

Human Services Committee
Warren County Department of Social Services

COMMITTEE MEETING AGENDA

October 18, 2021

Committee Members: Supervisors Driscoll, Frasier, Magowan, Shepler, and Smith. *Chair of the Board shall serve as an Ex-Officio member when needed in accordance with the Section C(4) of the Rules of the Board.*

- I. Committee meeting called to order by Chair
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business

1. Personnel Requests:

Notice of Intent to Fill the position of Caseworker #9 in the Child Protective Services Unit, Grade 16 (Step 4), Base Salary \$45,831, due to a lateral staff move to the Foster Care Unit, effective August 29, 2021.

-Notice of Intent to Fill the position of Caseworker #29 in the Child Protective Services unit, Grade 16 (Step 5), Base Salary \$45,831, due to a lateral staff move to the Adult Protective Services unit, effective August 29, 2021.

-Notice of Intent to Fill the position of Caseworker #37, in the Child Protective Services unit, Grade 16, Base Salary \$45,831. This position was vacated prior to 2021 and not filled.

Rationale: The (backfill) vacancies are the result of lateral moves within the same position title. Caseworker positions are mandated and reimbursed.

PLEASE SEE ATTACHMENT #1

2. REQUEST TO AMEND TABLE OF ORGANIZATION:

-Request to Create and Fill two Temporary HEAP (Home Energy Assistance Program) Examiner positions, Grade 6, Base Salary \$33,614, effective November 22, 2021.

Rationale: New York State has added new programming and directives relative to RAS (Regular Arrears Supplement), which has resulted in significant increases in procedures and workload for the 3 existing Temporary HEAP Examiners. Salaries are reimbursed 100% up to the full allocation, and 50% thereafter. The position terms are seasonal, typically 6 months, and are not eligible for County benefits.

PLEASE SEE ATTACHMENT #2

3. Request Resolution:

-Request to Amend the Budget, to increase revenue and expenses to reflect the receipt of CAPTA/CARA funds from the New York State Office of Children & Family Services, in the amount of \$50,000, for 2021-2022.

Rationale: The Department of Social Services has an agreement with The Baywood Center to provide the services for families affected by substance use disorders.

CAPTA: Child Abuse Prevention Treatment Act CARA: Comprehensive Addiction Recovery Act

PLEASE SEE ATTACHMENT #3

IV. Information for Discussion and/or Review

Chris Hanchett, Commissioner

-Commissioner's Report of Activities & Updates; (Previously distributed by Committee Chairman Driscoll)

Julie Montero, Fiscal Manager

-Monthly Reports: Revenue, Expenditures and Overtime.

PLEASE SEE ATTACHMENT #4

Amy McByrne, Director, Countryside Adult Home

V. Referrals/Pending Items: None

VI. Privilege of the Floor and public comment (please allow 15 second delay on live stream meetings)

VII. Motion to Adjourn

ATTACHMENTS:

1. Notice of Intent to Fill vacant position of Caseworker #9 due to lateral move
Notice of Intent to Fill vacant position of Caseworker #29 due to lateral move
Notice of Intent to Fill vacant position of Caseworker #37, vacated prior to COVID-19, not filled
2. REQUEST TO AMEND TABLE OF ORGANIZATION:
Request to Create and Fill 2 Temporary HEAP Examiner positions
3. Request to Amend Budget: \$50,000 CAPTA/CARA Allocation from NYS OCFS
4. Monthly Revenue and Expenditures Reports; Overtime Report

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #9 Base Salary of Position: 45,831 Grade: 16
Filling at Step # (If Known):
Budget code and title: Salaries-Regular A6010 110 Union [checked] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [] Other [checked]
Employee No./Last Name: 13273/Vice Date of Vacancy: 08/29/21
Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal 50% [checked] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 12/14/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 10/6/21

BUDGET OFFICER COMPLETES THIS SECTION

[checked] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[checked] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Bennett F. Dussally Date 10/18/21

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #29 Base Salary of Position: 45,831 Grade: 16
Filling at Step # (If Known): _____
Budget code and title: Salaries-Regular A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9791/Chapman Date of Vacancy: 08/29/21
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. PCN 10/5/21

Human Resources Director has approved this form when initialed. 10/5/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 10/6/21

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas Date 10/14/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Bennet R. Dusall Date 10/18/21

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #37 Base Salary of Position: 45,831 Grade: 16
Filling at Step # (If Known): _____
Budget code and title: Salaries-Regular A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: _____ Date of Vacancy: 10/29/21
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. PO 10/6/21
Human Resources Director has approved this form when initialed. AS 10/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 10/8/21

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas Date 10/14/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Bennet P. Dussally Date 10/18/21

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

ATTACHMENT #2

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 10/18/21

- (a) Title of Requested Position: **Temporary HEAP Social Welfare Examiner**
- (b) Annual Base Salary (and Grade if Applicable): **33,614**
- (c) Effective Date for New Position:* **11/22/21**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
None
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A 6010 130
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
yes
- (g) Is this a mandated position? If so, please explain:
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.06
Title of Position: Temporary HEAP Examiner #4 Base Salary of Position: \$33,614 Grade: 6
Filling at Step # (If Known): _____
Budget code and title: Salaries-Regular A6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other Creation 1 of 2
Employee No./Last Name: _____ Date of Vacancy: 11/22/21
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 100 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other TEMP
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Don 10/12/21
Human Resources Director has approved this form when initialed. 10/12/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 10/12/21

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas Date 10/14/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 10/18/21

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 10/18/21

- (a) Title of Requested Position: **Temporary HEAP Social Welfare Examiner**
- (b) Annual Base Salary (and Grade if Applicable): **33,614**
- (c) Effective Date for New Position:* **11/22/21**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
None
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A 6010 130
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
yes
- (g) Is this a mandated position? If so, please explain:
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.06
Title of Position: Temporary HEAP Examiner #5 Base Salary of Position: \$33,614 Grade: 6
Filling at Step # (If Known): _____
Budget code and title: Salaries-Regular A6010 110 Union Non-Union 2 of 2
This position is vacated due to: Retirement Resignation Termination Promotion Other Creation
Employee No./Last Name: _____ Date of Vacancy: 11/22/21
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 100 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other TEMP
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. PO 10/12/21
Human Resources Director has approved this form when initialed. AD 10/12/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 10/12/21

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank C. Thomas Date 10/14/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Bennett P. Dussally Date 10/18/21



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

General Information System (GIS) Message

Section 1

Transmittal:	21 TA/DC065 Upstate and New York City
Date:	September 23, 2021
To:	Subscribers
Suggested Distribution:	Commissioners, HEAP Coordinators, TA Directors, SNAP Directors, Staff Development Coordinators
From:	Alison Maura, Director of Temporary Assistance and HEAP, Employment and Income Support Programs
Subject:	UPDATED 2020-2021/2021-2022 Home Energy Assistance Program (HEAP) Regular Arrears Supplement (RAS)
Effective Date:	September 22, 2021
Contact Information:	HEAP Bureau (518) 473-0332 or NYSHEAP@otda.ny.gov
Attachments:	Attachment 1 – Regular Arrears Supplement (RAS) Worksheet Attachment 2 – RAS Outreach Letter Template Attachment 3 – Revised 2020-2021 HEAP Manually Denied Applicant Report Attachment 4 – Revised 2021-2022 HEAP Manually Denied Applicant Report Tracking Tool

Section 2

The purpose of this GIS is to provide social services districts (districts) with updated information about the Home Energy Assistance Program (HEAP) Regular Arrears Supplement (RAS) benefit.

This directive eliminates the requirement that domestic electricity accounts be heat-related as previous stated in 21TA/DC065, released September 22, 2021.

RAS is a onetime benefit funded with the HEAP appropriation received under the *American Rescue Plan Act of 2021* (Public Law 117-2). This benefit will be available from September 22, 2021 through September 30, 2022 or until funding is exhausted, whichever occurs first.

RAS benefits are a Regular HEAP supplement available to assist HEAP eligible households who have electricity and/or gas account arrears as documented by their utility vendor. Only one RAS benefit per current electricity and/or gas account is permitted, and total RAS benefits must not exceed \$10,000 per applicant household.

Application and Eligibility Criteria:

All applicants must meet the requirements to receive a Regular HEAP benefit as outlined in [20-LCM-11](#), the [HEAP Manual](#) and the forthcoming 2021-2022 Local Commissioner Memorandum (LCM), and must

have past-due utility arrears and be in active collections, or otherwise facing disconnection or termination of service on their current gas and/or electricity utility account(s) at the time of application for RAS.

The application for RAS is the HEAP Application ([LDSS-3421](#)), which is to be used in conjunction with the RAS Worksheet (Attachment 1). The RAS Worksheet is for district use only and must be completed by the certifier. The RAS Worksheet is not available for ordering and must be reproduced locally. A completed copy must be retained in the case file.

Households who received a Regular benefit in any amount through the application or Autopay processes, currently have an open HEAP, TA or SNAP case, and have not moved since receiving their Regular benefit do not need to complete a new HEAP Application and may apply using only the RAS Worksheet. These applicants may apply by phone or in person.

Applicants who did not receive a Regular benefit, have moved since receiving their benefit, or whose TA or SNAP case has closed since receiving their Regular benefit must apply using both the HEAP Application ([LDSS-3421](#)) and RAS Worksheet. Districts must write "RAS" on page one of the HEAP Application ([LDSS-3421](#)) upon receipt. An interview for these applicants is required. The requirement for in-person interviews is currently waived due to COVID-19. Applicants who apply using both forms may complete the RAS Worksheet by phone or in person, and the HEAP Application ([LDSS-3421](#)) may be submitted by mail or in person. Applications for RAS benefits may not be submitted online via myBenefits.

The applicant must be the customer of record for the electricity and/or gas account(s), or must document that they pay the utility vendor(s) directly for the bill(s). This must be verified and documented on the RAS Worksheet. Domestic electricity utility accounts may qualify for a RAS benefit .

There is no resource test for the RAS benefit.

District Initiated Benefits:

A district specific spreadsheet will be sent to HEAP Coordinators under a separate cover indicating recipients of HEAP Regular benefits during the 2020-2021 program year who have been identified by their utility company as having electricity and/or gas arrears. Districts are instructed to assess these recipient households for RAS benefits by verifying the household's current electricity and/or gas account status.

Districts must complete the RAS Worksheet on behalf of the recipient household for which a RAS benefit is issued. Client interviews are not required for recipient households on this list whose eligibility for RAS can be determined using the utility web tool or collateral contact with the electricity and/or gas utility vendor.

If the district is unable to certify the eligibility for RAS for any households on this list (i.e. the electricity and/or gas account is not active, the address has changed since receipt of their most recent HEAP benefit) districts must mail the household a letter to contact the district. A RAS outreach letter template for district use can be found in Attachment 2. This template may be edited as necessary and placed on district letterhead for local reproduction. No district action is required for recipient households on this list whose current arrears are \$0.

Benefits authorized to recipient households contained on the district specific spreadsheet must be authorized as 2020-2021 payment in accordance with [WMS-CNS Coordinator Guidance WMS Implications for the 2021-2022 HEAP Program Year](#), dated August 3, 2021.

RAS Benefit Amount:

The amount of the RAS benefit must equal the current electricity and/or gas amount owed by the household, but must not exceed \$10,000 per household.

All electric and/or gas arrears must be verified on the date of application processing using a utility webtool and/or collateral contact with the vendor and must be documented on the RAS Worksheet.

Only one RAS benefit per current electricity and/or gas account is permitted. This benefit may not be accessed more than once for each current electric and/or gas account. Arrears that have already been paid by the applicant or any other party do not qualify for payment under RAS.

RAS payments must be guaranteed as Regular benefits to the electricity and/or gas utility company using the vendor's utility website or by sending the HEAP Guarantee of Payment Letter ([LDSS-5000](#)).

Systems Implications:

HEAP RAS payments are authorized by districts through the Welfare Management System (WMS) or myWorkspace using payment type J9 "HEAP Additional Benefit". These payments must be issued on a Case Type 60 (HEAP only) or an appropriate TA or SNAP case type. Payments on closed cases are not permitted. Benefits greater than \$9999 must be split into two separate payments to accommodate the length of the payment amount field.

An ABEL budget must be stored. Special Claiming Code H – "HEAP Prevention" is required for all RAS payments. This payment type does not require the payment amount to match the benefit amount on the stored ABEL budget. The first and second occurrences may be used on screen 6 in WMS, or in the Vendor Information section under the Payment/Budget Tab of myWorkspace, when issuing benefits to more than one utility vendor. The first occurrence must be used for all primary heat account payments, and the second occurrence must be used for all domestic electric utility payments.

Processing Timeframes and Client Notification:

The application date is the date that the HEAP Application ([LDSS-3421](#)) is received by the district or the date that the RAS Worksheet is completed by the district, if a HEAP Application ([LDSS-3421](#)) is not required.

The district must determine an applicant's eligibility for RAS benefits within 30 business days from the date of application. Applications for RAS benefits may be pended for missing or additional documentation for up to 10 business days if necessary. If the applicant fails to provide the requested documentation by the due date, the application must be denied, and the applicant must be provided with a timely notice of eligibility decision.

A supervisory review must be completed for all approved and denied applications for RAS benefits. Districts with an approved HEAP specific Case Supervisory Review (CSR) plan on file with OTDA may review a targeted sample of applications.

Applicants must be provided an appropriate notice of the eligibility decision no later than 30 business days from the RAS application date. A copy of all notices must be retained in the case record.

Manual notices must be used for the approval and denial of RAS when CNS is not available. All manual RAS denials that are denied using WMS denial code Y99 must be reported on the HEAP Denied Applicant Report under RAS. A revised 2020-2021 HEAP Manually Denied Applicant Report may be found in Attachment 3, and a revised 2021-2022 HEAP Manually Denied Applicant Report Tracking Tool may be found in Attachment 4.

Additional Guidance to Districts and Vendors:

Districts must continue to submit their HEAP Pending Case Report in eReports on a weekly basis, as outlined in [20-LCM-11](#). Applications for RAS benefits must be reported under Regular HEAP, item 2 "Number of regular supplemental benefit applications received but not yet processed on WMS."

The HEAP Bureau has scheduled two Webex meetings to provide technical assistance to districts with the implementation of RAS. Representatives from OTDA's HEAP Bureau will be available for questions

related to the program administration. Information regarding the Webex meetings will be forthcoming under separate cover.

Additional guidance will also be provided to participating electric and gas utility vendors. Districts will be invited under separate cover to attend these meetings.

1

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

ATTACHMENT #3

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Social Services

DATE: 10/6/21

- (a) Purpose of Amendment: **To increase expenses and revenue based on allocation received from NYS OCFS (21-OCFS-LCM-30), money to be used to improve response to families and infants affected by substance use disorders.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.6010 470 Contracts \$50,000**

- (c) Revenue Code (with title), and Amount: **A.6010 4610 Federal Aid Admin \$50,000**

12/1/21 -

11/30/22



Office of Children and Family Services

6010-470

6010-4616
Sheila J. Poole
Commissioner

Kathy Hochul
Governor

52 WASHINGTON STREET
RENSSELAER, NY 12144

\$50,000

Local Commissioners Memorandum

Transmittal: 21-OCFS-LCM-30

To: Local Departments of Social Services
Commissioners
Directors of Services

Issuing Division/Office: Child Welfare and Community Services
Administration

Date: September 23, 2021

Subject: CAPTA/CARA State Grant FY2021

Contact Person(s): See pages 4 and 5.

Attachments: Attachment A: SFY 2021-22 District Allocation Amounts
Attachment B: Attestation of Use of CAPTA/CARA Funds
Attachment C: Comparable Groups
Attachment D: CAPTA/CARA Grant for Plans of Safe Care Quarterly Report
Attachment E: Attachment for U.S. Department of Health and Human Services Grants

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services of the availability of federal Child Abuse Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the State Fiscal Year (SFY) 2021-22. The Consolidated Appropriations Act of 2018 has made \$4,708,412 in federal funds available to New York State during Federal Fiscal Year FFY 2021. The purpose of this funding is to help states improve their response to families and infants affected by substance use disorders (both alcohol and drugs). The New York State Office of Children and Family Services (OCFS) intends to make available to districts \$3,620,000 of the federal CARA funds each year for the next two years, contingent on New York State receiving these federal funds each year. This LCM also provides information on each district's allocation, how districts may use the funds, and planning and claiming requirements. There are no notable changes from last year's issuance of this LCM.

II. Background

The Consolidated Appropriations Act of 2018, signed into law on March 23, 2018, appropriated \$85.3 million for the CAPTA State Grant in FY 2018. The committee report for the appropriations act agreement specified that the increase in funding is intended to help states improve their response to families and infants affected by substance use disorders. States are required to prioritize use of the funds for the development, implementation, and monitoring of plans of safe care for substance-exposed infants, consistent with the requirement found in section 106(b)(2)(B)(iii) of CAPTA, as amended by CARA.

On June 4, 2018, an LCM was disseminated to districts requiring them to utilize the newly developed *Plan of Safe Care* form for infants born and identified as affected by prenatal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (OCFS-2196, *Plan of Safe Care*). In addition, districts are required to monitor the activities in the *Plan of Safe Care* and document the implementation and progress of the plan in the case record.

In New York State the prevalence of parental drug/alcohol misuse is substantial; 15% of indicated reports had a substantiated allegation of parent drug/alcohol misuse.¹

One of the primary goals of child protective services (CPS) is preserving families and protecting children. Yet, when a caregiver is experiencing a substance abuse disorder, the goals of preserving families and protecting children can seem at odds with each other.

Furthermore, of the many risk factors that could be present for families, it is likely that substance use is underreported. The stigma of mental health and substance abuse diagnoses discourages many parents/caregivers from seeking the very support and services needed to address the risks of child abuse and/or maltreatment. Frequently, concerns are raised about the safety of children with parents who have mental health or substance abuse issues; however, the presence of mental illness or substance abuse does not necessarily correlate with the inability to adequately parent a child(ren). With targeted screening, assessment, and referral to the appropriate services and supports, many such families can be preserved.

In addition, children born to a person who used alcohol and/or drugs during their pregnancy can often present with various health-related issues. The early identification, referral, and implementation of services is critical to families facing these challenges. OCFS is making funding available to upstate districts for the purpose of hiring behavioral health consultants or public health nurses to assist in the identification of families experiencing substance abuse disorders, and in the development, implementation, and monitoring of plans of safe care with infants and families affected by substance abuse. OCFS will allow smaller counties within upstate New York to share a behavioral health consultant or public health nurse.

¹Data source, CONNECTIONS, May 2021.

III. Program Implications

Districts must use the funds to hire or to contract for a full-time or part-time behavioral health consultant or public health nurse to work alongside CPS and preventive services caseworkers, to identify and support the behavioral health needs of both the adults and children where substance abuse is an issue. This includes the development, implementation, and monitoring of the plan of safe care for children born prematurely who were exposed to substances. It is required that the behavioral health consultant or public health nurse be co-located on-site at the district. Small districts will receive \$50,000, medium districts \$70,000, and large districts \$90,000. The district size for this purpose is based on the comparable groups as noted in Attachment C. OCFS established comparable groups to permit meaningful comparison between counties with similar child welfare populations.

Local districts must provide or contract for services provided by a behavioral health clinician or public health nurse who is knowledgeable or will become knowledgeable about the CPS process and requirements. The behavioral health clinician or public health nurse must do the following:

- Accompany CPS and preventive caseworkers in the field to visit with identified families using a screening tool (e.g., Uncope+) and/or provide direct consultation with CPS/preventive caseworkers regarding families who might benefit from substance abuse screening
- Conduct screenings for adults and/or children for early identification of substance abuse treatment needs
- Assist in the development, implementation, and monitoring of the plan of safe care for any infant born to a parent with a positive toxicology screen, an infant identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder
- Provide clinical assessments and documentation to support the CPS process
- Use knowledge of resources within the local district to provide referrals for identified children and/or adults who may need ongoing services

To receive the allocated funds, districts must complete Attachment B, *Attestation of Use of CAPTA/CARA Funds*, and must indicate on the form how they will utilize these funds, either to hire a full-time or part-time behavioral health consultant or public health nurse. Funds can be used for the cost of salary, fringe benefits, and travel costs, and must be spent by November 30, 2022.

To receive the funds, districts must submit **Attachment B** to: ocfs.sm.cara.pqi@ocfs.ny.gov by **November 30, 2021**, which includes the following information:

- If the funds will be used to hire a full-time or part-time behavioral health consultant/public health nurse
- If the funds will be used to contract for a full-time or part-time behavioral health consultant/public health nurse
- If you plan on sharing a behavioral health consultant/public health nurse, and if so with what county

Districts awarded funding will be expected to submit quarterly reports to include the following:

- Number of visits to family by provider type
- Number of plans of safe care developed, implemented, and monitored
- Number of screenings and/or assessments completed for children and adults by the behavior health consultants/public health nurse
- Number of children and adults with a positive screen
- Referrals made by the behavioral consultant/public health nurse to services identified through the *Plan of Safe Care* form

IV. Fiscal and Claiming

There is \$3,620,000 in federal funds in the SFY 2021-22 Budget for expenditures related to the implementation of CARA. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse expenditures beginning December 1, 2021, and ending November 30, 2022. Continuation of funding is dependent upon New York State receiving federal CAPTA funding.

Reimbursement is 100 percent federal share, up to the amount of the district's allocation. These project expenditures should be claimed through the RF17 claim package for special project claiming. These costs should be first identified as F17 functional costs (Other Reimbursable Programs) and reported on the Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries (LDSS-923) and the Schedule D, DSS Administrative Expense Allocation and Distribution by Function and Program (LDSS-2347), in the F17 column in the RF2A claim package. After final accepting the RF2A claim package, the individual project costs must also be reported under the project label CARA SFY 2021-22 on the LDSS-4975A, RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs (LDSS-4975A). Salary and fringe benefit costs related to the CARA program may be directly charged to the RF17 claim package. Total project costs and shares should be reported on the LDSS-4975, Monthly Statement of Special Project Claims Federal and State Aid (RF-17). Please note that the associated Central Services (previously known as A-87 costs) are not reimbursable from state funds and, therefore, are 100 percent local share. The expenditures must be made by November 30, 2022, and claims must be final accepted in the Automated Claiming System no later than February 22, 2023. OCFS may reallocate any unspent funds from a local district to other local districts that have claims in excess of their allocation.

Instructions for the Schedule D and RF17 claim package are found in Chapters 7 and 18, respectively, of the *Fiscal Reference Manual (FRM)*, Volume 3. The FRMs are available online at <http://otda.state.nyenet/bfdm/finance/>.

Please note: These expenditures must be processed offline. They cannot be processed through purchase of service authorizations in the Welfare Management System paid through the Benefits Issuance Control System.

Attachment A

SFY 2021-22 District Allocation Amounts

District	Allocation	District	Allocation
Albany	\$90,000	Onondaga	\$90,000
Allegany	\$50,000	Ontario	\$70,000
Broome	\$70,000	Orange	\$90,000
Cattaraugus	\$70,000	Orleans	\$50,000
Cayuga	\$70,000	Oswego	\$70,000
Chautauqua	\$70,000	Otsego	\$50,000
Chemung	\$70,000	Putnam	\$50,000
Chenango	\$50,000	Rensselaer	\$70,000
Clinton	\$70,000	Rockland	\$70,000
Columbia	\$50,000	Saint Lawrence	\$70,000
Cortland	\$50,000	Saratoga	\$70,000
Delaware	\$50,000	Schenectady	\$70,000
Dutchess	\$70,000	Schoharie	\$50,000
Erie	\$90,000	Schuyler	\$50,000
Essex	\$50,000	Seneca	\$50,000
Franklin/St. Regis	\$50,000	Steuben	\$70,000
Fulton	\$70,000	Suffolk	\$90,000
Genesee	\$50,000	Sullivan	\$70,000
Greene	\$50,000	Tioga	\$50,000
Herkimer	\$50,000	Tompkins	\$50,000
Jefferson	\$70,000	Ulster	\$70,000
Lewis	\$50,000	Warren	\$50,000
Livingston	\$50,000	Washington	\$70,000

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR SEPTEMBER 2021

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

EXPENSES	2021 BUDGETED	SEPT 2021 EXP	SEPT 2020 EXP	2021 YTD ACTUAL	2020 Prior Year Totals
110 Salaries - Regular	\$6,830,796.00	\$515,340.27	\$485,051.24	\$4,854,942.40	\$6,398,281.74
120 Salaries - Overtime	\$75,222.00	\$12,975.71	\$10,315.71	\$87,524.50	\$115,728.69
130 Salaries - Part Time	\$212,911.00	\$16,649.90	\$9,821.09	\$111,223.33	\$137,807.23
100's PERSONAL SERVICES Total	\$7,118,929.00	\$544,965.88	\$505,188.04	\$5,053,690.23	\$6,651,817.66
200's EQUIPMENT	\$56,396.79	\$1,373.00	\$617.71	\$60,000.91	\$114,338.70
400's CONTRACTUAL	\$22,638,295.00	\$1,256,115.89	\$1,354,887.19	\$13,875,207.15	\$21,497,426.17
800's EMPLOYEE BENEFITS	\$3,516,199.00	\$358,136.52	\$218,413.47	\$2,452,914.96	\$3,291,221.64
TOTALS	\$33,329,819.79	\$2,160,591.29	\$2,079,106.41	\$21,441,813.25	\$31,554,804.17

REVENUES	2021 BUDGETED	SEPT 2021 REVENUE	SEPT2020 REVENUE	2021 YTD ACTUAL	2020 Prior Year Totals
	\$15,415,207.00	\$1,166,322.29	\$1,977,648.72	\$13,750,829.48	\$14,375,930.87

ATTACHMENT #4

Expense Budget Performance Report

Fiscal Year to Date 09/30/21

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	6,002,306.00	.00	6,002,306.00	446,389.96	.00	4,207,894.08	1,794,411.92	70	5,561,090.20
120	Salaries - Overtime	49,222.00	.00	49,222.00	10,623.44	.00	62,595.70	(13,373.70)	127	67,954.73
130	Salaries - Part Time	59,767.00	.00	59,767.00	8,536.52	.00	34,270.97	25,496.03	57	44,716.36
<i>Personal Services Totals</i>		\$6,111,295.00	\$0.00	\$6,111,295.00	\$465,549.92	\$0.00	\$4,304,760.75	\$1,806,534.25	70%	\$5,673,761.29
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	850.00	2,850.00	265.93	472.50	1,649.25	728.25	74	28,484.66
220	Office Equipment	4,000.00	5,196.79	9,196.79	873.84	4,001.54	4,653.55	541.70	94	9,555.26
220.1	Office Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	29,864.62
220 - Totals		\$4,000.00	\$5,196.79	\$9,196.79	\$873.84	\$4,001.54	\$4,653.55	\$541.70	94%	\$39,419.88
230	Automotive Equipment	.00	37,650.00	37,650.00	.00	.00	37,650.00	.00	100	17,363.00
230.1	Automotive Equipment - Reserve	.00	12,550.00	12,550.00	.00	.00	12,550.00	.00	100	5,787.00
230 - Totals		\$0.00	\$50,200.00	\$50,200.00	\$0.00	\$0.00	\$50,200.00	\$0.00	100%	\$23,150.00
<i>Equipment Totals</i>		\$6,000.00	\$56,246.79	\$62,246.79	\$1,139.77	\$4,474.04	\$56,502.80	\$1,269.95	98%	\$91,054.54
<i>Contractual Expense</i>										
410	Supplies	55,000.00	(8,666.80)	46,333.20	278.92	8,002.37	31,091.48	7,239.35	84	48,478.64
411	Rent-Building/Property	650,000.00	.00	650,000.00	54,166.67	.00	487,499.99	162,500.01	75	650,000.00
418	Ins-General Liability	32,858.00	1,334.80	34,192.80	.00	.00	33,524.80	668.00	98	27,844.03
422	Repair/Maint-Equipment	.00	.00	.00	.00	.00	.00	.00	+++	249.90
423	Telephone	20,000.00	.00	20,000.00	557.08	.00	12,903.96	7,096.04	65	18,791.01
424	Postage	27,500.00	.00	27,500.00	2,077.40	.00	14,115.35	13,384.65	51	26,963.13
426	Subscriptions	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00
427	Memberships & Dues	5,000.00	113.00	5,113.00	.00	.00	5,113.00	.00	100	4,964.00
428	Data Processing & Internet Fees	5,000.00	.00	5,000.00	296.98	1,053.00	2,920.19	1,026.81	79	2,920.57
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	16,958.00	78,042.00	18	129,563.00
435	Medical Fees	500.00	1,000.00	1,500.00	515.93	.00	1,234.25	265.75	82	(1,287.09)
436	Advertising Fees	250.00	.00	250.00	.00	.00	.00	250.00	0	397.98
439	Misc Fees & Expenses	7,000.00	25,000.00	32,000.00	(112.40)	1,007.12	24,736.36	6,256.52	80	18,549.18
440	Legal/Transcript Fees	10,000.00	.00	10,000.00	250.00	.00	5,795.00	4,205.00	58	414.00
441	Auto-Supplies & Repair	6,000.00	.00	6,000.00	.00	.00	1,455.35	4,544.65	24	2,535.26
442	Automotive - Gas & Oil	7,000.00	.00	7,000.00	.00	.00	3,515.46	3,484.54	50	3,442.72
443	Auto Rental	.00	.00	.00	.00	.00	.00	.00	+++	177.28
444	Travel/Education/Conference	12,000.00	(113.00)	11,887.00	.00	.00	3,918.96	7,968.04	33	4,911.64
469	Other Payments/Contributions	2,000.00	.00	2,000.00	.00	.00	1,000.00	1,000.00	50	3,000.00
470	Contract	424,124.00	73,200.00	497,324.00	4,830.92	169,850.18	166,008.46	161,465.36	68	457,131.62
<i>Contractual Expense Totals</i>		\$1,360,232.00	\$91,868.00	\$1,452,100.00	\$62,861.50	\$179,912.67	\$811,790.61	\$460,396.72	68%	\$1,399,046.87

Expense Budget Performance Report

Fiscal Year to Date 09/30/21

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Employee Benefits</i>										
810	Retirement	840,973.00	.00	840,973.00	65,373.33	.00	596,594.59	244,378.41	71	700,220.30
830	Social Security	378,911.00	.00	378,911.00	26,962.48	.00	249,586.35	129,324.65	66	327,036.34
831	Medicare Contribution	88,618.00	.00	88,618.00	6,305.64	.00	58,370.90	30,247.10	66	76,484.40
860	Hospitalization	1,382,096.00	.00	1,382,096.00	96,982.87	.00	1,006,409.81	375,686.19	73	1,324,589.01
865	Dental Insurance	23,496.00	.00	23,496.00	1,735.22	.00	16,887.83	6,608.17	72	19,340.44
<i>Employee Benefits Totals</i>		\$2,714,094.00	\$0.00	\$2,714,094.00	\$197,359.54 ✓	\$0.00	\$1,927,849.48	\$786,244.52	71%	\$2,447,670.49
<i>Other Benefits</i>										
840	Workmen's Compensation	30,520.00	.00	30,520.00	.00	.00	30,519.22	.78	100	39,605.51
850	Unemployment Insurance	10,000.00	.00	10,000.00	.00	.00	.00	10,000.00	0	276.00
855	Disability	6,000.00	.00	6,000.00	.00	.00	5,492.52	507.48	92	785.03
861	Retirees Hospitalization	232,477.00	.00	232,477.00	90,479.49	.00	144,243.11	88,233.89	62	261,031.62
862	Health Insurance Cost Reimbursement	4,500.00	.00	4,500.00	.00	.00	1,537.81	2,962.19	34	3,097.29
<i>Other Benefits Totals</i>		\$283,497.00	\$0.00	\$283,497.00	\$90,479.49 ✓	\$0.00	\$181,792.66	\$101,704.34	64%	\$304,795.45
EXPENSE TOTALS		\$10,475,118.00	\$148,114.79	\$10,623,232.79	\$817,390.22	\$184,386.71	\$7,282,696.30	\$3,156,149.78	70%	\$9,916,328.64
Department 6010 - Social Services Totals		(\$10,475,118.00)	(\$148,114.79)	(\$10,623,232.79)	(\$817,390.22)	(\$184,386.71)	(\$7,282,696.30)	(\$3,156,149.78)	70%	(\$9,916,328.64)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	828,490.00	31,644.00	860,134.00	68,950.31	.00	647,048.32	213,085.68	75	837,191.54
120	Salaries - Overtime	26,000.00	.00	26,000.00	2,352.27	.00	24,928.80	1,071.20	96	47,773.96
130	Salaries - Part Time	153,144.00	958.36	154,102.36	8,113.38	.00	76,952.36	77,150.00	50	93,090.87
<i>Personal Services Totals</i>		\$1,007,634.00	\$32,602.36	\$1,040,236.36	\$79,415.96	\$0.00	\$748,929.48	\$291,306.88	72%	\$978,056.37
<i>Equipment</i>										
210	Furniture/Furnishings	5,000.00	(4,130.00)	870.00	.00	.00	435.98	434.02	50	13,848.00
220	Office Equipment	.00	.00	.00	.00	.00	.00	.00	+++	1,321.90
220.1	Office Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	7,530.00
220 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$8,851.90
260	Other Equipment	.00	6,230.00	6,230.00	233.23	.00	4,524.83	1,705.17	73	216.51
270	Lawn & Landscaping	350.00	.00	350.00	.00	.00	30.02	319.98	9	367.75
<i>Equipment Totals</i>		\$5,350.00	\$2,100.00	\$7,450.00	\$233.23 ✓	\$0.00	\$4,990.83	\$2,459.17	67%	\$23,284.16
<i>Contractual Expense</i>										
410	Supplies	38,000.00	6,872.62	44,872.62	885.65	10,470.81	27,451.53	6,950.28	85	35,966.17
413	Repair & Maint.-Bldg/Property	20,000.00	10,000.00	30,000.00	4,898.05	7,119.82	19,277.36	3,602.82	88	17,938.16
415	Electricity	25,000.00	(1,000.00)	24,000.00	2,321.78	.00	16,168.76	7,831.24	67	25,388.33
416	Oil & Gas-Heating	24,000.00	.00	24,000.00	3,168.53	.00	16,342.66	7,657.34	68	19,246.17
417	Water/Sewer/Taxes	9,000.00	.00	9,000.00	.00	.00	6,752.61	2,247.39	75	10,388.70

Expense Budget Performance Report

Fiscal Year to Date 09/30/21

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
418	Ins-General Liability	10,149.00	56.38	10,205.38	.00	.00	10,176.38	29.00	100	8,419.51
422	Repair/Maint-Equipment	5,000.00	.00	5,000.00	.00	.00	837.50	4,162.50	17	11,110.27
423	Telephone	3,000.00	.00	3,000.00	487.03	.00	2,349.08	650.92	78	3,228.22
424	Postage	100.00	.00	100.00	3.71	.00	69.31	30.69	69	174.02
426	Subscriptions	400.00	.00	400.00	.00	.00	.00	400.00	0	478.99
427	Memberships & Dues	1,400.00	.00	1,400.00	.00	.00	1,344.00	56.00	96	1,344.00
428	Data Processing & Internet Fees	2,000.00	.00	2,000.00	219.62	.00	1,739.68	260.32	87	2,544.69
434	Allowances	15,000.00	.00	15,000.00	1,100.00	.00	11,850.00	3,150.00	79	18,800.00
435	Medical Fees	2,000.00	.00	2,000.00	.00	.00	574.50	1,425.50	29	4,267.00
436	Advertising Fees	.00	500.00	500.00	.00	.00	295.00	205.00	59	.00
437	Consulting Fees	8,000.00	(5,500.00)	1,500.00	.00	.00	.00	1,500.00	0	.00
439	Misc Fees & Expenses	1,000.00	.00	1,000.00	.00	.00	510.00	490.00	51	605.25
441	Auto-Supplies & Repair	2,000.00	1,000.00	3,000.00	.00	.00	2,684.64	315.36	89	1,141.67
442	Automotive - Gas & Oil	2,000.00	.00	2,000.00	.00	.00	1,322.63	677.37	66	1,542.43
444	Travel/Education/Conference	2,000.00	.00	2,000.00	31.79	.00	1,628.37	371.63	81	180.00
445	Foods	166,580.00	.00	166,580.00	3,496.98	35,438.88	108,219.68	22,921.44	86	136,453.77
451	Medical Supply Expense	4,000.00	.00	4,000.00	.00	1,596.81	769.59	1,633.60	59	3,592.72
453	Uniforms & Clothing	200.00	.00	200.00	.00	.00	.00	200.00	0	169.95
470	Contract	48,000.00	(3,000.00)	45,000.00	504.00	9,064.07	34,659.43	1,276.50	97	34,739.30
<i>Contractual Expense Totals</i>		\$388,829.00	\$7,929.00	\$396,758.00	\$17,117.14	\$63,690.39	\$265,022.71	\$68,044.90	83%	\$337,719.32
<i>Employee Benefits</i>										
810	Retirement	132,450.00	4,597.02	137,047.02	10,547.30	.00	92,252.65	44,794.37	67	105,598.15
830	Social Security	62,477.00	2,021.39	64,498.39	4,667.31	.00	44,376.85	20,121.54	69	57,442.63
831	Medicare Contribution	14,610.00	472.75	15,082.75	1,091.55	.00	10,378.44	4,704.31	69	13,434.11
860	Hospitalization	182,462.00	.00	182,462.00	12,553.22	.00	130,110.83	52,351.17	71	182,323.32
865	Dental Insurance	3,192.00	.00	3,192.00	245.64	.00	2,497.95	694.05	78	2,877.71
<i>Employee Benefits Totals</i>		\$395,191.00	\$7,091.16	\$402,282.16	\$29,105.02	\$0.00	\$279,616.72	\$122,665.44	70%	\$361,675.92
<i>Other Benefits</i>										
840	Workmen's Compensation	14,764.00	.00	14,764.00	.00	.00	14,763.47	.53	100	18,427.03
850	Unemployment Insurance	9,000.00	.00	9,000.00	.00	.00	.00	9,000.00	0	.00
855	Disability	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	.00
861	Retirees Hospitalization	86,464.00	.00	86,464.00	36,426.37	.00	57,822.34	28,641.66	67	96,309.16
862	Health Insurance Cost Reimbursement	750.00	.00	750.00	.00	.00	.00	750.00	0	86.20
<i>Other Benefits Totals</i>		\$111,978.00	\$0.00	\$111,978.00	\$36,426.37	\$0.00	\$72,585.81	\$39,392.19	65%	\$114,822.39
EXPENSE TOTALS		\$1,908,982.00	\$49,722.52	\$1,958,704.52	\$162,297.72	\$63,690.39	\$1,371,145.55	\$523,868.58	73%	\$1,815,558.16
Department 6030 - Countryside Adult Home Totals		(\$1,908,982.00)	(\$49,722.52)	(\$1,958,704.52)	(\$162,297.72)	(\$63,690.39)	(\$1,371,145.55)	(\$523,868.58)	73%	(\$1,815,558.16)

Expense Budget Performance Report

Fiscal Year to Date 09/30/21

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6050 - Public Facil. For Children										
EXPENSE										
<i>Contractual Expense</i>										
469	Other Payments/Contributions	15,000.00	.00	15,000.00	.00	.00	.00	15,000.00	0	4,515.56
	<i>Contractual Expense Totals</i>	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	0%	\$4,515.56
	EXPENSE TOTALS	\$15,000.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	0%	\$4,515.56
	Department 6050 - Public Facil. For Children Totals	(\$15,000.00)	\$0.00	(\$15,000.00)	\$0.00	\$0.00	\$0.00	(\$15,000.00)	0%	(\$4,515.56)
Department 6055 - Daycare										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,000,000.00	.00	1,000,000.00	41,109.87	.00	277,301.50	722,698.50	28	475,051.83
	<i>Contractual Expense Totals</i>	\$1,000,000.00	\$0.00	\$1,000,000.00	\$41,109.87	\$0.00	\$277,301.50	\$722,698.50	28%	\$475,051.83
	EXPENSE TOTALS	\$1,000,000.00	\$0.00	\$1,000,000.00	\$41,109.87	\$0.00	\$277,301.50	\$722,698.50	28%	\$475,051.83
	Department 6055 - Daycare Totals	(\$1,000,000.00)	\$0.00	(\$1,000,000.00)	(\$41,109.87)	\$0.00	(\$277,301.50)	(\$722,698.50)	28%	(\$475,051.83)
Department 6070 - Services for Recipients										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	350,000.00	.00	350,000.00	41,251.68	.00	179,756.98	170,243.02	51	347,176.58
	<i>Contractual Expense Totals</i>	\$350,000.00	\$0.00	\$350,000.00	\$41,251.68	\$0.00	\$179,756.98	\$170,243.02	51%	\$347,176.58
	EXPENSE TOTALS	\$350,000.00	\$0.00	\$350,000.00	\$41,251.68	\$0.00	\$179,756.98	\$170,243.02	51%	\$347,176.58
	Department 6070 - Services for Recipients Totals	(\$350,000.00)	\$0.00	(\$350,000.00)	(\$41,251.68)	\$0.00	(\$179,756.98)	(\$170,243.02)	51%	(\$347,176.58)
Department 6100 - Medicaid										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	11,423,165.00	(15,000.00)	11,408,165.00	633,945.00	.00	7,302,947.00	4,105,218.00	64	11,038,795.00
	<i>Contractual Expense Totals</i>	\$11,423,165.00	(\$15,000.00)	\$11,408,165.00	\$633,945.00	\$0.00	\$7,302,947.00	\$4,105,218.00	64%	\$11,038,795.00
	EXPENSE TOTALS	\$11,423,165.00	(\$15,000.00)	\$11,408,165.00	\$633,945.00	\$0.00	\$7,302,947.00	\$4,105,218.00	64%	\$11,038,795.00
	Department 6100 - Medicaid Totals	(\$11,423,165.00)	\$15,000.00	(\$11,408,165.00)	(\$633,945.00)	\$0.00	(\$7,302,947.00)	(\$4,105,218.00)	64%	(\$11,038,795.00)
Department 6101 - Medical Assistance										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,000.00	.00	1,000.00	.00	.00	.00	1,000.00	0	1,704.99
	<i>Contractual Expense Totals</i>	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$1,704.99
	EXPENSE TOTALS	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$1,704.99
	Department 6101 - Medical Assistance Totals	(\$1,000.00)	\$0.00	(\$1,000.00)	\$0.00	\$0.00	\$0.00	(\$1,000.00)	0%	(\$1,704.99)
Department 6109 - Aid To Dependent Children										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,700,000.00	.00	1,700,000.00	140,751.62	.00	1,187,720.65	512,279.35	70	1,429,973.60

Expense Budget Performance Report

Fiscal Year to Date 09/30/21

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6109 - Aid To Dependent Children										
EXPENSE										
<i>Contractual Expense Totals</i>		\$1,700,000.00	\$0.00	\$1,700,000.00	\$140,751.62	\$0.00	\$1,187,720.65	\$512,279.35	70%	\$1,429,973.60
EXPENSE TOTALS		\$1,700,000.00	\$0.00	\$1,700,000.00	\$140,751.62	\$0.00	\$1,187,720.65	\$512,279.35	70%	\$1,429,973.60
Department 6109 - Aid To Dependent Children Totals		(\$1,700,000.00)	\$0.00	(\$1,700,000.00)	(\$140,751.62)	\$0.00	(\$1,187,720.65)	(\$512,279.35)	70%	(\$1,429,973.60)
Department 6119 - Child Care										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	4,500,000.00	.00	4,500,000.00	228,733.11	.00	3,080,603.17	1,419,396.83	68	4,479,010.37
<i>Contractual Expense Totals</i>		\$4,500,000.00	\$0.00	\$4,500,000.00	\$228,733.11	\$0.00	\$3,080,603.17	\$1,419,396.83	68%	\$4,479,010.37
EXPENSE TOTALS		\$4,500,000.00	\$0.00	\$4,500,000.00	\$228,733.11	\$0.00	\$3,080,603.17	\$1,419,396.83	68%	\$4,479,010.37
Department 6119 - Child Care Totals		(\$4,500,000.00)	\$0.00	(\$4,500,000.00)	(\$228,733.11)	\$0.00	(\$3,080,603.17)	(\$1,419,396.83)	68%	(\$4,479,010.37)
Department 6129 - State Training School										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	125,000.00	.00	125,000.00	.00	.00	.00	125,000.00	0	351,492.00
<i>Contractual Expense Totals</i>		\$125,000.00	\$0.00	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00	0%	\$351,492.00
EXPENSE TOTALS		\$125,000.00	\$0.00	\$125,000.00	\$0.00	\$0.00	\$0.00	\$125,000.00	0%	\$351,492.00
Department 6129 - State Training School Totals		(\$125,000.00)	\$0.00	(\$125,000.00)	\$0.00	\$0.00	\$0.00	(\$125,000.00)	0%	(\$351,492.00)
Department 6140 - Home Relief										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	1,500,000.00	.00	1,500,000.00	90,305.97	.00	714,689.31	785,310.69	48	1,460,401.03
<i>Contractual Expense Totals</i>		\$1,500,000.00	\$0.00	\$1,500,000.00	\$90,305.97	\$0.00	\$714,689.31	\$785,310.69	48%	\$1,460,401.03
EXPENSE TOTALS		\$1,500,000.00	\$0.00	\$1,500,000.00	\$90,305.97	\$0.00	\$714,689.31	\$785,310.69	48%	\$1,460,401.03
Department 6140 - Home Relief Totals		(\$1,500,000.00)	\$0.00	(\$1,500,000.00)	(\$90,305.97)	\$0.00	(\$714,689.31)	(\$785,310.69)	48%	(\$1,460,401.03)
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	30,000.00	.00	30,000.00	40.00	.00	26,071.96	3,928.04	87	16,846.77
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$40.00	\$0.00	\$26,071.96	\$3,928.04	87%	\$16,846.77
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$40.00	\$0.00	\$26,071.96	\$3,928.04	87%	\$16,846.77
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$40.00)	\$0.00	(\$26,071.96)	(\$3,928.04)	87%	(\$16,846.77)
Department 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	35,000.00	.00	35,000.00	.00	.00	.00	35,000.00	0	4,073.95
<i>Contractual Expense Totals</i>		\$35,000.00	\$0.00	\$35,000.00	\$0.00	\$0.00	\$0.00	\$35,000.00	0%	\$4,073.95
EXPENSE TOTALS		\$35,000.00	\$0.00	\$35,000.00	\$0.00	\$0.00	\$0.00	\$35,000.00	0%	\$4,073.95

Expense Budget Performance Report

Fiscal Year to Date 09/30/21

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6142 - Emergency Aid For Adults	Totals	(\$35,000.00)	\$0.00	(\$35,000.00)	\$0.00	\$0.00	\$0.00	(\$35,000.00)	0%	(\$4,073.95)
Department 7310 - Youth Program 4-H Camp	EXPENSE									
	Contractual Expense									
470	Contract	25,000.00	.00	25,000.00	.00	13,930.00	11,070.00	.00	100	.00
	Contractual Expense Totals	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$13,930.00	\$11,070.00	\$0.00	100%	\$0.00
	EXPENSE TOTALS	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$13,930.00	\$11,070.00	\$0.00	100%	\$0.00
Department 7310 - Youth Program 4-H Camp	Totals	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	(\$13,930.00)	(\$11,070.00)	\$0.00	100%	\$0.00
Department 7311 - Youth Bureau	EXPENSE									
	Contractual Expense									
410	Supplies	187.00	.00	187.00	.00	.00	.00	187.00	0	.00
424	Postage	.00	.00	.00	.00	.00	.00	.00	+++	4.65
470	Contract	2,000.00	.00	2,000.00	.00	.00	.00	2,000.00	0	928.00
	Contractual Expense Totals	\$2,187.00	\$0.00	\$2,187.00	\$0.00	\$0.00	\$0.00	\$2,187.00	0%	\$932.65
	Other Benefits									
861	Retirees Hospitalization	11,439.00	.00	11,439.00	4,766.10	.00	7,625.76	3,813.24	67	12,458.64
	Other Benefits Totals	\$11,439.00	\$0.00	\$11,439.00	\$4,766.10	\$0.00	\$7,625.76	\$3,813.24	67%	\$12,458.64
	EXPENSE TOTALS	\$13,626.00	\$0.00	\$13,626.00	\$4,766.10	\$0.00	\$7,625.76	\$6,000.24	56%	\$13,391.29
Department 7311 - Youth Bureau	Totals	(\$13,626.00)	\$0.00	(\$13,626.00)	(\$4,766.10)	\$0.00	(\$7,625.76)	(\$6,000.24)	56%	(\$13,391.29)
Department 7312 - Special Delinquency Prev.	EXPENSE									
	Contractual Expense									
410	Supplies	900.00	.00	900.00	.00	.00	.00	900.00	0	103.72
424	Postage	40.00	.00	40.00	.00	.00	10.07	29.93	25	4.89
427	Memberships & Dues	275.00	.00	275.00	.00	.00	175.00	100.00	64	175.00
444	Travel/Education/Conference	500.00	.00	500.00	.00	.00	.00	500.00	0	.00
470	Contract	33,070.00	.00	33,070.00	.00	.00	.00	33,070.00	0	59,727.00
	Contractual Expense Totals	\$34,785.00	\$0.00	\$34,785.00	\$0.00	\$0.00	\$185.07	\$34,599.93	1%	\$60,010.61
	EXPENSE TOTALS	\$34,785.00	\$0.00	\$34,785.00	\$0.00	\$0.00	\$185.07	\$34,599.93	1%	\$60,010.61
Department 7312 - Special Delinquency Prev.	Totals	(\$34,785.00)	\$0.00	(\$34,785.00)	\$0.00	\$0.00	(\$185.07)	(\$34,599.93)	1%	(\$60,010.61)
Department 7313 - Youth Court	EXPENSE									
	Contractual Expense									
470	Contract	60,000.00	.00	60,000.00	.00	.00	.00	60,000.00	0	60,000.00
	Contractual Expense Totals	\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$60,000.00
	EXPENSE TOTALS	\$60,000.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$60,000.00	0%	\$60,000.00
Department 7313 - Youth Court	Totals	(\$60,000.00)	\$0.00	(\$60,000.00)	\$0.00	\$0.00	\$0.00	(\$60,000.00)	0%	(\$60,000.00)
Fund A - General	Totals	\$33,196,676.00	\$182,837.31	\$33,379,513.31	\$2,160,591.29	\$262,007.10	\$21,441,813.25	\$11,675,692.96		\$31,474,330.38

