

North Carolina's County Departments of Social Services in a Season of Change

David Atkinson

Every day staff members of county departments of social services are processing new applications, applying changes to established cases, and juggling constant telephone and walk-in traffic. There is a delicate balance between this ever-growing workload and the availability of skilled personnel to meet these demands.

North Carolina's 100 county departments of social services (DSS) are undergoing a seismic shift as they attempt to deal with new technology and the impact of new legislation. These departments are earnestly attempting to manage 2.5 million cases in means-tested programs across the state [1-4]; caseloads in other service-related programs, which include child welfare services, adult services, guardianship, and employment services; and a host of unfunded mandates, such as work permits, voter registration, and fishing license waivers. (Yes, at the county DSS we not only give customers fish to eat but also help teach them to fish.)

Means-tested programs are those that use household income, assets, or other resources as benchmarks for determining an individual's eligibility for the benefits provided by the program. The Food and Nutrition Service program, Medicaid, and Work First are examples of means-tested programs. For the most part, local DSS have been organized in silos around these means-tested programs and other service-related programs. In larger agencies, a program manager may be responsible for multiple units, each consisting of a supervisor and at least half a dozen eligibility specialists, all of whom work on a single program. In smaller agencies, the director not only knows how to accept a Supplemental Nutrition Assistance Program application but may also go out in the field on a child protective services case or to investigate allegations that an adult with disabilities is being exploited. The section of the North Carolina General Statutes that spells out the duties and responsibilities of a county director of social services [5] charges the director, or his or her designee, with the responsibility for administering such services and much more.

Technology has been slow in coming to the local DSS. Today most agencies still have paper applications and thousands of paper records, which sometimes occupy more square feet than do the staff members who accept the applications. After a paper application is created, the data from

that application must be keyed into the state's legacy information systems. Formerly this information was keyed into a terminal that was hardwired directly to the state system. Over approximately the past 20 years, most of those terminals have been replaced with desktop computers; these computers are capable of performing many other helpful functions, but they still perform the same essential service as the old terminals: allowing the worker to key information from a paper record into the state system.

Because each program has its own corresponding state system, which must meet federal requirements, it has been convenient—even necessary—to organize around that function. As a result, subject matter experts have evolved for specific programs, and these individuals may work on only a single program. Silos, by definition, do not talk to or interact with other silos. DSS have evolved to be very efficient, but customers find it exasperating when they have to provide the same identifying information and tell the same personal story multiple times to staff members working on different programs during the same trip to their local DSS office.

For more than a decade, counties have been requesting—and the state has been developing—an electronic case management system, which will eliminate this redundancy for customers and will automate many of the activities that determine eligibility for means-tested programs. North Carolina Families Accessing Services through Technology (NC FAST) has been simultaneously a blessing and curse. As with any new automation of a large system, there have been a few bumps in the road, but the finished product will have been worth the wait. Once county staff members actually have the software on their desktops, anecdotal estimates are that it will take them approximately 2 years to return to their pre-rollout levels of paper proficiency. The second phase of NC FAST, which began in July 2013, will result in a seismic shift. (The first phase of NC FAST, launched in May 2012, involved pilot testing of a single module of the system in 4 counties). By late summer, counties will be implement-

Electronically published August 1, 2013.

Address correspondence to Mr. David Atkinson, Carteret County Department of Social Services, PO Box 779, Beaufort, NC 28516 (david.atkinson@ccdss.com).

N C Med J. 2013;74(4):315-317. ©2013 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2013/74406

ing major automation reforms while simultaneously managing the complete reorganization of means-tested programs in order to transition to a “universal worker” concept. The DSS world is changing.

County agency staff members will no longer be organized around a single eligibility program. Rather, a staff member will interview the customer and collect financial and other eligibility-related data, and then the NC FAST technology will allow that staff member to determine the customer’s eligibility for multiple programs simultaneously. Although a significant reorganizational effort will be required at the local level, this shift will constitute a tremendous improvement for customers. Today, local departments are educating themselves on how the system will function and how best to organize staff.

This new system will also impact how people gain health insurance coverage under the Patient Protection and Affordable Care Act of 2010 (ACA). People will be able to start enrolling in the new health insurance marketplace on October 1, 2013, for coverage beginning January 1, 2014. Most people in North Carolina will be required to have health insurance or to pay a penalty. Although the state has elected not to expand Medicaid coverage [6] to the approximately 500,000 North Carolina adults whose income is no more than 138% of the federal poverty level [7], local DSS are expecting a significant uptick in applications for Medicaid—not just from those who currently meet the eligibility criteria but have never applied for benefits, but also from those who are hoping they are eligible and want to avoid the penalty for not having insurance. The North Carolina Division of Medical Assistance estimates that the former group—those who are eligible but who have never applied—includes approximately 70,000 people [7]. Members of this group may have many reasons for not having applied for benefits previously, but it is generally believed that they will begin coming forth now in an effort to obtain health insurance coverage through Medicaid; this uptick in applications from previously eligible individuals is referred to as the “woodwork effect.” In addition, many of the 500,000 low-income adults who would have been eligible for Medicaid under the state’s expanded program may also apply, only to be told that now they are not eligible after all. Nonetheless it is still in their interest to apply, as some of these individuals may be eligible for subsidized coverage in the new health insurance marketplace.

A significant number of people who apply may be newly eligible as a result of the changes in income calculations that are required by the ACA. Federal regulations will change the formula for calculating adjusted gross income that is used to determine eligibility for Medicaid [8]. A particular methodology referred to as modified adjusted gross income (MAGI) will be used to determine countable income and to establish the composition of households [9]. It is still unclear how many newly eligible Medicaid applicants will be created by the new MAGI rules.

Early enrollment in the health insurance marketplace

begins on October 1, 2013, which is just about the time when many county DSS will be adjusting to the shock of implementing the new automated case management system. NC FAST will be critically important in managing the influx both of people who are newly eligible for Medicaid and of people who are not eligible for Medicaid but who want assistance in purchasing a health insurance product through the state’s federally operated health insurance marketplace (as the ACA’s “no wrong door” policy requires). During the final 3 months of 2013, customers coming to the local DSS to apply for Medicaid must be assessed using 2 sets of rules. One set of rules is used to determine whether an individual is currently eligible for Medicaid; if that person is determined not to be currently eligible, a different set of rules will then be used to determine whether they will become eligible for Medicaid or for subsidized private coverage on January 1, 2014, under the new eligibility criteria of the ACA.

Other challenges facing local DSS beginning October 1, 2013, will be how best to assist county residents in understanding all of the nuances of purchasing health coverage through the federally operated health insurance marketplace, and how to determine whether these individuals are eligible for subsidies—an advance payment of tax credits to help with the monthly premiums for coverage and/or cost sharing to help with out-of-pocket expenses. The ACA makes provisions for navigators, which are entities that will help disseminate information to the public and will assist individuals with the purchase of insurance products offered through the marketplace [10]. Navigators will not be making eligibility decisions or advising customers about which qualified health plan to purchase; they will simply provide guidance through the enrollment process. This is an extremely valuable role at the local level, and navigators will be much needed. They will be particularly helpful to uninsured individuals in North Carolina who may be purchasing health insurance for the first time; this group includes many current customers of local DSS. However, in North Carolina today, no single agency or entity is coordinating the navigator functions, and few federal grant dollars are available to help with coordinated statewide efforts to educate the general population. Navigators and the valuable information they can disseminate to the local community will be tremendous assets during the months before and immediately after January 1, 2014. Currently, it appears more and more likely that some of the navigator responsibilities will fall to the local DSS.

Since their establishment around 1920, county DSS have been called upon to respond whenever a local crisis occurs, whether the crisis is a hurricane, flood, ice storm, or other natural disaster. The departments have always responded and given their best to meet the needs of those who are less fortunate. The next 6–9 months are going to require every ounce of courage and stamina they can muster. Although the challenges the departments currently face are not natural disasters, they will nonetheless call for flexibility, creativity, and day-to-day crisis management, for crises are inevitable

with transitions of this magnitude. NC FAST, the implementation of health care reform, and organizational transformation are interrelated, and all must be successful if county DSS are to faithfully serve the needs of their customers. **NCMJ**

David Atkinson director, Carteret County Department of Social Services, Beaufort, North Carolina, and president, North Carolina Association of County Directors of Social Services, Raleigh, North Carolina.

Acknowledgment

Potential conflicts of interest. D.A. is an employee of Carteret County Department of Social Services.

References

1. Division of Medical Assistance, North Carolina Department of Health and Human Services (NCDHHS). North Carolina Health Choice for Children Eligibles Report for 2013, data for February. NCDHHS Web site. <http://ncdhhs.gov/dma/elig/>. Updated April 30, 2013. Accessed May 8, 2013.
2. Division of Medical Assistance, North Carolina Department of Health and Human Services (NCDHHS). Title XIX Authorized Medicaid Eligibles Report for 2013, data for February. NCDHHS Web site. <http://ncdhhs.gov/dma/elig/>. Updated April 30, 2013. Accessed May 8, 2013.
3. North Carolina Division of Social Services, North Carolina Department of Health and Human Services (NCDHHS), Food and Nutrition Services (FNS). FNS caseload statistics, number of active cases by month, February 2013. NCDHHS Web site. <http://www.ncdhhs.gov/dss/stats/docs/FNSCA/FNSCA02-13.pdf>. Published March 8, 2013. Accessed May 8, 2013.
4. North Carolina Division of Social Services, North Carolina Department of Health and Human Services (NCDHHS). Program Statistics and Reviews, Work First. Work First active cases by month, February 2013. NCDHHS Web site. <http://www.ncdhhs.gov/dss/stats/docs/WFCM/WFCM0213.pdf>. Published March 7, 2013. Accessed May 8, 2013.
5. NCGS §108A-14.
6. 2013 NC Sess Laws 5, §3.
7. North Carolina Institute of Medicine. Examining the Impact of the Patient Protection and Affordable Care Act in North Carolina. <http://www.nciom.org/wp-content/uploads/2013/01/FULL-REPORT-2-13-2013.pdf>. Published January 2013. Accessed May 29, 2013.
8. US Department of Health & Human Services, Centers for Medicare & Medicaid Services. Medicaid program: eligibility changes under the Affordable Care Act of 2010. Fed Regist. 2012;77(57):17144-17217.
9. Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and CHIP Services. Letter to state health officials and state Medicaid directors from Director Cindy Mann regarding conversion of net income standards to MAGI-equivalent income standards (December 28, 2012). <http://www.medicare.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf>. Accessed May 24, 2013.
10. Patient Protection and Affordable Care Act. Pub L No. 111-148, § 1311(i), 42 U.S.C. § 13031 (2010).



Moving is the best medicine.

Keeping active and losing weight are just two of the ways that you can fight osteoarthritis pain. In fact, for every pound you lose, that's four pounds less pressure on each knee. For information on managing pain, go to fightarthritispain.org.

