

PUBLIC ASSISTANCE CASES

INTRODUCTION

GENERAL INFORMATION

Interaction with numerous other agencies is vital to the success of the Child Support Enforcement (CSE) program. The N.C. Division of Social Services (DSS) and the Division of Medical Assistance (DMA), which supervise the Public Assistance programs, and the county departments of social services, which administer the Public Assistance programs, are essential because of the information that they exchange with CSE and their participation in the child support process. The interdependence between Work First Family Assistance (WFFA) and CSE is especially significant, since families in need of child support often require additional financial assistance.

This chapter contains the following topics:

1. [Work First Family Assistance \(WFFA\) cases;](#)
2. [Medicaid \(MAO\) cases;](#)
3. [North Carolina Foster Care \(IV-E\) and State Foster Home Fund \(SFHF\) cases;](#)
4. [The referral and creation of Public Assistance \(PA\) cases;](#)
5. [The EIS \(Eligibility Information System\) interface with ACTS;](#)
6. [EIS triggers.](#)

WORK FIRST FAMILY ASSISTANCE (WFFA) CASES

GENERAL INFORMATION

This topic contains information on the following subjects:

1. [An overview of Work First Family Assistance;](#)
2. [Work First Benefits \(WFB\);](#)
3. [The assignment of rights by Work First recipients;](#)
4. [Cooperation requirements for Work First recipients;](#)
5. [Noncooperation by Work First recipient with Good Cause;](#)
6. [Noncooperation by Work First recipients without Good Cause;](#)
7. [Potential results of noncooperation.](#)

WFFA (WORK FIRST FAMILY ASSISTANCE) OVERVIEW

"Work First" is the program through which North Carolina administers the Federally-funded Temporary Assistance to Needy Families (TANF) program. Work First payments are made to custodians on behalf of dependent children in "Child-Only" Work First cases on or about the first day of each month. In this type of case, the custodian of the child(ren) is not included in the assistance payment, but the custodian is the payee for the Work First payment.

All other Work First cases that include at least one adult are subject to Work First Benefits (WFB). Payments are made for these cases in the month following the benefit month, if certain requirements are met. For more information on these requirements, see [Work First Benefits](#).

TANF recipients assign their rights to support to the State when they receive Public Assistance. The CSE program is entitled to establish retroactive support owed to the State subsequent to June 30, 1975 (G.S. 110-135).

NOTE: The acronym "AFDC" (Aid to Families with Dependent Children) is sometimes used by the CSE program; it was the Public Assistance program under which grants were paid prior to 1995. Where "AFDC" appears, understand that the reference is now to Work First (WFFA) or TANF.

REFERRAL REQUIREMENTS - WFFA

Cases with Work First recipients whose eligibility for financial assistance is based on the absence of one or both parents from the home must be referred to a CSE agency.

RANGE OF CSE SERVICES - WFFA

Work First recipients are eligible for all CSE services at no cost. CSE agencies must also seek a provision for health insurance coverage as part of the child support order that is established for a Work First client. Work First recipients are required to cooperate with the CSE agency in the establishment, enforcement, and modification of a medical support obligation. This service must be explained to the Work First recipient and thoroughly documented in the case record.

WFFA CLIENTS/RECIPIENTS

The Work First recipient is always the custodian of the child(ren). The custodian is usually someone related to the child(ren), unless a judge has ordered the placement of the child(ren) in the home of a custodian who is not related. Work First recipients can be minors who have applied for WFFA/TANF for themselves and/or the dependent child(ren).

FAMILY CAP - WFFA

If a child is born to a woman who has been receiving Work First payments for at least ten (10) months, the Work First payment amount DOES NOT increase. This limitation on the amount of the Work First payment is known as the "family cap". A child who is born at least ten (10) months after the family began receiving Work First payments is included in the WFFA assistance unit. The child's mother (or custodian, if the mother is a minor) receives a Medicaid card and FNS/Food Stamp benefits for the child, but the Work First payments do not increase.

CAP CHILDREN - WFFA

Children born at least ten (10) months after the family began receiving Work First payments are known as "cap children". Although the WFFA/TANF payment is not increased when the cap child(ren) is added to the family, these children are Public Assistance recipients, and any child support payments for them are distributed to the State. CSE case coding reflects this status.

BENEFIT DIVERSION - WFFA

Instead of being approved for Work First, a family can be approved for a one-time benefit known as "Benefit Diversion", which consists of several months' worth of Work First payments, FNS/Food Stamps, and Medicaid benefits being paid at one time, as opposed to over a period of months. (The Medicaid benefit, however, is provided over a period of months.) This alternative allows the family to meet an immediate need for financial assistance while preserving independence from welfare.

When families select this option, they are provided with information about the availability of CSE services. If the family then requests CSE services, the case is established as a Non-Public Assistance (NPA) case. The Benefit Diversion agreement serves as verification of application; no application fee is charged. A Benefit Diversion case does not create a debt of Past Paid Public Assistance to be recouped by CSE.

If the Benefit Diversion application is withdrawn or denied, CSE is notified via an Income Maintenance Transmittal Form (DSS-8194). The caseworker generates a Letter To Client TANF Application Denied/Withdrawn (DSS-4470) to notify the client that an application fee must be received by the CSE agency within thirty (30) days in order to continue CSE services.

Data on all Work First cases and Benefit Diversion cases is maintained in the Eligibility Information System (EIS). The Economic Independence Section of the Division of Social Services supervises county departments of social services in administering WFFA/TANF and Benefit Diversion.

WORK FIRST BENEFITS (WFB)

WFB Policy -

G. S. 108A-27.2 (1c) and 108A-27.9 (c) (1c) require all eligible Work First recipients to complete all aspects of their Mutual Responsibility Agreement (MRA) Core Requirements and MRA Plan of Action each month before receiving a Work First cash assistance payment, unless Good Cause exists. These Work First cases must include at least one adult; "Child-Only" cases are not subject to Work First Benefits (WFB).

All Work First applications with an adult in the case are approved with a Pay Type "2" in EIS and are subject to Work First Benefits (WFB). These cases include:

- Cases with a single parent with children;
- Cases with a work-eligible person;
- Cases in which a parent is caring for a disabled family member;
- Cases with incapacitated parents;
- Cases that include two parents.

The recipients in WFB cases do not receive a Work First payment until after the end of the benefit month. Work First payments are issued the month after the recipient completes all requirements on the MRA for the benefit month.

Recipients in these cases must comply with the MRA and MRA-Plan of Action in order to receive a Work First check. The MRA contains the timely notice that if recipients do not comply with all the provisions of the MRA, they will not receive a Work First payment. Recipients must submit documentation of compliance or good cause by the fifth (5th) work day of the following month; however, documentation can be accepted after the fifth work day in the month if good cause exists for why the information is late.

Work First caseworkers must issue a Work First benefit check within three (3) work days after receiving adequate documentation of compliance. If documentation is not received by the fifteenth (15th) work day of the month, Work First must terminate the Work First check, end the recipient's Medicaid eligibility (unless the recipient is pregnant), and transfer the case to Medicaid (MAF) for the child(ren) in the case.

When a Work First benefit case has been transferred to Medicaid due to the recipient's failure to comply with MRA requirements, a reapplication is required if the family wants to receive Work First Benefits again. If the former Work First recipient reapplies for Work First within the first ten (10) calendar days of the first month of receipt of Medicaid, and provides documentation of compliance with the MRA, the Work First worker can use an administrative reapplication process.

WFB Process When Client Fails To Meet MRA Requirements -

The Work First Benefits (WFB) client receives a benefit check the month after the benefit month when that client provided proof of compliance with the MRA. When the recipient does not provide all the necessary documentation by the fifth (5th) work day of the following month, the Work First caseworker makes an effort to contact the recipient to determine if good cause exists or if help is needed to obtain the documentation of compliance with the MRA.

If the required documentation has not been received by the fifteenth (15th) of the month following the report month and good cause has not been established, the Work First caseworker must transfer the case to Medicaid for the child(ren) in the case. The recipient is deleted from the case unless she is pregnant. If she is pregnant, she is evaluated for Medicaid for Pregnant Women (MPW).

When the recipient fails to provide proof of compliance, the recipient does not receive the WFB check for the prior month. When a case transfers from WFB to Medicaid due to the failure of the recipient to comply with MRA requirements, it then becomes "Medicaid only" for child support purposes. Then, the former Work First recipient is eligible to receive child support payments.

When a WFB case has been transferred to Medicaid due to the recipient's failure to comply with MRA requirements, the CSE caseworker must take specific actions for the case. The necessary actions differ, depending on whether or not the NCP made a payment for the month(s) leading up to the termination of WFB and the transfer of the case to Medicaid.

ASSIGNMENT OF RIGHTS

As a condition of eligibility for Work First, the applicant/recipient must assign to the state the "rights to support" from any other person on his/her own behalf, or on behalf of any other family member for whom the applicant/recipient is applying for or receiving assistance. G.S. 110-137 accomplishes an automatic assignment of rights of child support for recipients of Work First for or on behalf of a dependent child up to the amount of WFFA/TANF paid. Assignment of rights is explained fully to the applicant/recipient at the time of the interview with the Income Maintenance caseworker. In addition, a copy of the service brochure with an explanation of services and fees, rights and responsibilities, and distribution policies is also provided at that time.

WFFA RECIPIENT/CLIENT COOPERATION REQUIREMENTS

As a condition of eligibility for WFFA/TANF, the applicant/recipient is required to cooperate in good faith to establish paternity of a child or to establish, modify, or enforce a support order. Providing information, documents, or completed forms or participating in judicial or administrative proceedings could be required for the following purposes:

1. Identifying and locating the noncustodial parent (NCP);
2. Establishing the paternity of a child born out of wedlock, including if necessary, the submittal of the custodial parent and child to paternity testing;
3. Determining the amount of and collecting support payments;
4. Appearing at the offices of the local IV-A or CSE agency in the county that is providing public assistance benefits, as necessary to provide information relevant to the case;
5. Appearing as a witness at court or other hearings or proceedings as necessary; and
6. When the applicant is the putative father, responding to a request to acknowledge of paternity. (However, the applicant/putative father is not required to admit paternity or otherwise relinquish the right to paternity testing or judicial determination of paternity.)
7. Reporting to WFFA any money that is received directly from the NCP.

If WFFA applicants do not provide information regarding the NCP's identity and/or location, the referral is forwarded to the CSE agency, indicating why the information was omitted.

The Work First program provides a copy of the "Notice Of Requirement To Cooperate And Right To Claim Good Cause For Refusal To Cooperate In Child Support Enforcement" to families at application and review of Work First assistance. This notice explains the meaning, benefits, and consequences of cooperation and noncooperation.

Unless a claim of Good Cause is granted, recipients must cooperate fully with CSE in all public assistance cases that they have with CSE. A noncooperation referral from CSE in one case can cause a recipient to be ineligible for assistance in other existing or future WFFA cases. If a CSE case is closed due to noncooperation and later the

recipient applies for assistance for the same or other child, the prior noncooperation must be addressed before assistance can be granted.

Recipients who believe that cooperation would be detrimental to the child can make a claim of Good Cause to the Work First or CSE agency. Work First caseworkers evaluate Good Cause claims by examining the evidence provided by recipients and/or their own investigation.

The Work First agency determines whether or not Good Cause exists based on the best interest of the child, and within five (5) business days of the determination, notifies CSE of the decision.

Evidence of any of the following situations could indicate Good Cause:

1. The applicant/recipient's cooperation in establishing paternity and support is reasonably anticipated to result in:
 - Physical or emotional harm to the child for whom support is being sought; or
 - Physical or emotional harm to the custodian that could result in the inability to adequately care for the child.
2. Proceeding to establish paternity or secure support would be detrimental to the child for one of the following reasons:
 - The child for whom support is sought was conceived as a result of incest or rape;
 - Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction; or
 - The applicant/recipient is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or relinquish him/her for adoption, and the discussions have not gone on for more than three (3) months.

WFFA RECIPIENT/CLIENT NONCOOPERATION - GOOD CAUSE

When a recipient makes a Good Cause claim to Work First after a referral has been made to CSE:

- The Work First (WFFA) caseworker enters the information in the EIS system, which notifies CSE that a Good Cause claim is pending.
- ACTS prevents certain enforcement actions from occurring.
- ACTS creates a reminder thirty (30) days later for the CSE caseworker to review the case.

If the Work First agency determines that the recipient has Good Cause for refusing to cooperate:

- The WFFA caseworker enters the information in the EIS system, which notifies CSE that the Good Cause claim is approved.
- ACTS notifies the responsible CSE caseworker's supervisor that the CSE case can be closed.
- The CSE supervisor documents that the case closure is due to a finding of Good Cause by the WFFA, Medicaid, or Foster Care program and closes the case.

If the Work First agency determines that Good Cause for refusing to cooperate does not exist:

- The WFFA caseworker enters the information in the EIS system, which notifies CSE that the Good Cause claim is denied.
- ACTS notifies the responsible CSE caseworker to proceed.
- The CSE caseworker proceeds to work the case.

If a recipient who initially cooperated with the Work First agency later makes a Good Cause claim to CSE after work has begun on the case:

- The CSE caseworker documents the Good Cause claim, including the reason for the claim.
- The WFFA caseworker is notified automatically to investigate the claim.
- The WFFA caseworker enters the information in the EIS system, which notifies CSE that a Good Cause claim is pending.

If the CSE caseworker perceives that pursuing work on the case would be dangerous for the recipient and/or child(ren), even though the recipient has not claimed Good Cause:

- The CSE caseworker documents the Good Cause claim, including the reason for the claim.
- The WFFA caseworker responds in the same manner as with a claim that was made by the recipient.

WFFA RECIPIENT/CLIENT NONCOOPERATION - NO GOOD CAUSE

If Work First applicants/recipients do not cooperate with CSE, and Good Cause for failure to cooperate is not established, a referral for noncooperation might be appropriate.

Public Assistance recipients can encounter barriers to cooperation involving issues such as transportation, child care, a medical condition, or employment. Before making a noncooperation referral, CSE must take steps to ensure that recipients have been given adequate information and opportunity to cooperate. CSE caseworkers should also confer with the IV-A worker or social worker regarding a recipient's failure to cooperate.

The following examples offer options to prevent the need for noncooperation referrals:

EXAMPLE 1:

If the recipient fails to respond to one mail or telephone communication attempt:

- CSE should check the participant address history to determine if an updated address became available after written communication was sent. The Eligibility Information System (EIS) notifies ACTS of any changes to the participant's address, so the client's most recent address should be available.
- If a new address is found, CSE should send the information to the new address.

- CSE should attempt to contact the client by telephone if a number is available.

If the client cannot be reached by telephone or mail and has made no attempt to contact the caseworker, the recipient meets the criteria for noncooperation.

NOTE: Failure to respond to one communication by CSE does not meet the criteria for referring a recipient for noncooperation. However, stating an intention not to cooperate does meet the criteria for referring a recipient for noncooperation.

EXAMPLE 2:

If transportation, child care, or the health of a member of the recipient's family is a problem:

- CSE should ask for assistance from the IV-A or social worker in making arrangements for the recipient to keep the scheduled appointment.

EXAMPLE 3:

If the recipient's own health is an obstacle to keeping the scheduled appointment:

- CSE can interview the recipient by telephone and mail the necessary forms to the recipient for his/her signature.
- CSE can ask for assistance from the IV-A worker or the social worker in getting the forms returned to CSE.

EXAMPLE 4:

If the recipient's employment is the obstacle preventing him/her from keeping the scheduled appointment:

- CSE should make all reasonable efforts to avoid disrupting the recipient's employment.

EXAMPLE 5:

If a recipient's failure to return the necessary forms in a timely manner could lead to a finding of noncooperation:

- CSE should seek assistance from the IV-A or social worker before making a referral for noncooperation.
- CSE should determine if the document or information can be obtained through other means.

EXAMPLE 6:

If a Work First recipient hires a private attorney to handle child support matters:

- CSE should advise the recipient to inform the CSE agency so that the actions of the CSE attorney and the private attorney can be coordinated.

NOTE: A Work First recipient's hiring of a private attorney to handle child support matters is not an act of noncooperation.

A decision to refer a recipient for noncooperation can be made as a result of:

- Multiple unsuccessful attempts to facilitate recipient cooperation;
or
- A recipient's statement of the intention not to cooperate.

POTENTIAL RESULTS OF NONCOOPERATION

REFERRAL TO WORK FIRST FOR NONCOOPERATION

Referral for noncooperation can only be indicated in open TANF or MAO cases. CSE caseworkers must indicate client noncooperation in ACTS, document the date of the decision to make the noncooperation referral, and enter notes that specify what is needed from the client.

CSE notifies the WFFA worker of the noncooperation. Upon receiving the information, the WFFA worker notifies the recipient of the referral from CSE and potential sanction. EIS does not return a final disposition for noncooperation.

When the recipient corrects the noncompliance, CSE immediately notifies Work First through ACTS. Work First CANNOT accept notice by telephone or other means of communication.

SANCTIONS IMPOSED DUE TO FAILURE TO COOPERATE

Cooperation with CSE is a part of the Work First recipient's Mutual Responsibility Agreement (MRA) Core Requirements. A Work First recipient who fails to cooperate with CSE without Good Cause:

1. Is ineligible for Medicaid (unless the recipient is pregnant or receives Medicaid as an SSI recipient); and
2. Causes the entire family (all individuals included in the Work First case) to be ineligible for a Work First payment for one (1) month or until compliance, whichever is later.

The MRA for Work First Benefits recipients serves as timely notice of termination of Work First payments when the recipient does not cooperate with CSE. When CSE sends notice of a Work First recipient's noncooperation, the recipient must miss at least one Work First payment.

Sometimes, a Work First recipient cooperates with CSE after CSE sends notice of noncooperation to Work First. The Work First recipient will never receive a Work First payment for the month of noncooperation with CSE, even if the recipient cooperates within the timely notice period or within the same month. If the recipient cooperates with CSE during the timely notice period, the recipient (as well as the children in the case) continues to be eligible for Medicaid, and the family is eligible for the Work First payment the month following the month of cooperation.

Because of the significant impact to the family, CSE must take all appropriate steps to facilitate recipient cooperation efforts, either prior to or following sanction.

When a Public Assistance recipient contacts CSE to arrange an appointment or to provide information, CSE caseworkers review ACTS to determine whether noncooperation is at issue.

If noncooperation is at issue, CSE should:

- Review the notes to determine what is needed from the recipient.
- Take prompt action to facilitate the recipient's cooperation.
- When cooperation has been completed, immediately notify Work First.

NOTE: Scheduling an appointment or agreeing to provide information does not constitute cooperation. Keeping the appointment and/or providing information are required for cooperation to occur.

If the CSE Customer Service Center (CSC) receives a call from a recipient attempting to avoid sanction for noncooperation:

- The CSC representative reviews ACTS. If noncooperation has been indicated, the representative reviews the notes to determine what is needed from the recipient and takes information from the recipient or advises the him/her that contact with local CSE is needed, as appropriate.
- The CSC representative documents the call and notifies the responsible caseworker that the matter is urgent.
- The responsible worker must promptly contact the recipient, take any other appropriate actions to facilitate compliance, and notify Work First of the cooperation.

If a WFFA recipient fails to cooperate, the WFFA case is terminated. The remaining Medicaid case is coded Aid-Program/Category "MAF" and Payment Type "9" in EIS. The CSE case remains coded "MAO" and might be eligible for closure.

If the recipient cooperates after the Work First case is closed, he/she must reapply for Work First (because the "AAF" case was terminated and transferred to Medicaid.) When a CSE case is closed, the recipient must correct the noncooperation issue, and the CSE caseworker must update ACTS for the recipient to become eligible for Work First.

WORK FIRST PAY-AFTER-PERFORMANCE

Pay-after-performance for "standard" Work First counties means that a two-parent family is receiving Work First payments. Unlike single parent families, two-parent families do not receive a Work First check until they have completed (performed) the required hours of work and/or work-related activities.

Some Work First counties could elect to establish their own eligibility criteria and benefit levels. These counties are known as "electing" Work First counties. Electing counties could define pay-after-performance as a sanction and/or a two-parent family. (CSE caseworkers must contact the local Work First agency for this determination.)

NOTE: A referral for a two-parent Work First cases is appropriate if one parent in the case is a stepparent to a child in the case, and CSE services are required to establish paternity and support for the child.

COMPELLING TESTIMONY FROM A NONCOOPERATIVE CLIENT

Policy for Compelling Testimony

G.S. 110-131 permits actions to compel testimony from noncooperative clients. Use of this procedure is limited to situations where all other avenues have been explored and in which the caseworker has reason to believe that the client/recipient has information that can assist in locating and securing support from the NCP.

The use of this procedure is at the discretion of and reviewed by the local supervisor.

NOTE: Issuance of a subpoena for the client to appear as a witness in a paternity, support establishment, or enforcement hearing can be an alternative to a motion to compel the client's testimony.

G.S. 110-131(a) provides that on failure or refusal to assist in providing the required information, authority is granted to cite the noncooperative parent to appear in District Court and be compelled to disclose such information under oath.

A client's refusals to appear before a district court judge constitutes grounds for contempt of court. A client can be declared ineligible for public assistance by county DSS for as long as he/she fails to cooperate, or the client can be fined one hundred (\$100.00) dollars or imprisoned not more than six (6) months, or both.

Compelling Testimony from Minor Mothers -

Contempt actions under G.S. 110-131 must never be used in CSE cases involving an unemancipated minor mother, even when she is the payee for the Work First grant. Whenever applicable, the only procedure to be used in minor-mother CSE cases is a referral to the local Work First agency for noncooperation.

Minor clients CAN be subpoenaed to testify or appear as a witness in paternity, support establishment, or show cause hearings, since competency to testify is a decision of the court.

MEDICAID (MAO) CASES

GENERAL INFORMATION

This topic contains information on the following subjects:

1. [An overview of Medicaid;](#)
2. [Medicaid referral requirements;](#)
3. [Cooperation by Medicaid \(MAO\) clients;](#)
4. [Special consideration regarding client cooperation for certain Medicaid categories;](#)
5. [Noncooperation by Medicaid \(MAO\) clients;](#)

MEDICAID OVERVIEW

The Division of Medical Assistance (DMA) supervises county departments of social services in the provision of medical assistance called "Medicaid" to adults and children who are below the appropriate federal poverty income limit for a person of their age.

The Eligibility Information System (EIS) maintains data on all Medicaid cases. After receiving notification from CSE that health insurance has been obtained for the dependent child(ren), DMA is able to bill the health insurance provider for the cost of the care paid for by the Medicaid program.

MEDICAID REFERRAL REQUIREMENTS

Per Federal regulations, county DSS must refer all Medicaid cases to CSE when the reason for deprivation is based on the continued absence of either one or both parents, including children less than eighteen (18) years of age who are living independently. If a finding or pending action for Good Cause exists, a case should not be referred. Cases that are appropriate for referral should be referred to CSE no later than the disposition date of the Medicaid application.

County DSS is not required to refer Child-Only Medicaid cases when the caretaker of the child does not receive any other Medicaid or Work First, unless the caretaker requests that the case be referred for services or the caretaker is receiving [Medicaid FPW](#) (Family Planning Waiver).

If the caretaker of the child(ren) in a Child-Only Medicaid case is receiving [Medicaid FPW](#), county DSS is required to refer the Child-Only Medicaid case to CSE for services. Caretakers who receive [Medicaid FPW](#) are required to cooperate with the local CSE agency.

A case should NOT be referred from Medicaid if the child has health insurance or a court order for medical support already in place for the child(ren).

NOTE: If it is determined that an inappropriate referral has been made after the case has been opened, the CSE agency must notify the client that child support services are available but the case will be terminated unless the client desires CSE services.

Local CSE agencies must seek health insurance coverage for children in properly referred Medicaid cases. The client has the option to request that CSE provide the full range of services for the case.

If no order for medical support exists for the case, CSE is required to determine if health insurance is available through the NCP's employer or other group insurance, in order to pursue establishment of an order for medical support. When CSE establishes an order that includes a provision for the NCP to provide health insurance for the minor child(ren), CSE should provide proof of medical insurance to the client.

If an order for medical support is already in place, CSE is required to enforce the medical support provision in the order.

MEDICAID (MAO) CLIENT COOPERATION

In order for Medicaid eligibility to be established, the client is required to cooperate with the local CSE agency to:

1. Identify and locate the parent of any child for whom assistance is requested;
2. Establish the paternity of any child born out of wedlock for whom assistance is requested;
3. Obtain medical support coverage information from the NCP for any child for whom assistance is requested; and
4. Assign any medical support payments due the parent remaining in the home and/or any child for whom assistance is requested to the Division of Medical Assistance (DMA).

SPECIAL CONSIDERATION CONCERNING OTHER MEDICAID CATEGORIES

Other Medicaid aid categories exist that must be given special consideration regarding client noncooperation:

- [Family Planning Waiver \(FPW\)](#);
- [Medicaid for Infants and Children \(MIC\)](#);
- [Medicaid for Pregnant Women \(MPW\)](#);
- [Supplemental Security Income/Medical Assistance to the Disabled \(SSI/MAD\)](#);
- [Child-Only Medicaid cases](#).

SPECIAL CONSIDERATION: CLIENTS RECEIVING MEDICAID FAMILY PLANNING WAIVER (FPW) -

The caretaker of child(ren) who are recipients in a Child-Only Medicaid case can receive assistance through the Medicaid Family Planning Waiver (FPW), also known as the "Be Smart" program.

Child-Only Medicaid cases must be referred to CSE by the county DSS if the caretaker of the children is receiving Medicaid FPW. If the child of a caretaker who is receiving Medicaid FPW is later approved for Medicaid, county DSS must refer the case with the child to CSE. The client must cooperate with CSE to receive services. If clients fail to cooperate, CSE must notify the county DSS's Medicaid Unit.

To qualify for Medicaid FPW, the client must not be eligible for coverage in another Medicaid aid program/category. The assistance unit consists of only one person: the client. Services that are available under Medicaid FPW include the following:

1. An annual family planning exam;
2. Counseling and contraceptive supply visits to support the effort to continue a pregnancy spacing plan;
3. Most methods of birth control;
4. Screening and treatment for sexually transmitted infections;
5. Screening for HIV; and
6. Sterilization for men and women over twenty-one (21) years of age.

SPECIAL CONSIDERATION: CLIENTS WITH NEWBORNS RECEIVING MEDICAID FOR INFANTS AND CHILDREN (MIC) -

Clients whose children are eligible for autonewborn benefits under Medicaid for Infants and Children (MIC) are not required to cooperate with CSE concerning the newborn child(ren) during the 60-day *post partum* period. The case can be referred to CSE at the end of this period. If clients request CSE services, their cases can be referred prior to this time period.

Children on automatic newborn MIC can receive MIC benefits for a year. If the client is not receiving Medicaid and does not cooperate with CSE, no referral for noncooperation should be made to the county DSS's Medicaid Unit, since cooperation with CSE is not required. No sanctions can be imposed by county DSS.

SPECIAL CONSIDERATION: CLIENTS RECEIVING MEDICAID FOR PREGNANT WOMEN (MPW) -

Recipients of Medicaid for Pregnant Women (MPW) are not required to cooperate with CSE for either the unborn child or children receiving aid under other categories of medical assistance. Federal regulations require referral of these cases to CSE at the end of the client's 60-day *post partum* period. At that time the client is no longer eligible for MPW and is required to cooperate with CSE in establishing and enforcing medical support. The case can be referred prior to this time if the client requests the referral.

SPECIAL CONSIDERATION: CLIENTS WITH CHILDREN RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)/ MEDICAL ASSISTANCE TO THE DISABLED (MAD) -

Children who receive SSI automatically receive Medical Assistance to the Disabled (MAD). These cases are handled by the local office of the Social Security Administration and are not referred to CSE when child support services are needed. In these situations, the client or caretaker of a child who needs child support due to the absence of a parent is advised to contact the local CSE agency to apply for services.

These cases are to be treated in the same manner as any other MAO case. No application fee is charged. If the child in an existing Non-MAO case becomes an SSI/MAD recipient, the client can elect to receive only medical support services from CSE. A continuation of services notice is NOT sent to the client in this situation.

CHILD-ONLY MEDICAID CASES -

When the client is declared ineligible for Medicaid, the Medicaid case (regardless of the aid category) is considered a Child-Only Medicaid case. County DSS is not required to refer Child-Only Medicaid cases when the client (caretaker of the child) does not receive any other Medicaid or Work First benefits. These cases are referred to CSE only if the client requests CSE services or is receiving [Medicaid FPW](#) (Family Planning Waiver).

Child-Only Medicaid cases can be closed when the caretaker of the child fails to cooperate with CSE.

NOTE: Transitional Medicaid cases are not considered Child-Only Medicaid cases and should not be closed when the client does not cooperate.

Case Closure for Child-Only Medicaid Cases -

CSE caseworkers and supervisors must generate the Case Closure Intent Notice (DSS-4617) with the closure reason code "CNON" (Client not cooperating) as notification to the caretaker that child support services will terminate in sixty (60) days.

Two exceptions exist to the preceding policy regarding the closure of Child-Only Medicaid cases:

- Twelve Month Transitional Medicaid (TMA) cases, which are not considered Child-Only Medicaid cases, cannot be closed due to the client's failure to cooperate with CSE, even though the client is NOT required to cooperate.
- Child-Only Medicaid cases for which the caretaker is receiving [Medicaid Family Planning Waiver \(FPW\)](#) cannot be closed due to the client's failure to cooperate, because the client is required to cooperate with CSE.

MEDICAID (MAO) CLIENT NONCOOPERATION

Failure to cooperate with the CSE agency can result in the client being declared ineligible for Medicaid. If an MAO client who is receiving the Medicaid benefit refuses to cooperate with CSE, local CSE must notify the county DSS's Medicaid unit of the client's noncooperation.

The procedures for processing a noncooperation claim in a Medicaid case are the same as those applied in a Work First case.

When the client is declared ineligible for Medicaid, the Medicaid case (regardless of the aid category) is considered a [Child-Only Medicaid case](#). [Child-Only Medicaid cases](#) can be closed when the caretaker of the child fails to cooperate with CSE; however, some exceptions exist.

FOSTER CARE (IV-E & SFHF) CASES

GENERAL INFORMATION

This topic contains information on the following subjects:

1. [An overview of Foster Care \(IV-E and SFHF\)](#);
2. [Types of Foster Care cases](#).

FOSTER CARE OVERVIEW

"Foster Care" provides for the care of children who cannot be cared for adequately by their family. The Children's Services Section of the North Carolina Division of Social Services oversees the county departments of social services that administer Foster Care programs. N.C. has several types of Foster Care arrangements and funding sources. CSE caseworkers must have a working knowledge of Foster Care

programs to ensure that Foster Care cases are set up correctly in ACTS.

TYPES OF FOSTER CARE CASES

North Carolina pays for Foster Care through two programs:

- NORTH CAROLINA FOSTER CARE (IV-E) - Federal funds, as well as State and county funds, pay for this program. These funds are used to make board payments for children in Foster Care. "Board" payments are payments for the cost of the child's care. In ACTS, the case type is "IVE" (which refers to the program's legal authorization under Title IV-E of the Social Security Act), and the client is always "NC FOSTER CARE".
- STATE FOSTER HOME FUND (SFHF) - The State of North Carolina and the counties fund this program. The State of North Carolina and the counties fund this program. These funds pay the cost of care for children in Foster Care placement who are not eligible for other types of Foster Care funds. The State funds fifty percent (50%) of the board payment and the child's county DSS (Department of Social Services) funds the other fifty percent (50%). In ACTS, the case type is "SFHF", and the client is the county DSS that is paying part of the board payment.

Most of the time when a child is placed in a licensed Foster Care arrangement, a monthly board payment from either IV-E or SFHF funds pays the cost of the child's care. A child could be in a licensed Foster Care arrangement and only receive Medicaid if they have another source of income, such as SSI or Social Security dependent's benefits.

DSS CUSTODY CASES -

When a child is in the legal custody of the county but lives with a court-approved caretaker or relative in an unlicensed arrangement, the case is not eligible for IV-E or SFHF funds. The case is not eligible for these board payment funds because the child does not live in a licensed Foster Care home. The county pays one hundred percent (100%) of the Foster Care board, and the child is eligible for Medicaid. These cases are often referred to as "DSS custody" cases.

PUBLIC ASSISTANCE (PA) CASE REFERRALS/CREATION

GENERAL INFORMATION

This topic contains information on the following subjects:

1. [Automatic case referrals \(a Public Assistance case is created or referred upon approval of the PA application\);](#)
2. [Immediate case referrals \(a Public Assistance case is created or referred prior to approval of the PA application\);](#)
3. [CSE case status changes for WFFA, MAO, and NPA cases;](#)
4. [Manually creating a Public Assistance case in ACTS;](#)
5. [Accessing the EIS \(Eligibility Information System\) "Holding Tank";](#)

AUTOMATIC REFERRALS (UPON APPROVAL OF THE PUBLIC ASSISTANCE APPLICATION)

Public Assistance cases are referred at the time of the client interview in the DSS office or, if they are entered by the DSS data entry unit, no later than five (5) days after the interview. When a parent is determined to be absent from the home, the Eligibility Information System (EIS) automatically refers the case to CSE through the EIS/ACTS interface to CSE when the application for Public Assistance is approved, unless Good Cause exists for not making a referral.

This provision applies in all WFFA/TANF, Medicaid, North Carolina Foster Care, and Medicaid-eligible State Foster Home Fund cases.

CASE REFERRALS AND UPDATES

When ACTS receives the PA case data through the EIS/ACTS interface, it creates a CSE case, determines the proper processing status, unit, and responsible CSE caseworker for the referred case. ACTS documents these activities and notifies the caseworkers.

If EIS sends ACTS a referral but the responsible county has not been indicated, the system refers the case to the SPLS worker who handles cases with NCPs whose last names begin with "U". The SPLS worker accesses EIS to determine which IV-A county made the referral and refers the case to the appropriate CSE agency.

ACTS also assigns a CSE case (IV-D) number to the case as well as an MPI # to each participant. If a participant in the case already exists in ACTS, that participant's current MPI # is used. (For example, if the EIS #, SSN, and name are the same, ACTS declares a match. If the EIS # matches but the SSN or name does not, ACTS warns the appropriate Intake caseworker to look at the available case data and decide whether or not a match exists.)

For Foster Care cases with both mother and father as the NCPs, two (2) separate cases are created for each child (one with each NCP). County DSS is designated as the client in these cases, because the children are in the custody of DSS.

If more than one child is included in a IV-E or Medicaid-eligible SFHF case, ACTS notifies the responsible CSE caseworker of the error and stops the Case Initiation process.

Within forty-five (45) days of the EIS referral, a disposition is entered for the Public Assistance application (approval, denial, or withdrawal by the applicant). After the Public Assistance application is approved, the system notifies the responsible caseworker of the new case.

ACTS processes updates to cases that are received over the EIS/ACTS interface during nightly batch processing and notifies the responsible caseworker of these updates on the following morning.

Upon receiving a PA case referral, responsible caseworkers can access the participant and case data screens in ACTS and begin to work the case. Caseworkers might need to schedule an interview with a case participant to gather additional information that they need to begin working the case. See "Intake Interview" in the [Intake](#) chapter.

IMMEDIATE REFERRALS (PRIOR TO APPROVAL OF THE PUBLIC ASSISTANCE APPLICATION)

Some county departments of social services refer Work First or Medicaid applicants to CSE immediately after taking the application. This is known as an "Immediate Referral". CSE caseworkers can access the "EIS Holding Tank" to build this type of case. No application fee is charged for this type of case, pending the outcome of the PA application process.

County departments of social services do not refer Foster Care children to CSE until the Foster Care application is approved. If the Foster Care child is eligible for Medicaid under any aid program and category, this referral is completed using the normal process described in the [Foster Care Cases](#) topic that appears earlier in this chapter.

If the child is not eligible for Medicaid, the social worker completes an Application Supplemental Data Sheet (DSS-4688) for the child and each NCP and routes it to the appropriate CSE agency. The caseworker creates an "NPA" case with the County Director of Social Services as the client; no fee is charged. A separate case is created for each NCP. (Unlike other Foster Care cases, these Foster Care cases follow the ordinary rules applicable to NPA cases; more than one child can be included in these cases.)

CSE CASE STATUS CHANGES FOR WORK FIRST, MEDICAL ASSISTANCE ONLY, AND NON-PUBLIC ASSISTANCE CASES

County DSS refers all approved applications for appropriate Work First, MAO, IVE, and SFHF cases to local CSE via the EIS/ACTS interface. A CSE case can be changed from WFFA/TANF to MAO or NPA, from MAO to WFFA/TANF or NPA, or from NPA to MAO or WFFA/TANF. (IV-E and SFHF cases cannot be changed to other CSE case types, except for those case types which designate a particular kind of arrearages that can accrue for the Foster Care case types.

What happens in each situation depends primarily on whether or not the affected case is under order.

WORK FIRST, MAO, AND NPA CASES - NOT YET UNDER ORDER

Work First ---> NPA

If a WFFA/TANF case not yet under order becomes a NPA case, the client is sent a Continuation Of IV-D Services (DSS-4453). The CSE agency continues to pursue the NCP for child support and medical support, unless the client instructs them to do otherwise.

Work First ---> MAO

If a WFFA/TANF case not yet under order becomes a MAO case, the client is sent a Continuation Of IV-D Services (DSS-4453). The CSE agency continues to pursue the NCP for child support and medical support, unless the client instructs them to do otherwise. (The client has the option of requesting the CSE agency to pursue the NCP for health insurance only.)

MAO ---> NPA

If a MAO case not yet under order becomes a NPA case, the client is sent a Continuation Of IV-D Services (DSS-4453). The client must inform the CSE agency whether he/she wishes to continue having CSE services, but the client DOES NOT have the option of having CSE continue ONLY medical support services. Instead, the CSE agency pursues the NCP for BOTH child support and medical support, unless the client instructs CSE to discontinue all CSE services.

MAO ---> Work First

If an MAO case not yet under order becomes a WFFA/TANF case, the CSE agency pursues the NCP for child support and medical support.

NPA ---> MAO

If a NPA case not yet under order becomes a MAO case, the CSE agency continues to pursue the NCP for paternity (if applicable), child support, and medical support, unless the client instructs them to do otherwise, in which case service is limited to the provision of medical support.

NPA ---> Work First

If a NPA case not yet under order becomes a WFFA/TANF case, the CSE agency continues to pursue the NCP for paternity (if applicable), child support, and medical support.

WORK FIRST, MAO, AND NPA CSE CASES - UNDER ORDER

Work First ---> NPA

If a Work First case under order becomes a NPA case, enforcement of the order continues. Payment distribution is altered so that the client receives all current support payments. Payments for arrearages that accrued while the client was on Work First are retained by the state until such time as NPA arrearages begin to accrue.

Work First ---> MAO

If a Work First case under order becomes an MAO case, enforcement of the order continues. Payment distribution is altered so that the client receives all current support payments. Payments for arrearages that accrued while the client was on Work First are retained by the state until such time as NPA arrearages begin to accrue. MAO clients have the option of having the CSE agency enforce only the health insurance component of the order.

MAO ---> NPA

If a MAO case under order becomes a NPA case, the client is sent a Continuation Of IV-D Services (DSS-4453). The client must inform the CSE agent whether he/she wishes to continue having CSE services, but the client DOES NOT have the option of having CSE continue ONLY medical support services.. Instead, the CSE agency continues to enforce the order for child support and medical support, unless the client instructs CSE to discontinue ALL CSE services.

MAO ---> Work First

If a MAO case under order becomes a WFFA/TANF case, the CSE agency pursues the NCP for child support and continues to enforce the order for medical support.

NPA ----> MAO

If a NPA case under order becomes a MAO case, the CSE agency continues to enforce the order for child support and medical support, unless the client instructs otherwise, in which case service is limited to the provision of medical support. MAO clients have the option of having the CSE agency enforce only the health insurance component of the order.

NPA ----> Work First

If a NPA case under order becomes a WFFA/TANF case, the CSE agency continues to enforce the order for child support and medical support.

MANUALLY CREATING A PUBLIC ASSISTANCE CASE

The majority of Public Assistance (PA) cases are created in ACTS as a result of PA referrals that come through the EIS/ACTS interface; however, CSE caseworkers sometimes must manually create a PA case. This situation most often occurs when a child moves from one client/custodian to another or when the child's EIS case status changes (for example, from Work First to Medicaid or from Medicaid to Work First), and either ACTS functionality requires the manual creation of a PA case or an EIS trigger errors out, requiring manual creation of a case. In either of these situations, ACTS notifies the responsible caseworker.

Caseworkers might also need to manually create a PA case for other reasons.

EX: The EIS/ACTS interface refers a case to CSE that has ONLY ONE (1) NCP and a non-parent (such as a grandmother) is the client/custodian. When this occurs, caseworkers must determine whether a valid reason exists for not opening a case for the other NCP. If no valid reason exists, caseworkers must create a PA case manually with the other parent as the NCP;

OR

A SFHF child is not eligible for Medicaid and has no EIS case. Because there is no case referral from EIS, caseworkers must create a PA case manually.

ACCESSING THE EIS "HOLDING TANK"

During the IV-A application process, a copy of the EIS participant's demographic and address data is saved to the EIS "holding tank". The EIS holding tank is where ACTS stores information about EIS participants who are applying for CSE services, but for whom IV-A approval is still pending. IV-E and SFHF Foster Care participants are not included in the EIS holding tank.

The data in the EIS holding tank is especially useful to caseworkers in counties that use the [immediate referral](#) process. caseworkers can search the EIS holding tank in order to determine whether a participant is part of a pending referral from IV-A or whether he/she already exists as a participant in ACTS.

If necessary, caseworkers can create a new ACTS participant from the EIS participant data in the EIS holding tank. When a caseworker selects a participant from the holding tank, much of the demographic and other participant data that was entered by the EIS worker during the application process is brought to the appropriate case and participant data screens in ACTS.

Caseworkers can build a new case by using only participants from the EIS holding tank OR by using a combination of EIS holding tank participants and existing ACTS participants. They can also create an participant in ACTS from an EIS holding tank participant without having to "link" that person to a case at all.

EIS/ACTS INTERFACE

GENERAL INFORMATION

This topic contains information on the following subjects:

1. [Components of the EIS/ACTS interface;](#)
2. [The "Electronic Filing Cabinet";](#)
3. [Proper configuration of EIS data in ACTS;](#)
4. [Ownership of data for EIS/CSE cases;](#)
5. [Exchanging information as notes between EIS and CSE workers;](#)

COMPONENTS OF THE EIS/ACTS INTERFACE

The EIS/ACTS Interface has several components that work together to share information between the two systems. These components are:

- Eligibility Information System (EIS) - EIS stores information about Public Assistance applications, cases, and participants.
- Automated Collections and Tracking System (ACTS) - ACTS stores information for Child Support Enforcement (CSE) cases and participants.
- Triggers - "Triggers" are sets of data that are exchanged between EIS and ACTS.
- Electronic Filing Cabinet - The Electronic Filing Cabinet is used to store and exchange triggers between the two systems.

THE ELECTRONIC FILING CABINET

Triggers are exchanged between EIS and ACTS through the "Electronic Filing Cabinet", which works in the following manner:

1. EIS loads its triggers for ACTS into the filing cabinet during nightly processing.

2. ACTS collects the trigger records that evening and processes them nightly batch processing. At the end of the nightly batch, ACTS loads its triggers for EIS into the filing cabinet.
3. The following night, EIS collects the triggers from ACTS that were loaded the previous night. Throughout the work day, ACTS scans the filing cabinet for referrals that have been approved in EIS and processes those triggers without waiting for nightly processing.

PROPER CONFIGURATION OF EIS DATA IN ACTS

GENERAL INFORMATION

While the CSE program is responsible for ensuring that participant and case data is current in ACTS, county DSS maintains ownership of this data for all clients and children in Public Assistance (PA) cases.

EIS NAME CHANGES

If a client in a PA case reports that his/her name has changed, CSE caseworkers must not update the participant data in ACTS at that time. Caseworkers must advise the client to contact the local county DSS and provide them with the updated information. The change is transmitted to ACTS via the EIS interface.

EIS PARTICIPANT NUMBER (EIS INDIVIDUAL ID)

Every client and child in a WFFA/TANF, IV-E, MAO, or Medicaid-eligible SFHF case is assigned an individual EIS participant number. It is also sometimes referred to as the EIS Individual ID.

EIS CASE NUMBER

CSE identifies each case by its CSE case (IV-D) number. In addition, every WFFA/TANF, IV-E, MAO, and Medicaid-eligible SFHF case also has an EIS case number associated with it. EIS assigns this number, and it is linked to the MPI # of the client on the EIS case. It is recorded in ACTS when the case is referred over the ACTS/EIS interface.

The amount of WFFA/TANF that has been paid to the client is recorded under the EIS case number and is used to determine the shares of arrearage payments that should be provided to the state and to the client.

OWNERSHIP OF DATA

County DSS maintains ownership of the data for all clients and children in PA cases, although the CSE program is responsible for ensuring that the participant and case data in ACTS is current.

The EIS/ACTS interface automatically updates client/child demographic data in ACTS; however, ACTS DOES NOT automatically update client/child data in EIS. The only automated way to inform EIS workers of

client/child demographic changes for WFFA/TANF and Medicaid cases is through the use of notes.

EXCHANGING INFORMATION (NOTES) BETWEEN CSE AND EIS WORKERS

The exchange of current information between CSE and EIS workers is vital to the proper processing of CSE cases. In addition to the standard data sent over in the automated referral, the EIS worker includes any additional information pertinent to the case in a "note".

EX: When EIS refers a WFFA/TANF case with a client who has insurance for his/her dependent child, notes about the insurance are included in the referral.

It is the CSE caseworker's responsibility to notify the EIS worker of any changes to the client's address, phone number, or SSN, so it is very important that the participant data be kept updated in order to create and send triggers to EIS automatically. If client or child data (for example, change of address) is updated and the CSE caseworker learns of this before the EIS worker, the CSE caseworker must send a "note" to inform the EIS worker.

EIS TRIGGERS

GENERAL INFORMATION

"Triggers" are sets of data that are exchanged between EIS and ACTS. A trigger is assigned a number based on the type of data that it contains.

This topic contains information on the following subjects:

1. [Triggers from EIS to ACTS;](#)
2. [Triggers from ACTS to EIS;](#)
3. [EIS Triggers in error.](#)

EIS TO ACTS TRIGGERS

ACTS receives these triggers immediately during a PA case referral or overnight if updating data on existing PA cases. (When ACTS receives a PA case referral or update, it notifies the responsible caseworker of the type of data that was received.)

ACTS TO EIS TRIGGERS

EIS receives these trigger during nightly processing. If a PA case is created in ACTS, triggers are sent to EIS when participant or case data is added/ updated, when CSE sends a request for updated data to EIS, when CSE responds to a request for updated data from EIS, or when a CSE caseworker sends notes to EIS.

EIS TRIGGERS IN ERROR

Sometimes EIS triggers are not transmitted properly, all of the necessary information is not received, or ACTS identifies multiple matches for a participant. When these situations occur, ACTS notifies

the responsible caseworker that the trigger has problems which need to be identified and corrected.

ACTS also informs the responsible caseworker when other situations arise involving the case structure and/or PA case status. Caseworkers must use their knowledge of the case to decide which course of action best suits the situation.