



Madison County
Department of Social Services

2014 Annual Report



Michael A. Fitzgerald
Commissioner



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March 1, 2015

John M. Becker, Chairman
Madison County Board of Supervisors

Alexander R. Stepanski, Chairman
Health and Human Service Committee

Mark Scimone, County Administrator
Madison County

Dear Gentlemen:

As in past years, I write the introduction to the 2014 Madison County Department of Social Services Annual Report full of wonder at all we have accomplished. I also know there will be many challenges in the coming year.

The year began with the first full year of implementation of the State's effort to "take over" Medicaid administration. The online marketplace known as the New York State of Health opened in October 2013 for individuals and families to enroll in health insurance coverage for January 2014. Almost immediately, the site was overwhelmed with a flood of inquiries and required a few weeks to bring it back to operational. Giving credit where it is due, the State Health Department has worked diligently to ensure that they are creating a program that can be used by a great number of individuals with relative ease. The troublesome part is that the growth of the program has not relieved the local districts of substantial workload pressures and, in some instances, has given work back that they were not prepared to do. In the end, I still firmly believe that the State's assuming administrative responsibility for the Medicaid program will not only be more effective and efficient, but I also believe that we are many more years away from seeing any significant relief. Fortunately, through the advocacy of our state associations and local counties, administrative funding for the Medicaid program has not been diminished yet.

The year has also been particularly rough for other parts of the agency. We began the New Year by cutting almost half the number of child care slots we funded. This was due to a number of causes, but the three most probable included a desire on our part to "spend down" past allocations by increasing the slots that we were funding; the doubling of expenses in the months prior; and New York State "assigning" an administrative rate to the county that spent far more of the child care allocation than we had anticipated. Unfortunately, we had to close a large number



of cases, affecting families and providers. This reduced number of child care slots continued for most of 2014, with a gradual increase beginning in September that we hope to sustain.

We also faced a relative unknown to the Department in the past several years. For reasons beyond our control, a large number of staff either retired or resigned in 2014. Unfortunately, the largest percentage occurred in our Child Welfare division. Turnover in that division had been practically nonexistent for many years, which had led to a stable workforce and stable child welfare investigations and foster care placements.

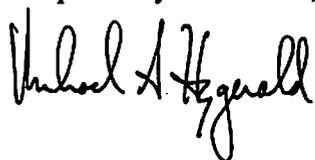
We were fortunate in this past year to continue to see lower numbers of children in foster care (partially due to children being adopted); however, many foster children were placed at some of the highest-cost facilities. A trend in recent years to lower placements has resulted in the county being eligible for less reimbursement from both federal and state resources, but with the high costs of placements this year, much of that cost increase was borne by local county taxpayers. As we head into 2015, we are budgeting a local cost increase in foster care expenses of \$1.7 million. With families continuing to battle the opiate epidemic, we are searching for effective ways to curb costly foster care placements and save tax dollars.

Madison County DSS was also at the center of the recovery efforts this past year when a devastating tornado touched down in the Town of Smithfield. The following day, work crews from DSS lead efforts to clean up the debris that was spread over the impacted area. For several days, the DSS Work Crew Leaders, together with clients assigned to the work program, worked tirelessly to restore the area surrounding the destroyed homes. It was exhausting work, both physically and emotionally, as they had to clean up several acres of household debris, all the while recognizing that lives were lost and the items they were picking up belonged to those families. DSS was there, as always, to get the work done while respecting the relatives of families that lost so much.

Finally, this past year was a struggle for me personally. As you know, I was seriously injured in a snowmobile accident in late March and spent much of the year rehabilitating from the various surgeries and injuries. Despite the extent of my physical limitations, through support both at DSS and within the county as a whole, I was able to balance my work and personal lives. I know that I was never more proud of the staff at DSS than when they rallied around me (and my family) to make sure I was recovering. I am sure the next several months (and years) will continue to be a challenge for me as I continue down the long journey of rehabilitation, but I am comforted to know that I have the support of family, friends and co-workers to get me through it.

In conclusion, you will read many more details of the activities of DSS over the past year in the pages that follow. Many will highlight the positives of all that DSS does for the community and some will point out those areas that even with best of intentions, some families find themselves in unfortunate conditions. DSS will continue to meet the challenges of today and the future.

Respectfully Submitted,



Michael A. Fitzgerald, MPA
Commissioner

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STAFF DEVELOPMENT

One of the areas that the Confidential Secretary is responsible for is the scheduling of mandatory and professional development training for the DSS staff. This includes state-sponsored training and training provided by the Personnel Office, along with other locally-offered classes. Children's Services Caseworkers and supervisory staff are required to annually attend at least six hours of New York State approved CPS in-service training.

Training is conducted in a range of settings, including classroom, electronically via employee desktops, or in a group setting "teleconference" that is transmitted through the Internet. New York State offers its training at various venues across the state and usually in multiple locations to accommodate counties by minimizing travel time. Madison County is fortunate to be located closely to the Center for Development of Human Services (CDHS) training center in Liverpool, New York, which is one of the state's contracted training providers. If state training is unavailable at that location, employees typically travel to Albany or Rochester. Other contracted providers include Brookdale Center on Aging, SUNY Albany, SUNY Potsdam and SUC at Buffalo.



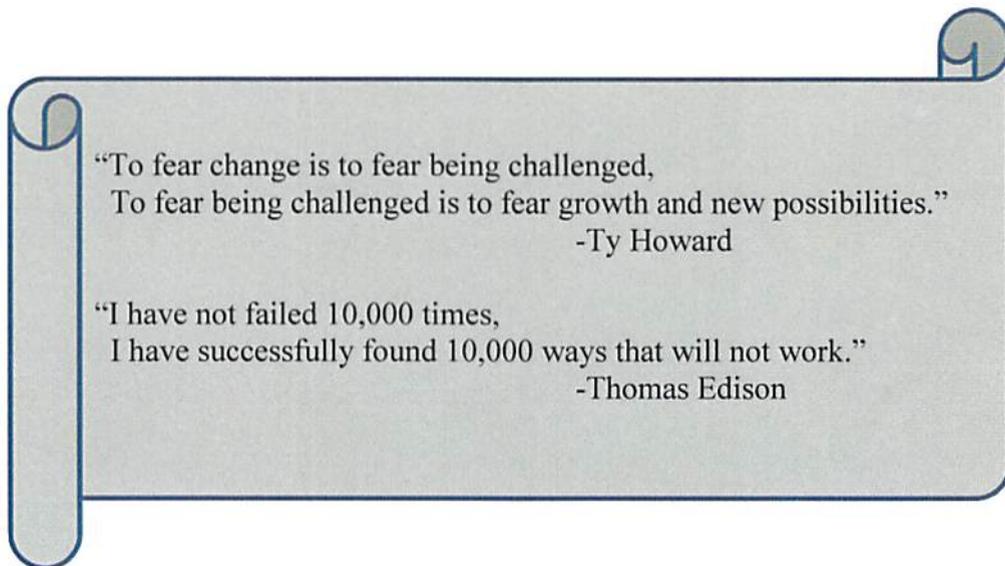
All new positions, whether promotional or new hire, are given at least 75 hours of in-house new worker training, which is conducted by the directors and supervisors. Some titles; i.e., Social Welfare Examiner and Children's Services Caseworker, also require a minimum number of hours of state-sponsored training. Caseworkers require three-to-four months of intensive state-sponsored Common Core and agency training before acquiring their own caseloads.

The department experienced an anomaly in 2014 – six Caseworkers resigned! DSS staff turnover is normally very low (two Caseworkers in 2013). The reasons for the resignations were various, but all positive departures such as family commitments or job upgrades. With the required three-to-four month Caseworker training, senior staff had to take on higher caseloads.

Caseworkers that are not fully trained do not carry a full caseload. Some of the Caseworker training has spilled over into 2015, but the Children's Services unit has persevered and is gradually getting back on track.

In 2014, the department saw six promotions (Director of Medical Assistance/Financial Aid, Senior Caseworker, Senior Social Welfare Examiner, Support Investigator, and two Office Assistant IIs) and eight new hires (seven Caseworkers (one Caseworker stayed only a short time, so we had to refill the position) and one part-time Work Crew Leader), along with the three Energy Resource Aides that are hired for the six-month HEAP season. Six staff members resigned (Caseworkers), two retired (one Director of Temporary Assistance/Financial Aid and one Office Assistant II), and one passed away (Senior Caseworker).

The entire DSS staff was saddened by the unexpected passing of a much-loved Senior Caseworker. The staff supported each other through their grief and a special day was designated as "Andy Day," where employees held a lunch and wore Andy's favorite teams' colors (Syracuse orange and Yankee blue). He is missed.



Classroom Training

- State and local training conducted in a classroom setting either onsite or at various venues throughout the state. State training registration is done through the Human Services Learning Center (HSLC).

Common Core Training

- Core training team includes the common core trainer, trainee's supervisor, and confidential secretary/training coordinator. Between the initial pre-core meeting and the ending post-core meeting with the trainer, there are 14 weeks of in-house, classroom, and computer-based training.

Webinars

- Trainees view a presentation via computer while verbally communicating by telephone. This may be attended by a group using a projector connected to the computer or may be individually attended by using the employee's desktop.

iLinc Training

- State-sponsored iLinc classes are computer-based and accessed through the trainee's desktop. These are interactive classes and include participants from across New York State. These training sessions are conducted at specific dates and times.

TrainingSpace

- State-sponsored TrainingSpace courses are also accessed through the trainee's desktop. These are view-only sessions and can be conducted at the trainee's convenience rather than specific dates and times.

Teleconferences

- State-sponsored teleconferences are offered at various times throughout the year with no pre-registration required. These sessions, viewed as a group, are broadcast via Internet on designated dates and times. Participants' questions are faxed to the trainers and are answered during the broadcast. Most of the teleconferences eventually become TrainingSpace offerings.

INCOME MAINTENANCE

The year 2014 proved to be quite a challenge for the Temporary Assistance (TA) and Supplemental Nutrition Assistance Program (SNAP). Both programs were included in the implementation of a new task-based application process. Previously, these programs were operating under a generalist caseload management process, with each Social Welfare Examiner carrying a caseload based on alphabetical assignment. The task-based process distributes the workload through a task management system, which electronically assigns tasks to each Examiner. The goal of the task-based process is to distribute tasks in a more equitable manner and allow each Examiner to specialize in a particular part of the application and recertification process.

The Temporary Assistance unit remained fairly consistent this last year, showing only a slight increase in caseload and applications registered:

Temporary Assistance	2013	2014
Caseload	342	354
Applications Registered	1,039	1,076
Pre-screening Sheets	2,074	2,167

The pre-screening sheet, also referred to as “white sheet,” is given to any individual who indicates a need for cash assistance, whether it be for a pending eviction, utility shutoff, homelessness, or a recent loss of income. Of the 2,074 pre-screening sheets, 835 individuals indicated a housing emergency and 563 individuals indicated a utility emergency.

The SNAP program continued to increase in overall active cases, applications, and online applications through the Office of Temporary and Disability Assistance myBenefits.ny.gov website:

SNAP	2013	2014
Caseload	4,480	4,561
Applications Registered	2,718	2,762
Online Applications	716	785



In 2014, the Temporary Assistance program served approximately 650 individuals residing in Madison County. The SNAP program served over 9,000 individuals. There was a slight increase in phone calls and walk-ins.

	2013	2014
Phone Calls	32,994	33,023
Monthly Average	2,750	2,752
Walk-ins	8,312	8,364
Monthly Average	693	697



Submitted by Patricia Platt, Director of Child Support Enforcement/Financial Aid

EMPLOYMENT

This year has been another challenging year for the Welfare Employment Representatives (WER) in meeting the required state work participation rates.

The number of individuals that the WER's are working with, along with the individuals' employment status is shown below:

2014	
Employed	4
Employable	17
Work Limited	5
Medical Exemption	175
Miscellaneous Exemptions	15

The majority of the individuals that the WERs are working with have medical exemptions that prevent them from working. The WERs attempts to facilitate the exempt individuals in obtaining Supplemental Security Income (SSI) or facilitate in obtaining the necessary medical treatment to ensure a full recovery to become self-sufficient.

The agency contracts with the Workforce Development (Madison County Career Center) to assist the WERs with meeting state required participation rates. The Welfare Employment Representatives work closely with the Workforce Development Counselor and Case Manager to achieve the shared goal of helping clients to overcome their barriers to self-sufficiency.

The Employment unit has specific goals for 2015, which include strategizing with New York State Employment Representatives to increase participation rates.



Submitted by Patricia Platt, Director of Child Support Enforcement/Financial Aid

MOBILE WORK CREW

The work crew once again completed numerous projects for not-for-profit agencies and municipalities within Madison County, which helped these agencies afford projects that might not have been completed otherwise. The crew performed a total of 8,347 man hours on the projects listed below:

Major Projects:

- Madison County Landfill – put new roof on office at the dumping station.
- Madison County Landfill – built walls, shelves, and cleaned storage building.
- Child Advocacy Center – repaired drainage, re-graded lawn, and put in concrete slab and safety fence around gas tank and generator.
- Child Advocacy Center – installed new playground.
- Child Advocacy Center – completed new siding, and built and installed new shutters.
- Town of Sullivan, Chapman Park – completed repairs, painted, and assisted with building new dog park.
- Town of Sullivan, Sullivan Park – built three bridges for use on hiking trails.
- Madison County – assisted with teardown of property located on Canal Road and provided cleanup onsite.



Minor Projects:

- OHG Fishing Derby – helped with setup and cleanup.
- Boxing Hall of Fame – helped with cleanup.
- Canastota DPW – helped with leaf pickup.
- Canastota VFW – repaired, painted, and cleaned interior.
- Madison County Cooperative Extension – repaired and painted main floor offices and hallways, and moved offices from downstairs to upstairs.
- Community Action Program – moved offices from Morrisville to Canastota.
- Great Swamp Conservancy – repaired and stained main building.
- Madison County DSS – moved furniture, paper, files, etc.
- Madison County DSS – snow removal from fleet vehicles.

Madison County Landfill:

- E-Waste program with LOJOS.
- Landscaping and lawn mowing.
- Snow removal.
- Painted roll-off dumpsters.
- Metal pile sorting (copper, aluminum, and other metals).
- Household battery and light bulb collection program.

The agency continues to have worksite agreements with the Madison County Office for the Aging, Town of Sullivan, YMCA, and Oneida Recreation Department. We have had great success with our partnership with these agencies. We also continue to have a successful relationship with Oneida Molded Plastics, who contacts the Mobile Work Crew leader for referrals for job openings. This past year, several clients have obtained jobs at Oneida Molded Plastics through these referrals.

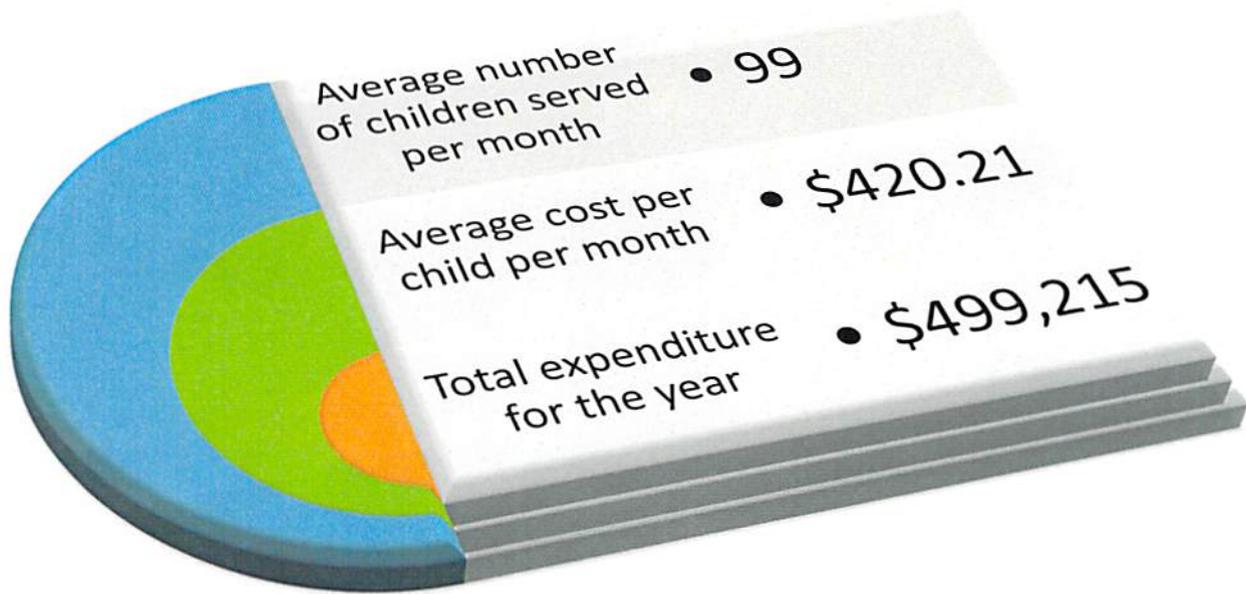


Submitted by Patricia Platt, Director Child Support Enforcement/Financial Aid



DAY CARE

The Day Care program is an important element for parents who are currently employed, seeking employment, attending educational programs, or participating in our work experience program. The program provides a subsidy to eligible parents based on income, the child's age, and individual needs. The chart below indicates the averages for 2014 Day Care costs.



Submitted by Patricia Platt, Director of Child Support Enforcement/Financial Aid

BURIALS

Eighty-two applications were taken in 2014, an increase of 34 percent from last year. Nine applications were ineligible for indigent burials and 73 were processed for payment by DSS. The total amount paid for these burials was \$183,643.16, an average of \$2,515.65. This is an increase of \$38,359.31 from the previous year.

Below is the amount paid to our local funeral homes:

Funeral Provider	Applications	Denials	Costs
Ayer & Zimmer Funeral Home	4	0	\$10,194.00
Bookout Funeral Home	1	0	\$3,541.00
Burgess & Tedesco Funeral Home	12	1	\$28,650.65
Campbell Dean Funeral Home	11	3	\$22,547.72
Coolican & McSweeney Funeral Home	3	0	\$6,895.54
Dimbleby Funeral Home	2	1	\$5,365.99
Farone Funeral Home	2	0	\$4,230.00
Fiore Funeral Home	4	0	\$9,969.00
GF Zimmer Funeral Home	6	1	\$17,165.00
Goddard/Crandall Funeral Home	1	0	\$2,713.80
Greenleaf Funeral Home	1	0	\$2,189.64
Ironside Funeral Home	1	0	\$2,865.00
J Homer Ball Funeral Home	8	1	\$21,458.77
Malecki Funeral Home	1	0	\$2,210.00
Nichols Funeral Home	1	0	\$3,557.60
Nunn & Harper Funeral Home	2	0	\$3,859.10
Paul Funeral Home	5	1	\$14,552.00
Shepp Funeral Home	2	0	\$5,432.00
Tait Funeral Home	2	1	\$6,142.00
Traub Funeral Home	3	0	\$6,993.35
Watson Funeral Home	1	0	\$3,111.00
Total	73	9	\$183,643.16

Submitted by Patricia Platt, Director of Child Support Enforcement/Financial Aid

MEDICAL ASSISTANCE

Medical Assistance (Medicaid) provides health care coverage for qualified children and adults. To qualify for the Medicaid program, applicants must meet certain requirements such as income, resources, age, or disability. The Medicaid program makes payments directly to providers of medical care, such as hospitals, doctors, pharmacies, etc., and is funded through federal, state, and county appropriations.

The total Medicaid expenditures for Madison County in 2014 was \$98,194,510.52 with the local share being approximately \$11,272,883.46.

<i>Medical Expenditures for 2014</i>		
<i>Hospital</i>	\$5,755,421.39	
<i>Skilled Nursing</i>	\$16,982,764.44	
<i>Clinics</i>	\$2,949,451.50	
<i>Hospice Services</i>	\$28,567.02	<i>*76.48% decrease from 2013</i>
<i>Physicians</i>	\$933,723.68	
<i>Dental</i>	\$194,419.21	
<i>Other Practitioners</i>	\$1,525,686.28	
<i>Child Institution Medical</i>	\$329,797.79	
<i>Personal Care</i>	\$828,866.03	
<i>Home Health Aide</i>	\$144,118.11	
<i>Home Nursing</i>	\$65,916.46	<i>*52.74% decrease from 2013</i>
<i>Assisted Living Program</i>	\$130,287.54	<i>*57.08% increase from 2013</i>
<i>Waiver Services</i>	\$23,618,034.95	
<i>Rehab Services</i>	\$554.51	<i>*90.43% decrease from 2013</i>
<i>Therapist Services</i>	\$9,755.89	
<i>Rehab Option Services</i>	\$2,197,140.59	
<i>Drugs</i>	\$1,731,165.04	<i>*38.16% increase from 2013</i>
<i>Sick Room Supplies</i>	\$123,830.71	
<i>Eyeglasses</i>	\$13,714.63	
<i>Durable Medical Equipment</i>	\$163,760.40	
<i>HMO Services</i>	\$35,252,234.50	
<i>Managed Long Term Care</i>	\$713,039.03	<i>*5918.07% increase from 2013</i>
<i>Case Management</i>	\$1,775,336.69	
<i>HIPP Payee</i>	\$47,585.85	<i>*345.07% increase from 2013</i>
<i>Transportation</i>	\$2,496,683.32	
<i>Lab & X-Ray</i>	\$151,000.33	
<i>Other</i>	\$31,654.63	<i>*55.14% decrease from 2013</i>
Total	\$98,194,510.52	*1.29% increase from 2013

Year 2014 was challenging for the Medical Assistance unit. The implementation of the Affordable Care Act (ACA) brought paramount changes to the administration of the Medicaid program. The New York State of Health online marketplace opened on October 1, 2013, for

January 1, 2014, enrollments. The marketplace began accepting applications for Medical Assistance for the Modified Adjusted Gross Income (MAGI) populations, as well as for Child Health Plus and Qualified Health plans.



The MAGI groups include pregnant women, parent/caretaker relatives, adults age 19-64 not eligible for Medicare, infants, and children under age 19. The non-MAGI groups include individuals aged 65 or older; SSI-related medically needy; ADC-related medically needy; residents of nursing homes, institutions, congregate care, adult homes, and residential treatment facilities; and waiver children and adults.

The Medical Assistance unit continues to process applications for the non-MAGI population and certain MAGI populations. The unit also continues to be responsible for under-care maintenance of both MAGI and non-MAGI populations. Effective April 1, 2014, the Medical Assistance unit began processing renewals using MAGI-like budgeting.

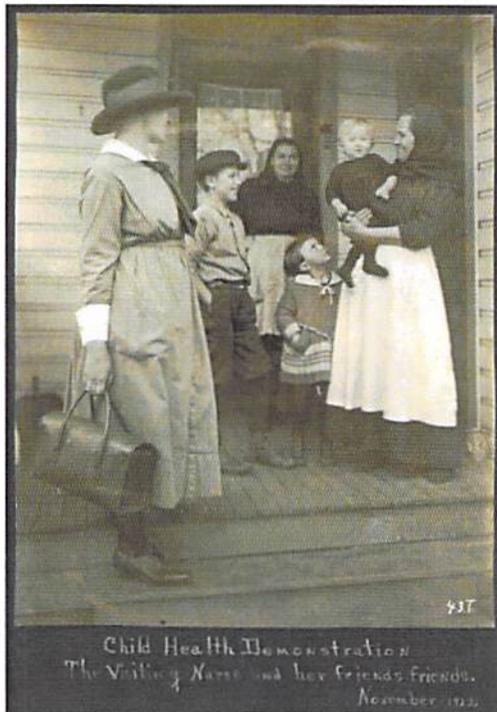
2014 STATISTICS:

There are 6,308 Medical Assistance cases comprised of 9,888 individuals. This is 13.7 per cent of Madison County’s population.

Medicaid applications registered	1,787
Medicaid cases opened or reactivated	2,157
Disability reviews referred and processed	35
Application referrals received from New York State of Health Exchange for individuals disabled, in a nursing home or residential treatment facility, seeking retroactive coverage, foster care and adoption subsidy, and surplus income	387
Undercare renewals received from New York State of Health Exchange in the month of December for those no longer financially eligible for Medicaid, individuals with Medicare or over 65 and not a parent or caretaker relative	7
Phone calls received by the Medicaid unit	11,354
Individuals seen by a Medicaid Examiner	1,538



Medicaid Managed Care has been mandatory in Madison County since October 1, 2010. Managed care health plans continue to cover more and more services. Exemptions from managed care are now being eliminated and new populations are being phased in to the plans. On January 1, 2014, Madison County had three mainstream managed care health plans: Excellus, Fidelis Care, and United Healthcare. On April 1, 2014, Excellus withdrew its managed care health plan from many New York State counties including Madison County. Excellus's 3,331 members were transferred to United Healthcare and Fidelis Care health plans. There were 7,021 individuals enrolled in mainstream managed care as of December 31, 2014: 5,321 individuals enrolled in Fidelis Care and 1,700 individuals enrolled in United Healthcare.



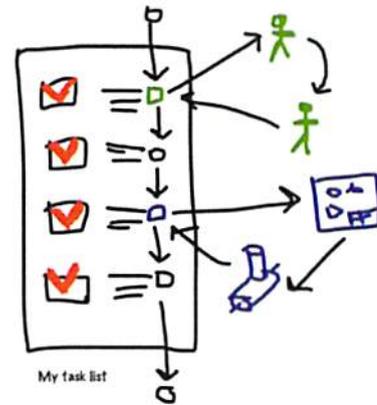
Managed Long-Term Care (MLTC) – Enrollment had been voluntary since October 1, 2012, and became mandatory December 1, 2014. The targeted population for the mandatory initiative is the dual eligible (have both Medicare and Medicaid) who is 21 or older, and requires more than 120 days of home and community-based long-term care services (defined as: home health care, personal care, private duty nursing, and adult day health care). Madison County had two MLTC plans in 2014 – Visiting Nurse Services of New York (VNS) and Visiting Nurses Association of Central New York (VNA Homecare Options). As of December 31, 2014, there were 43 individuals enrolled in VNA.

The Family Health Plus (FHP) Program – Ended December 31, 2014. As of January 1, 2014, there were 961 individuals enrolled in the FHP program. These cases were identified by the enrollment center for early renewal and eligibility for these individuals was determined using MAGI budgeting. Depending on income, eligibles were either transitioned to Medical Assistance or referred to the New York State of Health Exchange where they could purchase a qualified health plan. Subsidies were provided, if eligible, in the form of Advance Premium Tax Credits and/or Cost Sharing Reduction to cover additional costs associated with premiums.

Retroactive Disenrollment – Madison County was selected by the New York State Office of Health Insurance Programs to pilot a new program for revisions to the recovery and tracking process of retro disenrollments in order to enhance efficiency and reduce duplicate efforts. Training for this new process was held in January 2014 and implemented in June 2014. Retroactive disenrollments are identified for incorrectly paid or duplicate managed care

premiums. Notifications are submitted to both the health plans and Office of Medicaid Inspector General (OMIG) for repayment/recovery.

Task Management System (TMS) – On June 23, 2014, the Medical Assistance unit began using a new software program which streamlined the workflow of case processing. Previously, each Social Welfare Examiner was responsible for a specific caseload and processed each case from start to finish. Using TMS, Examiners are part of a team, each responsible to process part of the case (being assigned and performing specific “tasks” within their group). Individual tasks are visible to both examiners and supervisors and can be tracked on this system. Community Medicaid Examiners are divided into three teams: (1) Client Contact Worker, (3) Trackers, and (2) Finishers. (2) Chronic Care Examiners and the (1) Supplemental Security Income (SSI) Office Assistant II continue to have a caseload but “self-task” work on TMS.



Since inception to December 31, 2014, the Medicaid unit has completed 6,878 tasks:

Tracker Group	4,162 tasks
Finisher Group	870 tasks
Chronic Care Examiners	1,334 tasks
SSI Worker	512 tasks



Submitted by Leigh Silkowski, Director of Medical Assistance/Financial Aid

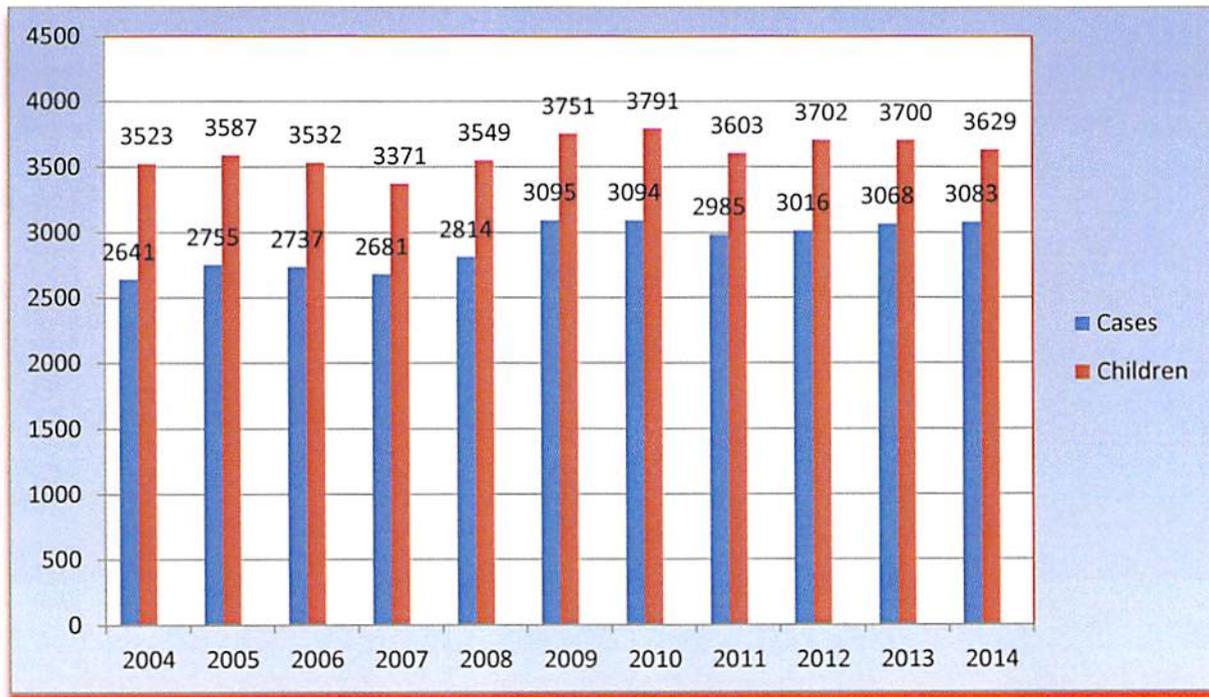
CHILD SUPPORT ENFORCEMENT

The Child Support unit assists custodial parents in obtaining financial and/or medical support for their children. Services include locating absent parents, establishing paternity, establishing and enforcing support orders, and collecting and monitoring child support payments.

Caseloads

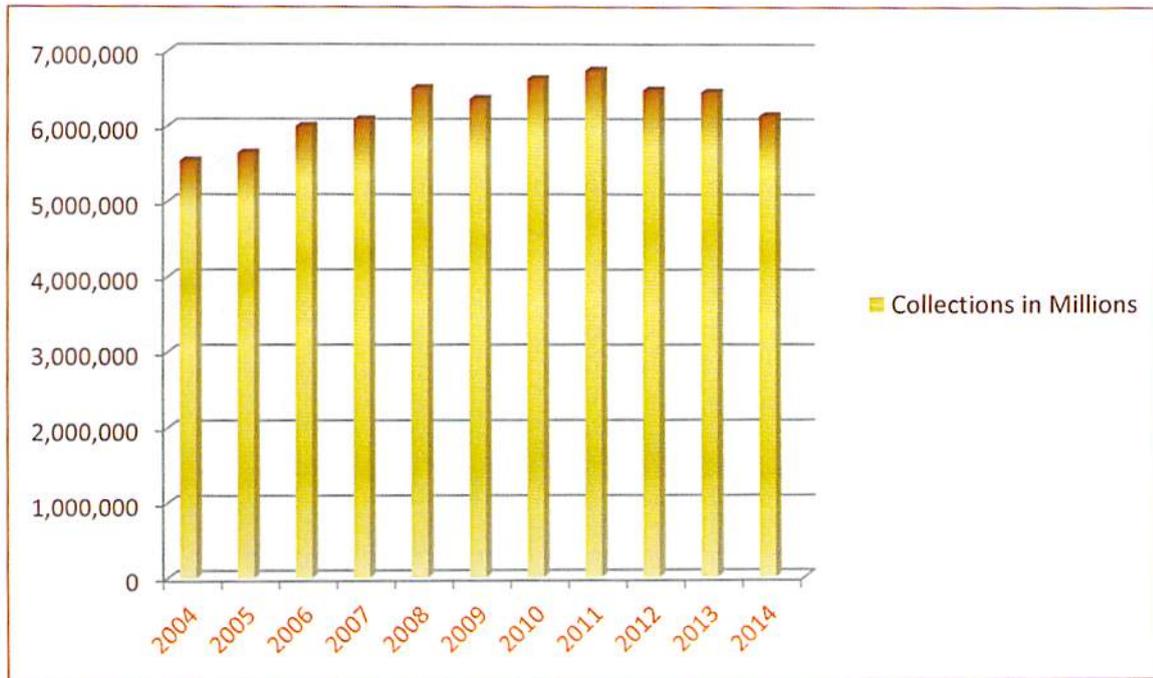
Over the past 10 years, the number of Child Support cases has fluctuated. This trend is repeated in the number of children served in those same cases. The unit ended the year 2014 with 3,083 cases, serving 3,629 children.

Chart reflects caseloads and children served over the past 10 years



Collections

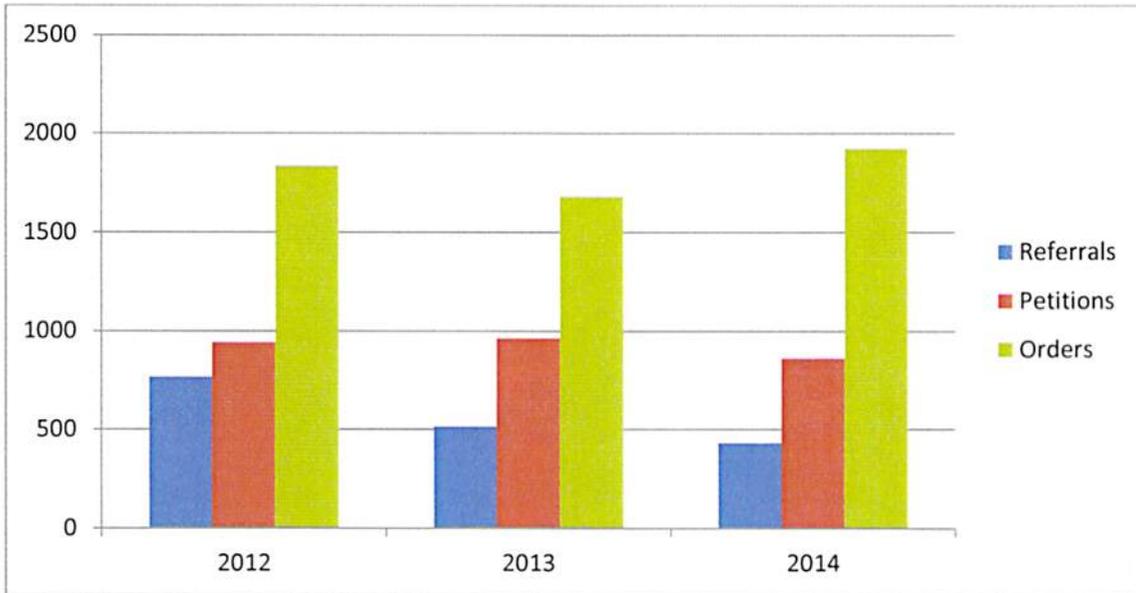
- Collections for 2014 totaled \$6,138,578, a 4.93 percent decrease from last year's collections of \$6,456,617.



- \$98,572.95 in child support collected from non-custodial parents' New York State income tax refunds – an increase of 13.65 percent from 2013.
- \$116,047.38 in child support collected from non-custodial parents' federal income tax refunds – a decrease of 48.24 percent from 2013.
- \$183,235.04 in child support collected from respondents' unemployment insurance benefits – a decrease of 46 percent from 2013.

Enforcement Collections

- A combined total of \$23,224.25 was received as a result of property execution methods, including bank account and vehicle seizures.



- 861 petitions were filed by the Child Support unit, including paternity petitions, support petitions, and support collection petitions.
- 432 referrals were received from Temporary Assistance, Medical Assistance, and Foster Care units, enabling the Child Support unit to build cases to establish or enforce child and/or medical support.
- 1,925 child/medical support orders were received and processed by means of building new, adjusting, and/or closing existing Child Support accounts.
- 542 cooperation interviews were conducted and processed by the unit as a result of individuals applying for temporary/medical assistance.
- 97 individuals were scheduled for genetic testing to assist in establishing paternity. The department contracts with a genetic testing company that collects the DNA samples onsite.

Future Goals

The Support Collection Unit has set clear goals for the year 2015, including improved utilization of enforcement methods in an effort to increase overall collections.

Submitted by Patricia Platt, Director of Child Support Enforcement/Financial Aid

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

HEAP is a federally-funded program, administered locally by DSS, that assists low-income New Yorkers with the cost of heating in their home. HEAP also offers an emergency benefit for households in a heat-or-heat related energy emergency.

2014 Program Dates:

<u>Component</u>	<u>Opening</u>	<u>Closing</u>
Regular	November 18, 2013	March 14, 2014
Emergency	January 2, 2014	March 17, 2014
Heating Equipment	November 12, 2013	January 31 2014
Cooling Assistance	April 1, 2014	June 26, 2014

Application Options:

HEAP applicants may request a Home Energy Assistance Program Application from DSS either in person, by telephone, or may file an online application through myBenefits.ny.gov. Applicants may request a telephone interview or a face-to-face interview if preferred.

A regular HEAP benefit is calculated based on income, household size, fuel type, and living arrangement. Benefits ranged from \$400 – \$650 depending on type of heat. Emergency benefits ranged from \$160 – \$600.

2013/2014 Statistics

A total of 928 early outreach applications were mailed out by NYS HEAP on August 27, 2013. NYS HEAP identifies and mails applications prior to program opening to the vulnerable population who received a HEAP benefit in the previous year – applicant/payees under age 60 with vulnerable individual (under age 6 or disabled) or aged population age 60 and over.

- The HEAP unit processed 1,012 mail-in applications, which included early outreach.
- The HEAP unit saw 698 walk-in applicants.
- The HEAP unit processed 297 online applications.
- 5,096 Regular benefits were issued through the Supplemental Nutrition Assistance Program (SNAP) and HEAP units at a cost of \$2,243,170.
- 1,507 Emergency benefits were issued through the SNAP and HEAP units at a cost of \$820,880.

	<u>2012/2013</u>	<u>2013/2014</u>
Regular Benefits Obligations	5,100	5,096
	\$2,208,098	\$2,243,170
Emergency Benefits Obligations	1,317	1,507
	\$706,030	\$820,880

<u>HEAP Case Activity</u>	<u>2012/2013</u>	<u>2013/2014</u>
Applications Registered	885	955
Cases Opened/Reactivated	865	656
Changes to Active Cases	2,698	1,908

The HEAP Heating Equipment Repair and Replacement Component helps eligible low-income homeowners repair or replace primary heating equipment necessary to keep the home's primary heating source functional. Applications for this component were processed and referred to Stoneleigh Housing, Inc.

- 16 repair or replacement referrals were made to Stoneleigh Housing.
- 7 furnace repairs were completed at a cost of \$5,702.80.
- 9 furnace replacements were completed at a cost of \$25,082.47

The HEAP Cooling Assistance Component (CAC) provides for the purchase and installation of air conditioners and fans to eligible households that include individuals with medical conditions that are exacerbated by extreme heat. Applications for this component were processed and referred to the applicant's vendor of choice.

- 33 applications were received
- 8 applications were denied
- 25 air conditioners were installed at a cost of \$16,087.98

As always, federal funding will play a key role in the planning and implementation of the next HEAP season program.

Submitted by Leigh Silkowski, Director of Medical Assistance/Financial Aid

FAMILY SERVICES

As always, in Family Services, 2014 managed to be an extremely busy year. Events ran the gamut from difficulties such as dealing with the skyrocketing use of heroin in our community to joyous events such as the adoption of 14 children from foster care. We also had first class training for all staff regarding motivational interviewing by Dr. Peter Sobota, an expert on the subject. Motivational interviewing has been used for several years in the area of substance abuse treatment and is proving to be highly effective in Family Services with an emphasis on improving family engagement and decision making.

After several years of relative stability within our workforce, we had a number of staff members leave for various reasons, such as taking positions with New York State or having new babies of their own. We have been busy training new employees, who are proving to be quick learners and excellent Caseworkers.

We also dealt with a tragedy within our own “family” this year with the sudden death of our coworker and friend Walter (Andy) Hoffman. We grieved together and were greatly comforted by our extended DSS family as well as supported by other county departments and community agencies.

Below you will see various charts and data points to try to highlight some of the past year’s events. There are also a few stories to help paint a more vivid picture than can be seen with just the numbers.

Child Protective Services

Statistical Information Reports per Year:

Year	2014	2013	2012	2011	2010
Total Number of Reports	1463 (540 FAR)	1499 (438 FAR)	1546 (363 FAR)	1492	1500
Neglect/Abuse Petitions Filed with Family Court	72	61	93	61	48



Monthly Child Protective Reports Sorted by Township

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Brookfield	4	0	3	4	3	1	7	3	2	3	9	4	43
Cazenovia	5	1	2	2	2	4	1	1	3	2	4	1	28
DeRuyter	1	0	4	2	1	1	4	2	1	1	2	2	21
Eaton	5	4	9	9	8	14	6	3	8	10	6	7	89
Fenner	1	0	1	0	0	0	1	1	2	0	0	0	6
Georgetown	1	0	0	0	0	1	0	0	0	1	2	2	7
Hamilton	12	4	8	6	8	9	3	7	11	13	9	16	106
Lebanon	0	1	0	0	0	0	0	0	0	0	0	0	1
Lenox	21	15	28	9	37	25	9	24	18	25	9	13	233
Lincoln	2	0	0	0	0	0	0	0	1	0	0	0	3
Madison	2	3	3	1	6	3	1	3	0	5	4	6	37
Nelson	0	1	2	0	0	1	2	0	1	0	0	0	7
Oneida	31	24	39	32	49	36	27	29	31	30	26	31	385
Smithfield	0	0	0	0	0	0	1	0	0	0	0	0	1
Stockbridge	4	7	2	2	2	8	3	4	6	10	5	7	60
Sullivan	21	18	21	16	22	25	15	11	16	18	11	12	206
Other Reports	24	18	22	19	24	20	14	22	14	15	22	16	230
Total	134	96	144	102	162	148	94	110	114	133	109	117	1463

Other refers to reports shared with other counties where most family members live outside of Madison County. There were no significant increases or decreases in any one particular township.

Adult Services

Statistical Information:

Year	2104	2013	2012	2011	2010
Number of Referrals	101	95	82	134	157

Success Story:

A referral was made to Madison County Adult Protective Services by a local doctor's office in Oneida regarding a woman in the early stages of dementia. The doctor was concerned this woman's family was using the woman's medical condition to take advantage of her financially. After speaking with the doctor's office and gathering the initial information, a home visit was made to assess the situation.

At first, the women denied there were any problems between her adult children and her and no one was taking advantage of her. The investigation continued, including a request from local area banks for copies of this woman's financial history, speaking with other family members, and speaking with the woman's adult children. With the information that the Adult Protective Caseworker uncovered, it was discovered that the women's children were taking her retirement and social security checks each month and not paying any of the woman's bills. She was basically living in her bedroom and was not being taken care of, as her children would only give her \$50 a month to meet her own needs. Her children were spending her money for their own personal needs. The investigation revealed there were numerous outstanding credit cards, unpaid household bills, and that the woman's home was in the process of foreclosure. The police were contacted, but the woman was unwilling to press charges against her children, so no legal action could be taken.

While trying to put services in place for this woman, the Adult Protective Caseworker would meet with this woman on an almost daily basis. The Caseworker was able to have the woman stay with a different family member where she was safe. The Caseworker would take her to the post office first thing each day to make sure she was getting her mail, because during the investigation, it was determined that her children were taking her mail before she could and were taking her checks and hiding the bills.

The Caseworker made sure she made her medical appointments, he took her grocery shopping, and he even found a temporary safe home for the woman's two small dogs that were not being cared for by the woman's children. The Caseworker even took the woman back to her own home to get her belongings that her children were trying to sell at a garage sale. The Caseworker made sure the children could no longer take advantage of their mother.

The Adult Protective Caseworker was able to set up a representative payee for this woman through Consumer Services in Oneida. The Caseworker worked with The Social Security Administration and the New York State Retirement System to get this woman's checks sent directly to the representative payee so her children would no longer have access to them. The Caseworker was then able to work with the Oneida Housing Authority to find a new apartment for this woman to live in since her own home was in foreclosure. The Caseworker also worked with National Grid on setting up a repayment agreement that the woman could afford in order to have the electricity turned on in her new apartment.

After working with the different agencies for months, this woman is now in her own apartment and is regaining financial stability. This is just one example of the work Madison County Adult Protective Services provides to the community and how working together with different agencies and businesses we are able to successfully assist and protect adults in our community.



Foster Care Services

Statistical Information:

Year	2014	2013	2012	2011	2010
Children Placed in Care	34	29	46	20	31
Children Discharged from Care	40	29	25	29	37
Average Number in Madison County Foster Homes	25	35	34	30	26
Average Number in Therapeutic Foster Homes	9	11	9	5	10
Average Number in Higher Levels of Care	20	18	15	16	20
Children Adopted from Foster Care	14	5	9	10	10
Foster Homes Certified	7	8	8	9	5
Foster Homes Closed	9	7	12	6	7

Foster Care/Adoptions Success Story:

In 2014, the adoption of a sibling group of three children was finalized following a long and eventful journey. The story begins in early 2008 when the children, ages 4 years, 2 years and 1 month at the time, were placed in foster care following incidents of excessive physical discipline being used on them by their parents along with lack of medical care. A Caseworker worked with the family, referring them to mental health treatment, parenting services, and regular visitation with the children. The parents' issues were many as the mother was raised by her grandparents following the death of a sibling at the hands of her parents. The father had a long history with

Child Protective involving a child with another woman in which he broke that child's arm while disciplining him. He eventually surrendered his parental rights to that child. With the assistance of the service providers, the parents were able to work to have the children returned to their custody in November 2008 and they continued to work with the agency into 2009.

In May 2010, circumstances again warranted removal of the children from the parents' custody due to excessive corporal punishment and lack of medical care for the children. Due to the behavioral needs of the children, they were placed between two different foster homes. Their behaviors during their period of placement were determined to have been influenced by the physical violence they experienced at home with their parents. The parents, despite the services provided through the Caseworker, including mental health treatment, parenting skills through classes, and 1:1 work with a Parent Aide during extensive supervised visitation minimized their problems. The mother engaged in mental health counseling and was able to identify her past issues of childhood abuse and neglect, but refused or was unable to address them. The father refused all services that were court ordered or offered to him. The parents did visit with the children regularly, but aside from that, they had little interaction with them, declining to call them at the foster homes and refusing to have contact with the foster parents, school personnel, or the children's therapists.

Finally, in 2012, a petition was filed by DSS to seek termination of the parents' rights and free the children for adoption. This was achieved in January 2013 when the Family Court Judge determined that the children had been permanently neglected and needed permanency in an adoptive home. During their time in placement, the children were placed with several different foster families who often struggled to cope with their various behavioral challenges, which included stealing by the oldest child, physical aggression toward each other, and emotional outbursts and tantrums. One child had a diagnosed learning disability along with ADHD. The oldest was diagnosed with an attachment disorder.



Despite the behaviors exhibited by the children as they struggled with these problems, through collaboration among the Caseworker, foster parents, and the children's therapists and school personnel, great improvement was achieved with the children's negative behaviors. In May 2012, the agency identified a family for the children who, with substantial support from DSS and other agencies and service providers, were able to make a permanent commitment to be a "forever family" for these children, which resulted in their adopting the children in October of 2014.

Preventive Services

Statistical Information:

Year	2014	2013	2012	2011	2010
Average Number of Open Preventive Cases	122	126	119	98	117
Average Number of Children	227	240	225	170	209
Referrals for Parent Aide Services	26	19	24	37	24
Number of Parent Aide Home Visits Made	366	377	528	529	504
Supervised/Coached Family Visits	485	699	600	542	590
People using Emergency Supply or Food Cupboards	43	42	53	97	56
Transportation Trips	492	550	603	829	888
Transportation Savings	\$20,539	\$17,174	\$18,038	\$20,326	\$21,371
Number of Children Receiving Life Skills Coaching	18	20	21	21	20
Number of Mentor/Mentee Matches	55	23	28	53	25

It should be noted that one of the two Parent Aides retired in 2013 and the position was not refilled until 2014 so the number of Parent Aide cases and classes was diminished. Our number of supervised visits or CFVs fluctuates based on the number of children who are in foster care. In 2013, we had only one Transportation Aide as opposed to 1.5 in 2011 and 2010.

Success Story:

Life Skills Coaching with Dr. Scott Petosa

One example of success is a boy who is diagnosed with Asperger's Disorder. He lives with his father and has no contact with his mother, who has a history of abusing drugs. He is enrolled in the BOCES alternative education program. He has shown a history of aggressive and disruptive behavior at school, resulting in dozens of disciplinary referrals each year.

This 15 year old had very low self-esteem, was constantly bullied at school, and often acted out in school, resulting in the disciplinary referrals. This student was particularly apprehensive about entering the high school curricula where he would have to interact with more students as he navigated through different classrooms.

By exploring respect, communication, and problem solving issues both instructionally and experientially, this young man has improved dramatically. His transition to high school has gone much smoother than he anticipated. By focusing on himself and what he can control (his responses to others), he has navigated successfully with the changing academic environment. He better understands that he may still be periodically ostracized by his peers, but he has control on his responses to their behaviors. This has resulted in significantly less disciplinary referrals this school year, exactly the opposite of what he expected. He has had less than a handful of referrals compared to dozens last year.



Both the student and his father were incredibly reclusive and introverted, spending the vast majority of their discretionary time in their apartment. Now, besides their time with Dr. Petosa at the YMCA, they frequently visit the fitness center on their own. The father, who was terribly out of shape, has significantly improved his health and recently started a job requiring physical labor, which he states he could not have done without his new found exercise regimen. The student enjoys time with his father outside the home and this has significantly aided his social skills with others.



School Services Program

Statistical Information:

Year	2014	2013	2012	2011	2010
Number of Referrals	136	112	96	92	132

Source of Referral	School	Outside Agency	County Departments	Family
Number of Referrals	113	3	17	3

Referred Need	Mental Health Services	Medical Services	Juvenile Justice	Educational	Substance Abuse	Basic Needs	Parenting Skills
Number per Need	69	13	27	77	8	26	89

Each referral could reflect a variety of needs.

Age of Child	0-5 years	6-9 years	10-13 years	14-16 years	17-18 years
Number per Age Group	14	21	68	26	7

PINS Diversion Program

Statistical Information:

Year	2014	2013	2012	2011	2010
Number of Referrals	110	112	92	99	109
Reasons for Referral	96 I&U	90 I&U	81 I&U	92 I&U	97 I&U
	35 TR	41 TR	25 TR	22 TR	27 TR
	11 MJ	21 MJ	13 MJ	15 MJ	19 MJ
Petitions Filed	14	12	7	7	11
Placements with DSS	11	8	5	5	7

For “Reason for Referral,” I&U stand for Incurable & Ungovernable; TR for Truancy; and MJ for Marijuana use – each youth can have more than one reason for referral.

Submitted by:

Melissa Maine, Deputy Commissioner for Family Services

Catherine Fowler; Karen Bright; and Robin Streeter, Case Supervisors Grade B

Timothy Brown, Case Supervisor Grade B; and Theresa Snyder, Caseworker

Linda Khan, Case Supervisor Grade B

Marcie Soule, School Services Program Coordinator

Jesica Prievo, Senior Caseworker

LEGAL

The Madison County Department of Social Services Legal Department provides legal counsel to all units within the agency. The Legal Department carries two major caseloads:

Children and Family Services



Child Support Collections

In addition to these two major caseloads, the Legal Department provides representation to Adult Services, Medicaid, Temporary Assistance, estate matters, bankruptcy, property liens, foreclosures and any other DSS-related matters.

The Madison County Department of Social Services Legal Department consists of two Attorneys, one Paralegal, and one Office Assistant II. During this past year, the Legal Department implemented many new office procedures, streamlined its operation, and continued to operate in a highly efficient manner. Each member of the Legal Department strives to provide the Madison County Department of Social Services and all of its units with the utmost in comprehensive legal assistance.

Children and Family Services

Children and Family Services is one of the two major caseloads carried by the Madison County Department of Social Services Legal Department. For Children and Family Services, the Legal Department prosecutes cases in Family Court that involve the neglect and/or abuse of children residing in Madison County.

For the children in the care of the Madison County Department of Social Services, the Madison County Department of Social Services Legal Department is required to keep the Madison County Family Court advised of each child's status and progress while in foster care. This is accomplished by the filing of a Permanency Report with the Court. The Permanency Report contains information including, but may not be limited to, each child's progress, services he is engaged in, and services he may require in the future.

For the year 2014, the Legal Department maintained the following:

Active Cases	97	Cases Opened	61
Petitions Filed	144	Cases Resolved	63
Court Orders	318	Trials	33
Permanency Hearings	63	Permanency Reports	63
Court Ordered Investigations	14	Total Court Appearances*	458

*Includes DSS noticed as Interested Party

As part of the process in determining whether a case meets the criteria for the filing of a petition alleging neglect and/or abuse of a child(ren), the Madison County Department of Social Services Attorneys and Paralegal meet regularly with the staff of Children and Family Services and continue to assist the Caseworkers in assuring compliance with all laws, regulations, and enforcement, as well as compliance with all current Family Court Orders.

2014 Legal/Caseworker Conferences

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When a private citizen files a petition in Family Court, the petition often contains allegations of domestic violence, drug abuse, and/or alcohol abuse between the parties. If the Family Court Judge believes further investigation into the allegations is warranted, the Judge will execute an Order Directing a Court Ordered Investigation (§1034 Family Court Act) and a DSS Caseworker is assigned to investigate the matter. The Madison County Department of Social Services Legal Department also receives a copy of the §1034 Order and monitors the Court's request. Once the Caseworker has completed her investigation and drafted a report, it is submitted to the Legal Department for review and is then submitted to the Court.

2014 Court Ordered Investigations

14

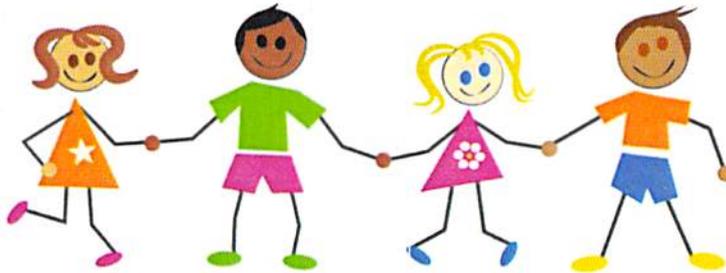
The Madison County Department of Social Services also works with other agencies within Madison County and the Madison County Family Court in ensuring effective response times to reports of serious sexual and physical abuse of children as well as assisting Respondents who are the subjects of neglect proceedings with drug and/or alcohol addiction. This assistance is achieved through the Multidisciplinary Team (MDT) and the Family Treatment Program

Multidisciplinary Team (MDT)

The Madison County Multidisciplinary Team (MDT) is a group of professionals who work together in a collaborative manner to ensure effective response to reports of the sexual abuse of children as well as reports of serious physical abuse of children residing in Madison County. Agencies that participate with the legal staff of the Madison County Department of Social Services in the MDT are the: Madison County Attorney's Office; Madison County District Attorney's Office; Madison County Probation; Madison County Sheriff's Office; New York State Police; Canastota, Cazenovia and Chittenango Police Departments; Oneida City Police Department; Madison County Mental Health; Madison County Public Health; and medical

personnel from Oneida Healthcare. The assistance of the many agencies who participate in the MDT ensures a successful conclusion to the relevant investigation(s) and serves to minimize any additional trauma to the child victim.

In addition to the MDT, the Attorneys for the Madison County Department of Social Services participate in the Child Fatality Review Team. The Child Fatality Review Team convenes on four occasions throughout the year to review investigative and preventative measures regarding any child fatality that occurs during the year.



Family Treatment Program

Established in August 2005, the Family Treatment Program is a specialized program that assists Respondents in child neglect proceedings where drug and/or alcohol addiction may have contributed to child abuse or neglect. The participants are required to attend various treatment programs such as drug, alcohol, and mental health counseling as well as parenting classes. In conjunction with the Madison County Family Court, the Madison County Legal Department, as well as Caseworkers, service providers, and the participants' legal counsel, meet twice per month to assess the participants' progress through the program. The Family Treatment Program's goal is to continue to ensure that the participants' children have a safe, nurturing environment by focusing on healthy, sober parenting. Since its inception, the Family Treatment Program has received one hundred fifty (150) referrals, sixty-three (63) accepted referrals, and thirty (30) graduates. The program currently has five (5) participants with nine (9) pending referrals.

Child Care Review Service (CCRS)

The Madison County Department of Social Services incurs a substantial expense to provide foster care services to children. The federal and state governments can reimburse Madison County for part of the expense via Title IV-E, Title XX of the Social Security Act, TANF, and EAF. In order to maximize the federal and state reimbursement for the children who are in receipt of foster care services in Madison County, accurate and timely recording of information by the Caseworkers in CONNECTIONS and WMS (Welfare Management System), and by the Madison County Department of Social Services Legal Department in CCRS is required. The information that is input into these systems is then reported to the state and federal governments who then reimburse Madison County for part of their expended foster care expense.

2014 CCRS Entries

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Fair Hearings

In addition to those cases of neglect and/or abuse that are filed in the Madison County Family Court, there are those cases that are reported as neglect and/or abuse to the Child Protective Hotline. Through investigation by the Child Protective Services Caseworkers, a determination is made as to whether or not the allegations contained in those reports should be indicated or unfounded.

Oftentimes, when a Child Protective report is indicated and closed, the subject of that report will request a fair hearing seeking a determination from the State Office of Child & Family Services that the determination made by the CPS Caseworker was correct. A fair hearing is then scheduled with an Administrative Law Judge and, at the fair hearing, the subject of the report and the Madison County Department of Social Services each have the opportunity to present evidence in support of each of their positions. The Administrative Law Judge will then rule on the evidence presented and will submit his decision at a later date.

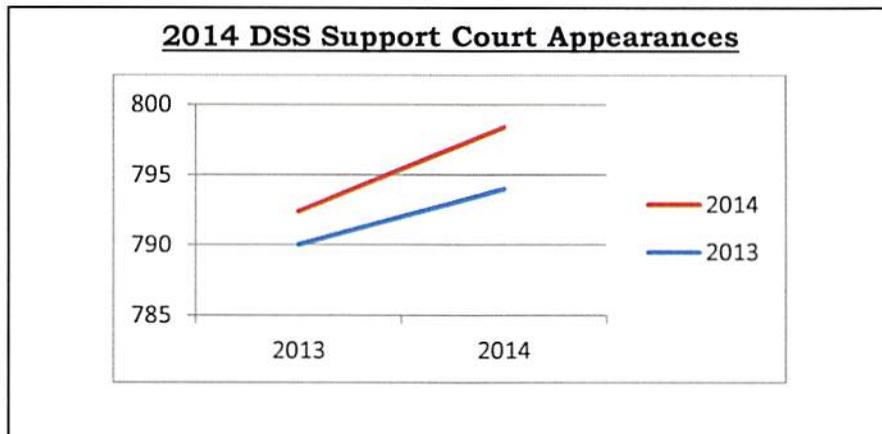
2014 Fair Hearings

19

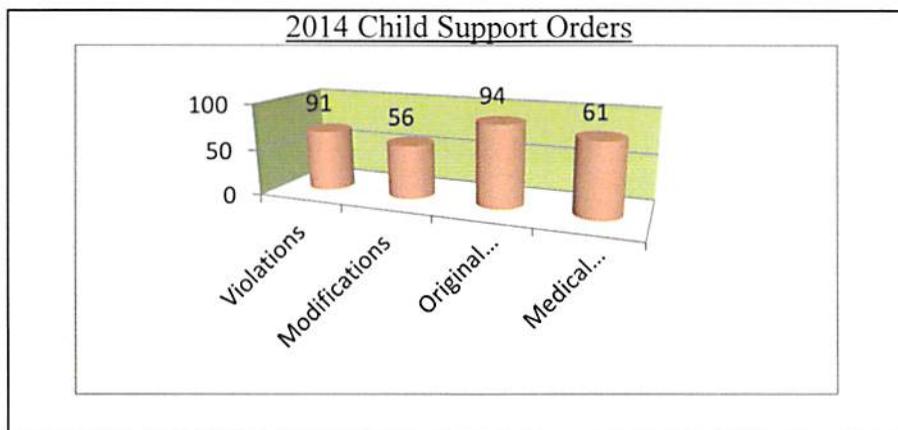
Child Support Collection

The other main caseload maintained by the Madison County Department of Social Services Legal Department is establishing child support collection in those instances when children in Madison County are in receipt of temporary assistance, medical assistance, or are placed in foster care. The Legal Department also works to enforce child support orders, establish the paternity of children in receipt of benefits, and recoup reimbursement for confinement cost expenditures related to the birth of children who are in receipt of Medicaid.





In addition, the Madison County Department of Social Services Legal Department submits child support orders for filing with the Madison County Family Court regarding the cases where the Department is a party.



Voluntary Medical Support Orders

The Madison County Department of Social Services, together with the Madison County Support Collection unit, has continued its efforts to alleviate unnecessary court congestion. When a Medicaid referral is received by the Support Collection unit, a determination is made regarding whether or not the parties involved would benefit from the option of executing a Voluntary Medical Support Order as opposed to being petitioned into Family Court. A Voluntary Medical Support Order contains the required medical support language required by state and federal regulations and provides the non-custodial parent with the opportunity to fulfill his legal obligation to provide health insurance to his child if he has the opportunity to do so. When a Voluntary Medical Support Order is not received by the Madison County Legal Department, a Medical Support Petition is filed with the Madison County Family Court and requires the

presence of the parties at the scheduled hearing date. The filing of these petitions results in the Madison County Department of Social Services obtaining the required Order for Medical Support.

2014 voluntary Medical Support Orders	
Received	2
Not Received	9 (resulted in petition filed)
Not Pursued	1
Outstanding	0



Money Judgments Filed on Behalf of the Madison County Department of Social Services

In certain child support cases, money that is owed to the Department for expenditures that can range from the cost of the birth of a child in receipt of Medicaid to past due child support arrears for children in receipt of temporary assistance are set in money judgments to the Department and are filed with the Madison County Clerk’s Office.

2014 Money Judgments filed on Behalf of DSS	
111	\$137,910.47
2014 Judgments Satisfied on Behalf of DSS	
11	\$9,422.44

Submitted by Kelly Yonnick-Smith, Paralegal

SUPPORTIVE SERVICES

Supportive Services is staffed with six Office Assistant I employees who provide clerical support to all DSS staff. Each has individual duties as well as shared duties that are rotated on a daily basis and include:

Switchboard – 82,489 incoming phone calls were received, logged and forwarded to DSS employees.

Front Desk – 30,811 individuals were served at the front desk. Supportive Service staff meets and screens all walk-in applicants at the front desk reception area. Routing slips are completed for each person who requests to speak with an employee or has an appointment and the information is entered into the front desk log. A numbered folder is assigned to each client and that number is used in lieu of their name to ensure confidentiality. Information is telephoned back to a “runner” in the clerical pool, who completes a “person out front” slip. A clearance report is run and any existing file is pulled from the record room and delivered to the correct Examiner. Additionally, beginning October 2014, Supportive Services staff began using the Task Management System (TSM) to task appointments and “walk in” clients to Temporary Assistance and SNAP Examiners.



Mail – Supportive Service staff is responsible to date stamp, look up demographics for each piece of mail using Welfare Management System (WMS), sort, and forward.



Automated Finger Imaging (AFIS) – Supportive Services staff finger images and photographs Temporary Assistance applicants and forwards the information to an Examiner for the prevention of duplicate interstate benefits.

Common Benefit Identification (CBIC) Cards – Staff is responsible to order permanent cards and issue temporary cards to clients as ordered by Examiners for the financial programs.



Case Filing and Retention – Case records are filed for the financial program Examiners daily. Inactive cases are kept in the record room for a period of three years. Inactive cases with no activity for four years are moved to the basement – most are required to be maintained for six years. These cases are logged into a Records Management System and boxed by date of last activity. On April of 2014, Supportive Services staff began the basement records cleanup project. A total of 7,299 cases was purged. The remaining case files were reorganized, reconsolidated, and

entered into the Records Management System. Each box was labeled with a new retention date for future purging. Superseded cases were merged and boxed into 330 boxes. Cases labeled with an Intentional Program Violation (IPV) totaled 304 cases and were boxed into 73 boxes. The project was completed August 12, 2014.

Individual duties include coordination of fair hearings, maintaining deceased case file records, AFIS reports, ordering and maintaining local and state forms, voter registration forms, front lobby brochures and pamphlets, and office supplies for staff.

Submitted by Leigh Silkowski, Director of Medical Assistance/Financial Aid

RESOURCES

The Resource Recovery unit is responsible for the collection of monies due to the agency. The unit works with attorneys, nursing homes, financial institutions, and surrogate court in seeking reimbursement due to the agency. Its activities include ensuring the collection of money from probates, estates, assignment of proceeds, and accident/casualty liens. Area banks are checked for undisclosed assets and determinations are made for the availability of third party health insurance.

Recoveries for 2014	
Estates – PNA	\$28,669
Accident Liens	\$67,965
Medicaid Liens	\$0
Burials	\$2,729
Excess Resources	\$9,670
Estates	\$232,240
Total	\$341,273

The Resource unit in 2012 also became responsible for doing k-checks to ensure that new providers were eligible to receive payments from DSS as part of the county's new corporate compliance policy. In 2014, the unit checked 167 new vendors.

ADMINISTRATIVE SERVICES

Modified Budgeted Amount vs. Actual Adjusted Gross Amount - 2014

	<u>Budgeted</u>	<u>Actual</u>	<u>Surplus/ (Deficit)</u>
General Administration	\$9,939,599	\$9,143,507	\$796,092
Child Care Block Grant	\$597,498	\$474,720	\$122,778
Title XX	\$976,909	\$872,761	\$104,148
Medical Assistance	\$156,000	\$115,009	\$40,991
MMIS	\$11,157,748	\$11,157,748	\$0
TANF/Family Assistance	\$2,586,324	\$2,298,993	\$287,331
Child Welfare	\$2,018,164	\$2,204,035	(\$185,871)
Juvenile Delinquents	\$1,219,284	\$1,173,076	\$46,208
Safety Net	\$1,181,000	\$1,226,183	(\$45,183)
HEAP	\$25,000	\$32,788	(\$7,788)
EAA	\$30,000	\$27,278	\$2,722
Burials	\$165,000	\$164,556	\$444
Title IV-D	(\$35,762)	(\$37,335)	\$1,573
Total	\$30,016,764	\$28,853,320	\$1,163,444

2013 Actual Adjusted Gross Amount vs. 2014 Actual Adjusted Gross Amount

	2013 Actual		2014 Actual		Surplus/ (Deficit)
General Administration	\$8,884,036		\$9,143,507		\$259,471
Child Care Block Grant	\$821,793		\$474,720		(\$347,073)
Title XX	\$937,469		\$872,761		(\$64,708)
Medical Assistance	\$138,728		\$115,009		(\$23,719)
MMIS	\$11,461,699		\$11,157,748		(\$303,951)
TANF/Family Assistance	\$2,574,817		\$2,298,993		(\$275,824)
Child Welfare	\$1,722,894		\$2,204,035		\$481,141
Juvenile Delinquents	\$930,774		\$1,173,076		\$242,302
Safety Net	\$1,072,702		\$1,226,183		\$153,481
HEAP	\$11,670		\$32,788		\$21,118
EAA	\$14,211		\$27,278		\$13,067
Burials	\$145,286		\$164,556		\$19,270
Title IV-D	(\$40,334)		(\$37,335)		(\$2,999)
Total	\$28,675,745		\$28,853,320		\$177,575

Please note that this financial report is based on DSS financial reports dated 3/18/15. The Madison County Treasurer has not finalized the financial information for 2014 due to change in accounting software; therefore, this information is subject to change as more information becomes available.

Submitted by Steven Chaires, Deputy Commissioner for Administrative Services