



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

JOYCE MASSEY-SMITH, MPA •
Director, Division of Aging and Adult Services

April 3, 2019

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

ATTENTION: PROGRAM MANAGERS, ADULT SERVICES SUPERVISORS AND FISCAL OFFICERS

SUBJECT: CLARIFICATION OF DEAR COUNTY DIRECTOR LETTER (DAAS_AS-01-2019) CREATION OF NEW SERVICE CODE 111 – CONTRACTED GUARDIANSHIP

The purpose of this letter is to clarify the Dear County Director Letter (DAAS_AS_01_2019) sent via listserv March 7, 2019. There was some confusion about the definition of SIS Code 111, when it was appropriate for use and what information should be included on the DSS-5027. Additional information about the use of SIS Code 111 and completing the DSS-5027 can be found in the bulleted section of this letter.

In order to more accurately represent the provision of services and resources devoted to the Guardianship program area of Adult Services, the Division of Aging and Adult Services (DAAS) has created a new Service Information System (SIS) Code:

111 – Contracted Guardianship

Detailed information about the use of this Service Code can be found in Services Information System (SIS) Change Notice No. 03-19, which updated SIS Change Notice No. 02-19, however the purpose of this letter is to provide some context and background for the addition of the new code.

Service Code 111 – Contracted Guardianship should be used to document the provision of guardianship services through contractual arrangements for those individuals for whom the county DSS Director is not appointed to serve as the disinterested public agent guardian. This SIS Code was created for counties to claim federal Social Services Block Grant (SSBG) reimbursement for contract costs for cases where a guardianship corporation has been appointed guardian for the individual by the Clerk of Court at the request of, or in agreement with the DSS Director. In addition, to comply with policy on the provision of services, a DSS-5027 including Service Code 111 should be completed for all individuals served through guardianship contracts regardless of funding source. Under N.C.G.S.35A, DAAS has the responsibility for oversight of publicly funded guardianship services. Use of Service Code 111 on all contracted guardianship provides a mechanism to meet this requirement.

When the guardianship services are being provided for an individual through a contractual arrangement, Service Code 111 must be entered on that individual's DSS-5027. Policy regarding the provision of services must be followed for each individual covered under the contract. Counties should complete a DSS-5027 on all contracted guardianship clients for all fund sources.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

LOCATION: 693 Palmer Drive, Taylor Hall, Raleigh, NC 27603
MAILING ADDRESS: 2101 Mail Service Center, Raleigh, NC 27699-2101
www.ncdhhs.gov • TEL: 919-855-3400 • FAX: 919-733-0443

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

If the individual does not have an existing DSS-5027, a new one must be completed to record the provision of Contracted Guardianship services. Coding instructions for Service Code 111 – Contracted Guardianship on the DSS-1571 Part II were released by the Office of the Controller, County Administration on February 5, 2019.

Instructions for county staff:

- Ensure that a DSS-5027 is completed for all individuals; Sections A, B, C, D, F and H are to be completed but no client signature is required. The Division recognizes that completion of the DSS-5027 for all individuals receiving guardianship services under contract may require some time on the part of the county. The expectation is that this task should be completed by the end of SFY 18-19 (June 30, 2019).
- Counties may use the DAAS-7016a form that guardianship corporations submit to DAAS to make changes. The form is similar to the DAAS-7016 form and collects a lot of the information that is needed to complete the DSS-5027 form. A copy is attached for your reference and use.
- When the guardianship ends, through a transfer, restoration or death, Service Code 111 should be closed on the DSS-5027.
- Notify the corporation that an attestation is required on all monthly invoices. The following statement may be used: "...By signing below I hereby attest that individuals for whom services are billed on this invoice continue to meet the target population for Contracted Guardianship and therefore are eligible for guardianship services..." The attestation statement meets the requirements, quarterly and annually, for the Provision of Services and eligibility.
- Use Service Code 380 to document worker time spent completing the DSS-5027 and verifying ongoing eligibility if these tasks are performed by Adult Services staff. SIS Code 111 is a contract code that accounts for the funds provided to the corporation to serve as guardian. It is not a code to record time spent by DSS staff working with the contracted individuals.
- These tasks can also be performed by contract management or administrative staff. In this instance, all of the client case records, including the DSS-5027, may be maintained by the contract management or administrative staff.
- As a reminder, counties should be monitoring contracts that they have with guardianship corporations; this will be reviewed during Programmatic Compliance Monitoring by the Adult Programs Representative.

You may begin using the new SIS Code on the DSS-5027 upon receipt of this letter. If you have any questions about these new SIS Codes you may contact DSS Adult Services Listserv daas.adultservices@dhhs.nc.gov or Program Administrator, Sarah M. Smith at sarah.smith@dhhs.nc.gov.

Sincerely,



Joyce Massey-Smith
Director

JMS/SMS/ae/pg

Att.
DAAS_AS_03_2019

**North Carolina Department of Health and Human Services
Notification of Appointment of Corporate Guardian**

A. Guardianship and Ward Information

Initial Change

1. Name of Corporate Guardian _____
 2. Contact Person _____
 3. Date of Appointment _____
 (mm/dd/yyyy)
 Date

4. Full Name of Ward _____
 5. Date of Birth _____
 (mm/dd/yyyy)
 Date
 6. Race _____

7. Gender _____

8. Living Arrangement
 (Please check appropriate box - choose one option only)

- Private Home
- Nursing Home
- State MR Facility
- Group Home
- State Psychiatric Hospital
- Jail/Prison
- Adult Care Home
- Unknown
- Other

(Specify)

9. Primary Incapacity
 (Please choose two for dual diagnoses)

- Mental Illness
- Chronic Substance Use
- Physical Disease/Injury
- Dementia
- Unknown
- Developmental Disability
- Other _____

(Specify)

10. County where Ward resides _____

11. Medicaid County _____

12. County Where Guardian's Agency is Located _____

13. Type Guardianship (Please check appropriate box)

- | | | | |
|-------------------------|------------------------------------|------------------------------------|----------------------------------|
| a. Interim Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |
| b. Limited Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |
| c. Full Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |

B. Termination Reasons

1. Ward has died _____
 (mm/dd/yyyy)
 Date
2. Ward's competency has been restored _____
 (mm/dd/yyyy)
 Date
3. Guardianship has been transferred to _____
 (mm/dd/yyyy)
 Date
4. Other: _____

 (Please Explain)

C. Authorization From Guardian

1. Signature of Guardian _____
 2. Date _____
 (mm/dd/yyyy)
 Date
 3. Corporation Name _____