiency Virus (HIV) Foster Care Assistance. Complete if the child meets one of the HIV categories as diagnosed by a qualified professional. Otherwise, leave blank. If a county child welfare agency is requesting HIV payment, the request must continue to be made manually. If a county child welfare agency is requesting reimbursement for HIV payments, the request must be made manually using the DSS-5758 form (<https://policies.ncdhhs.gov/divisional/social-services/forms>). Follow submission directions on the form.

<b>Code</b>	<b>Value</b>
E	Perinatally exposed infant 0-24 months who cannot be classified as definitely infected, but who has antibodies to HIV, indicating exposure to an infected mother.
N	Infant, child or youth who meets one of the Center for Disease Control (CDC) definitions for infection but who has no previous signs or symptoms of HIV.
A	Infant, child or youth who shows mild signs or symptoms of HIV.
B	Infant, child or youth who shows moderate signs or symptoms of HIV.
C	Infant, child or youth who shows severe signs or symptoms of HIV.
T	Child aged 0-21 with laboratory evidence of HIV infection who has a resulting terminal diagnosis with a life expectancy of less than six months.

**FIELD 17 - Is Client A Parent/Pregnant?** (multi-part alpha/numeric)

Enter a "Y" or "N" in the correct block to indicate "yes" or "no" to identify if the client is a teenage parent under the age of 18, male or female, who has had a child and whose rights to that child have not been terminated either through court action, consent, or relinquishment. Field should be updated appropriately if county is seeking an Adolescent Parenting exception under the Families First Prevention Service Act.

**a. Parent**

<b>Code</b>	<b>Value</b>
Y	Yes, the client has a child(ren). Requires entry for "Number of Children"
N	No, the client has not previously had a child; or, the client has previously had a child, but client's rights have been terminated either through court action, consent, or relinquishment

If client is a parent whose rights to that child have not been terminated, enter in the number of children in the home. If none, enter in "00" (a two-digit number should always be entered in the second part of this field). When the client is no longer considered to be a parent, due to court action, consent or relinquishment, the field should be changed to "N". This field is required for both male and female clients.

b. Pregnant

Code	Value
Y	Yes, the client is pregnant. May only be selected if the client is female.
N	No, the client is not pregnant. If the client was previously pregnant, when she is no longer pregnant, the field should be changed to "N".

**FIELD 18 - Special Population** (numeric, 1 digit) Enter the appropriate code as it applies to the child.

Code	Value
1	Indian (Bureau of Indian Affairs Federally recognized tribe)
3	Unaccompanied Refugee Minor
5	Not Applicable

**D. PLACEMENT AUTHORITY (Fields 19 through 24)**

Complete this section for all children.

This section of the form contains the reason that the county child welfare agency obtained custody and placement responsibility of a child. Information in this section must be completed for all cases. Fields 19, 20, and 21 reflect the initial placement authority reason and date. If the agency's custody and/or placement authority ends, Fields 23 and 24 must be completed. If the child re-enters care, a new DSS-5094 must be completed with the reasons for the re-entry into care.

**FIELD 19 - Type of Authority** (numeric, 2 digits)

Enter the two-digit code, which describes the statutory, or policy basis, which mandates county child welfare agency supervision, care and/or placement of a child.

Once this field is completed, it may not be updated or changed. If custody and/or placement responsibility is terminated and the child(ren) subsequently re-enters custody and/or placement responsibility, a new DSS-5094 must be completed and entered in the CPPS.

If a young adult client enters an Extended Foster Care 18-21 Voluntary Placement Agreement (VPA), then Field 19 must be coded as "12". If a client turns 18 years old while in the custody or placement authority of the county child welfare agency and enters into a VPA upon his or her 18<sup>th</sup> birthday, then a DSS-5094 must be terminated on the client's 18<sup>th</sup> birthday to end the foster care episode and a new DSS-5094 opened **the next calendar day** with the appropriate authority code of "12".

Code	Value
01	County child welfare agency ordered to assume responsibility for nonsecure custody by a court of competent jurisdiction (G.S. § 7B-502).
02	Court ordered legal custody, but the county child welfare agency does not have placement authority.
03	Court ordered legal custody with the county child welfare agency having placement authority.
04	Relinquishment for adoption by parent(s) or guardian of the child.
05	Safe Surrender (If using this code, the entry date must be less than 30 days from the infant's date of birth).
06	(Reserved for later use.) Do not use this code
07	Voluntary Placement Agreement with parent(s) or legal guardian(s).
08	Interstate Compact Placement Agreement into North Carolina.
10	Transfer in from another North Carolina county
11	Transfer in from another North Carolina county (placement was originally a VPA) This code is no longer valid for new placements after February 2017.
12	Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21)

**FIELD 19A – CDJJ [ENTRY REQUIRED IF APPLICABLE]**

Enter "X" only if the County Child Welfare Agency has been ordered to assume responsibility of non-secure custody by a Juvenile Delinquency Court Judge. *NOTE: Field 19 must have an entry of "03."*

**FIELD 20 - Reason (Alpha, 1 digit)**

Enter "X" for all the actions or conditions associated with the child's entry into the county child welfare agency's custody/placement responsibility with the exception of Human Trafficking. If a child came into custody as a result of sexual trafficking "S" should be entered, as a result of labor trafficking "L" should be entered. If a child came into custody as a result of both sexual and labor trafficking, a "B" should be entered. At least one condition must be associated with the child's entry into the county child welfare agency's custody/placement responsibility.

"Child's behavior" includes delinquency and undisciplined behaviors. "Coping" is used for dependent children. Emotional Abuse is coded as "Neglect". This is to satisfy Federal reporting requirements and does not reflect a change in the North Carolina General Statutes.



Once this field is completed, it may not be updated or changed. If custody and/or placement responsibility is terminated and the child(ren) subsequently re-enters custody and/or placement responsibility, a new DSS-5094 must be completed and entered into the CPPS.

If “Domestic Violence” is entered with no other reason code, the system displays the error message: “At least one more authority reason must be entered.” One other placement authority reason code is required when using “Domestic Violence”.

If Human Trafficking is entered, Field 67 “Trafficking Victim” must have a code of 2, if “S” is entered, 3 if “L” is entered, or 4 if “B” is entered.

If Safe Surrender (code 05) is added in Field 19, a code for Field 20 does not need to be entered. The system has been programmed to block Field 20 when code “05” is used in Field 19.

**FIELD 21 - Beginning Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the agency obtained the initial type of authority, which sanctions county child welfare agency supervision, care and/or placement of the child.

Once this field is completed, it may not be updated or changed. If custody and/or placement responsibility is terminated and the child(ren) subsequently re-enters custody and/or placement responsibility, a new DSS-5094 must be completed and entered into the Child Placement and Payment System.

**FIELD 22 - Out of State Placement** (alpha, 1 digit)

Enter a “Y” if the child's current placement is in a state other than North Carolina. If the child is placed in North Carolina, leave blank.

**FIELD 23 - Termination Reason** (numeric, 2 digits)

Enter the code, which reflects the reason why the county child welfare agency’s placement authority is terminated, and the foster care service is being closed. This is the reason why the county child welfare agency no longer has custody or placement responsibility. Otherwise, leave blank.

If an entry is made in this Field 23, an entry must also be made in Fields 24, 37, and 48.

If a client turns 18 years old while in the custody or placement responsibility of the county child welfare agency, then the

**NC DSS  
Child Placement and Payment System Manual (CPPS)  
Appendix 2**

March 2024

Termination Reason must be coded as "07."

<b>Code</b>	<b>Value</b>
01	Reunification with Parents or Primary Caretakers – Custody/Placement responsibility of the child was returned to his or her principal caretaker(s) from whom the child(ren) was removed.
02	Guardianship with a Relative – Legal Guardianship of the child was awarded to an individual by the court.
03	Adoption – The child was legally adopted. If Adoption is the Termination Reason, Parental Rights Termination Dates (Fields 38 and 39) must have been completed.
04	Guardianship with other court-approved caretaker – Legal Guardianship of the child was awarded to an individual.
05	Custody with non-removal Parent or Relative.
06	Custody with other court approved caretaker.
07	Emancipation – The child reached age 18 or older and is no longer subject to county child welfare agency supervision, or the child was legally emancipated pursuant to Article 35 of Chapter 7B of the North Carolina General Statutes.
08	Transfer to Another Agency – Responsibility for the care of the child was awarded to another agency - either in or outside of the State.
09	Runaway – The child ran away from the foster care placement and the county child welfare agency is relieved of custody or placement responsibility.
10	Death of Child – The child died while in foster care.
11	Interstate Compact Placement Agreement with another State was terminated. Use this code only if Placement Authority Reason Code in Field 19 is "08" (Interstate Compact Placement Agreement Into North Carolina).
12	Authority Revoked for reasons other than above.
13	Other (reserved for state staff use only - this code is to be used when a case has been opened erroneously and needs to be closed). To use this code, the agency must send a letter on Department letterhead with an explanation and request that the case be closed with another code and sent to: NC Division of Social Services Child Welfare Services ATTN: 5094 Corrections Mail Service Center 2408 Raleigh, NC 27599-2408
15	Termination of Voluntary Placement Agreement for Extended Foster Care Services (FC 18-21).

**FIELD 24 - Termination Date** (numeric, 6 digits, MMDDYY format)

Enter the date upon which the authority to supervise, care for and/or place the child terminated and the foster care service is being closed. Otherwise, leave blank.

If an entry is made in Field 24, an entry must be made in Fields 23, 37, and 48.

**E. PRINCIPAL CARETAKER(S) INFORMATION (Fields 25 through 33)**

Complete this section for all children.

This section contains information, which pertains to primary adult caretaker(s) from whom the child was removed at the time the county child welfare agency was given custody or placement responsibility for the child. Once an entry is made in these fields, it may not be updated or changed.

**FIELD 25 - Family Structure** (numeric, 1 digit)

Enter the appropriate code to describe the child's family structure at the time the child was removed.

An entry is required for all cases.

<b>Code</b>	<b>Value</b>
1	Married Couple - Requires entry in fields 28-33.
2	Unmarried Couple - Requires entry in fields 28-33.
3	Single Female - Requires entry in fields 28-30.
4	Single Male - Requires entry in fields 28-30.
5	Unable to Determine (if the child was abandoned or the child's caretakers are otherwise unknown.)

**FIELD 26 - Intensive Family Preservation** (numeric, 4 digits)

The Intensive Family Preservation Services (IFPS) model provides in-home crisis intervention services designed to help families at imminent risk of having a child removed from the home. These services help to maintain children safely in their homes (whenever possible) and prevent unnecessary separation of families. This model is characterized by very small caseloads for workers, 24-hour availability of staff, the provision of services primarily in the child's home or in another environment, and intensive, time-limited services lasting no more than 4-6 weeks.

Enter the code to signify if IFPS were provided to the family within the 12 months prior to the child entering the county child welfare agency's custody/placement responsibility.

<b>Code</b>	<b>Value</b>
1000	Yes, IFPS provided by the county child welfare agency.
2000	Yes, IFPS provided by MH/DD/SAS.
3000	Yes, IFPS provided by private non-profit organization.
4000	No, IFPS services not provided.
5000	N/A - No IFPS in county.
6000	N/A - IFPS full.

**FIELD 27 - Number of Children in the Home** (numeric, 2 digits)

Enter the total number of children, related or not, residing in the home where the child was residing at the time the county child welfare agency received custody or placement responsibility for the child. Include the child for whom this data is being entered.

**Field 28 – Year of Birth of First Caretaker (numeric, 2 digits)**

Enter the year of birth of one of the child's caretakers. If this is not known, estimate. Only the YOB needs to be entered, the system will calculate the age.

An entry is required in this field if Field 25 is coded 1 through 4.

**FIELD 29 - Race of First Caretaker** (numeric, 2 digits)

Enter the code, which describes the race of the caretaker.

The race categories can be found under Field 11.

An entry is required in this field if Field 25 is coded 1 through 4.

**FIELD 30 - Relationship of First Caretaker** (numeric, 1 digit)

Enter the code, which identifies the relationship of the caretaker to the child.

Code	Value
1	Biological Parent
2	Adoptive Parent
3	Stepparent
4	Other Relative
5	Guardian
6	Other

An entry is required in this field if Field 25 is 1 through 4.

**Field 31 – Year of Birth of Second Caretaker** (numeric, 2 digits)

Enter the year of birth of a second caretaker, if any. If this is not known, estimate. Only one YOB needs to be entered, the system will calculate the age. Leave blank if there is only one caretaker.

An entry is required in this field if Field 25 is coded 1 through 4.

**FIELD 32 - Race of Second Caretaker** (numeric, 2 digits)

Enter the code, which describes the race of this caretaker. Leave blank if there is only one caretaker.

The race categories can be found under Field 11.

An entry is required in this field if Field 25 is coded 1 or 2.

**FIELD 33 - Relationship of Second Caretaker** (numeric, 1 digit)

Enter the code, which identifies the relationship of this caretaker to the child. Leave blank if there is only one caretaker.

Code	Value
1	Biological Parent

2	Adoptive Parent
3	Step Parent
4	Other Relative
5	Guardian
6	Other

An entry is required in this field if Field 25 is coded 1 or 2.

**F. PERMANENT PLAN (Fields 34 through 37)**

Complete this section for all children and update whenever the plan changes.

This section pertains to the plan goal of the child and any barriers to that plan.

**FIELD 34 - Plan Goal** (numeric, 2 digits)

Enter the code which best identifies the most recent Permanent Plan Goal based on the latest review of the child’s case plan, either agency or court review. The Plan Goal describes the desired permanency outcome, which is most appropriate based on current case circumstances.

Code	Value
01	Prevention of out-of-home placement services are being provided to prevent placements in out of home care. The county child welfare agency has custody, but the child remains in the home and has not been in out-of-home placement. Do not use this code for Trial Home Visits. Use Code 02 for Trial Home Visits (or 06 for trial visits with the non-removal parent).
02	Family reunification with parent(s)\caretaker(s) from whom the child was removed. This Code is also to be used when the child returns home for a Trial Home Visit and the county child welfare agency retains custody.
03	Adoption
04	Guardianship with Relative
05	Guardianship with other court approved caretaker
06	Custody with non-removal Parent or Relative. This Code is also to be used when the child is placed for a Trial Visit with a non-removal Parent and the county child welfare agency retains custody.
07	Custody with other court approved caretaker

Code	Value
08	Plan Goal not yet established. (Not appropriate after 30 days – update to another Plan Goal at least by the 30 <sup>th</sup> day hearing. Code 08 should only be used in exceptional circumstances, as the Plan Goal should be known at the time the agency receives custody or placement responsibility in most cases.)
09	Emancipation – A youth who will be emancipated, or who is 18 years or older who has signed a Voluntary Placement Agreement (VPA).
10	Another Planned Permanent Living Arrangement (APPLA) - A permanent living arrangement for a youth age 14 or over who resides in a family setting which has been maintained for at least the previous six concurrent months; and in which the youth and caregiver have made a mutual commitment of emotional support and the youth has been integrated into the family; and the youth and caregiver are requesting that the placement be made permanent. Other permanency options must have been ruled out.
11	Reinstatement of Parental Rights - Circumstances that allow this option as a permanent plan are outlined in G.S. § 7B-1114 ( <a href="http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=7b-1114">%20%20</a> ). These circumstances are very narrow and require the court’s determination and an order.
12	Completing secondary education or a program leading to an equivalent credential
13	Enrolled in an institution that provides postsecondary or vocational education
14	Participating in a program or activity designed to promote, or remove barriers to employment
15	Employed for at least 80 hours per month
16	Incapable of completing the education or employment requirements due to a medical condition or disability

Custody and Guardianship are judicial decisions.

Long Term Foster Care and Independent Living are not permanent plans.

As long as a minor child is in an agency's custody, the agency must work toward a permanent plan, even if the child's present status is extended foster care. If return to parents or custody or guardianship with a relative or other suitable person have been eliminated as possibilities, and the child has indicated that he or she will not cooperate with adoptive placement, the plan will be custody with other court approved caretaker, code 07 or guardianship with other approved caretaker, code 05.

Code 08 is to be used when the child initially enters care and it is not yet clear what the plan is for that child. Code 08 should only be used in exceptional circumstances, as the Plan Goal should be known at the time that the agency receives custody or placement responsibility in most cases. Code 08 shall not continue past 30 days at which time the Family Services Case Plan, Part B, Case Plan, for the child should be completed. At that time, another appropriate code should be entered.

Code 10 is only valid for a case that includes children ages 14 thru 17. The system will display an error message if a child on the case is age 0 thru 13 and Code 10 is entered in this field.

Codes 12 through 16 may only be used for youth who have signed a Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21).

**FIELD 35 - Date Plan Made** (numeric, 6 digits, MMDDYY format)

Enter the effective date, which corresponds to the current Plan Goal.

**FIELD 36 - Barriers to Plan** (numeric, 2 digits per barrier)

Enter the code, which describes the negative constraints that must be addressed by agency intervention in order to realize the Planned Goal for the child.

- a. At least a primary barrier must be entered in the first two spaces of this field.
- b. A secondary barrier may be entered in the last two spaces of the field.
- c. Barriers to goal achievement may change as case circumstances and goals change. They should be evaluated at each case review.

<b>Code</b>	<b>Value</b>
01	Inadequate Placement - Current placement resource does not facilitate the goal.
02	Mental Health Treatment - Adequate mental health treatment is not available or in place.
03	Educational Resources - Alternative educational resources are not available to meet the special learning needs of the child.
04	Adoptive Family - An adoptive family has not been identified.
05	Acceptable Housing - Acceptable housing for the child's family is not available.
06	Child's Medical Needs - Child requires special medical or psychological care.
07	Family Health Needs - One or more of the child's family members require special medical or psychological care.
08	Inadequate income of parents.
09	Conduct of parents (alcohol, drug, violence, etc.).
10	Not legally free for adoption.



11	Court not in agreement with permanent plan.
12	Agency cannot assure child's safety if plan achieved.
13	Incomplete Assessment/Evaluation - Need more comprehensive assessment of the child's and/or family problems and needs; or the appropriateness of the current plan needs more evaluation.
14	Unstable living arrangement.
15	Geographic Distance - Work with parent(s), or relative(s) is constrained by geographic distance.
16	Limited Functioning - Family functioning is too limited to assume childcare and nurturing role.
17	Child's conduct/behavior.
18	Child's Readiness – The child is not ready to participate in, accept, and/or support the plan goal.
19	No barriers identified at this time and child is in permanent living arrangement.

When two barriers have been entered and one needs to be deleted, draw a line through the code that no longer applies for data entry person to delete. If two codes are entered in Field 36 and later they are no longer applicable, line through both for data entry person to delete and enter at least one new code.

**FIELD 37 - Date Plan Realized** (numeric, 6 digits, MMDDYY format)

Enter the date upon which the desired permanency outcome has been reached. This date should not relate to dates upon which the Planned Goal may have been changed but rather, the date upon which a goal has been achieved and no further goals are being planned and the agency no longer has custody or placement responsibility.

If an entry is made in Field 37, there must be an entry in Fields 23, 24, and 48.

**G. PARENTAL RIGHTS TERMINATION (Fields 38 through 39)**

Complete this section when relinquishment has been signed or when parental rights are terminated.

This section pertains to the Termination of Parental Rights (TPR) either by court action or relinquishment. The date that parental rights are terminated by court action is the date that the court actually orders the TPR either from the bench or the date recorded in the written court order as having been entered by the court. These dates need to be entered immediately as soon as termination is obtained for each parent.

**FIELD 38 - Mother TPR Date** (numeric, 6 digits, MMDDYY format)

Enter the date of relinquishment to the agency or the date that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

**FIELD 39 - Father TPR Date** (numeric, 6 digits, MMDDYY format)

Enter the date relinquishment to the agency or the date that the court terminated the father's (or putative father's if there is no legal father) parental rights. If the father is known to be deceased, enter the date of death.

If relinquishment is revoked, submit DSS-5094 deleting date(s) from Fields 38 and/or 39. If the Termination of Parental Rights is overturned on appeal, submit DSS-5094 deleting date(s) from Fields 38 and/or 39. If dates are entered in both fields and the child is legally free for adoption, enter a "1" in Field 15 (Adoption Status). If the Termination Reason in Field 23 is Code "03" (Adoption), Fields 38 and 39 are required.

**H. CASE REVIEWS (Fields 40 through 44)**

Complete this section for all children.

This section pertains to the Permanency Planning Action Team (PPAT) review and Court Review information for a particular case and is updated immediately as appropriate and necessary. Updates must be made in these fields in accordance with State Standards.

Please refer to Permanency Planning in the NC Child Welfare Manual (<https://www2.ncdhhs.gov/info/olm/manuals/dss/>) for specific policy requirements.

**FIELD 40 - Date of Last Agency Team Review** (numeric, 6 digits, MMDDYY format)

- a. Enter the date of the most current review completed by the agency review team (leave blank if initial review has not yet occurred), or
- b. For children being supervised in North Carolina under the provisions of an Interstate Compact Agreement with another state, enter the date a progress report was provided to the state, which has responsibility for the child.

**FIELD 41 - Next Agency Team Review Due** (numeric, 6 digits, MMDDYY format)

- a. Enter the date that the next review by the agency team is scheduled, or
- b. For a child being supervised in North Carolina under the provisions of an Interstate Compact Agreement with another state, enter the date that a progress report is due to be sent to the state which has responsibility for the child.
- c. Note that the system will require a future date. Entry of past dates is not allowed.

**FIELD 42 - Review Not Required (Court)** (alpha, 1 digit)

Enter an "X" in this field if the county child welfare agency's authority to supervise, care for and/or place the child is not subject to review requirements, either statutory review or court ordered review.

There are two occasions when a review would not be required for a child in a county child welfare agency's custody or placement responsibility.

- a. A youth who has been emancipated, or an 18-year-old who has signed a voluntary placement agreement.
- b. When the court has waived the holding of subsequent review hearings as provided in G.S. § 7B-906.1\_ [http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_7B/GS\\_7B-906.1.pdf](http://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_7B/GS_7B-906.1.pdf).

When an entry is made in this field, Fields 43 and 44 must be left blank.

If the child's situation changes and the court reinstates the required reviews, data entry should delete the "X" in Field 42 and new dates should be entered in Fields 43 and 44.

**FIELD 43 - Date of Last Review (Court)** (numeric, 6 digits, MMDDYY)

Leave blank until adjudication or the court review of a VPA. The first entry will be either the adjudication date or the date of the court review of the VPA. Subsequent entries will reflect the date the case was last reviewed, including reviews, Permanency Planning Hearings, TPR hearings, etc., by a court of competent jurisdiction.

When an entry is made in this field, do not complete Field 42.

**FIELD 44 - Next Review Due (Court)** (numeric, 6 digits, MMDDYY)

- a. Enter the date that the next court review is scheduled.
- b. Once the date is entered in Field 43, a date must be entered in Field 44. If a date is not entered in this field by the county, or if a date is entered which is greater than the mandated court review requirements, the system will not accept the form.
- c. Note that the system will require a future date. Entry of past dates is not allowed.

When a minor child is placed by authority of a voluntary placement agreement, leave Field 42 blank and enter a date not to exceed 90 days from the date of the agreement in this field.

**I. LIVING ARRANGEMENT (Fields 45 through 49)**

Complete this section for all children and update when there is a change in living arrangement, whether reimbursement is being requested or not.

This section pertains to the living arrangement status of the child. New data must be entered every time a living arrangement, progress towards permanence, beginning date, ending date, or facility ID changes. There must always be an open living arrangement as long as the county child welfare agency has custody/placement responsibility.

Because it is recognized that multiple changes in a child's living arrangement or placement can occur during a relatively short period of time, space has been allowed to record up to three moves on one form. However, please note that additional living arrangements cannot be opened until the previous living arrangement is closed (Field 48) If additional lines are needed, use a blank form and write "1 of 2" on the side margin of the 1<sup>st</sup> form and "2 of 2" on the side margin of the second form. This will let data entry workers know it is a two-page entry. Omissions in required fields of this section may affect reimbursement.

Do not include the living arrangement from which the child was removed unless the child remained in the living arrangement after the agency received custody/placement responsibility.

1. Each time a child moves from one placement to another, a new line of data must be entered, regardless if there is an associated change in the assistance payment. Federal reporting regulations require that county child welfare agencies be able to track every move a child makes while in a county child welfare agency's custody/placement responsibility.
2. Updates to placement changes or status should be keyed within 3 working days of the move or status update. Counties should follow processes below (see next steps continued to page 28) to make sure claims for reimbursement of payments are processed correctly.
3. When a child moves from one placement setting to another, even if the type of Living Arrangement does not change, the current line of data must be closed out and the new information must be opened on a blank line.
4. When a child moves to a new living arrangement, Field 46 - Progress Towards Permanence should be updated.
5. For financial purposes, counties will need to close the prior service period, before the living arrangement change, on the last day of that period. For the current period each placement will need to be established with a new line for each placement and each county payment amount

Example: A child's placement changes from DSS home A00001 to DSS home A99999 but the type living arrangement

remains a Code 56 in Field 45. To capture the county payments for reimbursement, do the following:

1. Close out the line of data, which contains the facility ID A00001 for the prior service period.
2. Complete a new line of data for the period from the first day of the month to the last night in placement at A00001.
3. Enter living arrangement 56, carefully review the permanency option for field #46, enter the facility ID, and enter the appropriate payment amount.
4. Open the new placement information line with the correct move code, begin date, facility ID A99999 and payment amounts. Note that the end date of the facility ID A00001 and the beginning date of the facility ID A99999 will need to differ by one day.
5. Update the Placement Provider information in Fields 62 through 66.

45	46	47. Beginning	48. Ending	49. Facility ID	50. Monthly Rate	51. Payment Rate	
Existing Line - Only Update allowed is ending date							
5	6	4	05010X	07310X	A00001	0810.00	0000.00
New Line - Same placement for beginning of period							
5	6	4	08010X	08150X	A00001	0810.00	0391.94
New Line - New Placement information							
5	6	2	08160X		A99999	0810.00	0418.06

6. When the living arrangement type changes, regardless of if the facility ID changes, the current line of data must be closed out and the new information must be entered on a blank line. **Follow the steps needed to capture the correct county payments for reimbursement in the current period.**

Example: A child's living arrangement type changes from 56 (family foster home) to 67 (adoptive home -foster family), but the facility ID remains the same. Close out the line of data, which contains the living arrangement 56 and complete a new line of data using the living arrangement 67. Be sure that the end date of the living arrangement 56 and the begin date of the living arrangement 67 differ by one day.

7. When a child moves from one relative living arrangement to another relative living arrangement, the current line of data must be closed and the information pertaining to the new relative living arrangement must be entered on a blank line. **Effective November 2023, county agencies will need to establish facility ID numbers for the new unlicensed kinship placement.**

Example: A child moves from 52 (Grandmother) to 52 (Aunt). Close out the line of data which contains the living arrangement 52 (Grandmother's data and facility ID number) as of the prior service period. Complete a new line of data for the portion at the beginning of the month, while the client was placed with the Grandmother. Next complete a new line using the living arrangement 52 (Aunt's data and facility ID number). Be sure that the end date of the living arrangement 52 (Grandmother) and the begin date of the living arrangement 52 (Aunt) differ by one day. Then update the Placement Provider information in Fields 62 through 66.

When the Placement Authority is terminated, and the case is closed for Child Placement Services (termination reason should be entered in Fields 23 and 24), enter an end date for the last living arrangement code in Field 48. This date should be the same as the Placement Authority termination date (Field 24). Also, the Date Plan Realized should be entered in Field 37 and should be consistent with the dates in Fields 24 and 48.

Corrections/changes can only be made to data that is within the current reporting period.

When updating forms, if the date in Field 47 of the current placement is not within the current processing month, only Field 48 can be entered on the same line as the current living arrangement.

Example: In this example, the worker wants to make a change to the placement or payment information for September. The date printed in Field 47 for this child’s DSS-5094 is August 1. In order for the worker to enter a change for the month of September, the worker must enter August 31 in Field 48 and then enter a new Living Arrangement line of data in Fields 45 through 47 and 49 through 51 if applicable. For the September month of service, the cutoff for data entry is October 19.

**FIELD 45 - Type** (numeric, 2 digits)

Enter the appropriate code to describe the living arrangement that the child entered at the time the county child welfare agency became responsible. Wherever a child spends the night of the day the agency receives custody and/or placement responsibility is considered the first placement, and therefore the first living arrangement. Therefore, the begin date of the very first living arrangement should be the same date as the Placement Authority Begin Date in Field 21.

Code	Value
<b>PARENT/GUARDIAN PLACEMENTS</b>	
50	<b>Home of Parent(s)</b> – The home of a child in which they reside with at least one biological or adopted parent. This code is to be used for children who enter a county child welfare agency’s custody/placement responsibility and <i>are not physically removed</i> from the home of the Parent. <b>Do not use this code for Trial Home Visits or Trial Visits with a non-removal parent (See Code 75)</b>
51	<b>Home of Legal Guardian</b> – The home of a child in which they reside with a person who has been given legal guardianship of the child in accordance G.S. § 7B-600. This code is to be used for children who enter a county child welfare agency’s custody/placement responsibility and <i>are not physically removed</i> from the home of the Legal Guardian. <b>Do not use this code for Trial Home Visits or Trial Visits with a non-removal parent (see Code 75).</b>

Code	Value
75	<b>Trial Home Visit</b> - The child, has been in a foster care (Out-of-Home) placement and remains in the custody and placement authority of a county child welfare agency, but has been returned to the home of the parent (either removal parent or non-removal parent) for a limited and specified time period, prior to return of custody and case closure. Trial Home Visits should not last longer than six months, unless the court specifies a longer period of time in the first order that approves the Trial Home Visit. The agency should return to court prior to the six months (or the time specified by the judge) to request that custody be given to the parent and the case closed or, if the child is not safe to remain in the home, to return the child to Out-of-Home placement. <b>Do not change the Living Arrangement Code from 75 to 50 or 51 under any circumstances. The only time that the Living Arrangement Code should be changed from 75 is when the child returns to Out-of-Home placement or a paid respite placement. (See Note 4 on page 35)</b>
<b><u>UNLICENSED RELATIVE AND NONRELATIVE PLACEMENTS</u></b>	
52	<b>Home of Unlicensed Relative</b> – The unlicensed home of an individual who is related by blood, marriage, or adoption, including, but not limited to, a grandparent, sibling, aunt, or uncle, to a child and providing foster care. <i>(See Note 1 on page 35)</i>
72	<b>Home of Unlicensed Nonrelative Kin</b> – The unlicensed home of an individual who has a substantial relationship with the juvenile and/or strong family-like ties. In the case of a juvenile member of a state-recognized tribe as set forth in N.C.G.S. 143B-407(a), nonrelative kin also include any member of a state-recognized tribe or a member of a federally recognized tribe, whether or not there is a substantial relationship with the juvenile. <i>(See Note 2 on page 35)</i>
81	<b>Home of Relative Seeking Licensure</b> – A currently unlicensed relative home in which a child resides that has expressed an interest and has begun pursuing becoming a licensed foster parent. <i>(See Note 1 on page 35)</i>
<b><u>LICENSED FAMILY FOSTER CARE HOMES</u></b>	
56	<b>Family Foster Care Home</b> – A foster family home is a home licensed in accordance with standards of the Division of Social Services to provide 24-hour care for as many as 5 children in a substitute family setting under the supervision of a public or private agency. Foster parents may also be trained and have knowledge to provide specialized social or medical services in addition to basic foster family care. <b>Do not use this code for a relative or nonrelative kin placements that are licensed as a Family Foster Care Home, refer to codes 71 and 60.</b>
71	<b>Family Foster Home, Relative</b> - The licensed home of a child in which they reside with an individual who is related by blood, marriage, or adoption, including, but not limited to, a grandparent, sibling, aunt, or uncle, to a child and providing foster care. <i>(See Note 1 on page 35)</i>

Code	Value
60	<b>Family Foster Home, Nonrelative Kin</b> - A licensed foster home of an individual who has a substantial relationship with the juvenile and/or strong family-like ties. Parents may also be trained and have knowledge to provide specialized social or medical services in addition to basic foster family care. <i>(See Note 2 on page 35)</i>
<b><u>LICENSED THERAPEUTIC FOSTER CARE HOMES</u></b>	
53	<b>Therapeutic Home (MH/DD/SAS)</b> - A foster family home licensed under the program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse in which the parents are trained and have knowledge to provide specialized social services in addition to basic foster family care. <b>(Do not use for relative/nonrelative kin families. See codes 73 and 74)</b>
73	<b>Therapeutic Family Foster Home, Relative</b> - A licensed home of a child in which they reside with a relative who is related by blood, marriage, or adoption, including, but not limited to, a grandparent, sibling, aunt, or uncle, to a child AND the home is licensed under the program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse in which the parents are trained and have knowledge to provide specialized social services in addition to basic foster family care. <i>(See Note 1 on page 35)</i>
74	<b>Therapeutic Family Foster Home, Nonrelative Kin</b> - A licensed home of a child in which they reside with an individual who has a substantial relationship with the juvenile and/or strong family-like ties AND the home is licensed under the program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse in which the parents are trained and have knowledge to provide specialized social services in addition to basic foster family care. <i>(See Note 2 on page 35)</i>
<b><u>ADOPTIVE HOMES</u></b>	
65	<b>Adoptive Home, Nonrelative Kin, Unlicensed</b> – An <b>unlicensed</b> family home of a nonrelative kin individual who has a substantial relationship with the juvenile and/or strong family-like ties in which a child has been placed for adoption. <i>(See Notes 2 and 3)</i>
66	<b>Adoptive Home, Relative, Unlicensed</b> – An <b>unlicensed</b> home of a child who is in the process of being adopted by relative(s) when the relative is identified as the child’s adoptive placement and prior to the court’s issuance of the Decree of Adoption. Relative must be related by blood, marriage, or adoption to a child. <i>(See Notes 1 and 3)</i>



Code	Value
61	<b><u>Adoptive Home, Nonrelative Kin, Licensed</u></b> - A <b>licensed</b> home of a nonrelative kin individual who has a substantial relationship with the juvenile and/or strong family-like ties in which a child has been placed for adoption. <i>(See Notes 2 and 3 on page 35)</i>
82	<b><u>Adoptive Home, Relative, Licensed</u></b> - The <b>licensed</b> relative home of a child in the process of being adopted and home is identified as the child’s intended adoptive placement. Relative must be related by blood, marriage, or adoption to a child. Code 82 will require an entry in Field 49 for the Agency to get reimbursement. Change to Code 82 when the Agency Adoption Committee decides that this will be the child's adoptive family. <i>(See Notes 1 and 3 on page 35)</i>
67	<b><u>Adoptive Home (Foster Home)</u></b> - The home of a child who is in the process of being adopted by their foster parents, whether or not the home continues to be licensed as a foster home. If the child's foster parents are adopting and will continue to receive a foster care payment, Code 67 will require an entry in Field 49 for the Agency to get reimbursement. Change to Code 67 when the Agency Adoption Committee decides that this will be the child's adoptive family. <i>(See Note 3 on page 35)</i>
<b><u>DEPARTMENT OF JUVENILE JUSTICE (DJJ)/DEPARTMENT OF PUBLIC SAFETY (DPS)</u></b>	
54	<b><u>Juvenile Detention / Youth Development Center</u></b> - A facility for temporary housing of delinquent juveniles through the Division of Juvenile Justice and Delinquency Prevention, which is under the NC Department of Public Safety.
69	<b><u>Jail, Lock-up, or Facility Administered by the North Carolina Department of Public Safety</u></b> - A 24-hour residential facility for persons involuntarily detained because of their alleged or adjudicated illegal activity. <b>Do not use this code for placements ordered by Division of Juvenile Justice and Delinquency Prevention (use code 54).</b>
<b><u>NON-THERAPEUTIC GROUP CARE</u></b>	
55	<b><u>Residential School</u></b> – A residential educational facility where children reside for up to 7 days a week. This includes boarding schools operating for the emotionally disturbed and children with similar conditions who cannot participate in the regular public-school system.

Code	Value
57	<p><b><u>Group Home - DSS/Residential Child Care Facility</u></b> – A DSS licensed group home is a 24-hour residential facility for individuals which is licensed or approved to provide care and services to individuals in a congregate care setting. To verify if the facility is licensed by DSS, please check “Residential Child Care” at <a href="https://www.ncdhhs.gov/divisions/social-services/agency-listings">https://www.ncdhhs.gov/divisions/social-services/agency-listings</a>. <b>Do not use for treatment programs under the administration of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, use code 58.</b></p>
59	<p><b><u>Children’s Camp</u></b> – A residential child care facility which is licensed by the Department of Health and Human Services to provide foster care and related services at either a permanent camp site or in a wilderness setting in accordance with administration and program standards adopted by the Social Services Commission and which are administered by the Division of Adult Correction and Juvenile Justice.</p>
68	<p><b><u>Maternity Home</u></b> - A 24-hour residential program whose primary purpose is to provide care and related services to pregnant females or adolescent parents.</p>
<b><u>THERAPEUTIC GROUP CARE</u></b>	
58	<p><b><u>Group Home – Mental Health Treatment Home</u></b> – A group home is a 24-hour residential facility for individuals which is licensed or approved to provide residential treatment in a congregate care setting under the administration and program direction of the psychiatric unit of a hospital or the administration and program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. This code includes high risk intervention levels II, III, IV, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD). Do not use this code for PRTF settings.</p>
62	<p><b><u>Psychiatric Residential Treatment Facility (PRTF)</u></b> - A Psychiatric Residential Treatment Facility for services that is a 24-hour residential facility licensed or approved to provide residential treatment in a group setting. Facility is operated under program standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.</p>
<b><u>INDEPENDENT LIVING</u></b>	

Code	Value
64	<b><u>Supervised Independent Living Arrangement</u></b> – A transitional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides an opportunity for increased responsibility for self-care. Such arrangements must be approved by the court if the youth is in county a county child welfare agency’s custody. <b>Placement is for youth under the age of 18.</b>
77	<b><u>College/University Dormitory</u></b> – may only be used with Extended Foster Care (FC 18 to 21). Living arrangement should only be used for youth who are not living in an otherwise licensed placement (see special list with field #49 facility information).
78	<b><u>Semi-Supervised Independent Living Arrangement</u></b> – may only be used with Extended Foster Care (FC 18 to 21). Living arrangement should only be used for youth who are not living in an otherwise licensed placement (see special list with field #49 facility information).
<b><u>OTHER SETTING TYPES</u></b>	
63	<b><u>Hospital – Medical</u></b> - An institution for the medical treatment and care of the sick.
79	<b><u>Hospital – Behavioral Health</u></b> – A setting for an individual experiencing a behavioral health crisis related to a substance use disorder, mental health disorder, and/or I/DD diagnosis or any combination of the above. This code includes community hospital emergency departments or psychiatric wards. This could also include a Behavioral Health Urgent Care, which is an alternative, but not a replacement, to a community hospital Emergency Department (ED).
80	<b><u>Hospital or Emergency Department Setting Cleared for Discharge</u></b> – Child is in an emergency department or inpatient hospital setting for housing purposes only. No medical or behavioral health condition exists to justify continued stay and hospital has cleared child for discharge.
70	<b><u>Emergency Shelter</u></b> - a residential facility which provides emergency and temporary care with a minimum length of stay of no more than ninety (90) days. Exclude treatment programs administered by psychiatric units of hospitals or by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
76	<b><u>Runaway</u></b> - The child has run away and the Agency still retains custody or placement responsibility.
97	<b><u>Child Without Placement</u></b> – A designated placement is not currently available. Child is being housed in a temporary environment and is provided by DSS staff or contracted services. Placement could be the DSS office, a hotel room, or other unlicensed setting.
98	<b><u>Respite</u></b> - The temporary placement of a child, not to exceed 14 consecutive days, to allow time for the child's caregiver (family foster home, kinship home, etc.) to have a break from heavy childcare demands. The child must return to the original placement for the temporary living arrangement to be coded as respite.

Code	Value
99	<b>Other</b> - Placement Approved by the Court that is not represented by another category.

**Note 1:** Relative is defined by [N.C.G.S. § 7B-101](#) as “An individual directly related to the juvenile by blood, marriage, or adoption, including, but not limited to, a grandparent, sibling, aunt, or uncle.” Relative by marriage can occur even if the marriage has been dissolved by death or divorce. The preceding definition of relative includes relation within the fifth degree of kinship to the child. This includes, but is not limited to, a parent, grandparent, sibling, great grandparent, uncle or aunt, nephew or niece, great-great grandparent, great-uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or a first cousin once removed. Also included is any relationship above preceded by step or half.

**Note 2:** Nonrelative Kin is defined by [N.C.G.S. § 7B-101](#) as “An individual having a substantial relationship with the juvenile. In the case of a juvenile member of a State-recognized tribe as set forth in G.S. 143B-407(a), nonrelative kin also includes any member of a State-recognized tribe or a member of a federally recognized tribe, whether or not there is a substantial relationship with the juvenile.”

**Note 3:** The change to an adoption living arrangement code should be one day after the Agency Adoption Committee decides that this will be the child’s adoptive family.

**Note 4:** In practice, “Trial Home Visit” is intended to be a short-term option in preparation for returning the child home permanently. For example, this would be when a child returns to the removal parent as a physical placement, but DSS still has legal authority. It would not be appropriate to use this code when a child is visiting the removal parent/caretaker for a short term (i.e. weekend) with the known intention to then return to the previous placement. The term “trial home visit” is used to be consistent with federal language from [8.3C.5 TITLE IV-E](#) set by the Administration for Children and Families.

For youth who have signed a Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21) only the following codes are valid: 53, 56, 57, 58, 60, 61, 62, 68, 69, 70, 71, 73, 74, 77, 78, 79, and 80.

**FIELD 46 - Progress towards Permanence and Move status** (numeric, 1 digit)

Enter the appropriate code in Field 46 for the placement identified in Field 45. *It is critical that this field accurately reflects the client’s current placement’s status and type of change.*

Permanence, the ultimate goal, is defined by the placement being legally secure and the Agency no longer having custody or placement responsibility. The placement is not considered to have achieved permanence if the county child welfare agency retains legal custody/placement responsibility. "Progress Towards Permanence" exists when everything is in place for permanence except that the placement is not yet legally secure. Codes "1" and "3" can represent this status for the client.

Example: A child's living arrangement is 56. The permanent plan for this child is now adoption, but TPR has not yet been filed. The foster family has indicated their willingness to adopt this child, therefore the Progress towards Permanence needs to be updated. Close out the appropriate line of data which contains the living arrangement 56 and complete a new line(s) of data using the living arrangement 56 with the begin date as the date that permanence was achieved. Place a 3 in Field 46. Be sure that the end date of the current living arrangement and the begin date of the new living arrangement differ by one day. Follow the steps need to capture the correct county payments for reimbursement in the current period.

Code	Value
1	Move: progress towards permanency. Current living arrangement is considered a move from previous living arrangement. The child is currently in a placement where there is a mutual commitment to a lasting relationship between the child and at least one adult <b>AND</b> <i>the placement is expected to endure until the child reaches adulthood. Everything is in place for permanency except that the placement is not yet legally secure.</i>
2	Move: no progress towards permanency. Current living arrangement is considered a move from previous living arrangement. This move is not progress towards a permanent placement.
3	Not a move: progress towards permanency. Living arrangement code may change, but child is still in the same home; or child may actually go into a temporary living arrangement (i.e., respite care) and child will return to the same placement where there is a mutual commitment to a lasting relationship between the child and at least one adult <b>AND</b> <i>the placement is expected to endure until the child reaches adulthood. Everything is still in place for permanency except that the placement is not yet legally secure.</i>
4	Not a move: no progress towards permanency. Current living arrangement is not considered a move from previous living arrangement. This move is not progress towards a permanent placement. This code should also be used for the initial entry of the DSS-5094 form.

This field is used to identify children who are legally free for adoption and who are not yet in their identified adoptive families (Available for Adoption). It is critical for analysis of this data that this field is kept current. In addition, data is captured concerning placement stability. Incorrect use of codes in these fields can reflect as negative objectives for county agencies.

**FIELD 47 - Beginning Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the child first entered the placement. This is the first day that the child is in the placement (spends the night). Changes to prior period dates will not be allowed if the service month has processed. Corrections to beginning date is only allowed for the current open service period.

**FIELD 48 - Ending Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the child moved from the placement. This is the last day that the child is in the placement (spent the night).

Example: Child moves from one placement to another on the afternoon of July 10<sup>th</sup>. The ending date for first placement is July 9<sup>th</sup>, the last night of care in that home. The beginning date of the new placement is July 10<sup>th</sup>, the first night of care in that home.

If the line for living arrangement data is being changed to add another line, the ending date the old line of living arrangement data (Field 48) and the begin date of the new line of living arrangement data (Field 47) must differ by one day. When the Placement Authority is terminated, the last Living Arrangement ending date (Field 48) should be the same date as the Placement Authority termination date (Field 24) and the Plan Goal Realized date (Field 34).

**FIELD 49 - Facility ID Number** (alpha/numeric, 6 digits)

If the living arrangement identified in Field 45 is a foster care facility licensed by the Division of Social Services, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, or by the Division of Health Service Regulation (DHSR), enter the identification number assigned to the facility.

Mental Health and Residential Treatment Group Homes must have a valid ID assigned in the Foster Care Facility License System. These IDs begin with an "H" or "R". If the facility does not already have a valid number, the county child welfare agency or the facility must submit an application, along with a copy of the current DHSR license to the Child Welfare Services Section for review and approval.

For Residential Treatment Providers, the form is available online at <https://policies.ncdhhs.gov/divisional/social-services/forms> and providers should follow instructions on the form for submission.

A listing of Residential Treatment homes with DSS facility ID numbers can be found in XCloud under the title: DHRFCF Mental Health Facilities.

For youth who have signed a Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21) and are not living in

an otherwise licensed placement the following Facility ID codes shall be used.

If the living arrangement identified in Field 45 has been issued a *valid DSS Facility ID number*, enter the number indicated on the DSS license or unlicensed relative form. Valid facility ID numbers are issued for homes specifically licensed by the Division, special Residential Treatment Level 2 to 4 homes through the Division of Health Service Regulation (DHSR), or unlicensed relative placements.

Mental Health Residential Treatment Group Homes must have a valid ID assigned in the Foster Care Facility License System. These IDs begin with an “H” or “R”. If the facility does not already have a valid number, the facility must complete and submit a DSS-5272 application, along with a copy of the current DHSR license to the Child Welfare Services Section for review and approval. This should be sent to the Division of Social Services, Regulatory and Licensing Services.

Counties have access to license information using the online XCloud reports under the FCF directory or they can request access to FC01 **inquiry only** on the state system with their internal security officer.

For youth who have signed a Voluntary Placement Agreement for Extended Foster Care Services (FC to 21) and **are not living in an otherwise licensed placement** the following Facility ID codes shall be used.

<b>Facility ID</b>	<b>Description</b>
Z00001	Payment is made to the youth who has signed the Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21 ).
Z00002	Payment is made to the landlord of the youth who has signed the Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21).
Z00003	Payment is made to an unlicensed person that the youth who has signed the Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21) is residing with.
Z00004	Payment is made to the school or university that the youth who has signed the Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21) is attending.
Z00005	Payment is made to another living arrangement of the youth who has signed the Voluntary Placement Agreement for Extended Foster Care Services (FC 18 to 21 ).

### Unlicensed Kinship Payments

Beginning November 2023, Legislative updates under [Senate Bill 20](#) have allowed for half of the standard board payment to unlicensed kinship providers. Current reimbursement is established as one half of the approved board rates for each age group. If the living arrangement identified in Field 45 is an unlicensed kinship provider who qualifies for standard half board payment in accordance with [Senate Bill 20](#), enter the Facility ID assigned to the kinship caregiver. Additional information about eligibility for these payments can be found in the [Permanency Planning Manual](#).

For eligible kinship placements and payments, the only valid living arrangement codes for Field 45 are below:

- 52 – Home of Unlicensed Relative
- 81 – Home of Relative Seeking Licensure
- 66 – Adoptive Home, Relative, Unlicensed

Unlicensed kinship placements must have a valid ID assigned to them. These IDs begin with a “K.” In order for the county child welfare agency to receive the facility ID, the [DSS-5801 Unlicensed Kinship Form – Facility ID Request](#) form must be submitted to the state.

The [DSS-5801](#) is required for the following actions:

- Request the state to issue a *new facility ID*
- Provide *updates* for the home’s address, phone, capacity, sex of clients served, etc.
- *Renewal* of the Facility IDs for ongoing placements with the unlicensed kinship provider. Renewals will be required annually for active placements. Renewals can be submitted within 60 days of the current number/facility ID ending date. If there is a lapse, the renewal will be active the date the request is received.
- *Termination* to close the form when placement or custody status ends. A termination will also be required if the kinship provider becomes licensed as a foster parent.

Instructions for submitting initial and renewal [DSS-5801](#) and claim reimbursement for payments to kinship providers:

1. County child welfare agency completes section of form.
2. County child welfare agency submits completed form to [UnlicensedKinshipForms@DHHS.NC.Gov](mailto:UnlicensedKinshipForms@DHHS.NC.Gov) within 3 days of a child being placed in a qualifying unlicensed kinship placement.
3. State reviews the form/request, issues a facility ID, and notifies county via email within 5 business days.
4. County utilizes facility ID in field #49 of the DSS-5094 form to request reimbursement.
5. County resubmits [DSS-5801](#) as needed to reflect changes, terminations, and/or renewals.

The DSS-5801 unlicensed kinship form, once keyed by the State, will generate a DSS-5015 turnaround for the county child’s record to include the Facility ID and date of expiration of the ID.



For kinship placements during the service month, DSS-5801 forms should be completed and submitted before the 10<sup>th</sup> of the following month to ensure reimbursement. The effective date of Facility ID's will be the first of the service month.

For example, if the child was placed May 29<sup>th</sup>, the form is due by June 10<sup>th</sup> to allow for processing and the effective date will be May 1<sup>st</sup>.

**J. PAYMENT INFORMATION (Fields 50 through 51)**

Complete this section for children for whom payment will be claimed by the county child welfare agency. Complete only if requesting reimbursement and update as needed.

Multiple lines are provided which relate to the lines in Part VIII, Living Arrangement. The form displays three, but additional history is stored in the system. This means that each living arrangement for the child must be shown in Section VIII, and if any reimbursement is being claimed by the county child welfare agency for any of these arrangements, it must be shown in this Section on the same line that describes the type of living arrangement. Omissions in required fields of this section may affect reimbursement.

When a child moves from one facility to another within the same month, the standard ongoing rate can be entered in field 50 and field 51 can be used to represent partial month county payments for the living arrangement. If a county is utilizing field 51, an amount must be entered in field 50.

**FIELD 50 - Monthly Rate** (numeric, 6 digits, 0000.00 format)

- a. Enter the dollar and cents amount to show the amount of money the county child welfare agency pays to the facility for a standard ongoing payment. This is the cost of care **less any resources that are used** on an ongoing basis to pay for care. Although the amount entered should represent the actual county payment, it can be limited to the maximum rate eligible for Federal or State reimbursement.
- b. Each line must correspond with the line in Section VIII, which identifies the placement for which reimbursement is being requested.
- c. County agencies should review this information on the preliminary and final PQA020 reports to confirm correct entry of actual county funding paid to the placement provider.

**FIELD 51 - Payment Amount** (numeric, 6 digits, 0000.00 format)

- a. Enter the dollar and cents amount to show the actual payment to the facility when the amount that a county paid was different from the monthly rate. This could be when the county is paying for a partial month of care (child enters or leaves care during a month), the county uses the child's resources towards the cost of care, or the county adds a clothing allowance to the monthly rate.

- b. The amount entered in this field will be reimbursed only one time and will then be deleted from the form. On-going monthly reimbursements to the county will be made based on the amount, which is entered in the Monthly Rate field (Field 50) until an amount is entered in this field or until the placement is terminated.
- c. Counties are responsible for making payments directly to the provider after a service month finishes and recording these payments for reimbursement during the next month. The county payment amount must be entered by the foster care closing deadline to be reimbursed by the state.

Because the entries in field 50 and 51 represent the actual county payment to the provider, the system will not automatically increase foster care payments for children as they "age up" into a higher monthly payment category.

Field 50 and 51 should not reflect HIV supplemental payments. Requests for supplemental HIV payments should continue to be made manually using the DSS-5758 (<https://policies.ncdhhs.gov/divisional/social-services/forms>) form. This form should be mailed to the Division of Social Services at:

NC Division of Social Services  
ATTN: HIV Supplemental  
Child Welfare Services  
Mail Service Center 2408  
Raleigh, NC 27599-2408

**K. ELIGIBILITY INFORMATION (fields 52 through 56)**

Completion of this section is required for all children for whom foster care reimbursements are being requested.

This includes all children placed in foster care homes supervised by the county child welfare agency, as well as children in DSS Residential Care homes, facilities licensed under the standards of DMH/DD/SAS that have been assigned a county child welfare agency facility ID number and unlicensed kinship placements. This section includes information regarding the eligibility review period, funding source and child's resources for a case. This information must be updated immediately upon any change in eligibility. Failure to update fields or omissions in required fields will affect reimbursement.

For kinship placements, indicate the client's eligibility dates as determined by the DSS-5120 or DSS-5120a form. For kinship homes seeking to be licensed follow guidance for the IV-E Admin Eligibility Indicator below.

**FIELD 52 - Eligibility Review Period from Date** (numeric, 6 digits, MMDDYY format)

Enter the effective begin date of the child's current period of eligibility for foster care assistance.

An entry is required in this field, when an entry is made in Field 53.

**FIELD 53 - Eligibility Review Period through Date** (numeric, 6 digits, MMDDYY format)

Enter the last date upon which the child is eligible for foster care assistance for the current eligibility period.

An entry is required in this field when an entry is made in Field 52. The date entered in this field cannot be greater than 12 months from the date entered in Field 52.

**FIELD 54 - TEA Eligibility** (numeric, 6 digits, MMDDYY format)

Enter the effective date of TEA eligibility when it has been established.

If a date exists in this field and a new date is entered, it must be 365 days greater than what already exists.

**FIELD 55 - Funding Source** (alpha, 1 digit)

Field 55 is comprised of 4 boxes:

The three boxes arranged vertically underneath the heading "55. Funding Source" (IV-E, TEA and STATE) are to indicate the funding source for the foster care and extended foster care maintenance payments.

The IV-E Admin Eligible Indicator box to the right of the STATE box is used to identify children eligible for IV-E administrative payments during the month even when the IV-E box in field 55 does not indicate this funding and is left blank.

**Funding Source for Maintenance Payment Boxes:**

Enter a code in one box to indicate the funding source to be used to reimburse the county for foster care assistance (maintenance) payments in Field 50. Enter a code in only one box. Leave all three boxes empty when no county foster care assistance payments are being claimed for reimbursement.

Here are the codes:

Code	Value
------	-------

X	Used for children under 18 eligible for IV-E, TEA, or SFHF funding
E	Used for young adults in Extended Foster Care (FC 18 to 21) eligible for IV-E or SFHF funding

• **Instructions for Children Under 18 Eligible for IV-E, TEA or State Foster Home Funding:**

1. Enter X in the IV-E box if an assistance payment is being made for a IV-E eligible child in an approved placement with a license number issued by NC DSS **unless** a child’s SSI funds are being used for all or part of the maintenance payment, in which case the IV-E box should be left blank. (**Note**—Enter X in the IV-E box if an assistance payment is being made for a IV-E eligible child placed in a congregate care facility setting, irrespective of when the child was placed in the facility. For congregate care, under the Families First Prevention Services Act, the system will calculate the two-week limit on IV-E reimbursements of new placements and will make appropriate adjustments.
2. Enter X in the TEA box if an assistance payment is made for a TEA eligible child who is not eligible for IV-E and does not have SSI. If TEA is the funding source, a date must be entered in Field 54. If TEA is coded and the begin date is not the first day of the month, the system will reimburse from State (SFHF) only for that month and from TEA for subsequent months.
3. Enter X in the STATE box if an assistance payment is made for a child who is not eligible for IV-E or TEA. Also enter X in the State box for a IV-E eligible child whose SSI funds are being used and the balance of the foster care assistance payment is being claimed under SFHF.

• **Instructions for Young Adults in Extended Foster Care (FC 18 to 21)**

1. Enter E in the IV-E box if an assistance payment is being made for a young adult who is IV-E eligible even if the young adult is concurrently eligible for SSI.
2. Enter E in the STATE box if an assistance payment is being made for a young adult who is not IV-E eligible.

Note: TEA is not a valid funding source for Young Adults in the Extended Foster Care program.

**IV-E Admin Eligible Indicator Box:**

The IV-E Admin Eligible Indicator is the fourth box in field 55 and is located immediately to the right of the box labeled “State.” This box is used to identify otherwise IV-E eligible children or young adults who are eligible for administrative payments during the month even though IV-E was not used to reimburse the county for a maintenance payment (i.e., the IV-E box in field 55 is left blank). The IV-E Admin Eligible Indicator box captures situations in which children should be included in the calculation of the IV-E penetration rate used to reimburse counties for administrative costs. Place a Y in the IV-E Admin Eligible Indicator if the IV-E eligibility box is blank **and** any of the following situations below are true. Otherwise, place an N in the IV-E Admin Eligible Indicator.

- A IV-E eligible child’s SSI is being used for foster care assistance payments and any balance is being claimed as SFHF.

- A IV-E eligible child was on runaway status from a reimbursable placement at least one day in the month
- A IV-E eligible child was placed in an **unlicensed relative home** at least one day in the month for which an application for licensure or approval of the home as a family foster home is pending. Application or approval of licensure should be considered pending once the relative has requested to begin the licensure process or has signed up for foster care licensure classes. Eligibility for administrative payments under this exception can last no longer than 12 months or the average time it takes to license or approve a foster home.
  - If the client is IV-E eligible and the home is seeking to be licensed, both fields under should be marked as part of the eligibility determination (using an "X") AND the IV-E admin indicator (using a "Y").
  - If the client is IV-E eligible and the home is **NOT** seeking to be licensed, both fields under should be marked as part of the eligibility determination (using an "X") AND the IV-E admin indicator (using a "N").
- A IV-E eligible child was in a court-ordered trial home placement every day of a federal fiscal quarter. (January-March, April-June, July-September or October-December.) This box can only be checked on 5094s that are completed after the months of March, June, September, and December.)
- A IV-E eligible young adult in FC 18-21 is eligible for administrative payments even though the IV-E maintenance funding box is blank because the young adult was not in an approved placement that month.

**FIELD 56 - Child's Resources** (numeric, 6 digits, 0000.00 format)

Enter the actual dollars and cents amount of the child's income. For the current service month, enter the amount income from client resources that has been applied to the cost of care. The amount should represent funds from different sources and when added to the county payment should represent the full cost of care for the service month.

**L. FINANCIAL ASSISTANCE INFORMATION (Fields 57 through 61)**

Complete this section for all children who are in an out-of-home placement, including the home of relatives.

This section pertains to the type of other financial assistance a client is receiving, directly or indirectly, that is supporting the client's needs. Information in this section must be completed for all cases. Check all that apply. This information should be updated monthly or when there are any changes in federal assistance for the child.

**FIELD 57 - County Funding Support**

Check this item if the client costs are being supported by 100% county funding.

**FIELD 58 - IV-D (Child Support)**

Check this item if child support funds are being paid to the state agency on behalf of the child by assignment from the receiving parent.

**FIELD 59 - XIX (Medicaid) or Treatment Services**

Check this item if the child is eligible for and may be receiving assistance under Title XIX for care or treatment services.

**FIELD 60 - SSI or Other Social Security Act Benefits**

Check this item if the child is receiving support under Title XVI or other Social Security Act Titles not included above.

**FIELD 61 - Other Funds**

Check this box if client receives funding from other sources that support the cost of care.

**M. SUBSTITUTE PARENT INFORMATION (Fields 62 through 66)**

Complete this section for all children who are residing in a family-type setting, whether licensed or not (Living Arrangement Codes 56, 60, 65, 66, 67, 71, 73).

This section pertains to the substitute family structure where a child is placed by the county child welfare agency, regardless of whether or not these homes are licensed or if reimbursement is being requested. Do not complete unless the child is in one of the above-described living arrangements. If completing a form that includes more than one placement for the same reporting period, enter the most current information in this field if applicable. Update each time that the child moves to one of the above settings.

Do not complete if the child remains with the parent or relative from whom custody was removed.

Do not complete if child is in living arrangement type "Runaway," code 76 in Field 45.

**FIELD 62 - Family Structure** (numeric, 1 digit)

Enter the code which best describes the nature of the substitute family structure with whom the child is living.

Code	Value
1	Married Couple - Requires entry in fields 63-66.
2	Unmarried Couple - Requires entry in fields 63-66.
3	Single Female - Requires entry in fields 63-64.
4	Single Male - Requires entry in fields 63-64.

**FIELD 63 - Year of Birth of First Substitute Parent** (numeric, 2 digits)

Enter the year of birth of one substitute parent. An entry is required in this field if Field 62 is 1 through 4.

**FIELD 64 - Race of First Substitute Parent** (numeric, 2 digits)

Enter the code (found under Field 11) which describes the race of the first substitute parent. An entry is required in this field if Field 62 is 1 through 4.

**FIELD 65 - Year of Birth of Second Substitute Parent** (numeric, 2 digits)

Enter the year of birth of the second substitute parent. If there is only one substitute parent, leave this field blank.

An entry is required in this field if Field 62 is 1 or 2.

**FIELD 66 - Race of Second Substitute Parent** (numeric, 2 digits)

Enter the code (found under Field 11) which describes the race of the second substitute parent. If there is only one substitute parent, leave this field blank. An entry is required in this field if Field 62 is 1 or 2.

**N. FIELD 67 – Trafficking Victim** (numeric, 1 digit)

Enter the code which indicates if the client is a victim of Human Trafficking, and if so, what type of trafficking.

<b>Code</b>	<b>Value</b>
1	The client is not a victim of Human Trafficking of any sort
2	The client is a victim of Sexual Trafficking. Required if Field 20 “Human Trafficking” is equal to S.
3	The client is a victim of Labor Trafficking. Required if Field 20 “Human Trafficking” is equal to L.
4	The client is a victim of both Sexual and Labor Trafficking. Required if Field 20 “Human Trafficking” is equal to B.

An entry of 2, 3 or 4 will require entry in Fields 72-76.

**O. NON-FAMILY PLACEMENT SERVICES (Fields 68 through 71)**

Complete this section for all children who are residing in a non-family foster care setting.

When updating specific living arrangement entries, the Non-Family Placement Services screen will open.

Entry in this section is required if there is a Living Arrangement Type code of 54, 55, 57, 58, 59, 62, 63, 64, 68, 69, 70, 79, 80, 97, or 99.

Agencies should complete this section for all children who are residing in a non-family placement setting. The NFP Screen will display a list of Living Arrangements requiring action.

Enter “A” to add the new living arrangement services and frequency. For corrections to previous living arrangements, enter “U” to update and add the beginning and ending date (if applicable) of the item to be corrected.

**FIELD 68 – Service Type** (numeric, 1 digit)

Enter the code which indicates the type(s) of services provided by the non-family foster care setting.

<b>Code</b>	<b>Value</b>
1	Specialized Education
2	Treatment
3	Counseling
4	Other Services
5	No services provided in facility
6	Pre-Natal, Pregnancy or Adolescent Parent

**FIELD 69 – Service Frequency** (numeric, 1 digit)

Enter the code which indicates the frequency of services provided in the non-family foster care setting (Field 68).

<b>Code</b>	<b>Value</b>
1	Daily
2	Weekly
3	Monthly
4	As Needed (no regular frequency)

An entry is required in this field if the value in Field 68 is 1, 2, 3, or 4.

**FIELD 70 – Begin Date** (numeric, 6 digits, MMDDYY format)



Enter the date that the services indicated in Field 68 began. This date must be greater than or equal to the Begin Date (Field 47) of the non-family foster care setting indicated in Field 45.

An entry is required in this field if Field 68 is 1, 2, 3, or 4.

**FIELD 71 – End Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the services indicated in Field 68 ended.

An entry is required if there is an entry in Field 70, and an entry in Field 48 for the nonfamily foster care setting indicated in Field 45.

The date in this field must be less than or equal to the end date (Field 48) of the non-family foster care setting indicated in Field 45.

**P.       TRAFFICKING (Fields 72 through 76)**

Complete this section for children identified as trafficking victims (Field 67).

Entry in this section is required if Field 67 is 2, 3, or 4.

**FIELD 72 – Trafficking Begin Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the child first became a victim of human trafficking. If exact date is unknown, an approximate date may be entered.

An entry is required in this field if the value in Field 67 is 2, 3, or 4.

**FIELD 73 – Trafficking End Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the child ceased to be a victim of human trafficking. If exact date is unknown, an approximate date may be entered.

An entry is required if there is an entry in Field 72 and the child has any Living Arrangement Type other than Runaway (76).

**FIELD 74 – Reported to Law Enforcement** (numeric, 1 digit)

Enter the code that indicates whether the child victim of human trafficking (Field 67) was reported as a victim to Law Enforcement.

Code	Value
1	Yes
2	No, was reported to DSS by Law Enforcement
3	No, other reason

An entry is required in this field if the value in Field 67 is 2, 3, or 4.

**FIELD 75 – Date Reported to Law Enforcement** (numeric, 6 digits, MMDDYY format)

Enter the date that the child victim of human trafficking was reported to Law Enforcement (Field 74). An entry is required in this field if the value in Field 74 is 1.

**FIELD 76 – Custody Status** (numeric, 1 digit)

Enter the code which indicates the child’s custody status when he/she was a victim of human trafficking (Field 67).

Code	Value
1	In DSS Custody (Foster Care) when Trafficking Victim
2	Not in DSS Custody (Foster Care) when Trafficking Victim

An entry is required in this field if the value in Field 67 is 2, 3, or 4.

**Q. RUNAWAY (Fields 77 through 90)**

Complete this section for all children who have a Living Arrangement Type (Field 45) equal to Runaway (Code 76).

Fields 77-90 may be updated (additional items selected) after initial entry as more information may be disclosed/discovered. If items are incorrectly selected and needed to be deleted, a written request may be faxed to the Performance Management Section at 919334-1052 detailing the specific item(s) to be deleted and the reason(s).

**Runaway Contributory Factors (Fields 77-82)**

If the child has a Living Arrangement Type (Field 45) equal to Runaway (Code 76), at least one item in Fields 77-82 must be selected.

**FIELD 77 – CPS History (>3 previous assessments)** - Enter “X” in this field if the child’s entire CPS history includes more than 3 assessments, including the assessment that led to the foster care placement, and any assessments while in Foster Care. Otherwise, leave this field blank.

**FIELD 78 – Separation from Siblings** - Enter “X” in this field if the child has siblings who are not in the identical foster care placement. This may include siblings who remain in the home and were not taken into foster care, as well as siblings who were taken into care but are in a different placement. Otherwise, leave this field blank.

**FIELD 79 – Multiple FC Moves (>3 during the current FC episode)** – Enter an “X” in this field if the child has had more than 3 moves during the current episode of foster care.  
Remember that Respite does not count as a move.  
Otherwise, leave this field blank.

**FIELD 80 – Running to Someone** – Enter an “X” in this field if the child ran away from foster care in order to be with someone (including but not limited to: a friend, family, etc.) Otherwise, leave this field blank.

**FIELD 81 – Running from Foster Care Placement** – Enter an “X” in this field if the child ran away from their specific Foster Care Placement.  
Otherwise, leave this field blank.

**FIELD 82 – Other** – Enter an “X” in this field if the child ran away from foster care for any other reason.  
Otherwise, leave this field blank.

**Runaway Experiences (Fields 83-90)**

If the child has a Living Arrangement Type (Field 45) equal to Runaway (Code 76), at least one item in Fields 83-90 must be selected.

**FIELD 83 – Alcohol and/or Illegal Drug Use** - Enter “X” in this field if the child’s experiences during this runaway episode included alcohol and/or illegal drug use. Otherwise, leave this field blank.

**FIELD 84 – Voluntary Sexual Activity** - Enter “X” in this field if the child’s experiences during this runaway episode included voluntary sexual activity. Otherwise, leave this field blank.

**FIELD 85 – Involuntary Sexual Activity** - Enter “X” in this field if the child’s experiences during this runaway episode included involuntary sexual activity. Otherwise, leave this field blank.

**FIELD 86 – Lived with Friends** - Enter “X” in this field if the child’s experiences during this runaway episode included living with friends.  
Otherwise, leave this field blank.

**FIELD 87 – Lived with Family** - Enter “X” in this field if the child’s experiences during this runaway episode included living with family. Otherwise, leave this field blank.

**FIELD 88 – Lived in Homeless Shelter** - Enter “X” in this field if the child’s experiences during this runaway episode included living in a homeless shelter. Otherwise, leave this field blank.

**FIELD 89 – Lived on the Street** - Enter “X” in this field if the child’s experiences during this runaway episode included living on the street. Otherwise, leave this field blank.

**FIELD 90 – Other** - Enter “X” in this field if the child’s experiences during this runaway episode including experiences not listed above. Otherwise, leave this field blank.

#### **V. DSS-5094-A FORM – DESIGN AND FUNCTION**

The DSS-5094-A is designed to capture information regarding face to face visits made with children in Foster Care. The DSS-5094-A is separated into two sections.

##### **A. COUNTY AND SIS INFORMATION (Fields 1 through 7)**

Complete Fields 1 through 4 for every initial DSS-5094-A submitted.

##### **FIELD 1 - County Number** (numeric, 2 digits)

No entry is required in this field if already printed on a DSS-5094-A. When using a blank DSS-5094-A, enter the standard two-digit county ID code.

##### **FIELD 2 - Case Manager's Name** (alpha/numeric, 16 digits)

No entry is required in this field if already printed on the DSS-5094-A. If there is a change in case manager, update on the DSS-5027. When using a blank DSS-5094-A, enter the case manager's last name, and first and middle initials.

##### **FIELD 3 - Case Manager's Number** (numeric, 9 digits)

No entry is required in this field if already printed on the DSS-5094-A. If there is a change in the case manager number, it must be updated on the DSS-5027. When using a blank DSS-5094-A, enter the valid case manager number as obtained from the Services Information System. Please refer to PM-REM-AL-0407 dated May 23, 2007:

(<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-05/adm/PM-REM-AL-0407.htm>)

**FIELD 4 - County Case Number** (alpha/numeric, 6 digits)

No entry is required in this field if already printed on the DSS-5094-A. If a child has a SIS record, the County Case Number from that system will be brought forward.

**FIELD 5 - Client ID** (numeric, 11 digits)

Enter the child's SIS ID number. An entry is required in this field for all children.

**FIELD 6 - Client Name** (alpha/numeric, 15 digits)

Enter the name of the child. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

**FIELD 7 - Date of Birth** (numeric, 8 digits)

Record the month, day, and year of the child's birth. An entry is required in this field for all children, however if the child has an existing SIS record, this field will be brought over from that system.

Use a leading zero for a month or day less than 10. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate month and year of birth.

**B. VISIT INFORMATION (Fields 8 and 9)**

This section of the form contains information about face to face visits made with children in Foster Care. Each time a child in care is visited, the DSS-5094-A should be updated to capture information regarding the visit.

**FIELD 8 - Visit Date** (numeric, 6 digits, MMDDYY format)

Enter the date that the social worker had a face to face visit with the child.

Once a visit date has been entered it cannot be changed, however visits may be deleted if they were entered in error or the wrong date was keyed. Select the row to be deleted, then delete. If appropriate, then add the correct visit date.

**FIELD 9 – Home Visit Indicator** (alpha, Y or blank)

Enter “Y” if the visit occurred in the home of child (home is defined as the place the child is residing while in care).

Leave the field blank if the visit did not occur in the home of the child.

Code	Value
Y	Yes, the visit occurred in the child’s home.
(blank)	The visit did not occur in the child’s home (note that any entry in this field other than “Y” will revert to blank once the record is saved).

The Home Visit Indicator field can be updated after entry. Select the row to be updated, then update and change the home visit indicator as needed.

**VI. DESIGN OF THE DSS-5095 form**

(DSS-5095 form is separated into multiple sections)

- A. County Information at the top of the Form (Fields 1 through 4)** Complete Fields 1 through 4 for every DSS-5095 submitted.
- B. SECTION I – Services Information System (SIS) Information (Fields 5 through 14)** This section contains information needed to open a SIS case via the DSS-5095 form. Complete Fields 7 through 13 for an adoption assistance child who is being assigned a new SIS ID number and a DSS-5027 form has not been submitted.

To save time, the new form DSS-5095 can be used to open both the service case in SIS and the Adoption Assistance case in CPPS.

- a) When this method is selected, Adoption Assistance Services for Children (service code 010) will automatically be opened in the Service Plan portion of the SIS. A begin date for this service must be entered by the data entry staff on the DSS-5027.
- b) When this method is used, it is imperative that the correct SIS Client ID is used. A name search must be conducted to determine if the child has an existing Client ID or active record (DSS-5027) in the Services Information System (SIS) before assigning a Client ID. Only after a thorough search has been conducted, and all possible matches have been ruled out, should a new Client ID be assigned using this method. Failure to conduct a name search prior to assigning a Client ID can result in multiple IDs being created for a single client.
- c) A turnaround DSS-5027 will also be created to enable the worker to make SIS updates.

- C. SECTION II – Adoption/Guardianship Assistance (Fields 15 through 24)**
- D. SECTION III - Cash Payment Request (Field 28)**
- E. SECTION IV - Payee Information (Fields Not Labeled)**

**VI. DSS-5095 FORM – DESIGN AND FUNCTION**

**A. County Information (Fields 1 through 4)**

Entries in this section are only required when a new SIS record is being opened via this form. If the child has an existing SIS record, the information from that record will be brought into this record. If SIS changes need to be made, use the child's DSS-5027 form.

**Field 1 - County** (numeric, 2 digits)

No entry is required in this field if already printed on the DSS-5095. When using a blank DSS-5095, enter the standard two-digit county ID code.

**Field 2 - Case Manager's Name** (alpha/numeric, 16 digits)

No entry is required in this field if already printed on the DSS-5095. When using a blank DSS-5095, enter the case manager's last name, and first and middle initials.

**Field 3 - Case Manager's Number** (numeric, 9 digits)

No entry is required in this field if already printed on the DSS-5095. When using a blank DSS-5095, enter the valid case manager's number as obtained from the Services Information System. See PM-REM-AL-0407 (<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-05/adm/PM-REM-AL-0407.htm>).

**Field 4 - County Case Number** (numeric, 6 digits)

This is an optional field available to assist the county in filing forms in case records. If a child has a SIS record, the County Case Number from that system will be brought forward. The case number in this system must be the same as the case number in the SIS.

**B. SIS Information (Fields 5 through 14)**

Complete this section for all children receiving adoption assistance payments.

**Field 5 - Client ID** (Numeric, 11 Digits)

Enter the child's SIS ID number. An entry is required in this field for all children.

**Field 6 - Client Name** (alpha/numeric, 15 digits)

Enter the name of the child. An entry is required in this field for all children.

As part of the Common Name Data Service (SIS ID merge) a new SIS identification number shall NOT be assigned to children who are

adopted from foster care. The name change should be done on the DSS-5027.

Complete only Fields 5 and 6 for a child who has an existing SIS record.

For a child in an adoptive placement, the same SIS ID used in foster care continues to be used following the entry of the Decree of Adoption.

Complete Fields 5 through 14 according to instructions for an adoption assistance child who is being assigned a new SIS ID number and a DSS-5027 form has not been submitted.

**Field 7 - Client Social Security Number** (numeric, 9 digits)

If the child has an existing SIS record, this number will be automatically brought over from the SIS. If a new SIS record is being opened via this form, complete the child's Social Security Number. When the child does not have a Social Security Number, enter a zero in each of the spaces across the field and update this field via the DSS-5027 when a social security number has been obtained.

**Field 8 - Date of Birth** (numeric, 8 digits)

Record the month, day, and year of the child's birth. Use a leading zero for a month or day less than 10. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate month and year of birth using the 15<sup>th</sup> as the day of birth.

**Field 9 - Special Areas** (numeric, 12 digits)

Enter the code(s), which reflects special characteristics of the client based on worker judgment, not necessarily legally or medically established conditions. Up to six characteristics or circumstances may be entered for each individual. It is important to enter as many as appropriate because this information is useful for justifying funding for special needs.

<b>Code</b>	<b>Value</b>
01	Developmental Disabilities
02	Blind or Visually Impaired
03	Deaf or Hard of Hearing
04	Physically Disabled
05	Emotionally Disturbed
06	Learning Disability
07	Medical Condition
08	HIV or AIDS
09	Substance Abuse



**NC DSS  
Child Placement and Payment System Manual (CPPS)  
Appendix 2**

March 2024

10	Do not use for new cases. Formerly Willie M. Class.
11	Undisciplined Child
12	Delinquent Child
13	Homeless Person

**Field 10 - Sex** (numeric, 1 digit)

Enter the code, which identifies the sex of the child.

Code	Value
1	Male
2	Female

**Field 11 - Race** (numeric, 2 digits)

Enter the code, found under Field 11 of the DSS-5094, which identifies the race of the child.

**Field 12 - School** (numeric, 1 digit)

Enter the appropriate code to determine if the child is attending school on a scheduled basis. Do not take holidays, breaks or summer vacations into consideration. This field should be updated annually on the DSS-5027.

Code	Value
1	Yes, in school
2	No, not in school

**Field 13 - Grade** (Alpha, numeric, 2 digits)

For children who are in school, enter the grade associated with their current or most recent attendance. This field should be updated annually on the DSS-5027.

Code	Value
P	Preschool (including Kindergarten)
1-20	Current or Highest Grade
98	GED

99	Unknown (show special education here if not certain of grade equivalent)
----	--

**Field 14 - HIV Status** (alpha, 1 digit)

This field identifies the basis for HIV Adoption Assistance. Complete if the child meets one of the HIV categories as diagnosed by a qualified professional. Otherwise, leave blank.

Code	Value
E	Perinatally exposed infant 0-24 months who cannot be classified as definitely infected, but who has antibodies to HIV, indicating exposure to an infected mother.
N	Infant, child or youth who meets one of the CDC definitions for infection but who has no previous signs or symptoms of HIV.
A	Infant, child or youth who shows mild signs or symptoms of HIV.
B	Infant, child or youth who shows moderate signs or symptoms of HIV.
C	Infant, child or youth who shows severe signs or symptoms of HIV.
T	Child aged 0-21 with laboratory evidence of HIV infection who has a resulting terminal diagnosis with a life expectancy of less than six months.

**C. Payment Information (Fields 15 through 29)**

**Field 15 - Date of Petition/Sanctioned Guardianship** (numeric, 6 digits, MMDDYY format)

Enter the date that the Petition for Adoption was filed with the court, or that Guardianship was sanctioned by the court. Once a date has been entered, a new date cannot be entered unless Field 16 is completed.

**Field 16 - Date of Final Order** (numeric, 6 digits, MMDDYY format) Enter the date the Decree of Adoption or Guardianship was entered.

**Field 17 - Special Population** (numeric, 1 digit) Enter a valid code in this field as applicable to the child.

Code	Value
1	Indian (Bureau of Indian Affairs, Federally recognized tribe)
3	Unaccompanied Refugee Minor
5	Not Applicable

**Field 18 - From (Adoption/Guardianship Assistance Agreement)** (numeric, 6 digits, MMDDYY format)

Enter the date the adoptive parents signed the original Adoption Assistance Agreement or the guardian signed the original Guardianship Assistance Agreement. This field is not updated.

**Field 19 - Through (Adoption/Guardianship Assistance Agreement)** (numeric, 6 digits, MMDDYY format)

Since the Adoption/Guardianship Assistance Agreement remains in effect until the child reaches his 18<sup>th</sup> birthday, enter the date of the last day of the month in which the child will turn 18. If the child will qualify for extended benefits due to adoption/guardianship occurring at 16 or 17, enter the last day of the month in which the child will turn 21.

An entry will only be accepted if an entry exists in Fields 16 and 18.

**Field 20 - Non-Recurring Adoption/Guardianship Costs** (numeric, 6 digits, 0000.00 format)

Enter the actual amount the Agency paid to the adoptive parents, guardian or provider for eligible non-recurring adoption/guardianship costs. Do not enter a funding source.

An entry will only be accepted if there is a date in Field 15 and it is earlier than or the same date the costs are entered into the system. The amount entered cannot be greater than the "Balance Available."

## REIMBURSEMENT REQUEST DEADLINES

**1. DSS-5095 (Adoption Assistance, Extended Adoption Assistance Vendor Payments)**

The keying deadline for adoption assistance vendor payments is the 19<sup>th</sup> of the month. If the 19<sup>th</sup> falls on a weekend or State holiday, the deadline is the last workday prior to the 19<sup>th</sup>.

**2. DSS-5095 (Adoption Guardianship Assistance, Extended Adoption/Guardianship Assistance Cash Payments)**

The keying deadline for adoption assistance cash payments is the 3<sup>rd</sup> working day from the last working day of the month.

**Field 21 – Medical Vendor** (numeric, 6 digits, 0000.00 format)

Enter the actual amount, which was paid to the provider(s) for medical services or treatment of the child. If more than one reimbursement is being claimed during the same reporting period, add the payments together and enter the total amount in this field. The system will reimburse the amount that is showing on the screen on the date that the payments are made, up to the

maximum allowable for this item.

An entry will only be accepted if an entry exists in Fields 16, 18, and 19.

**Field 22 – Therapeutic Vendor** (numeric, 6 digits, 0000.00 format)

Enter the actual amount, which was paid to the provider(s) for therapeutic services or treatment rendered to the child. If more than one reimbursement is being claimed during the same reporting period, add the payments together and enter the total amount in this field. The system will reimburse the amount that is showing on the screen on the date that the payments are made, up to the maximum allowable for this item.

An entry will only be accepted if an entry exists in Fields 16, 18, and 19.

**Field 23 - Funding Source** (alpha, 1 digit)

This signifies the type of funding source for the medical or therapeutic vendor payment.

- a. For children placed by private agencies, enter an "X" in the "STATE funding source box.
- b. For all other children, enter an "X" in the IV-B funding source box.
- c. No entry is required in this field for Non-Recurring Adoption/Guardianship Costs in Field 20.
- d. Once completed, this field cannot be changed. If information is entered incorrectly, a letter must be sent to the Child Welfare Services Section requesting that the correction be made. Mail to:

NC Division of Social Services  
ATTN: Adoptions/Guardianship Program Coordinator  
Child Welfare Services  
Mail Service Center 2408  
Raleigh, NC 27699-2408

Balance Available -This amount will be calculated by the system based on each request and the maximum allowed per year for the medical and therapeutic vendor payments, and for the Non-Recurring Adoption Costs.

**Field 24 - Monthly Amount** (numeric, 6 digits, 0000.00 format)

- a. Enter the dollar amount that is shown in Item A.2. of the DSS-5013 Adoption Assistance Agreement (<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5013-ia.pdf>). The amount entered is limited to the

maximum rate eligible for state and/or federal participation. The system will automatically increase adoption assistance payments for children as they "age up" into a higher monthly payment category.

- b. If an initial retroactive payment is to be made, the system will compute the number of retroactive payments due based on the Beginning Payment Date in Field 25. This is only applicable for retroactive payments up to six months from the Beginning Payment Date. Any request beyond six months must be submitted to the Child Welfare Services Section:

NC Division of Social Services  
ATTN: Adoptions/Guardianship Program Coordinator  
Child Welfare Services  
Mail Service Center 2408  
Raleigh, NC 27699-2408

**Field 25 - Beginning Payment Date** (numeric, 4 digits, MMY format)

Enter the date that the adoption/guardianship assistance cash payment is to begin. This may be retroactive up to six months following the month in which the Final Decree for Adoption/Guardianship was entered. The field cannot be updated or changed after payment begins.

An entry in this field must be one month greater than the date entered in Field 16.

**Field 26 - Funding Source** (alpha, 1 digit)

Enter the appropriate funding code box to indicate the funding source from which the cash payment is to be reimbursed.

Code	Value
X	Adoption Assistance
E	Extended Adoption Assistance (18-20)
R	Guardianship Assistance
P	Extended Guardianship Assistance (18-20)

**Field 27 - Reason (Cash Payment Termination)** (numeric, 1 digit)

Enter the code to indicate the reason the cash payment for the child is being terminated.

If an entry is made in this field an entry must also be made in Field 28.

Code	Value
1	Child 18
2	Adoptive Parents/Guardian Not Legally Responsible
3	Adoptive Parents/Guardian Deceased
4	Adoptive Parents/Guardian Not Financially Responsible
5	Child Died
7	Other
8	Child 21

**Field 28 - Date (Cash Payment Terminated)** (numeric, 6 digits, MMDDYY format) Enter the date that the cash payment for the child is to be terminated. If an entry is made in this field an entry must also be made in Field 27.

**Field 29 - Criminal Records Check** (numeric, 6 digits, MMDDYY format)

Please enter a date for the most recent Criminal Records Check that you have on all adult members of the adoptive/guardianship applicant's household during the pre-placement assessment.

**D. Payee Information**

**1. First name**

Enter the payee's first name in this field. Do not abbreviate, punctuate, or space between letters within the field. Enter letters only in the spaces provided.

**2. Middle Initial**

Enter if there is one. Otherwise leave blank.

**3. Last Name**

Enter the payee's last name. Do not abbreviate, punctuate, or space between letters within the field. Enter letters only in the spaces provided.

**4. JR/SR/ETC**

Enter only if part of the legal name.

**5. Address line 1**

Enter the street, rural route or general delivery. Use the abbreviations, which are accepted by the U.S. postal service.

[https://pe.usps.com/text/pub28/28apc\\_002.htm](https://pe.usps.com/text/pub28/28apc_002.htm)).

**6. Address Line 2**

If an additional line of address is needed, enter it in the space provided. If Address Line 1 was used to show that mail is to be sent in care of another individual, use Address Line 2 for the street address.

**7. City**

Enter the name of the city or town. Use standard abbreviations, which are accepted by the U. S. postal service.

**8. State**

Enter the two-letter state abbreviation.

**9. Zip Code**

Enter the five-digit zip code in the first five spaces. If the 9-digit code is known, enter the remaining digits.