



NC Department of Health and Human Services

Economic & Family Services: It's a Team Sport

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Your Referees and Stretching Activity

- **Emma Burgy Burnette, Food and Nutrition Services (FNS) CQIS and Energy Program Manager**
- **Schum McCoy-James, Refugee Program Consultant**
- **Adrienne Rice, Work First (WF) CQIS and Program Manager**
- **Teamwork & Partnership Activity**

Our EFS Playbook

- **What team are we playing for and who is on the team?**
- **Do you share the ball or are you a ball hog?**
- **Sharing the ball helps everyone**
 - How do we share?
 - Why should we share?

Play on the Field: Identity

- **Do your programs require verification for identity?**
 - FNS, WF, Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA)
- **When do we need the information?**
 - Application
 - Changes (marriage, divorce, etc.)
- **Why is this needed?**
 - Eligibility

Play on the Field: Non - Citizen Requirements

- **Do your programs require verification for Non-Citizen/Qualified Immigrant Status?**
 - FNS, WF, RCA, RMA
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Work requirements

Play on the Field: Age

- **Do your programs require verification for age?**
 - FNS, WF, RCA, RMA
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Work Requirement
 - Exemptions
 - Household Composition

Play on the Field: Residency

County

- **Work First and Energy require the application to be taken in the county of residency.**

State

- **FNS, WF, and Refugee all require the applicant household to be a current resident of NC.**

Play on the Field: Living Arrangement

- **Do your programs require verification of living arrangement?**
 - FNS (Alcohol and Drug Treatment Center), WF
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Household Composition

Play on the Field: Kinship

- **Do your programs require verification of Kinship?**
 - FNS, WF
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Work Requirement
 - Exemptions
 - Household Composition

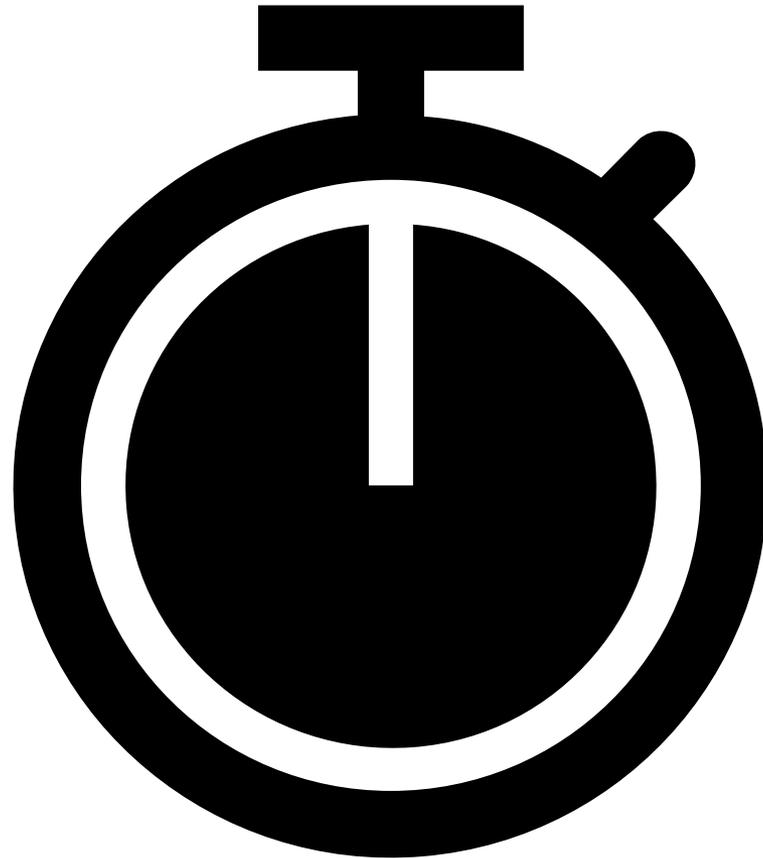
Play on the Field: Household Composition

- **Do your programs require verification of household composition?**
 - FNS, WF, RCA, RMA
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Work Requirement
 - Exemptions

Play on the Field: Social Security Enumeration

- **Do your programs require verification of Social Security Enumeration?**
 - FNS, WF
- **When do we need the information?**
 - Application
 - Recertification (newborn babies and immigrants)
 - Changes (newborn babies and immigrants)
- **Why is this needed?**
 - Eligibility
 - Work Requirement

Time Out



How to Pass the Ball:

- **Income Maintenance Transmittal Form (DSS-8194)**
 - **Required for WF and Refugee**

Taking a Page from the Playbook:

TO: Work First MA FNS Child Support Program Integrity Services Child Care

FROM: _____

DATE: _____

INCOME MAINTENANCE TRANSMITTAL FORM

I. GENERAL INFORMATION

County Case No. _____

EIS/FSIS Case ID _____

IV-D Case No. _____

SIS ID No _____

Payee/Case Name: _____

Telephone No: _____

Address: _____

Change of Address: No Yes - mailing residence

Family Unit Members

Non-Family Unit Members

Absent Parent Name: _____ ID No. _____

Absent Parent Name: _____ ID No. _____

Third Party Insurance: Yes No If yes, complete the following:

Name of Company: _____ Policy Number: _____

Person Covered: _____

Scrimmage Time: Refugee App

Refugee household consisting of Dad(44), mom(42), son(22) and son's 2-year-old daughter from the Republic of Congo. Household supplies their travel documents from the US Citizenship and Immigration Services and their I94. They are residing in an apartment and do not have to pay rent or utilities at this time. Mom and Dad are married, and both are participating in RCA work requirements. Mom and Dad receive \$236 in Refugee Cash Assistance. The household is applying for any available assistance.

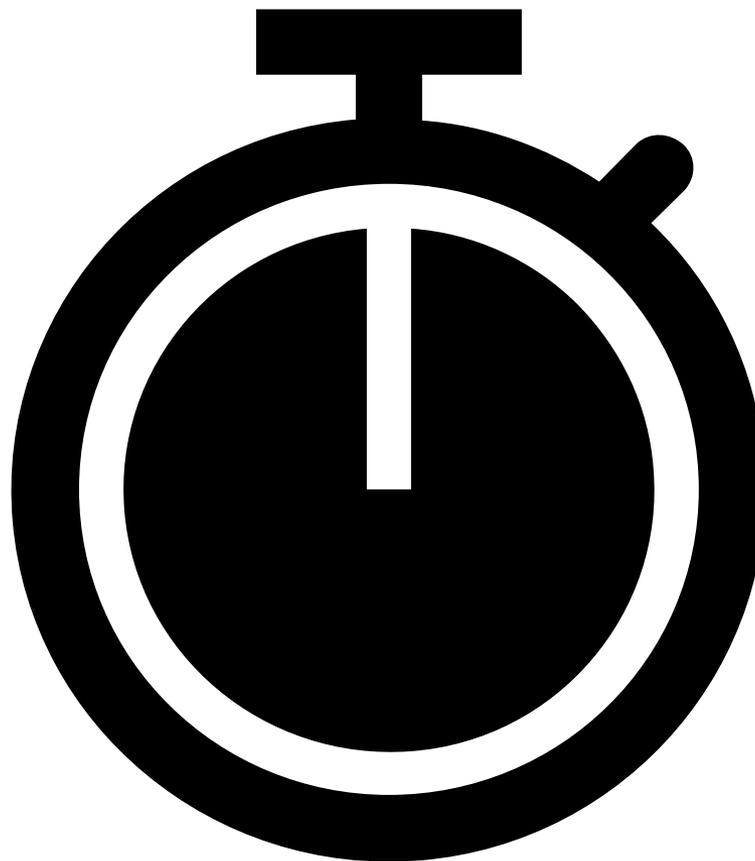
Play on the Field: Out of State Benefits

- **Do your programs require verification of out of state benefits?**
 - FNS, WF, RCA, RMA
- **When do we need the information?**
 - Application
 - Recertification (if adding a new member)
 - Changes (if adding a new member)
- **Why is this needed?**
 - Eligibility
 - 60-month benefit time limit for WF
 - 12-month benefit time limit for RCA

Play on the Field: Controlled Substance Felon

- **Do your programs require verification of a controlled substance felony conviction or substance abuse screening (Audit/DAST)?**
 - WF – Audit/DAST
 - FNS and WF controlled substance felony conviction
- **When do we need the information?**
 - Application
 - Recertification
 - Changes (if adding a new member)
- **Why is this needed?**
 - Eligibility

Time Out



Taking a Page from the Playbook:

II. BENEFIT INFORMATION

FNS MA Work First – Payment type 1 Payment type 2

BENEFITS HAVE BEEN: Reviewed Revised Approved Denied/Term.

Payment type 1 transferred to payment type S Payment type 2 transferred to payment type S

MA Case Pending Deductible MA Case No Deductible

Date: _____ Benefit Amt. _____ Certified from _____ to _____

Benefit Amt. from \$ _____ to \$ _____ 1st Mo. Benefit \$ _____ Authorized from _____ to _____

Eff. Date _____ Approx. Date Rec'd _____ Deductible \$ _____ Ongoing Benefit \$ _____

Denied/Term. Effective Date _____

Reason for change: _____

Review Period: From _____ To _____

CHILD CARE: Type of Child Care Payment: Direct Vendor

Eff. Date: _____ Actual Costs \$ _____ Amt. Paid \$ _____

WORK FIRST PENALTY/SANCTION:

Reason for WORK FIRST penalty/sanction - noncompliance with: MRA Child Support Substance Abuse Treatment

MRA noncompliance reason: _____

Other reason _____

Scrimmage Time: FNS Application

Husband and wife submit an FNS application for their household on 7/31/2024. They are receiving RCA for the husband only at this time. Their 22 yr. old son is also living in the home with his 6-mo. old child who is a US Citizen. Their son and grandchild receive WF. All members cook and eat together. Effective 8/1/2024 they are responsible for \$800 in rent which includes utilities. Husband and son have started working at Amazon 25 hrs. weekly and they are paid every Friday. Husband and son received work SSNs in June, wife just arrived in the states and has not received an SSN yet. Child just received SSN in the mail yesterday.

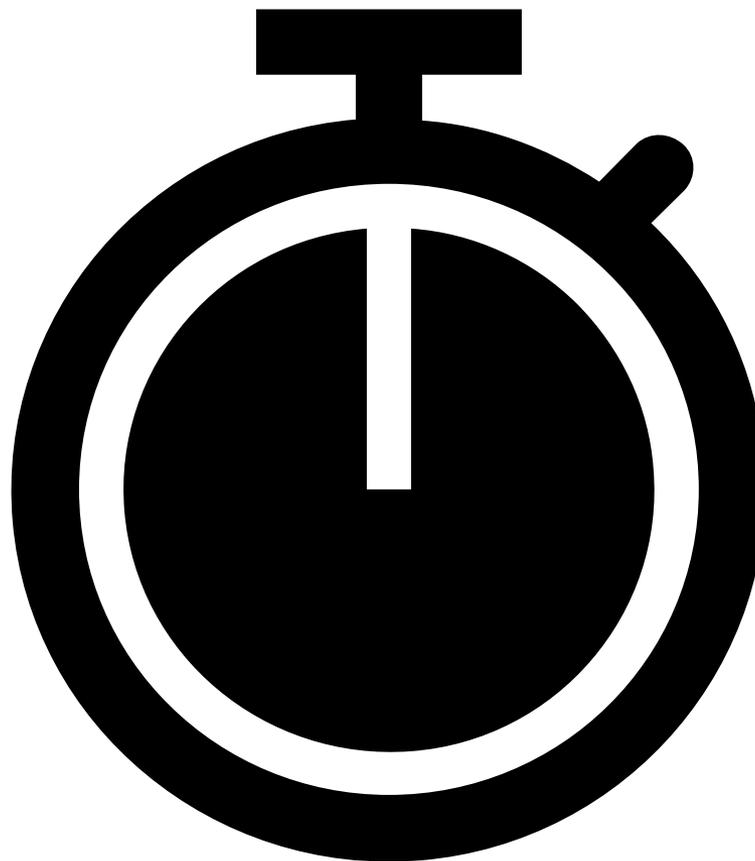
Play on the Field: Household Income

- **Do your programs require verification of earned and unearned income?**
 - FNS, WF, RCA, RMA
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Accurate payments

Play on the Field: Filing for Unemployment Insurance Benefits (UIB)

- **Do your programs require individuals to file for UIB?**
 - **FNS, WF**
- **When do we need the information?**
 - **Application**
 - **Recertification**
 - **Changes**
- **Why is this needed?**
 - **Participate in work requirements and participation**
 - **Eligibility**

Time Out



Taking a Page from the Playbook:

III. INCOME VERIFICATION (EARNED AND UNEARNED)

Name: [REDACTED]
Employer/Source: [REDACTED]
Amt: \$ [REDACTED] Date Rec'd: [REDACTED]
Frequency: [REDACTED]
Start Date: [REDACTED] Term. Date: [REDACTED]

Name: [REDACTED]
Employer/Source: [REDACTED]
Amt: \$ [REDACTED] Date Rec'd: [REDACTED]
Frequency: [REDACTED]
Start Date: [REDACTED] Term. Date: [REDACTED]

Scrimmage Time: WF Application

A 22-year-old refugee father is living in the home with his 6-month-old child who is a US Citizen and his refugee parents. He has applied for Work First. His parents came with him to the agency and are interested in any possible assistance they are able to receive.

He and his father both work through a temporary agency and currently work approximately 20 hours a week making \$10 an hour. They are paid weekly. The grandmother currently provides childcare while her son works. The father receives \$50 in child support from his child's mother.

Play on the Field: Student of Higher Education and/or Student Status

- **Do your programs require verification for Students of Higher Education?**
 - FNS, WF, RMA
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Work participation hours

Play on the Field: Resources

- **Do your programs require verification of Resources?**
 - **FNS, WF**
- **When do we need the information?**
 - **Application**
 - **Recertification**
 - **Changes**
- **Why is this needed?**
 - **Eligibility**

Play on the Field: Citizenship

- **Do your programs require verification of Citizenship?**
 - FNS, WF
- **When do we need the information?**
 - Application
 - Recertification
 - Changes
- **Why is this needed?**
 - Eligibility
 - Work requirements and participation
 - Time Limits

Play on the Field: Preferred Language

- **Do your programs require documentation of an individual's preferred language?**
 - FNS, WF, RCA, RMA
- **When do we need the information?**
 - 1st point of contact and each subsequent interaction when interpreter is NOT a DSS employee
 - EACH program needs a separate Language Services Agreement (DSS-10001)
- **Why is this needed?**
 - NOTICES
 - Translation services

Taking a Page from the Playbook:

IV. OTHER

Service Requests:

<input type="checkbox"/>	Assistance with scheduling appointment	Date Requested	
<input type="checkbox"/>	Assistance with transportation	Date Requested	
<input type="checkbox"/>	Health Check for: _____	Date Requested	
<input type="checkbox"/>	Family Planning requested for: _____		
<input type="checkbox"/>	Other: _____	for: _____	
<input type="checkbox"/>	Other reported Change/Information: (Such as change in household composition, reserve, good cause claim, change in absent parent information, etc.) _____		

Taking a Page from the Playbook:

TO: Work First MA FNS| Child Support Program Integrity Services Child Care

FROM: _____ DATE: _____

INCOME MAINTENANCE TRANSMITTAL FORM

I. GENERAL INFORMATION

County Case No. _____ EIS/FSIS Case ID _____
 IV-D Case No. _____ SIS ID No. _____
 Payee/Case Name: _____ Telephone No: _____
 Address: _____
 Change of Address: No Yes - mailing residence

Family Unit Members	Non-Family Unit Members
_____	_____
_____	_____

Absent Parent Name: _____ ID No. _____
 Absent Parent Name: _____ ID No. _____
 Third Party Insurance: Yes No If yes, complete the following:
 Name of Company: _____ Policy Number: _____
 Person Covered: _____

II. BENEFIT INFORMATION

FNS MA Work First - Payment type 1 Payment type 2

BENEFITS HAVE BEEN: Reviewed Revised Approved Denied/Term.
 Payment type 1 transferred to payment type S Payment type 2 transferred to payment type S
 MA Case Pending Deductible MA Case No Deductible

Date: _____ Benefit Amt. _____ Certified from _____ to _____
 Benefit Amt. from \$ _____ to \$ _____ 1st Mo. Benefit \$ _____ Authorized from _____ to _____
 Eff. Date _____ Approx. Date Rec'd _____ Deductible \$ _____ Ongoing Benefit \$ _____
 Denied/Term. Effective Date _____
 Reason for change: _____
 Review Period: From _____ To _____
 CHILD CARE: Type of Child Care Payment: Direct Vendor
 Eff. Date: _____ Actual Costs \$ _____ Amt. Paid \$ _____

WORK FIRST PENALTY/SANCTION:
 Reason for WORK FIRST penalty/sanction - noncompliance with: MRA Child Support Substance Abuse Treatment
 MRA noncompliance reason: _____
 Other reason _____

III. INCOME VERIFICATION (EARNED AND UNEARNED)

Name: _____	Name: _____
Employer/Source: _____	Employer/Source: _____
Amt. \$ _____ Date Rec'd: _____	Amt. \$ _____ Date Rec'd: _____
Frequency: _____	Frequency: _____
Start Date: _____ Term. Date: _____	Start Date: _____ Term. Date: _____

IV. OTHER

Service Requests:

<input checked="" type="checkbox"/> Assistance with scheduling appointment	Date Requested _____
<input checked="" type="checkbox"/> Assistance with transportation	Date Requested _____
<input checked="" type="checkbox"/> Health Check for: _____	Date Requested _____
<input checked="" type="checkbox"/> Family Planning requested for: _____	
<input checked="" type="checkbox"/> Other: _____ for: _____	

Other reported Change/Information: (Such as change in household composition, reserve, good cause claim, change in absent parent information, etc.) _____

Additional Plays:

- **NC FAST Help**
- **Available Job Aids**
- **Other Internal Resources**
 - **Compass/Northwoods**
 - **LaserFiche**
 - **OnBase**

- + Working with Notes
- Working with Tasks
 - Adding Comments to Tasks
 - Add to My Tasks
 - Caseworker Entering Outcomes
 - Closing Tasks
 - Creating Tasks
 - Disregard A System Recommended Sanction
 - Editing Tasks Priorities
 - Flag a Case for Review
 - Forwarding Tasks
 - Getting Tasks from Work Queues
 - Getting the Next Task
 - Make Tasks Available
 - NC FAST Training Parking Lot
 - NDNH Match Job Aid
 - Processing LIS Exceptions Job Aid
 - Processing Returned Payments and Reissuing Payment
 - Processing SDX Exceptions
 - Reallocating Tasks
 - Reserving Tasks
 - SDX Change of Circumstance Job Aid
 - SDX Overview, Tasks, and Work Queues Job Aid
 - Searching for Tasks
 - Start Application from a Reception Task
 - System Generated Tasks
 - Task Management
 - Unreserving Tasks
 - Updating Time Worked for Tasks
 - Working with Tasks

Final Score – Thank You

