

1983 ANNUAL REPORT

MADISON COUNTY DEPARIMENT OF SOCIAL SERVICES

James I. Covert
Commissioner



MADISON COUNTY
DEPARTMENT OF SOCIAL SERVICES

PHONE
366-2211

JAMES L. COVERT, COMMISSIONER

P. O. BOX 637

WAMPSVILLE, NEW YORK 13163

IN REPLY
PLEASE REFER TO:

March 1, 1984

Hon. Don R. Callahan
Chairman, Madison County Board of Supervisors
Wampsville, New York 13163

Dear Mr. Callahan:

Transmitted herewith is the 1983 Annual Report of the Department of Social Services.

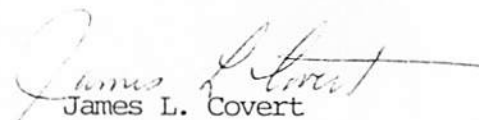
The most apparent factor throughout the report is the increase we experienced in all caseloads, and corresponding increases in costs. With the exception of Medicaid, the caseloads peaked in the spring, then gradually receded to where we closed the year at about the same levels as the beginning. Medicaid took a significant jump in the fall, and that caseload in December was 120 greater than the low point in July.

The increases in caseloads, combined with the mandated process of Monthly Reporting/Retrospective Budgeting, created a need for additional staff in the Food Stamps and Income Maintenance units. Also, the reorganization of the Child Welfare unit required additional staff.

On the brighter side, we experienced significant increases in revenues from child support, fraud convictions, and recoveries. For the sixth year in a row, our ADC caseload error rate was low enough to qualify us for the sixty percent reimbursement rate for Home Relief, rather than the standard fifty percent. Also, having not appropriated Medicaid overburden revenues for 1983, we were able to apply those funds to cost over-runs in ADC, HR, and Medicaid. As a result, the agency closed the year in a positive financial status.

Finally, I would like to add that the staff of the agency continued to demonstrate professionalism and dedication to these responsibilities. I consider this to be a key element of the success in meeting the mandates of social services delivery.

Respectfully submitted,


James L. Covert
Commissioner

JLC/et

DEPUTY COMMISSIONER

PRINCIPAL EXAMINER

INCOME MAINTENANCE

MEDICAL ASSISTANCE

FOOD STAMPS

ADULT & FAMILY SERVICES

CHILD WELFARE

CHILD SUPPORT

FRAUD INVESTIGATIONS

MEDICAL AUDIT

RESOURCE DEPARTMENT

ACCOUNTING

WELFARE MANAGEMENT SYSTEM

DEPUTY COMMISSIONER

ADMINISTRATIVE:

The establishment and/or revision of procedures for various agency operations are necessary for the agency to function in an efficient and effective manner. Also, we have undertaken the task of establishing written position duties for various units in the agency. During 1983, we revised and/or established the following agency procedures and/or position duties statements:

1. Repayment and Recoupment Procedures for Overpayment due to Fraud - Fraud, Resources and Income Maintenance Units;
2. Procedures for Taking Repayment Agreements for Non-Fraud Overpayments - Fraud, Resources and Income Maintenance Units;
3. Procedures for Recovery of Monies due DSS through Civil Suits - DSS Attorney, Fraud and Resource Units;
4. Position Duties and Responsibilities of MCDSS Support Collections Unit - Revised 9/1/83;
5. Revised Procedures for Taking Child Support Petitions - Child Support Collections Unit;
6. Established procedures for proper referral interface between Child Support Collections Unit (IV-D) and the Income Maintenance Units (IV-A):
 - a) IV-A Referrals to IV-D Unit with no Paternity Established;
 - b) IV-A Referrals to IV-D Unit for Under 21-Year-Olds;
 - c) IV-A Referrals to IV-D Unit with Paternity Already Established;

d) IV-A Authorizations (new case openings) sent to IV-D Unit;

7. Revised Department of Social Services "Personnel Work Rules and Employee Benefits" Informational Packet - all agency personnel;
8. Procedures for Securing Mortgage Agreements - Resources and Income Maintenance Units;
9. Revised and Clarified Procedures for Held Public Assistance Checks - Accounting and Income Maintenance Units.

STAFF DEVELOPMENT:

The primary training activities from State DSS in 1983 were in the areas of quality and control, and the implementation of the new Monthly Reporting/Retrospective Budgeting procedure. The agency's entire Income Maintenance and Food Stamps Units had to be trained on these new MRRB procedures.

State-contracted training for 1983 was conducted by SUNY at Albany, John Jay, SUNY at Buffalo, Cornell and New York State Welfare Fraud Association (NYSWFA). The areas of training covered included dealing with difficult clients, performance evaluation, fraud investigations, child protective services, permanency planning and foster parent training.

The agency also utilized training offered by the Local Government Service Institute for agency personnel. The training offered through the Institute included professional burnout, EDP, clerical skills, basic supervision, affirmative action and cross-cultural training.

The agency's staff development endeavors were hindered this year by State cutbacks in DSS. They resulted in the elimination of our Regional Staff Development Coordinator who was stationed in the Regional

Office, located in Syracuse, and had acted as direct liaison person with State DSS.

PERSONNEL-STAFFING OVERVIEW:

In 1983 the staff turnover rate increased by 30% over that of 1982. This I believe can be attributed directly to the gradual economic turnaround, seeing that 60% of separations from the agency left for higher paying positions.

The total number separation from the agency for 1983 was thirteen (ten resignations, one retirement, and two terminations). The turnover breakdown as per organizational level was as follows: Three supervisory staff; five front-line examiners; and five clerical support staff.

We also in 1983 had one position reclassified, that being a clerk position to a typist in our Adult and Family Services Unit. This reclassification resulted in no significant budgetary change as they are both grade level one positions. Also, we extended, by resolution, the two Federally-funded HEAP positions (DEO and Account Clerk-Typist) to 12-month positions instead of 8 months.

The agency did establish several positions this year as a result of an internal organizational change and a State-mandated procedural change.

The organizational change occurred in the Child Welfare Unit. This involved the division of the unit into two sections - Child Protective Services and Child Welfare Services. It was necessary to change the organizational structure of this unit to maintain operational efficiency in both sections of this important program area. To complete the change, we reclassified a Senior Caseworker position to a Case B Supervisor and established one new Caseworker and one Typist position in the Child

Protective Unit. The separation of the two areas now allows for more direct supervision to each of the units' specific needs, resulting in a more effective operation.

The State-mandated procedural change was the implementation of the Monthly Reporting/Retrospective Budgeting process. In order for the agency's Income Maintenance and Food Stamps Units to handle the workload increase, it was necessary to establish four new positions - three Social Welfare Examiners and one Typist position.

The agency did eliminate one position in 1983 and that was an Audit Clerk position from the Medical Audit Unit.

PRINCIPAL EXAMINER

PUBLIC ASSISTANCE:

The Public Assistance Unit began 1983 with 545 Aid to Dependent Children and 204 Home Relief, for a total of 749 cases. The caseload reached its high point at the end of March with 575 ADC and 274 HR, for a total of 849 cases. A decline followed until a low of 735 cases was reached in September and October. With the winter months the increase began again and we closed 1983 with 539 ADC and 238 HR, for a total of 777 cases.

With the increasing caseloads it became necessary in February to transfer an examiner out of the Medicaid Unit and increase the recert/undercare section by one.

The number of court cases involving Public Assistance decreased in 1983; however, the case of Allen vs. Blum had considerable impact. It effectively transferred the burden of proof to DSS when a recipient of PA fails to comply with the work relief program or accept a job referral. In order to sanction a person for this, we must first prove that his non-compliance was "willful".

Several other changes had fiscal implications. Effective July 1, we were required to give the SSI rate to HR recipients living in a community residence. We currently have four residents of Programs and Domiciles. Each of their monthly grants increased by \$361.00.

In September a change was made in the needs that are included in determining if an applicant passes the 150% gross income test.

In October we were mandated to round figures down to the nearest dollar twice in our budgeting procedure. First, the total needs are

rounded down and then available income is subtracted. The resulting deficit is then rounded down. This resulted in reductions of \$.01 to \$1.98 in each PA case. No mass change was required but reduction letters had to be sent on each and every case as they came due for recertification.

The main change of the year was the requirement to begin monthly reporting and retrospective budgeting in October. In order to help manage the extra work involved in this procedure, an additional examiner position was added to the recert/undercare section.

Approximately one-third of the entire caseload is required to send in monthly reports. The examiner bases next month's grant on last month's income.

Any possible savings the procedure may have netted were nullified before we even began. Recipients in the pilot districts sued their respective counties and the State and won. The result was that we are required to issue supplements when a recipient's income changes to less than we have budgeted. If their income is more than we have budgeted, it doesn't matter.

There was a 10.4% decrease in the application rate from 1982. Of the 1,432 applications taken in 1983, 49.7% or 730 cases were found to be eligible. Thus we have a slight decrease in applications but a slight increase in those found to be eligible.

For 1984 we hope that perhaps a stabilization point is reached so a decrease in those dependent on public funds may be seen. Finally, for the benefit of all, we hope for a repeal of the mandate for retrospective budgeting.

MEDICAL ASSISTANCE:

The Medicaid Unit began 1983 with 743 regular MA cases and 557 SSI MA cases. The caseload increased slightly for the first few months of the year, dropped a little for the spring and summer months, and then began a steady and sharp increase in the fall and winter. At the end of 1983 there were 858 regular MA and 619 SSI MA cases.

In February one of the six Medicaid examiners was transferred to Public Assistance in order to deal with the increasing caseload there. This resulted in a redistribution of caseloads for the five remaining examiners, and more structuring of scheduled appointments.

The application rate made it necessary for the two examiners who had previously handled only nursing home and SSI MA to become involved with the regular cases also. This adjustment was working out fairly well until the last week in May when the two most experienced examiners were promoted to supervisory positions in other units. One replacement proved to be capable and efficient and remains on staff. The other position was consecutively vacated by two new trainees, each staying one month. Consequently in August, the experienced MA examiner was returned from the PA Unit and a new examiner was hired for PA.

Medical records were collected and submitted to the State Disability Review Team for 53 individuals applying for or receiving MA. This is in order to secure maximum Federal reimbursement in the Aid to Disabled category. Twenty-nine of these were approved as disabled, 20 were either disapproved or returned for further medical work-up and evaluation, and 4 are still pending final decision.

In late 1982, if an employer-sponsored group health and hospital insurance plan was available to applicants of MA or PA, participation in

such plan became an eligibility requirement. Those financially eligible for MA or PA have the cost of the insurance paid as a Medicaid expenditure. As part of the eligibility process, availability of insurance coverage is verified by direct correspondence with the employer. Actual enrollment by the employee is documented before any assistance is authorized. The first full year of implementation has resulted in increased participation in third party health insurance plans and in denial of assistance to those who refuse or fail to enroll.

Effective July 1 there was an increase in the resource and income exemption levels. Another increase in these levels was timed to correspond with the 3.5% increase in Social Security benefits, which became effective January 1, 1984. This necessitated a case review which was done with the aid of the Welfare Management System. WMS was able to provide us with listings of the cases which needed rebudgeting due to the Social Security increase and/or the change in standards. Most of these budget changes were automatically completed within the system, which left only the filing of budgets and typing of notification letters to be done manually. Problems resulted when actual verification of the Social Security payments were received and some of the amounts were incorrect. Discrepancies ranged from a few cents to a few dollars which then necessitated rebudgeting. Hopefully, the problem can be worked out to result in a smoother process for the next mass change.

A few court cases on State level resulted in research and client notification where appropriate. Because of the Greklek case which began in 1982 and involved work-related deductions, it was necessary to identify the applicants or recipients that had been denied or closed on Medicaid from March 1, 1982 to September 1, 1982 due to excess earned income. A

notice was sent to these people stating that they had the right to request a redetermination of their case.

The Walsh case involved Social Security recipients that had their Medicaid coverage terminated or reduced due to the July 1, 1981 Social Security increase. These people were sent a similar notice regarding their right to a redetermination.

The Stenson case began in 1980 and resulted in the fact that someone whose SSI is terminated must have their Medicaid eligibility reviewed and cannot be automatically closed. In 1980 we had been instructed to reinstate anyone that had been terminated. This year we were instructed to notify the same people that they could receive reimbursement for any paid medical bills from December 20, 1979 until the date they were reinstated.

Including 136 SSI MA whose eligibility is automatic, there were 1,689 applications for Medicaid taken in 1983. Of these, 1,082 were found to be eligible. The application and acceptance rate has remained fairly constant over the last two years. A decline in the rate of discontinuance of MA has caused the highest caseload ever.

FOOD STAMPS:

The Food Stamps Unit began 1983 with 1,875 FS cases (1,357 NPA and 518 PA). Basically the caseload statistics followed the same trends as Public Assistance. At the close of 1983 there were a total of 1,752 food stamp cases, which included 1,237 NPA and 515 PA.

In April we were successful in receiving State approval to consolidate the certification sites we had been operating in DeRuyter and Brookfield to one site in Morrisville. The change has definitely proved to be a more efficient use of the examiner's time.

Effective February 1, all food stamp applicants and recipients were required to submit proof of their Social Security number or to apply for one if they had not done so in the past. Previously this was required only of persons over 18 years of age.

Effective March 1, we were required to pro-rate the initial month's allotment from the date the application was filed. Prior to this, the entire month's allotment was issued no matter what day of the month the application was taken.

Also effective March 1, the heating and utility deductions were separated. Before this, there had been one standard deduction for both. Consequently, a recipient that rented an apartment with heat furnished but was responsible for the electric bill was at an advantage. This change made for a more equitable distribution of benefits.

A very significant change went into effect on August 1. As of that date we were able to recoup overpayments (both fraud and non-fraud) from a recipient's current benefit.

In September two examiners and one typist were added to enable the unit to manage the extra work involved in monthly reporting and retrospective budgeting. Approximately 50-60% of the caseload is required to send in monthly reports. These must be processed and appropriate changes made each month. There is no supplementation for retrospective budgeting in Food Stamps as there is in Public Assistance. Consequently, the purpose of the Food Stamp program, which is to provide proper nutrition for the poor when they need it, seems to have been set aside.

The application rate declined 16% from the previous year. However, the acceptance rate rose slightly from 81.4% in 1982 to 83.2% in 1983.

If one issue were chosen which had the most impact in 1983 it would

be retrospective budgeting. For 1984 we would hope for elimination of this procedure.

ADULT & FAMILY SERVICES

During 1983, the Services Unit experienced little change in the delivery of most services. Adult Protective cases accounted for 50% of the caseload and 75% of the reported time. The remaining caseload and reporting was centered around the four areas of education, employment, health, and home services.

The employment section was the one service area that had significant growth. Work experience for Aid to Dependent Children and Home Relief cases averaged a monthly 88 assigned recipients. This was an increase of 62% over last year. This program continued to be one of the main activities that assisted individuals back into the work force.

In April, the Food Stamp Job Search Program was started. This new federally funded program involved Home Relief and Food Stamp employable individuals in a supervised 8-week job search. Though the job search was housed in the local department, ATEC Associates was contracted to run the program. By the end of August, 41 people obtained employment and 23 had been given sanctions for a total savings of \$12,283.00 over a 5-month period. The 1983-1984 program started in October and is expected to show even larger savings.

Five job readiness training classes were held last year. From these C.E.T.A.-funded classes, 44% of the attending recipients found employment.

In November, the unit started its expanded Title XX Employment Program. This federally funded program was contracted to ATEC Associates. It will assess education and skill levels of all employable public assistance recipients. After assessment, the individuals will be assigned to

one of a number of activities from basic education to training and placement. By December, over 100 recipients had been assessed.

Another of the section activities was the screening of appropriate individuals to ATEC Associates for unsubsidized jobs. Since August, 50 recipients have been placed through this means.

The result of all employment activities has been the placement of 241 recipients for a total savings of about \$40,000. This savings is only accounting for one month per individual. The savings for individuals not returning to the roles after that month of employment is not reflected in this annual figure.

There were 112 people who received sanction as a result of all programs. This savings totaled \$16,500. Total savings for all employment programs was \$56,500.

The unit's fuel assistance program, HEAP, was very busy during 1983 determining program eligibility and providing appropriate services to approximately two thousand families.

SERVICES PROVIDEDADULT

	<u>No. Recips.</u>	<u>No. Hours</u>
EDUCATION	14	49
EMPLOYMENT	28	327
FAMILY PLANNING	0	0
FOSTER CARE - ADULTS	1	6
HEALTH RELATED	32	361
HOME MANAGEMENT	5	143
HOMEMAKER	7	46
HOUSEKEEPER/CHORE	2	73
HOUSING	3	61
INFORMATION AND REFERRAL	1,203	1,407
PREVENTIVE - ADULT	2	26
PROTECTIVE - ADULT	87	2,888
TRANSPORTATION	1	7
PERSONAL CARE SERVICES	0	0
SERVICES TO VICTIMS OF DOMESTIC VIOLENCE	3	44

CHILD WELFARE

FOSTER CARE:

We had an average of 32 children in boarding homes during 1983 - a high population of 38 in April and May and a low of 25 at the close of the year. However, our residential (children's institution) placements increased from 9 children to 15 children by the year's end. With the exception of one child (an unaccompanied Vietnamese refugee), the children were placed by Court Order as a result of severe behavioral problems. We have 21 certified boarding homes. A foster care worker has attended State DSS training to train foster parents, and we have established training sessions to give on-going training to experienced certified foster parents of at least four hours and at least ten hours of training to newly certified boarding parents.

In addition to children in residence, we also offered services to children in their own homes during 1983. This number totaled 55-63 at any given month. Sixteen unmarried mothers were referred for service. (Only one of those surrendered the infant for adoptive placement.)

CHILD WELFARE REFERRALS (INCLUDES CHILD PROTECTIVE)

<u>REFERRAL SOURCE</u>	<u>NUMBER OF CHILDREN</u>
Family	180
Court	38
Schools	50
Out of County Agencies	39
Public Assistance	35
Private Citizens	229
Community Agencies	72
Other (e.g., hospitals, doctors, police)	<u>91</u>
	734

ADOPTION:

There were 18 inquiries from couples or individuals interested in adoption. We conducted two different classes of group adoptive home studies of 7-8 sessions each. These are classes which help the individuals become more aware of themselves and what is involved in adding another member to their families. The wait for infants is long, as there are few infants available for adoption, but we were able through N.Y.S. Adoption Service to place an older sibling group of 5, and one of 4 children. In addition we brought one older child through N.Y.S. Adoption Service into a Madison County family.

DETENTION:

We continue to contract with Oneida County DSS for non-secure detention services at Broadacres in Utica. Twenty-four children were placed for a total of 333 care days.

TRAINING:

We appreciate the opportunities for training that were provided to Child Welfare this past year - train the trainer for foster parents training, two unmarried parents/pregnancy counseling sessions, legal issues in Child Welfare work, child abuse/maltreatment caseworker training, and group adoption home study techniques. They all proved to be excellent presentations to broaden the skills of those caseworkers attending the sessions.

REORGANIZATION:

Because of the growing number of referrals from the Child Abuse/Maltreatment Register in Albany, a reorganization of this service occurred in October with Nellie Frederick, formerly senior caseworker, becoming case

supervisor of that unit. With this change Janice Thornton was added as a caseworker. That unit needs in addition a staff position to act as parent aide to augment services to families.

COURT DIVERSION:

Through Catholic Charities we contract for court diversion services to give an alternative to foster care placement. This program has worked intensively with 11 families during the year. These have been adjudicated PINS with truancy being the primary problem. The program has proved successful in avoiding institutional placement.

1983 CHILD PROTECTIVE STATISTICS

MONTH	INDICATED	UNFOUNDED	TRANS.*	FFLR*	REPEAT CASES		SECONDARY*	PENDING
					IND.	UNF.		
JAN.	13-25	15-24	1	4	3- 4	1- 2	2	0
FEB.	4-10	11-18	0	3	6-11	2- 3	0	0
MARCH	6- 9	14-27	1	1	4- 5	2- 3	0	0
APRIL	6- 7	9-19	2	4	4- 6	3- 3	1	0
MAY	8-13	12-25	0	2	4-10	1- 1	1	0
JUNE	8-12	12-20	0	6	3- 6	5-11	1	0
JULY	6-18	16-23	1	6	2- 4	5-14	2	0
AUGUST	3- 4	16-29	4	2	0	1- 2	0	0
SEPT.	5- 8	16-29	1	1	4- 6	6-14	2	0
OCT.	3- 4	17-33	1	4	6-10	3- 3	1	0
NOV.	7- 7	18-31	0	2	1- 3	2- 2	0	2- 2
DEC.	3- 3	8-12	1	2	2- 3	2- 2	0	10-10
TOTAL	72-120	164-290	12	37	39-68	33-60	10	12-12

1st number in each column = families

2nd number in each column = children

*Forward for Local Review

*Secondary = Secondary Responsibility

Part of family resides in our County

(Primary responsibility rests with County where child resides)

*Trans. = Transferred Out of County

SUPPORT COLLECTIONS UNIT

The year 1983 opened with an ADC caseload of 763 cases, of which 201 were active and 562 inactive. The Child Support Services (non-Public Assistance) caseload opened with a total of 694 cases, of which 492 were active and 202 inactive. As can be noted from the above figures, there were far too many inactive cases at year's opening. During the period 9/1/83-12/31/83 there was a concerted effort to update all the case files and review all inactive cases to determine which of these cases should be reactivated. The results of this effort were very favorable for both the Department and families throughout the county. At year's end, the ADC caseload closed with a total of 832 cases, of which 442 were active and 390 were inactive, and the CSS caseload closed with a total caseload of 731 cases, of which 568 are active and 163 are inactive. These figures will also improve as Court time becomes more readily available. The reason these results were possible is threefold: 1) All unit members worked together in a combined effort; 2) There was more emphasis put on obtaining voluntary agreements, thus reducing valuable Court time; and 3) The Family Court was most helpful in scheduling our petitions. In the future this type of cooperation can only lead to better and more lasting results.

As can be expected from the above statistics, collections also increased dramatically. ADC collections increased \$38,111.39 over 1982 while CSS collections increased \$44,973.80 over 1982. This upward trend is expected to continue in 1984.

In the area of establishing paternity on absent parents, the results are much improved over previous years. This increase is due to the diligent

efforts of the Social Services Attorney, and the use of the EES test which, when used in Court as evidence, can determine up to 98% probability of paternity. This new test is a very valuable tool in establishing paternity.

Goals for the current year are to increase collections, to monitor all cases to insure absent parents are fulfilling their responsibilities, and to continue the unit's close rapport with the County Family Court system.

Areas where legislation should be enacted are:

- 1) Jurisdiction statewide when paternity needs to be established;
and
- 2) Better cooperation between all counties and states in enforcing all child support orders.

FRAUD INVESTIGATIONS

The Fraud Investigation Unit in 1983 logged a substantial increase in referrals over 1982. The Unit in 1983 logged 1,320 referrals compared to 1,034 in 1982.

In April the Unit began to attempt to recover monies overpaid to recipients for reasons other than fraud.

Before April 1983, all monies overpaid to recipients were recouped from the public assistance grant while the case was open. If the public assistance case closed and a balance was due, the money owed the Department would remain unpaid until the public assistance case reopened in the future. If the public assistance case never reopened, the Department would never fully recover the monies.

Since April, the Unit has been negotiating a formal repayment agreement on all monies overpaid by the Department. While the public assistance case is open the money owed is still recouped from the grant, but if the case closed, the Department now has a legal means to recover the monies owed.

The Unit since April negotiated \$26,950.06 in repayment agreements. If payment is not made as stated in the repayment agreement, Civil Court action will be commenced to recover the monies.

Criminal activities were down in 1983 from 1982. In 1983, the Unit made 12 criminal arrests which resulted in \$15,638.00 being ordered in restitution to the Department. One person is serving a 6-month jail sentence for welfare fraud.

During the year, the Fraud Investigation Unit has worked hand-in-hand with the Support Collections Unit. Many cases are of interest to

both units. By interaction between the two units and exchange of information, both units have benefited greatly.

MEDICAL AUDIT

Medical Audit was reduced to two persons during 1983, an audit clerk's position being eliminated. The remaining audit clerk audits and prepares for payment of the bills that are still local and produced 1,879 temporary Medicaid cards for the year. The medical worker has assumed the responsibility of the health insurance payments. (Premiums are paid directly, or clients are reimbursed for payroll deductions.) This program is beneficial to Medicaid since, in the long run, third party payments are utilized to the fullest extent. Employed clients are now required to sign up for health insurance, if available, as part of eligibility procedures.

Medicaid costs rose again during 1983. There are several reasons for this. The Medicaid caseload has increased by 60% over the past nine years. Health care costs have continued to rise. Medicaid standards rose to correlate with Social Security increases. Adverse Court decisions have resulted in higher caseloads and greater costs.

Nursing homes continue to be our largest percentage of expenditures, making up 56% of all costs. We were partially relieved of some local cost due to the "Overburden Act" in which the State paid a larger portion than their usual 25%.

Another increase in Medicaid costs resulted from the "Lombardi Legislation" which is a statewide pool whereby money (based on number of in-patients) is drawn from Medicaid, Medicare, and Blue Cross to bail out hospitals who are in financial trouble due to mismanagement, bad debts, or charity.

MMIS still remains an area of concern. Monthly claims and reports

still lag several months behind. This problem renders it impossible to adequately monitor for fraud, abuse, third party payments, and to figure recoveries for lien placements.

RESOURCE DEPARTMENT

In 1983 the Resource Department continued to be responsible for resource clearances, estates, fraud accounts, accident liens, repayment accounts and assets held by the Department.

In addition to these, the Resource Department is also responsible for maintaining accounts for repayment agreements signed by clients when a case closes with an overpayment balance due the Department by the client. The Resource Department is also responsible for taking mortgages on client-owned property when there is a Public Assistance case opened.

REPAYMENT AGREEMENTS:

On cases with a repayment agreement signed, the Fraud Unit notifies Resources when the case closes with a balance due. The Resource Department receives payments and maintains payment history as supplied by Data Processing. (All information is sent to Data Processing each month and a monthly, quarterly, and yearly report is generated.) Money judgments are sought against persons failing to make payments as agreed.

MORTGAGE AGREEMENTS:

In 1983 the Department instituted a policy of taking mortgages on all client-owned property. Workers in Public Assistance refer information on property to the Resource Department at time of application or recertification. At that time an appointment is made for the client to sign the mortgage agreement.

Once the agreement is signed, the information on the client is sent to Data Processing. Each month a report is generated as to the amount of Public Assistance received by the client. The client is responsible for

cash grants and any special payments made. This money is required to be repaid the Department from profits at the time the home is sold. Medicaid and Food Stamps are not included and any support received by the Department from ex-husbands in ADC cases is deducted from the amount due. The client has the option of repaying the assistance when and if the case closes. At the end of 1983 the Department held 30 mortgages.

The following is a breakdown of monies received by the Department in 1983:

Food Stamp Recoveries (Non-Fraud):	\$ 718.00
Fraud Accounts:	9,692.09
Non-Fraud PA Repayment Agreements: (Started in June)	951.30
Accident Liens:	27,447.08
Estates:	86,747.41

DEPARTMENT OF SOCIAL SERVICES

FISCAL

GENERAL ADMINISTRATION

Disbursements:

Personal Services	\$956,347	
Equipment	\$ 4,896	
Contractual	\$225,730	
Outstanding Encumbrances	<u>\$ 6,000</u>	\$1,192,973

Credits:

State Reimbursement	\$410,201	
Federal Reimbursement	\$824,821	
Refunds	<u>\$ 1,155</u>	\$1,236,177

NET LOCAL COST		\$ -43,204
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Gross Cost	\$1,105,001	\$1,192,973	\$87,972	
Net Local Cost	\$ -46,652	\$ -43,204	\$ 3,448	

OLD AGE, BLIND, DISABLED
(SSI)

Disbursements:

None

Credits:

None

NET LOCAL COST

-0-

	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Average Caseload	577	603	26	
Average no. Persons	611	634	23	
Gross Cost	0	0		
Net Local Cost	\$-1,197	0	\$1,197	

AID TO DEPENDENT CHILDREN

Disbursements:

Cash Grants	\$2,289,307	
Vendor Payments	<u>\$ 160,275</u>	\$2,449,582

Credits:

State Reimbursement	\$ 618,341	
Federal Reimbursement	\$1,155,669	
Refunds & Repayments	<u>\$ 177,049</u>	\$1,951,059

NET LOCAL COST		\$ 498,523
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Average Caseload	531	592	61	
Average no. Persons	1,672	1,762	90	
Gross Cost	\$2,315,592	\$2,449,582	\$133,990	
Net Local Cost	\$ 527,773	\$ 498,523		\$29,250
Average Cost Per Case	\$ 4,361	\$ 4,138		\$ 223
Average Cost Per Person	\$ 1,385	\$ 1,390	\$ 5	

HOME RELIEF

Disbursements:

Cash Grants	\$676,944	
Vendor Payments	<u>\$ 28,320</u>	\$705,264

Credits:

State Reimbursement	\$428,160	
Refunds & Repayments	<u>\$ 7,012</u>	\$435,172

NET LOCAL COST		\$270,092
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Average Caseload	178	222	44	
Average no. Persons	317	450	133	
Gross Cost	\$503,983	\$705,264	\$201,281	
Net Local Cost	\$187,717	\$270,092	\$ 82,375	
Average Cost Per Case	\$ 2,831	\$ 3,177	\$ 346	
Average Cost Per Person	\$ 1,590	\$ 1,567		\$23

MEDICAL ASSISTANCE & MMIS

<u>Disbursements:</u>	<u>Gross MMIS</u>	<u>Local Share MMIS</u>	<u>Local MA</u>
Nursing Home Care	\$4,713,527	\$1,252,702	\$ 25,616
Hospital Care	2,389,648	635,091	26,010
Physicians' Services	361,013	95,945	99
Pharmacy & Drugs	338,709	90,018	1,379
Dentists	87,343	23,213	95
Opticians & Optometrists	39,739	10,561	0
Misc. (Clinics, prosthetic devices, etc.)	508,347	135,102	94,813
	<u>\$8,438,326</u>	<u>\$2,242,632</u>	<u>\$148,012</u>

Total Cost	\$8,586,338
Total Amount Paid from Local Funds	\$2,390,644

Credits:

State Reimbursement	\$ 389,374	
Federal Reimbursement	\$ 37,789	
Refunds & Repayments	<u>\$ 81,934</u>	\$ 509,097

NET LOCAL COST	\$1,881,547
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Average Caseload (MA Only)	710	784	74	
Average no. Persons (MA Only)	1,162	1,327	165	
Gross Combined Cost	\$7,413,860	\$8,586,338	\$1,172,478	
Local Funds Expended	\$2,027,237	\$2,390,644	\$ 363,407	
Net Local Cost	\$1,832,480	\$1,881,547	\$ 49,067	

MA Only + PA + SSI:

Average Caseload	1,996	2,201	205
Average no. Persons	3,762	4,173	411
Average Cost Per Case	\$3,714	\$3,901	\$187
Average Cost Per Person	\$1,971	\$2,058	\$ 87

PURCHASE OF SERVICES

Disbursements: \$19,604

Credits:

State Reimbursement	\$ 3,203	
Federal Reimbursement	\$19,391	
Refunds & Repayments	<u>\$ 0</u>	\$22,594

NET LOCAL COST \$-2,990

	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Gross Cost	\$27,708	\$19,604		\$8,104
Net Local Cost	\$ -215	\$-2,990		\$2,775

CHILD WELFARE

(Foster Care)

Disbursements:

Boarding Homes	\$ 82,494	
Private Institutions	<u>\$141,617</u>	\$224,111

Credits:

State Reimbursement	\$ 65,058	
Federal Reimbursement	\$ 58,670	
Refunds & Repayments	<u>\$ 12,808</u>	\$136,536

NET LOCAL COST		\$ 87,575
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Average Caseload	51	42		9
Gross Cost	\$76,156	\$224,111	\$147,955	
Net Local Cost	\$23,065	\$ 87,575	\$ 64,510	
Average Cost Per Case	\$ 1,493	\$ 5,336	\$ 3,843	

Note: The substantial increase in 1983 costs over 1982 costs was the result of a change in funding sources ordered by the State. The cost of care for children in Foster Care who were eligible for ADC was paid from the ADC appropriation in 1982. Following the implementation of Title IV-E, the State directed that these costs be paid from the Foster Care appropriation.

BURIALS

Disbursements:

Cash Payments to Funeral Directors	\$31,499
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Credits:

State Reimbursement	\$3,000	
Refunds & Repayments	<u>0</u>	\$ 3,000

NET LOCAL COST	\$28,499
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	1982	1983	Increase	Decrease
Number of Burials	27	24		3
Gross Cost	\$27,159	\$31,499	\$4,340	
Net Local Cost	\$23,276	\$28,499	\$5,223	
Average Cost Per Burial	\$ 1,006	\$ 1,312	\$ 306	

JUVENILE DELINQUENTS

Disbursements:

Boarding Homes	\$ 22,907	
NYS Division for Youth	\$ 79,367	
Homebound Detention Program	\$ 38,244	
Other Institutions	<u>\$216,782</u>	\$357,300

Credits:

State Reimbursement	\$ 95,043	
Refunds & Repayments	<u>\$ 5,347</u>	\$100,390

NET LOCAL COST		\$256,910
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Average Caseload	11	9		2
Gross Cost	\$333,389	\$357,300	\$23,911	
Net Local Cost	\$231,879	\$256,910	\$25,031	
Average Cost Per Case	\$ 30,308	\$ 39,700	\$ 9,392	

EMERGENCY AID TO ADULTS

Disbursements:

0

Credits:

0

NET LOCAL COST

0

	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Gross Cost	\$589	0		\$589
Net Local Cost	\$233	0		\$233

ENERGY ASSISTANCE PROGRAM

Disbursements: \$794,813

Credits:

Federal Reimbursement	\$793,013	
Refunds & Repayments	<u>\$ 740</u>	\$793,753

NET LOCAL COST \$ 1,060

	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Gross Cost	\$432,233	\$794,813	\$362,580	
Net Local Cost	0	\$ 1,060	\$ 1,060	

TITLE IV-D PROGRAM

Disbursements:

0

Credits:

Incentives

\$24,855

NET LOCAL REVENUE

\$24,855

	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Net Local Revenue	\$20,427	\$24,855	\$4,428	

FISCAL SUMMARY

Disbursements:

General Administration	\$1,192,973	
Assistance to Aged, Blind, and Disabled	0	
Aid to Dependent Children	2,449,582	
Home Relief	705,264	
Medical Assistance & MMIS	2,390,644	
Purchase of Services	19,604	
Child Welfare (Foster Care)	224,111	
Burials	31,499	
Juvenile Delinquents	357,300	
Emergency Aid to Adults	0	
Energy Assistance Program	794,813	
Title IV-D Program	<u>0</u>	\$8,165,790

Credits:

General Administration	\$1,236,177	
Assistance to Aged, Blind, and Disabled	0	
Aid to Dependent Children	1,951,059	
Home Relief	435,172	
Medical Assistance & MMIS	509,097	
Purchase of Services	22,594	
Child Welfare (Foster Care)	136,536	
Burials	3,000	
Juvenile Delinquents	100,390	
Emergency Aid to Adults	0	
Energy Assistance Program	793,753	
Title IV-D Program	<u>24,855</u>	\$5,212,633

NET LOCAL COST		\$2,953,157
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	<u>1982</u>	<u>1983</u>	<u>Increase</u>	<u>Decrease</u>
Combined Gross Costs	\$12,235,670	\$14,361,484	\$2,125,814	
Gross Local Funds	\$ 6,849,047	\$ 8,165,790	\$1,316,743	
Net Local Cost	\$ 2,757,932	\$ 2,953,157	\$ 195,225	

WELFARE MANAGEMENT SYSTEM

In 1983, WMS (the computer system) underwent many enhancements and changes in operation to provide for a faster and more efficient delivery of social services both in Madison County and the other counties in the State. Many of these enhancements developed out of new policies and regulations imposed by the New York State Department of Social Services and/or the Federal government. These enhancements included Mabel mass rebudgeting, chronic care budgeting, monthly reporting, separate determination, on-line security capabilities, change in legal codes for child care, and a change in equipment.

CHRONIC CARE BUDGETING:

The chronic care version of the Medicaid automated budget and eligibility logic (Mabel) was implemented early in 1983. Chronic care is the budget method used for those cases in which an individual has been in continuous care in a Title XIX medical facility for more than sixty days. With this integration, Mabel will now process all Medical Assistance types of budgeting. Now, instead of preparing six handwritten budgets, there is one input screen that will generate all the necessary budgets from the entry in a matter of seconds.

TRANSACTION TERMINAL SECURITY SYSTEM:

Beginning in July, 1983, a change in the Transaction Terminal Security System provided for the obtaining of user access ID's directly through the system rather than having to be sent through the mail. Now a user ID can be obtained within two days for all new employees and for employees who need to have their capabilities changed.

RACAL-MILGO MODEMS:

In August, the State changed the existing Paradyne modems to Racal-Milgo modems. This change will, in the future, allow a diagnostic-computer system to be used in conjunction with these new modems that will be able to accurately diagnose telephone lines and modem failures from the central site in Albany.

MONTHLY REPORTING:

Beginning in September, Public Assistance and Food Stamps recipients who have income sources (wages, unemployment, etc.) were required to respond to questionnaires requesting information on their household income and other relevant circumstances governing continuing eligibility for the amount of the household's Public Assistance or Food Stamp grant on a monthly basis.

The data-mailer questionnaire is generated by WMS and sent to affected clients. The data regarding the clients' responses are entered onto the WMS monthly reporting subsystem along with corresponding grant change information, if appropriate. Clients who do not respond to the first mailing are identified by WMS and the system sends a second data-mailer to them. State and local summary reports are produced from the data collected. This new Federal requirement increased the use of the eligibility terminals by an estimated 36%.

CHANGE IN LEGAL CODES:

In November, the State changed the legal coding used to report the legal aspects of Child Welfare cases. Albany made the conversion of the old codes to the new codes in over 50% of the affected Child Welfare cases. The rest of the cases had to be converted manually by the workers.

MABEL MASS REBUDGETING:

The first mass rebudgeting for Medicaid cases took place in November. This mass rebudgeting refigured Medicaid eligibility for the January, 1984 increase in Social Security benefits and the corresponding increase in Medical Assistance standards.

Along with this mass rebudgeting came a Mabel-Principal Provider update interface. For nursing home cases the amount of the client's liability towards his care was taken from the budget screen and automatically stored on the principal provider screen. This saved the eligibility worker some time and effort in rebudgeting and updating the cases.

SEPARATE DETERMINATION:

As a result of a court decision and Food Stamps regulations, local districts are required to make a separate eligibility determination for Medicaid and/or Food Stamps when closing a Public Assistance case. To support this effort, a package of enhancements known as the separate determination process was developed and became available as of December, 1983. This procedure enables a worker to close a Public Assistance case and to initiate a Medicaid and/or a Food Stamps case opening. By performing a data enrichment process rather than a full application and workbook procedure, the new case is set up with the majority of data migrated from the Public Assistance case.

In the latter part of 1983, the agency has been preparing for a changover in equipment from Raytheon to International Computers Limited (ICL). The State decided to go with a different company when Raytheon's contract expired. This change will hopefully occur in the first quarter of 1984, and will eventually lead to an expansion of the WMS capabilities.