STATE FISCAL YEAR (SFY) 24-25

ADULT SERVICES
Annual Report

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services

Lisa Tucker Cauley, Division Director, Human Services

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https://www.ncdhhs.gov/divisions/social-services/adult-services

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INTRODUCTION

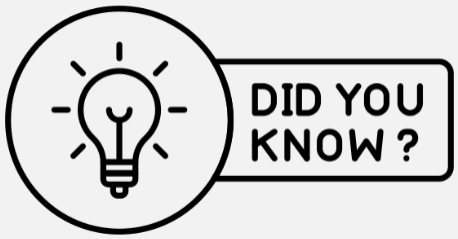
This report was prepared by the North Carolina Department of Health and Human Services (NCDHHS), Division of Social Services, Adult Services Section.

Hyperlinks are included throughout this document to support navigation and to provide access to external resources. All external links lead to official resources maintained on the NC Department of Health and Human Services website at https://www.ncdhhs.gov/.

NCDHHS DIVISION OF SOCIAL SERVICES

North Carolina (NC) operates a federally mandated, state-supervised, county-administered social services system. Under this structure, the federal government authorizes national programs and provides funding, while the state establishes policy, provides oversight, and ensures programmatic accountability. The state's 100 local social services agencies are responsible for delivering services and benefits directly to residents.

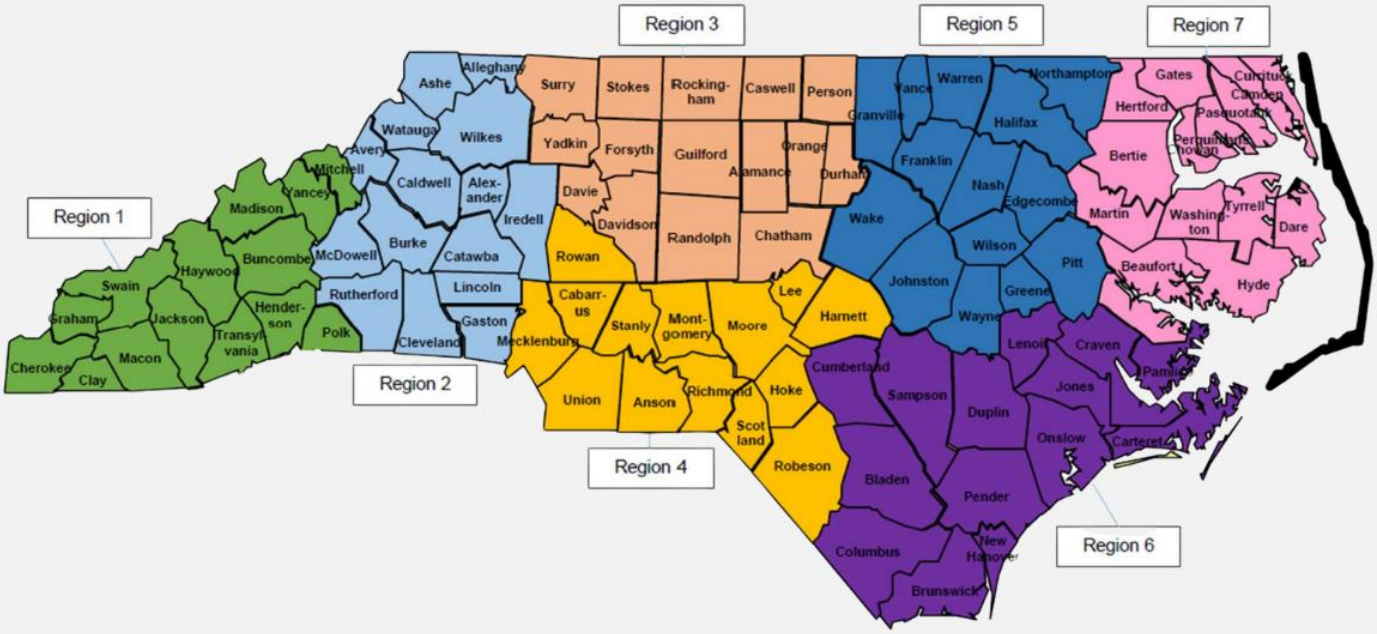
In North Carolina, the single administrative agency is the NC Department of Health and Human Services (NCDHHS), which encompasses several distinct divisions. Within NCDHHS, the Division of Social Services, Adult Services Section provides statewide leadership, oversight, and accountability for Adult Services programs. This includes establishing policy and program direction, administering and monitoring programs, assessing performance and compliance, and providing technical assistance to county departments of social services. County agencies deliver direct services to vulnerable and disabled adults, addressing abuse, neglect, and exploitation, as well as poverty and other social and economic disparities that impact adult well-being.



NC IS 1 OF ONLY 9 STATES WITH A STATE SUPERVISED, COUNTY ADMINISTERED SOCIAL SERVICES SYSTEM. MOST STATES HAVE A CENTRALIZED ADMINISTRATIVE SYSTEM.

REGIONAL SUPPORT MODEL

The transition to a regional support model for social services is a key component of the ongoing implementation of Rylan's Law (Session Law 2017-41), enacted by the NC General Assembly to address longstanding challenges in the state's county-administered child welfare and social services systems. The law authorized NCDHHS to establish regional support teams that provide consistent supervision, assistance, and training to local leaders responsible for administering these services in their communities. In December 2024, seven regional directors were onboarded to lead this critical support effort.



NCDHHS ADULT SERVICES SECTION

NCDHHS Adult Services operates as a unified statewide team under the leadership of a Deputy Director, with support from a Program Administrator. The team is comprised of program staff who provide administrative oversight, develop and deliver statewide training, and serve as policy and practice consultants. In coordination with this work, Continuous Quality Improvement (CQI) Specialists provide direct regional support to county departments of social services and lead CQI efforts through data and trend analysis, improvement planning, programmatic monitoring, and facilitation of corrective actions. Collectively, the Adult Services team collaborates with all 100 counties to strengthen compliance, improve performance, and achieve consistent, high-quality outcomes across Adult Services programs.

Leadership Team	
Karey Perez	Deputy Director
Sarah Richardson	Program Administrator
Administrative Support Team	
Kristi Dunn	Administrative Assistant
Kimberly Johnson	Administrative Assistant

Central Office		**Continuous Quality Improvement Specialist** *(Anticipated as of 1/1/26)*	
LeShana Baldwin	AS Program Coordinator	Nicholas Peak	Region 1
Christie Danforth	AS Program Coordinator	Katie McCarron	Region 2
Alexandria Wilkens	AS Program Coordinator	Anthony Hodges	Region 3
Arlette Lambert	AS Policy Consultant	Sydney Council	Region 4
Denyse Leake	Adult Protective Services (APS) Policy Consultant	April Black	Region 5
Preston Craddock	Guardianship Consultant	Wendy Whitfield	Region 6
		Melanie Corprew	Region 7

COUNTY DEPARTMENTS OF SOCIAL SERVICES (DSS)

Each of North Carolina's 100 counties operates a local social services agency that administers the following Adult Services, as mandated by North Carolina statute and/or administrative code:

- Adult Protective Services (APS)
- Guardianship Services
- Special Assistance In-Home Case Management (SAIH-CM)
- Placement Services
- Unclaimed Body Disposition

In addition, many county Department of Social Services, Adult Services teams administer or coordinate other services. Each of these programs, if offered by the agency, are regulated by state statutes, state administrative codes or federal regulations and all help mitigate risk for vulnerable and disabled adults:

- Adult Daycare Services
- Adult Family Care and Group Home Oversight
- Community Alternatives Program for Disabled Adults (CAP/DA)
- Home Delivered Meals/Nutrition Services
- In-Home Aide Services
- Outreach/Prevention Services
- Representative Payee Services
- Transportation Services

Click here to view the North Carolina County Department of Social Services directory.

ADULT PROTECTIVE SERVICES (APS)

Adult Protective Services (APS) in North Carolina is authorized under General Statute Chapter 108A, Article 6, and is intended to safeguard vulnerable and disabled adults from abuse, neglect, and exploitation. County departments of social services are legally responsible for receiving and evaluating reports to determine whether a disabled adult needs protective services.

County agencies protect adults by:

- **Receiving and screening reports** that allege concerns of maltreatment of disabled adults;
- **Conducting evaluations** to determine whether a disabled adult needs protective services;
- **Mobilizing essential services** on behalf of the disabled adult when maltreatment is identified, including obtaining consent or service authorization when appropriate;
- **Initiating court action**, when necessary, to protect adults who lack capacity and do not have a legally authorized surrogate decision-maker, including petitions for protective orders or other judicial relief.

Disabled adults who are determined to be abused, neglected, and/or exploited and in need of protective services are eligible to receive APS services regardless of income.

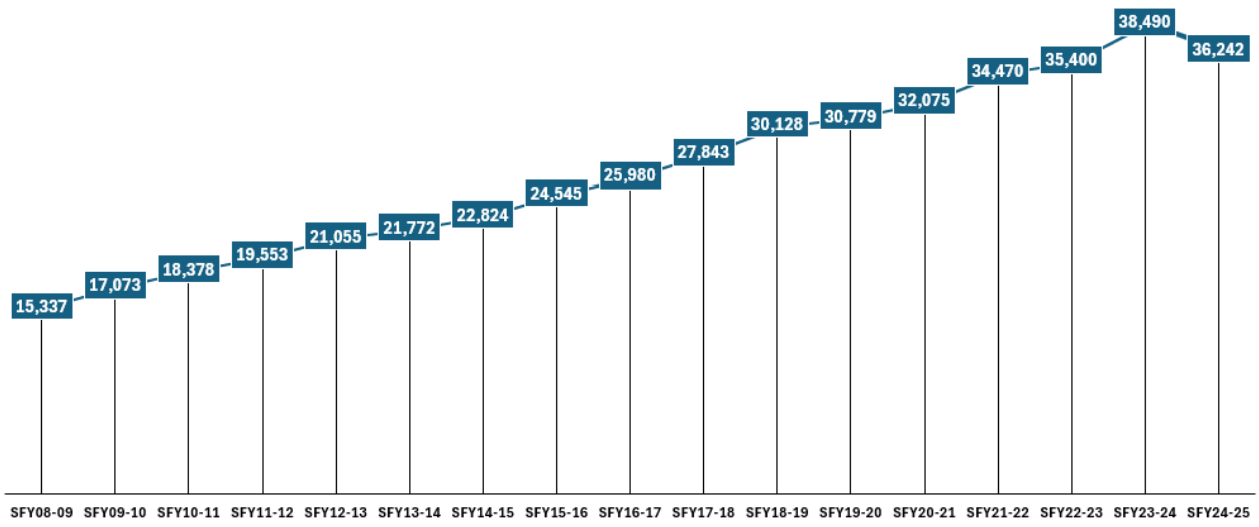
APS REPORTS

The number of reports received by North Carolina Adult Protective Services (APS) more than doubled from State Fiscal Year (SFY) 08-09 through SFY 23-24. In SFY 24-25, North Carolina experienced its first year-over-year decrease in APS reports in more than 15 years (Exhibit 1). Despite a reduction of 2,248 reports, the volume of APS reports in SFY 24-25 remained higher than in any year since SFY 08-09, with the exception of SFY 23-24.

This decrease is likely attributable to operational disruptions associated with Hurricane Helene in September 2024. Of the 25 counties officially declared disaster counties, 20 experienced a decline in APS reports in SFY 24-25. Within this group, one county experienced a reduction of 670 APS reports compared to SFY 23-24, accounting for a notable share of the statewide decrease. Recovery efforts related to Hurricane Helene are ongoing and are expected to continue into SFY 25-26.

Exhibit 1

APS REPORTS RECEIVED IN NC FOR SFY 24-25



While the total number of reports slightly decreased in SFY 24-25, the APS report acceptance rate maintained at 59%.

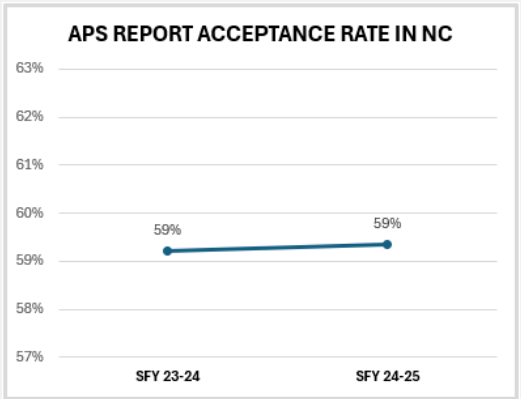


Exhibit 2

This data originates from monthly county surveys to NCDHHS.

APS REPORTS RECEIVED BY COUNTY

36,242 Reports received for North Carolina in SFY 24-25

COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL	COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL	COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL
Alamance	892	886	Franklin	106	114	Pamlico	49	54
Alexander	181	198	Gaston	1132	1050	Pasquotank	175	233
Alleghany	88	115	Gates	37	36	Pender	335	248
Anson	71	83	Graham	48	44	Perquimans	62	63
Ashe	161	219	Granville	100	120	Person	175	174
Avery	54	31	Greene	65	54	Pitt	935	937
Beaufort	294	255	Guilford	1828	1766	Polk	154	157
Bertie	135	81	Halifax	202	134	Randolph	281	242
Bladen	94	82	Harnett	153	139	Richmond	134	202
Brunswick	578	623	Haywood	452	456	Robeson	690	454
Buncombe	2611	1941	Henderson	608	667	Rockingham	562	541
Burke	411	438	Hertford	40	75	Rowan	858	645
Cabarrus	533	612	Hoke	170	163	Rutherford	533	418
Caldwell	483	385	Hyde	13	22	Sampson	278	298
Camden	34	27	Iredell	264	231	Scotland	72	72
Carteret	339	353	Jackson	211	186	Stanly	281	184
Caswell	80	68	Johnston	505	470	Stokes	171	138
Catawba	626	546	Jones	79	57	Surry	236	275
Chatham	221	179	Lee	190	182	Swain	103	165
Cherokee	209	232	Lenoir	100	115	Transylvania	223	179
Chowan	78	54	Lincoln	349	367	Tyrrell	20	30
Clay	61	116	Macon	163	393	Union	624	505
Cleveland	595	589	Madison	43	57	Vance	105	128
Columbus	251	229	Martin	104	96	Wake	1681	1736
Craven	606	613	McDowell	179	187	Warren	68	51
Cumberland	1352	1252	Mecklenburg	2735	2811	Washington	67	53
Currituck	144	109	Mitchell	179	170	Watauga	97	112
Dare	103	176	Montgomery	120	80	Wayne	597	522
Davidson	401	317	Moore	481	479	Wilkes	512	412
Davie	165	160	Nash	452	358	Wilson	409	446
Duplin	265	217	New Hanover	1588	1492	Yadkin	91	67
Durham	1044	917	Northampton	63	46	Yancey	90	89
Edgecombe	267	283	Onslow	1054	818			
Forsyth	275	341	Orange	307	250			

This data originates from monthly county surveys to NCDHHS.

APS REPORT ACCEPTANCE RATE BY COUNTY

59% Average APS Acceptance Rate for North Carolina in SFY 24-25

COUNTY NAME	IN	OUT	% OF SCREEN INS	COUNTY NAME	IN	OUT	% OF SCREEN INS	COUNTY NAME	IN	OUT	% OF SCREEN INS
Alamance	664	222	75%	Franklin	105	9	92%	Pamlico	35	19	65%
Alexander	113	85	57%	Gaston	567	483	54%	Pasquotank	128	105	55%
Alleghany	70	45	61%	Gates	21	15	58%	Pender	156	42	63%
Anson	40	43	48%	Graham	29	15	66%	Perquimans	45	18	71%
Ashe	48	171	22%	Granville	102	18	85%	Person	136	38	78%
Avery	20	11	65%	Greene	41	13	76%	Pitt	773	160	82%
Beaufort	217	38	85%	Guilford	1067	699	60%	Polk	77	80	49%
Bertie	64	17	79%	Halifax	112	22	84%	Randolph	151	91	62%
Bladen	52	30	63%	Harnett	108	31	78%	Richmond	71	131	35%
Brunswick	378	245	61%	Haywood	244	212	54%	Robeson	311	143	69%
Buncombe	1110	831	61%	Henderson	360	317	54%	Rockingham	287	254	53%
Burke	156	282	36%	Hertford	56	19	75%	Rowan	289	356	45%
Cabarrus	178	434	29%	Hoke	119	44	73%	Rutherford	217	201	52%
Caldwell	211	174	55%	Hyde	18	4	82%	Sampson	239	59	80%
Camden	17	10	63%	Iredell	90	141	39%	Scotland	51	21	71%
Carteret	203	150	58%	Jackson	63	123	34%	Stanly	109	75	59%
Caswell	46	22	68%	Johnston	449	21	96%	Stokes	79	59	57%
Catawba	373	173	68%	Jones	28	29	49%	Surry	138	137	50%
Chatham	49	130	27%	Lee	88	94	48%	Swain	108	57	65%
Cherokee	107	125	46%	Lenoir	96	19	83%	Transylvania	80	99	45%
Chowan	30	24	56%	Lincoln	244	123	66%	Tyrrell	28	2	93%
Clay	60	56	52%	Macon	214	179	54%	Union	251	254	50%
Cleveland	252	337	43%	Madison	28	29	49%	Vance	91	37	71%
Columbus	138	91	60%	Martin	76	20	79%	Wake	949	787	55%
Craven	321	292	52%	McDowell	114	73	61%	Warren	40	11	78%
Cumberland	904	348	72%	Mecklenburg	1347	1464	48%	Washington	39	14	74%
Currituck	50	59	46%	Mitchell	117	53	69%	Watauga	39	73	35%
Dare	104	72	59%	Montgomery	54	26	68%	Wayne	332	190	64%
Davidson	227	82	72%	Moore	108	348	23%	Wilkes	241	171	58%
Davie	96	64	60%	Nash	295	63	82%	Wilson	440	6	99%
Duplin	145	72	67%	New Hanover	1097	395	74%	Yadkin	26	41	39%
Durham	583	334	64%	Northampton	40	6	87%	Yancey	67	22	75%
Edgecombe	207	76	73%	Onslow	381	437	47%				
Forsyth	244	97	72%	Orange	129	121	52%				

This data originates from monthly county surveys to NCDHHS.

APS OUTREACH & INFORMATION / REFERRALS

In addition to county Departments of Social Services (DSS) statutory responsibility to receive and evaluate reports alleging maltreatment of disabled adults in need of protection, Adult Services teams across North Carolina often serve as a central point of support for the state's aging population. North Carolina is among fewer than 25% of U.S. states that does not include age as a qualifying criterion for Adult Protective Services (APS) under its statute. As a result, older adults who are not identified as having a disability may not meet the eligibility threshold for APS intervention.

To address concerns related to financial exploitation, North Carolina utilizes the HelpVul platform, a secure, web-based reporting system that allows financial institutions to submit reports directly to county DSS. However, financial institutions often have access to only a person's age and the nature of the suspected maltreatment, without information about any disabilities. For example, if a financial institution reports concerns about a 97-year-old being exploited but cannot provide any indicators of disability, the report would be screened out due to not meeting statutory criteria.

In SFY 24-25, North Carolina county DSS agencies received 905 reports through the HelpVul platform. To bridge the gap between statutory APS eligibility and community need, many counties provide outreach services following screened out APS reports, which may include information sharing, safety education, or referrals to community-based resources.

Of the 14,370 reports not accepted in SFY 24-25, 4,412 (23%) received outreach services. (Exhibit 3) These services are offered at the discretion of each county DSS and are not eligible for APS MAC funding.

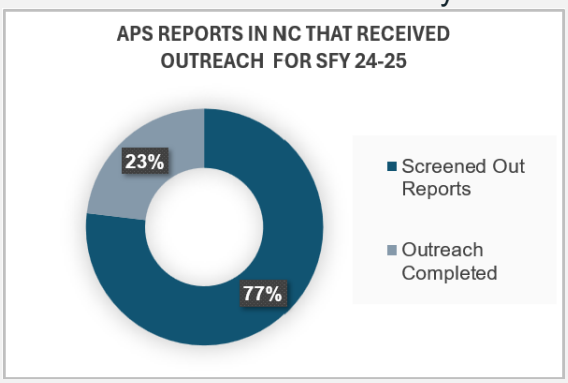
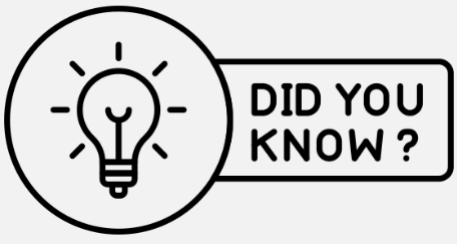


Exhibit 3



IN ADDITION TO RECEIVING 36,242 APS REPORTS IN SFY 24-25, NC DSS AGENCIES REPORTED PROVIDING ASSISTANCE TO 19,332 ADDITIONAL CITIZENS BY PROVIDING INFORMATION AND REFERRALS.

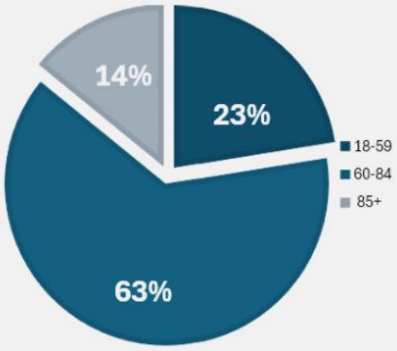
This data originates from monthly county surveys to NCDHHS.

APS CLIENT DEMOGRAPHICS

Sex

57% of APS evaluations in NC are conducted on females.

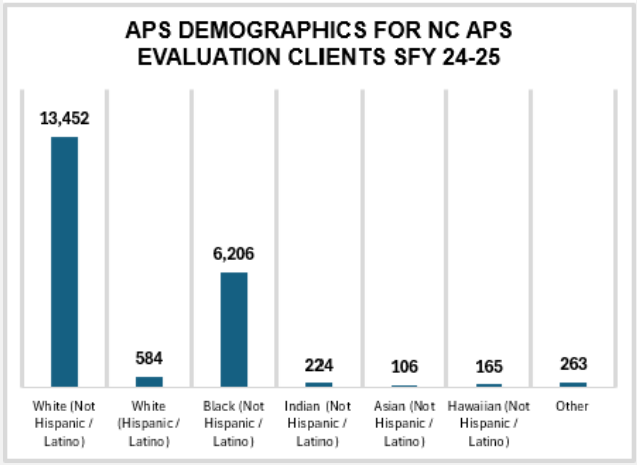
Age



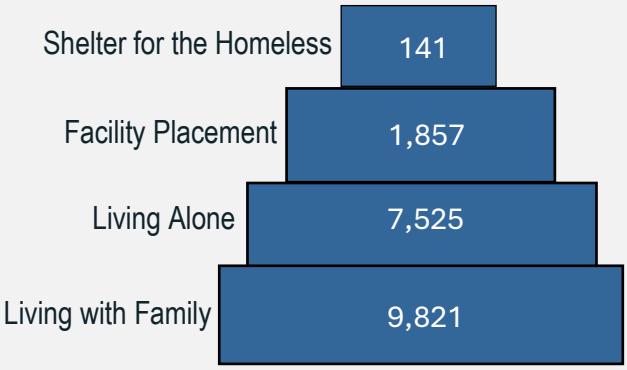
Adults are **over age 60 in 77%** of APS evaluations; however, **23%** of evaluations are conducted on clients **aged 18-59**.

The 2022 NC Aging profiles found by clicking here project that by 2042 there will be a **39% growth** in **adults over age 60** residing in NC.

Race / Ethnicity



Living Arrangements



*All additional clients not listed resided in Unknown locations or had residences noted as “Other”

Disability Status

92% Of adults evaluated for APS were found to be disabled.

This data originates from the APS Registers 110-1 Report pulled 6/30/2025 at 8 p.m.

APS CLIENT DEMOGRAPHICS

Home and Community Based Services (HCBS) Waiver

3%

of clients in APS evaluations received the Community Alternatives Program (CAP) or Program of All-Inclusive Care for the Elderly (PACE) services.

Home and Community Based Services can prevent the need for APS intervention by providing a variety of health and human services delivered in the home or community to address social isolation and other social determinants of health and help people stay in their homes for as long as possible. You can learn more by clicking here.

Prior Intervention

15% Of adults evaluated for APS had prior APS evaluations.

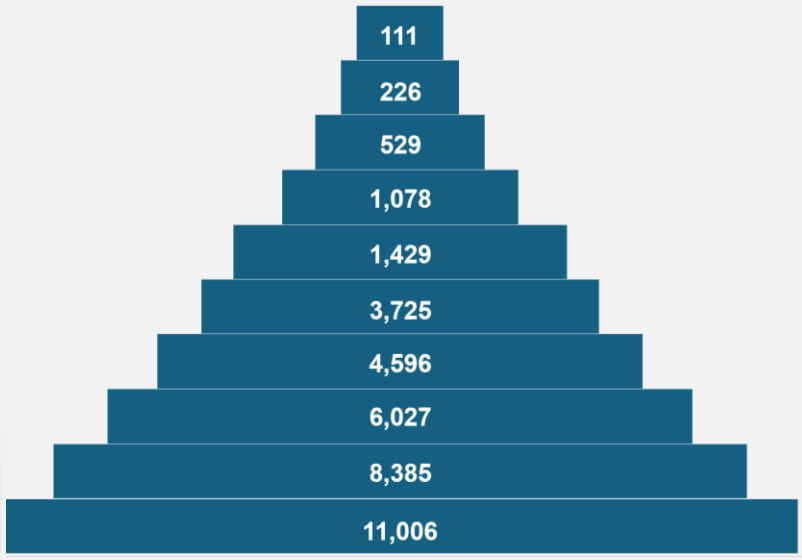
Military Status

1,794

APS evaluations were conducted for clients who were veterans or on active duty in the United States

Type of Disability

DISABILITIES FOR CLIENTS OF APS EVALUATIONS IN SFY 24-25

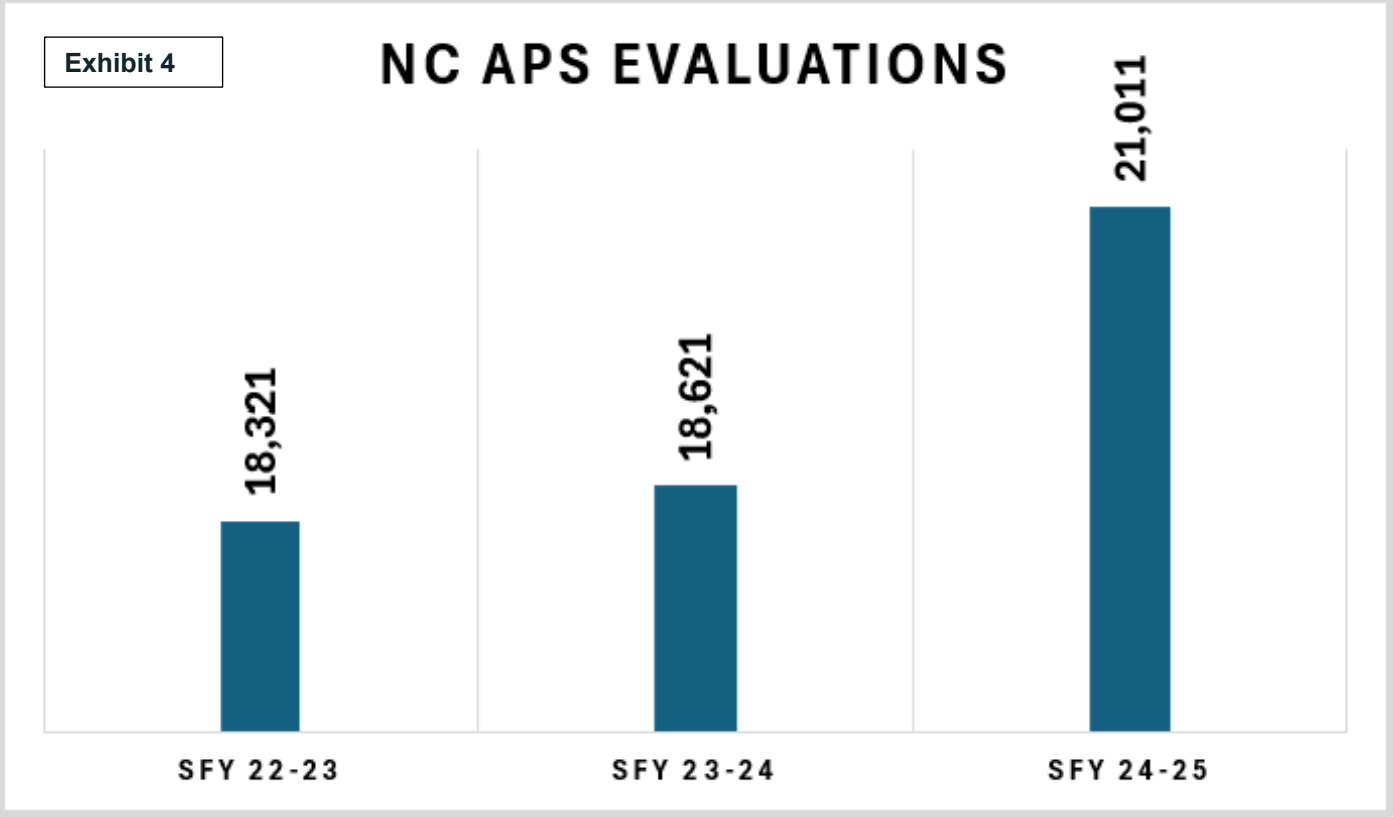


This data originates from the APS Registers 110-1 Report pulled 6/30/2025 at 8 p.m.

APS EVALUATIONS COMPLETED

APS evaluations completed in the APS-Register system showed that North Carolina experienced an increase in completed evaluations with **2,390 additional evaluations** completed in SFY 24-25. (Exhibit 4) Sixty-seven (67) North Carolina counties experienced an increase in evaluations completed for SFY 24-25.

Exhibit 4



The distinct client count for APS evaluation services as of June 30, 2025 was: **13,132 clients**

This means that **13,132 North Carolina residents received APS evaluation services during SFY 24–25** through their local Departments of Social Services. This information was compiled from records with an open DSS-5027, the state form used by county DSS agencies to document and track APS services, and reflects cases coded under APS service code 202, which represents APS evaluation activities. **This represents an increase of 2,390 individuals compared to SFY 23–24, reflecting continued growth in demand for APS evaluation services statewide.**

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8:00PM and from information available in CSDW.

APS EVALUATIONS COMPLETED BY COUNTY

13% Increase in APS Evaluations Completed in North Carolina in SFY 24-25 Compared to SFY23-24

COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL	COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL	COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL
Alamance	351	568	Franklin	62	96	Pamlico	20	39
Alexander	93	106	Gaston	660	533	Pasquotank	105	128
Alleghany	40	61	Gates	22	20	Pender	148	165
Anson	25	36	Graham	33	27	Perquimans	33	55
Ashe	37	45	Granville	66	88	Person	119	128
Avery	12	11	Greene	35	32	Pitt	540	590
Beaufort	216	214	Guilford	775	952	Polk	59	64
Bertie	68	87	Halifax	88	107	Randolph	81	143
Bladen	59	71	Harnett	103	148	Richmond	54	70
Brunswick	265	339	Haywood	214	270	Robeson	436	410
Buncombe	969	1041	Henderson	354	367	Rockingham	240	279
Burke	158	177	Hertford	29	77	Rowan	202	281
Cabarrus	159	170	Hoke	112	96	Rutherford	229	249
Caldwell	262	245	Hyde	5	23	Sampson	193	236
Camden	12	18	Iredell	112	112	Scotland	50	55
Carteret	155	238	Jackson	78	56	Stanly	148	136
Caswell	37	35	Johnston	368	434	Stokes	86	78
Catawba	368	357	Jones	10	38	Surry	115	131
Chatham	58	62	Lee	81	77	Swain	24	69
Cherokee	64	101	Lenoir	55	81	Transylvania	107	92
Chowan	31	30	Lincoln	219	235	Tyrrell	17	27
Clay	43	29	Macon	44	101	Union	209	228
Cleveland	256	244	Madison	52	34	Vance	46	97
Columbus	83	102	Martin	79	66	Wake	786	944
Craven	282	300	McDowell	98	126	Warren	35	33
Cumberland	735	1049	Mecklenburg	1106	1284	Washington	58	40
Currituck	70	56	Mitchell	56	48	Watauga	49	50
Dare	55	109	Montgomery	53	56	Wayne	277	364
Davidson	204	294	Moore	113	104	Wilkes	304	237
Davie	63	98	Nash	271	334	Wilson	331	380
Duplin	231	137	New Hanover	1106	1121	Yadkin	44	29
Durham	534	578	Northampton	37	52	Yancey	65	76
Edgecombe	141	166	Onslow	389	342			
Forsyth	212	242	Orange	167	155			

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS INITIATION RATES

North Carolina General Statute 108A-103 requires county Departments of Social Services to assign response times for accepted Adult Protective Services (APS) reports based on the level of alleged risk, as follows:

- ***Immediate*** **-** When a danger of death is alleged;
- ***24-Hour Response*** **-** When a danger of irreparable harm is alleged; and
- ***72-Hour Response*** **-** When a report is accepted and there is not an alleged danger of death or irreparable harm.

In SFY 24-25 North Carolina's initiation response time improved with the state's average **reducing from 3.8 days in SFY 23-24 to 1.6 days in SFY 24-25**.

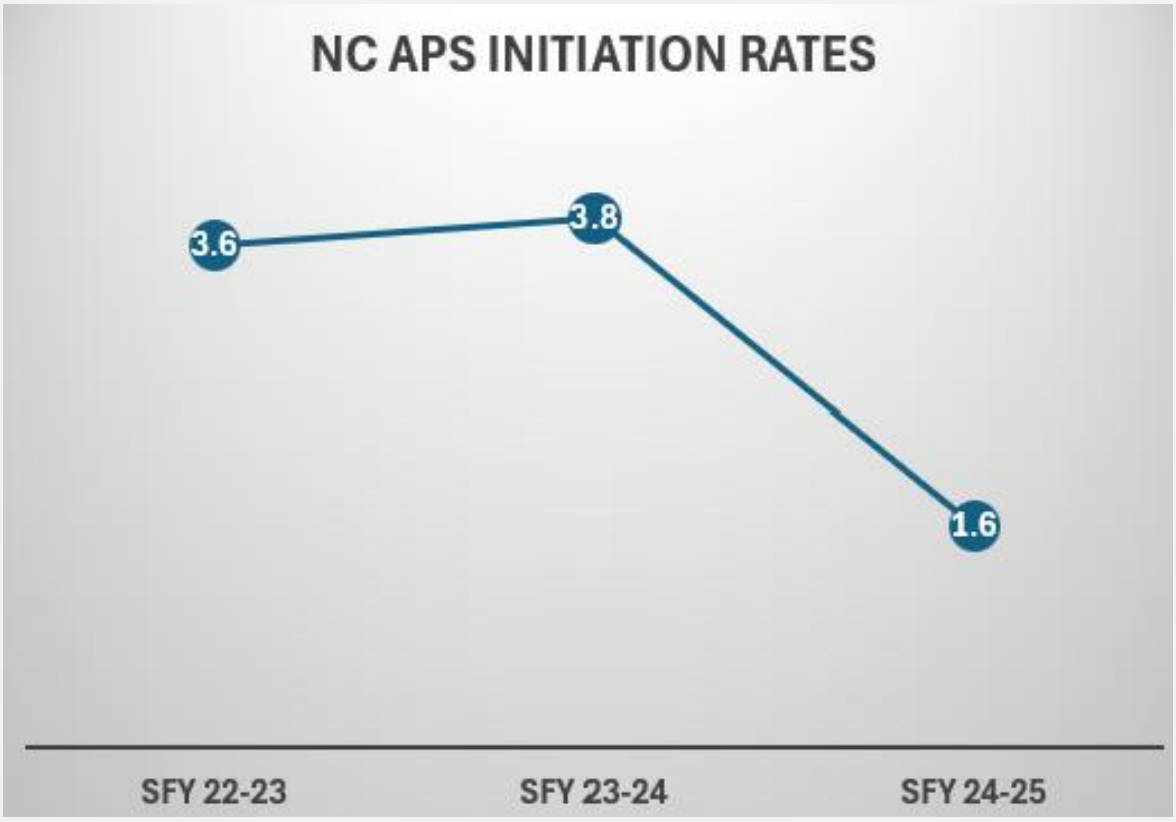


Exhibit 5

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS INITIATION RATES BY COUNTY

58% Timelier Initiations in North Carolina in SFY 24-25 Compared to SFY23-24

COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL	COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL	COUNTY NAME	FY 23/24 TOTAL	FY24/25 TOTAL
Alamance	1.6	1.1	Franklin	0.8	1	Pamlico	1.7	0.9
Alexander	1.4	1.2	Gaston	0.9	1	Pasquotank	0.9	0.7
Alleghany	0.8	1.1	Gates	1.3	1.1	Pender	1.1	1.3
Anson	1.1	1.5	Graham	0.9	0.9	Perquimans	0.8	0.9
Ashe	1	0.8	Granville	0.6	0.5	Person	0.9	1.1
Avery	1.4	1.2	Greene	0.9	0.6	Pitt	2.6	13.3
Beaufort	1.5	2.8	Guilford	1.5	3	Polk	0.8	0.9
Bertie	1	0.7	Halifax	1.7	2.1	Randolph	1	3.5
Bladen	0.8	0.8	Harnett	0.9	1.1	Richmond	0.7	0.6
Brunswick	1.3	1.7	Haywood	0.8	0.7	Robeson	20.1	1
Buncombe	1.2	1.5	Henderson	1.4	1.1	Rockingham	1.4	1.4
Burke	1.2	1.3	Hertford	0.7	0.9	Rowan	1.1	1.2
Cabarrus	1.1	1.1	Hoke	66.4	1.4	Rutherford	0.6	0.4
Caldwell	0.9	1	Hyde	1.2	1.3	Sampson	0.9	0.8
Camden	0.5	1.1	Iredell	0.9	1.1	Scotland	0.5	0.6
Carteret	1.3	1.1	Jackson	0.8	1.3	Stanly	2.2	1.4
Caswell	1.9	1.6	Johnston	3.1	2.1	Stokes	1.6	1
Catawba	0.9	0.9	Jones	1.4	11	Surry	1.3	6.6
Chatham	1.4	1.4	Lee	0.8	0.7	Swain	1.2	1.1
Cherokee	0.7	0.9	Lenoir	1.1	0.9	Transylvania	1	0.8
Chowan	2.2	1.1	Lincoln	1.2	1.2	Tyrrell	0.1	0.1
Clay	0.9	1	Macon	1.1	1.5	Union	6.3	1.8
Cleveland	2.3	0.9	Madison	1.8	1.9	Vance	1.5	1.1
Columbus	1.8	4.8	Martin	5.6	0.7	Wake	1.4	2.5
Craven	5.1	2.6	McDowell	1.4	2.1	Warren	1.8	0.6
Cumberland	1.1	0.9	Mecklenburg	1.4	1.4	Washington	0.5	0.8
Currituck	0.9	0.8	Mitchell	1.1	1.3	Watauga	1	1
Dare	0.5	0.4	Montgomery	5.3	0.9	Wayne	1.1	1.2
Davidson	1	0.9	Moore	130.4	11.6	Wilkes	0.8	0.6
Davie	1.2	1.1	Nash	1.2	1.2	Wilson	1.7	2.7
Duplin	0.9	0.9	New Hanover	1.4	1.6	Yadkin	9.3	0.8
Durham	1.5	1.6	Northampton	1.1	0.9	Yancey	0.5	0.7
Edgecombe	1.4	1.2	Onslow	20.4	1.5			
Forsyth	6.4	1.3	Orange	1	1			

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS EVALUATION TIMEFRAMES

North Carolina General Statute 108A-103 requires that evaluations be completed within 30 days for allegations of abuse or neglect and within 45 days for allegations of exploitation. Though it is a statutory requirement to render a case decision within 30 or 45 days depending on the type of alleged maltreatment, a thorough evaluation must be completed and concluded when there is sufficient information to make a case decision.

As seen in Exhibit 6, North Carolina counties have consistently averaged timely case closures.

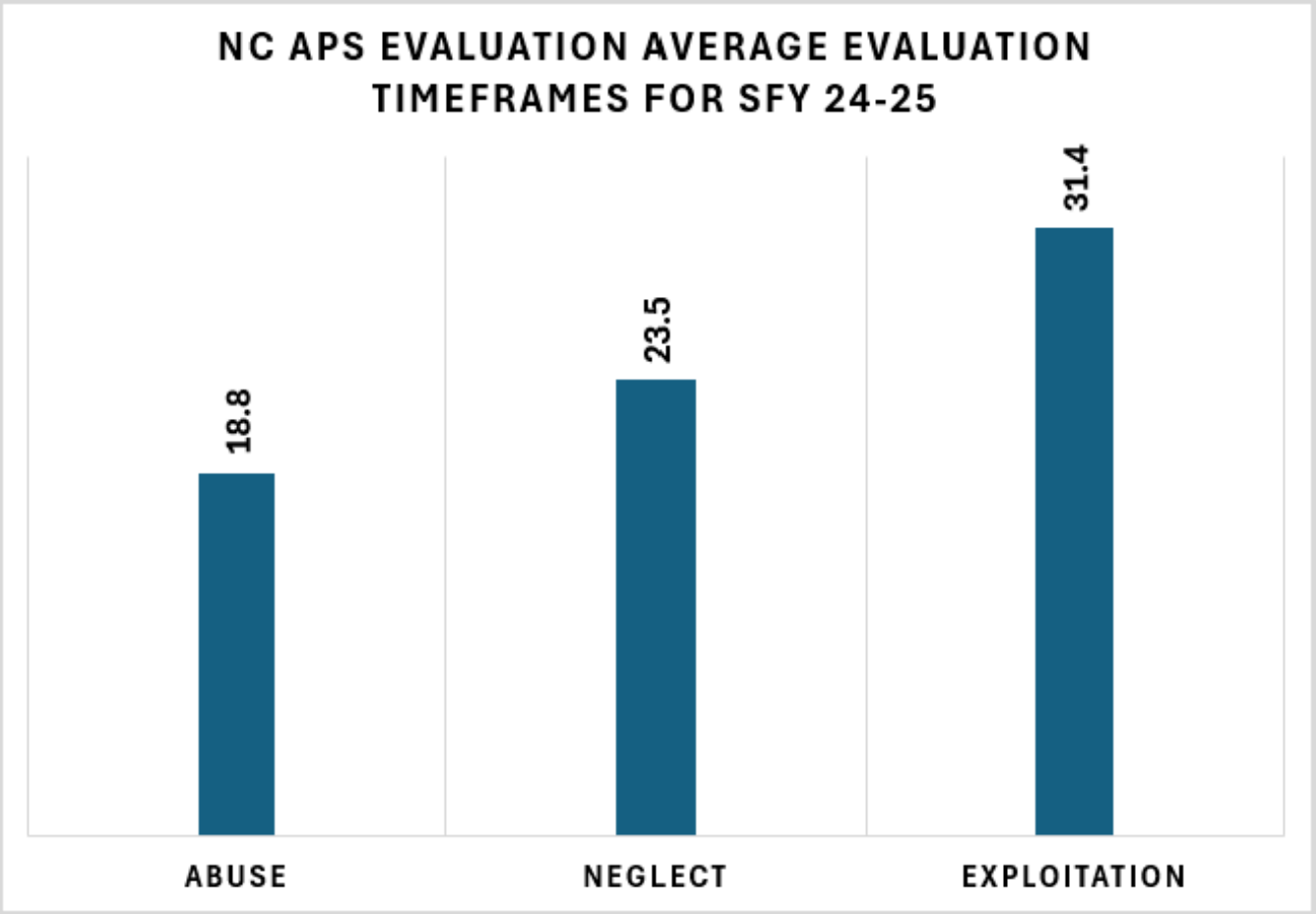


Exhibit 6

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS EVALUATION TIMEFRAMES BY COUNTY

30% Across all case types, NC closed APS cases an average of 30% faster than the required timeframes

COUNTY NAME	ABS	NEG	EXP	COUNTY NAME	ABS	NEG	EXP	COUNTY NAME	ABS	NEG	EXP
Alamance	28.8	26	36	Franklin	4	18.2	21.7	Pamlico	0	4.5	23.7
Alexander	30	27.5	40	Gaston	23.7	24.6	34.1	Pasquotank	0	21.7	32.4
Alleghany	0	21.3	24.4	Gates	0	22	17.5	Pender	26.2	26.1	33
Anson	27.3	28.7	42	Graham	24	26.3	32.3	Perquimans	30	22.7	43.5
Ashe	28.5	25.9	31	Granville	27.7	29.1	31	Person	9.2	21.9	25.1
Avery	0	20.3	0	Greene	23.5	26.4	36	Pitt	28.5	28.1	38.5
Beaufort	21	26.4	38.3	Guilford	17.2	22.4	26.8	Polk	0	25.4	39
Bertie	31	30	28.6	Halifax	0	20.7	26	Randolph	14.5	22.7	20.7
Bladen	0	19.4	17	Harnett	27.5	24.8	32.6	Richmond	28	20.7	30
Brunswick	0	25.3	29.2	Haywood	26.4	21.5	30.3	Robeson	28.1	27.9	48
Buncombe	22.8	24.3	33.2	Henderson	25.5	22.6	31.7	Rockingham	20.5	16.3	29.2
Burke	25.5	25.7	27.5	Hertford	22	18.7	14.6	Rowan	29.5	27.4	38.9
Cabarrus	42	26.2	35.5	Hoke	31.5	26.9	39.5	Rutherford	5	23.7	29.5
Caldwell	23.5	26.1	34.3	Hyde	0	26	19	Sampson	27.6	26	36.1
Camden	0	21.2	40.5	Iredell	26.3	21.3	31	Scotland	27	19.5	43
Carteret	27.5	24.5	35.3	Jackson	9	21.4	32.8	Stanly	26.5	27.8	38.8
Caswell	21	19.5	4	Johnston	19.8	22.4	26.3	Stokes	23	20	33.8
Catawba	29.4	23.9	38	Jones	0	18.4	18.3	Surry	14.5	21.9	38.8
Chatham	22.3	28.8	30.4	Lee	10	23	26	Swain	0	19.2	42.2
Cherokee	28.5	19.2	20.6	Lenoir	25	23.8	34	Transylvania	0	18.9	29.3
Chowan	26.6	20.4	41	Lincoln	20.3	20.1	31	Tyrrell	0	19.7	31
Clay	0	22.1	43.3	Macon	21.6	27.1	33.6	Union	24.5	21.7	32.5
Cleveland	0	18.2	35	Madison	51.5	40.4	56.5	Vance	31.3	24.1	26
Columbus	26	24.9	30.6	Martin	41	25.6	32	Wake	24	22.7	29.1
Craven	25.4	22.7	30.1	McDowell	12	19.1	30	Warren	29	22.4	24
Cumberland	28.8	27.4	35.2	Mecklenburg	26.4	27.5	39.1	Washington	0	28.2	41
Currituck	29.5	22.5	34.4	Mitchell	0	28.7	0	Watauga	0	28.5	34.8
Dare	0	23.4	37.3	Montgomery	29	22.8	38.6	Wayne	17.2	24	31.9
Davidson	14	24.7	34	Moore	0	21.4	28	Wilkes	29.6	26.6	39
Davie	18.4	22.2	41	Nash	25.3	20.7	28.4	Wilson	29.1	24	23.2
Duplin	33.5	27.6	40.8	New Hanover	32.1	25	35.4	Yadkin	9	24	0
Durham	26.4	27	34.6	Northampton	23.6	19.3	34.5	Yancey	0	22.6	36
Edgecombe	17	21.6	31.8	Onslow	22.2	21	29				
Forsyth	23.5	24	25.5	Orange	22	24.3	38.3				

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS CASE DECISIONS

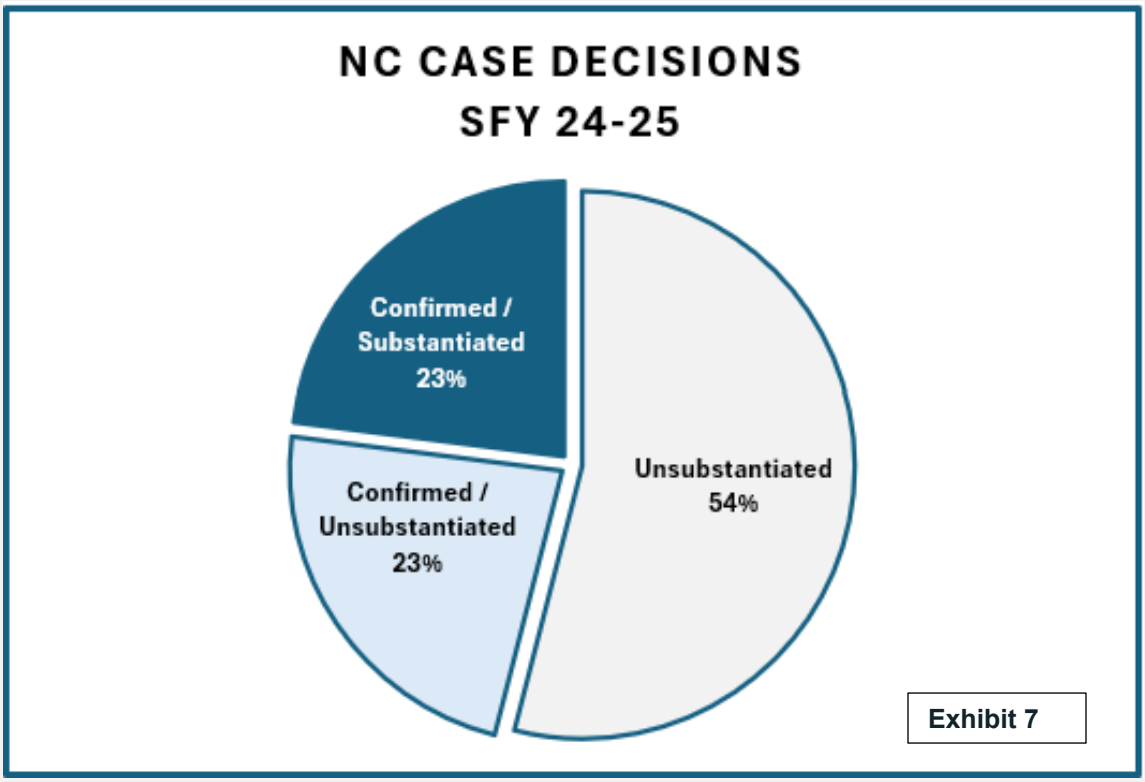
North Carolina Administrative Code 10A NCAC 71A .0209 establishes that an APS report is to be **substantiated** when all of the following criteria are met:

- The adult is determined to be **disabled**;
- The adult is determined to be **abused, neglected, or exploited**; and
- The adult is determined to be **in need of protective services**.

APS case decisions fall into three categories: **confirmed and substantiated**, **confirmed and unsubstantiated**, and **unsubstantiated**.

- **Confirmed and substantiated** cases meet all statutory criteria, indicating that maltreatment occurred and protective services are needed.
- **Confirmed and unsubstantiated** cases indicate that maltreatment occurred, but protective services are not required at the conclusion of the evaluation, such as when the safety/risk has already been resolved.
- **Unsubstantiated** cases are those in which maltreatment is not found or one or more of the required statutory criteria is not met.

As reflected in SFY 2024–25 case decision data, **54 percent** of APS cases were unsubstantiated, **23 percent** were confirmed and substantiated, and **23 percent** were confirmed and unsubstantiated.



This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS CASE DECISIONS BY COUNTY

22% The average substantiation rate for North Carolina APS cases for SFY 24-25

COUNTY NAME	CONFIRM. RATE	SUB. RATE	COUNTY NAME	CONFIRM. RATE	SUB. RATE	COUNTY NAME	CONFIRM. RATE	SUB. RATE
Alamance	58%	45%	Franklin	41%	30%	Pamlico	25%	15%
Alexander	45%	23%	Gaston	45%	23%	Pasquotank	60%	45%
Alleghany	90%	40%	Gates	75%	25%	Pender	60%	20%
Anson	41%	8%	Graham	25%	7%	Perquimans	47%	29%
Ashe	60%	20%	Granville	60%	31%	Person	60%	40%
Avery	54%	27%	Greene	68%	9%	Pitt	42%	19%
Beaufort	70%	16%	Guilford	61%	33%	Polk	32%	20%
Bertie	71%	19%	Halifax	37%	21%	Randolph	46%	13%
Bladen	61%	15%	Harnett	70%	30%	Richmond	55%	10%
Brunswick	53%	23%	Haywood	45%	12%	Robeson	61%	42%
Buncombe	40%	28%	Henderson	52%	16%	Rockingham	52%	22%
Burke	24%	11%	Hertford	62%	36%	Rowan	47%	19%
Cabarrus	50%	20%	Hoke	31%	21%	Rutherford	17%	4%
Caldwell	53%	30%	Hyde	60%	47%	Sampson	59%	50%
Camden	77%	16%	Iredell	26%	3%	Scotland	20%	5%
Carteret	55%	13%	Jackson	75%	55%	Stanly	39%	16%
Caswell	25%	8%	Johnston	51%	18%	Stokes	42%	8%
Catawba	36%	21%	Jones	39%	18%	Surry	47%	32%
Chatham	54%	33%	Lee	53%	28%	Swain	31%	17%
Cherokee	57%	17%	Lenoir	43%	14%	Transylvania	35%	17%
Chowan	60%	33%	Lincoln	40%	26%	Tyrrell	85%	74%
Clay	48%	17%	Macon	43%	23%	Union	62%	23%
Cleveland	45%	22%	Madison	35%	11%	Vance	47%	26%
Columbus	61%	15%	Martin	51%	31%	Wake	29%	15%
Craven	54%	23%	McDowell	46%	20%	Warren	60%	30%
Cumberland	35%	7%	Mecklenburg	32%	19%	Washington	52%	27%
Currituck	53%	14%	Mitchell	58%	35%	Watauga	36%	4%
Dare	51%	24%	Montgomery	26%	17%	Wayne	41%	21%
Davidson	27%	8%	Moore	39%	3%	Wilkes	30%	12%
Davie	60%	23%	Nash	65%	36%	Wilson	42%	31%
Duplin	59%	11%	New Hanover	62%	43%	Yadkin	31%	17%
Durham	41%	21%	Northampton	61%	30%	Yancey	50%	17%
Edgecombe	40%	21%	Onslow	44%	22%			
Forsyth	40%	18%	Orange	44%	18%			

Note: County substantiation rates that are more than five percentage points below the statewide average are highlighted in yellow for reference.

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m.

APS SERVICE AUTHORIZATIONS

After determining that protective services are needed and completing the capacity decision, the agency must obtain service authorization **without delay and before providing Adult Protective Services (APS)**. The outcome of the capacity decision determines how APS services are authorized. Service authorization pathways include the following:

When the adult has capacity

- The adult **consents** to APS services (**1,765 cases in SFY 24–25**)
- The adult **refuses** APS services (**1,407 cases in SFY 24–25**)

When the adult does not have capacity

- A **legally authorized surrogate decision-maker** consents to APS services (**349 cases in SFY 24–25**)
- **Court authorization** is obtained to provide APS services (**1,150 cases in SFY 24–25**)

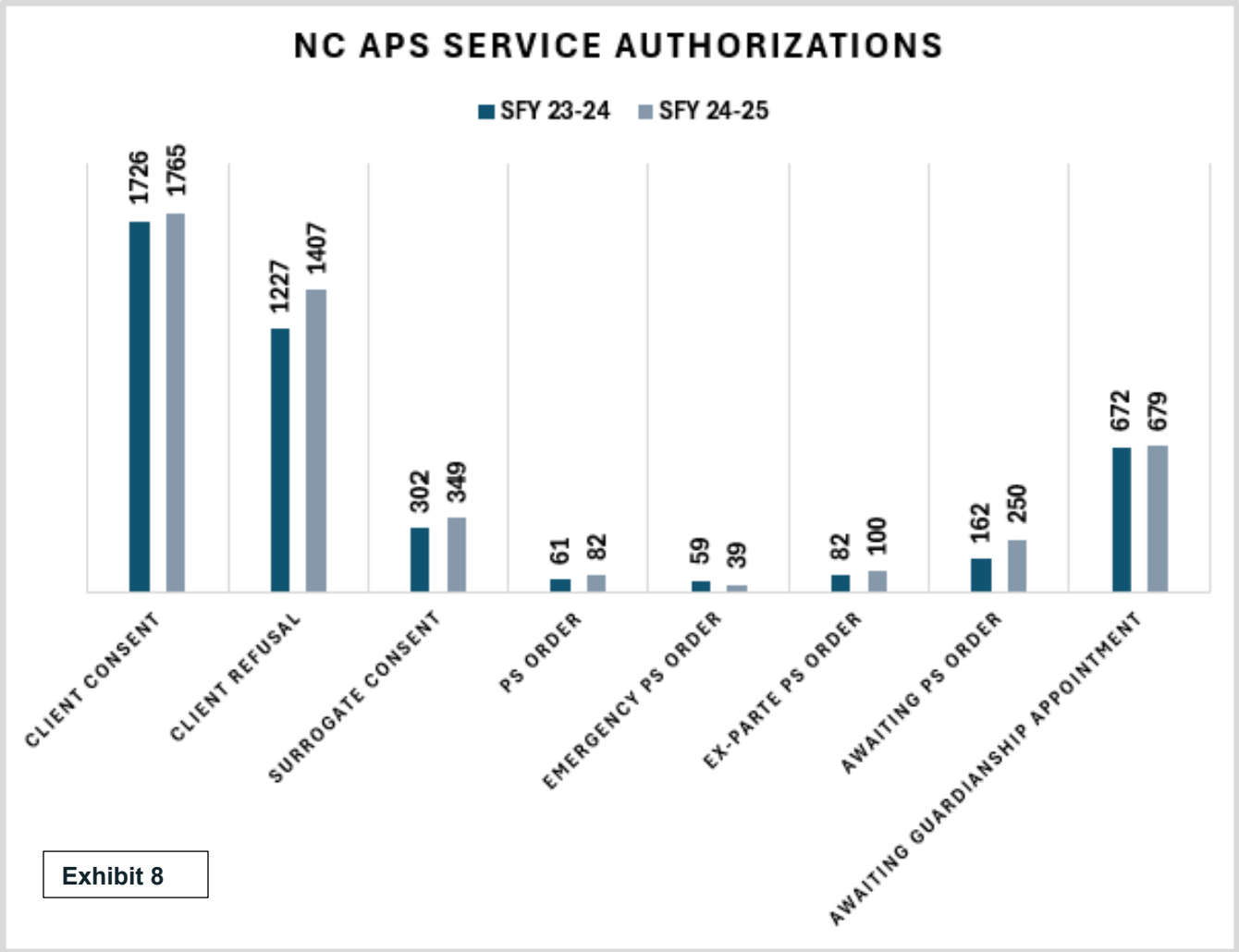


Exhibit 8

This data originates from the APS Registers 130-1 Report pulled 6/30/2025 at 8 p.m.

APS SERVICE AUTHORIZATIONS

To minimize risk and safety concerns for adults determined to be disabled, maltreated, and in need of protection, county Departments of Social Services must be prepared to pursue service authorization without delay following a substantiated Adult Protective Services (APS) case decision. When an adult lacks capacity and does not have a legally authorized surrogate decision maker, timely court involvement is essential to ensure protection and prevent further harm. Based on the information gathered during the evaluation, agencies should be prepared to file the appropriate petition on the same day the case decision is rendered.

North Carolina provides three legal mechanisms for authorizing protective services in APS cases, depending on the urgency of the situation:

- **Ex Parte Order for Emergency Services**
  Authorized under G.S. 108A-106, this order may be issued immediately without prior notice when there is a likelihood of death or irreparable harm and delay would endanger the adult.
- **Emergency Order for Protective Services**
  Also governed by G.S. 108A-106, this allows for expedited judicial review and authorization when urgent action is needed but the circumstances do not require an ex parte order.
- **APS Order Authorizing Protective Services**
  Under G.S. 108A-105, when there is no immediate danger but the adult is determined to be disabled and in need of protection, the court must hold a hearing and issue an order authorizing services. The statute requires the court to set the hearing within 14 days of filing the petition.

  APS orders are the statutory tools specifically designed to support the timely authorization of protective services for adults determined to be disabled, maltreated, and in need of protection. However, data indicate that guardianship orders are frequently used in place of APS-specific orders, despite being more restrictive and not designed to ensure timely intervention. Guardianship proceedings can result in delays that prolong risk to the adult.

  In SFY 24–25, counties reported through monthly APS surveys that **492 individuals experienced delays in protection exceeding 14 days** from the case decision date. In response, the Division of Social Services, Adult Services established a statewide priority for SFY 25–26 to collaborate with county Departments of Social Services to eliminate delays and ensure timely service authorization.

This data originates from the APS Registers 130-1 Report pulled 6/30/2025 at 8 p.m.

APS MOBILIZATION OF PROTECTION

Once service authorization is secured, the case moves into the Planning and Mobilization of Protective Services. APS is a crisis-oriented service and the adult's situation should be stabilized as quickly as possible. While protective services are being provided, cases must be continuously reassessed to determine whether the need for protection continues.

Although there are no prescribed time limits for the mobilization of protective services, protection must be implemented as promptly as possible. The service plan should include goals that directly address the identified protective needs and are SMART, meaning they are specific, measurable, achievable, realistic, and time limited.

The average number of days for mobilization of protective services in NC for SFY 24-25 was **74.1 Days**

The state DSS-5027 form documents when an individual receives Adult Services and the services provided. As a priority continuing into SFY 24–25, NCDHHS Adult Services and county Departments of Social Services worked to ensure that DSS-5027 forms were kept open only for individuals actively receiving services, supporting accurate service tracking and reporting.

The distinct client count for APS mobilization and planning services as of June 30, 2025 was **1,654 clients**

This means that during SFY 24–25, there were 1,654 adults with open DSS-5027 records for Adult Protective Services (APS) Planning and Mobilization of services.

This data originates from the APS Registers 180-1 Report pulled 6/30/2025 at 8 p.m. and from the CSDW system.

APS FUNDING

APS is partially funded through the federal Social Services Block Grant (SSBG), which supports a wide range of programs administered by county Departments of Social Services. Because SSBG funding is limited and must be distributed across multiple services, allocations may be fully expended during the fiscal year. When SSBG funds are exhausted, counties must rely on local funds to continue providing this legally mandated service.

In SFY 24-25 funds from the American Rescue Plan Act (ARPA) that were previously provided to meet citizens' essential needs were exhausted.

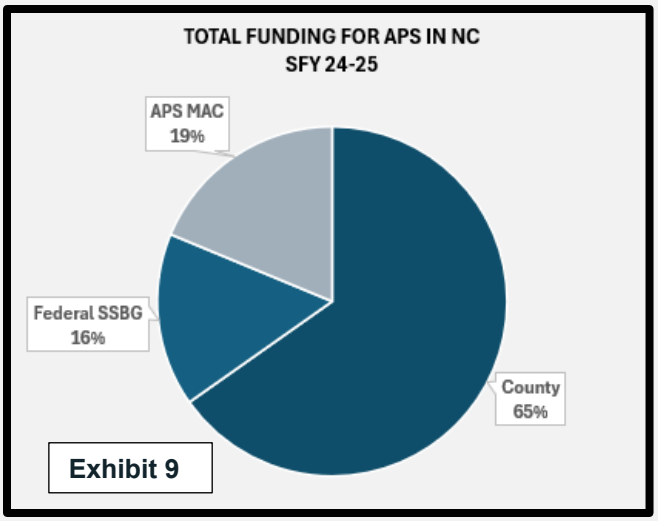


Exhibit 9

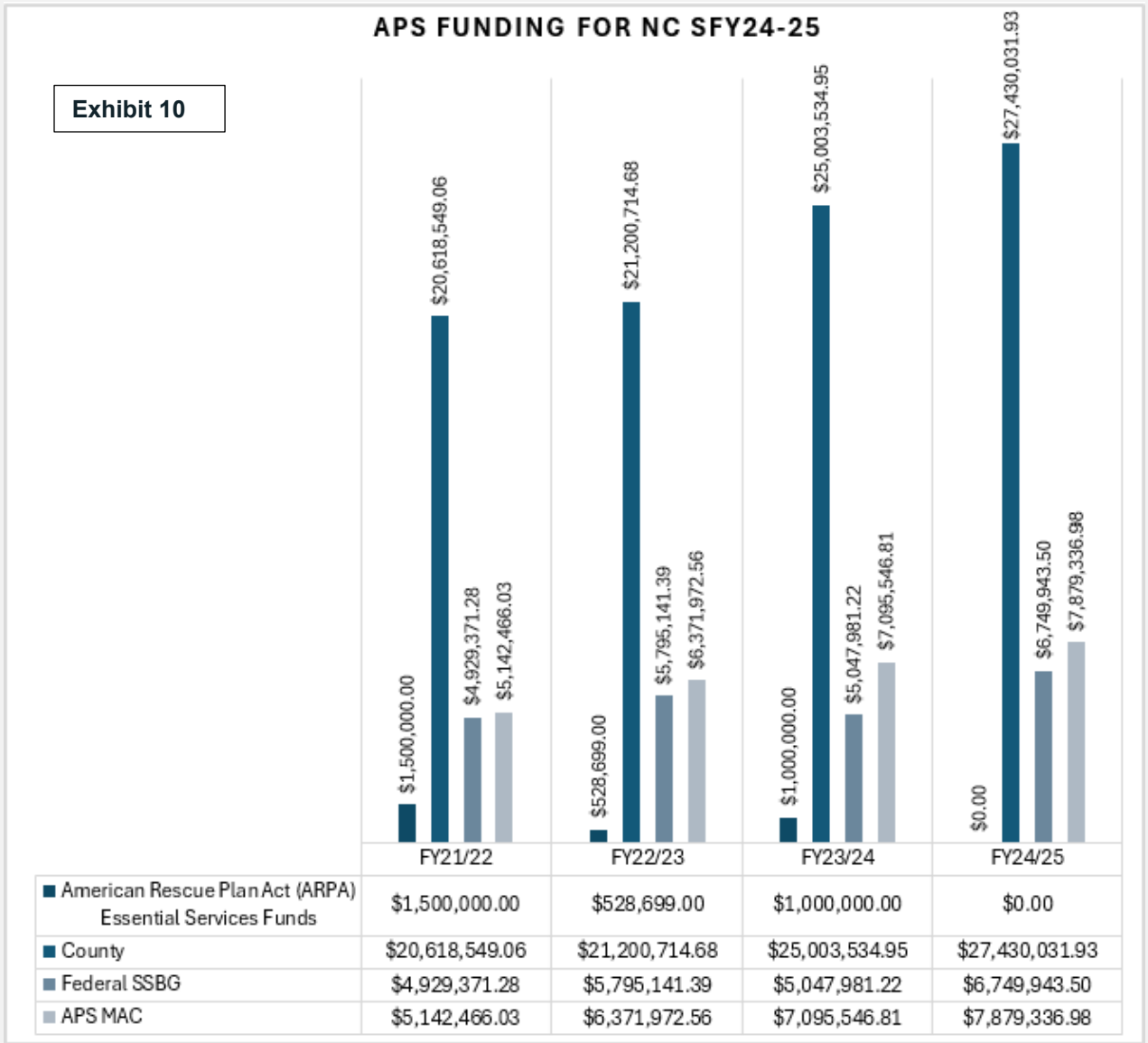


Exhibit 10

	FY21/22	FY22/23	FY23/24	FY24/25
American Rescue Plan Act (ARPA) Essential Services Funds	$1,500,000.00	$528,699.00	$1,000,000.00	$0.00
County	$20,618,549.06	$21,200,714.68	$25,003,534.95	$27,430,031.93
Federal SSBG	$4,929,371.28	$5,795,141.39	$5,047,981.22	$6,749,943.50
APS MAC	$5,142,466.03	$6,371,972.56	$7,095,546.81	$7,879,336.98

This data was provided by NCDHHS Division of Aging, Budget.

APS FEDERAL RULE

On May 7, 2024, the Administration for Community Living (ACL) issued the first-ever federal regulations for Adult Protective Services, establishing a national framework to promote greater consistency, quality, and accountability across state APS systems. These regulations took effect on June 7, 2024, and all states must be fully compliant by May 8, 2028.

The federal regulations establish minimum expectations for APS operations nationwide, including:

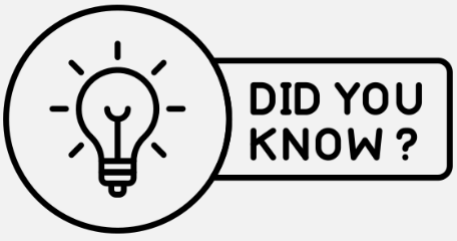
- Tiered response timelines based on risk level
- Continuous access for reporting concerns, including online options
- Emphasis on least restrictive approaches and person-directed services
- Safeguards to prevent conflicts of interest
- Enhanced coordination with law enforcement, Medicaid, and other partners

Implementing these standards will require statewide coordination and system readiness. In North Carolina, this includes strengthening capacity and alignment across state and county Adult Protective Services operations.

To meet the federal requirements, North Carolina will need to focus on:

- Workforce readiness and training
- Technology and systems that support continuous intake and case tracking
- Cross-agency coordination and information sharing
- Legal and administrative processes that support timely protective interventions

As North Carolina works toward full compliance with the federal APS regulations, ongoing review of state statutes, administrative rules, and policy guidance may be needed to ensure continued alignment with federal expectations and support consistent statewide practice.



NCDHHS ADULT SERVICES BEGAN TO FOCUS ON APS PROGRAM IMPROVEMENT IN SFY22-23. THIS WORK WILL CONTINUE TO ADVANCE THROUGH COLLABORATIVE SESSIONS WITH STAKEHOLDERS AND COUNTY DSS AGENCIES.

APS KEY OBSERVATIONS

APS EVALUATION

APS evaluations completed in North Carolina **increased by 13%** compared to SFY 23–24, reflecting greater engagement with vulnerable adults and a growing need for APS response to concerns related to abuse, neglect, and exploitation.

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TIMELY INTERVENTIONS

Guardianship petitions accounted for approximately 59% of APS-related court filings, while 492 individuals experienced delays in protection. These data underscore the importance of **prioritizing APS-specific court orders to support timely, least restrictive interventions.**

FUNDING

County funding for APS has increased each year, reflecting a growing share of responsibility for sustaining APS operations. In SFY 24-25, **counties funded 65% of APS** in North Carolina.

GUARDIANSHIP

Guardianship in North Carolina is governed by **General Statutes Chapter 35A**, which establishes the legal process for determining whether an adult lacks capacity to manage personal, medical, or financial affairs and for appointing a guardian to support that individual. An adult may be adjudicated incompetent when, due to mental or organic impairment, they are unable to manage their affairs or communicate important decisions.

Chapter 35A emphasizes that guardianship is a **last resort**, to be used only when less restrictive alternatives are insufficient to protect the adult's interests. Guardianship proceedings are initiated as special proceedings before the county clerk of superior court, where the clerk evaluates evidence of capacity and appoints a guardian of the person, the estate, or both, based on the adult's needs.

Guardians may include family members, friends, private entities, or, when no suitable private guardian is available, a **disinterested public agent**. Pursuant to Chapter 35A, a **county Department of Social Services** may be appointed by the clerk of superior court to serve as a disinterested public agent, assuming guardianship responsibilities when necessary to protect the adult.

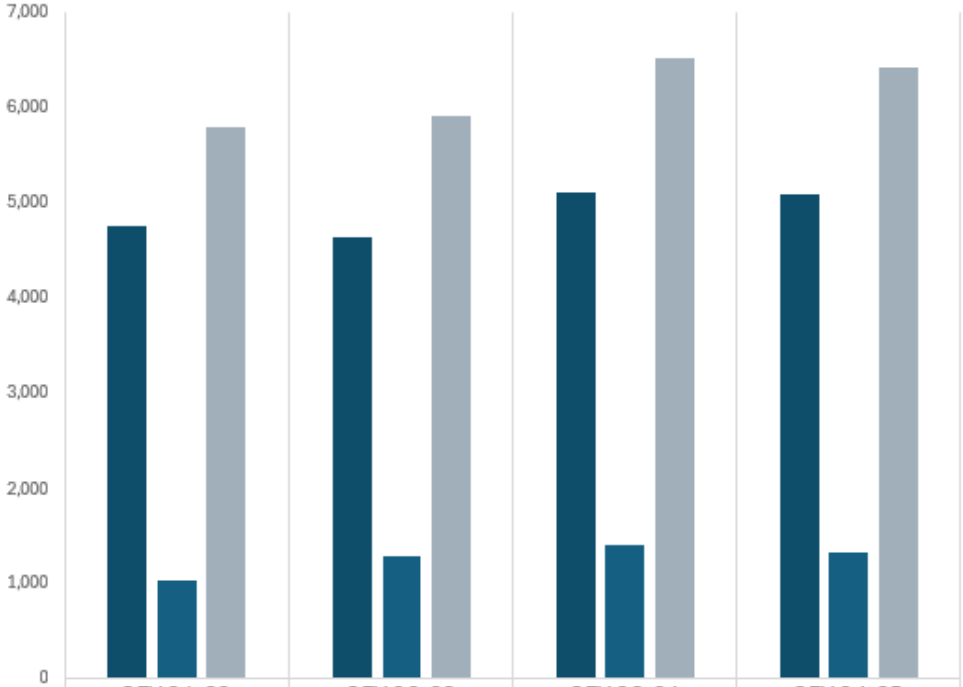
Public guardianship functions are mandated by statute and are largely carried out and funded at the county level, often within limited resource environments.

DSS GUARDIANSHIP

In North Carolina, county Departments of Social Services may provide guardianship case management directly or contract with private agencies while retaining oversight responsibility. The total number of guardianships overseen by DSS, including both case-managed and contracted arrangements, decreased slightly from 6,515 in SFY 23–24 to 6,413 in SFY 24–25.

This modest decrease may reflect early impacts of **Session Law 2023–124, which became effective January 1, 2024,** and requires courts to consider and document least restrictive alternatives prior to appointing a guardian, along with ongoing statewide efforts to promote alternatives to guardianship when appropriate.

DEPARTMENT OF SOCIAL SERVICES GUARDIANSHIPS SFY 24-25



	SFY 21-22	SFY 22-23	SFY 23-24	SFY 24-25
DSS Case Managed	4,757	4,627	5,108	5,087
DSS Contracts	1,029	1,287	1,407	1,326
Total DSS (Case Managed and Contracted)	5,786	5,914	6,515	6,413

Exhibit 11

DSS case management data originates from the DPAG Report as of 6/30/2025. DSS contract data originates from county surveys.

INDIVIDUALS UNDER GUARDIANSHIP BY COUNTY

5,087 Total Cases Managed by DSS'

1,326 Total Cases Contracted by DSS'

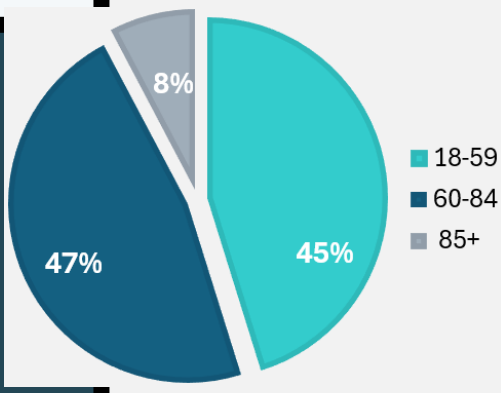
6,413 Total DSS Cases *(Case Managed and Contracted)*

COUNTY NAME	Case Mgmt by DSS	Contract by DSS	Total Served by DSS	COUNTY NAME	Case Mgmt by DSS	Contract by DSS	Total Served by DSS	COUNTY NAME	Case Mgmt by DSS	Contract by DSS	Total Served by DSS
Alamance	139	32	171	Franklin	27	5	32	Pamlico	16	0	16
Alexander	13	0	13	Gaston	89	102	191	Pasquotank	43	0	43
Alleghany	28	0	28	Gates	3	0	3	Pender	41	0	41
Anson	12	0	12	Graham	20	0	20	Perquimans	20	0	20
Ashe	53	0	53	Granville	26	0	26	Person	67	0	67
Avery	10	0	10	Greene	7	0	7	Pitt	201	0	201
Beaufort	37	0	37	Guilford	332	1	333	Polk	34	1	35
Bertie	15	0	15	Halifax	24	0	24	Randolph	56	0	56
Bladen	39	0	39	Harnett	26	15	41	Richmond	60	62	122
Brunswick	34	0	34	Haywood	38	9	47	Robeson	30	0	30
Buncombe	0	146	146	Henderson	19	66	85	Rockingham	72	14	86
Burke	56	17	73	Hertford	11	0	11	Rowan	88	0	88
Cabarrus	69	0	69	Hoke	10	9	19	Rutherford	53	10	63
Caldwell	47	8	55	Hyde	4	0	4	Sampson	5	56	61
Camden	7	0	7	Iredell	29	0	29	Scotland	28	0	28
Carteret	59	4	63	Jackson	21	1	22	Stanly	20	0	20
Caswell	27	0	27	Johnston	128	1	129	Stokes	31	7	38
Catawba	139	2	141	Jones	5	0	5	Surry	49	0	49
Chatham	32	0	32	Lee	27	9	36	Swain	6	5	11
Cherokee	21	11	32	Lenoir	14	0	14	Transylvania	0	43	43
Chowan	12	0	12	Lincoln	32	17	49	Tyrrell	2	0	2
Clay	0	5	5	Macon	6	7	13	Union	62	0	62
Cleveland	47	48	95	Madison	18	0	18	Vance	19	0	19
Columbus	24	0	24	Martin	15	0	15	Wake	487	494	981
Craven	98	0	98	McDowell	47	0	47	Warren	11	0	11
Cumberland	220	0	220	Mecklenburg	350	3	353	Washington	6	6	12
Currituck	10	0	10	Mitchell	19	3	22	Watauga	21	0	21
Dare	14	0	14	Montgomery	11	0	11	Wayne	91	0	91
Davidson	78	45	123	Moore	22	0	22	Wilkes	41	0	41
Davie	18	0	18	Nash	37	0	37	Wilson	0	43	43
Duplin	11	0	11	New Hanover	158	1	159	Yadkin	14	2	16
Durham	146	0	146	Northampton	9	0	9	Yancey	21	3	24
Edgecombe	12	0	12	Onslow	74	0	74				
Forsyth	161	0	161	Orange	46	13	59				

DSS case management data originates from the DPAG Report as of 6/30/2025. DSS contract data originates from county surveys.

GUARDIANSHIP CLIENT DEMOGRAPHICS

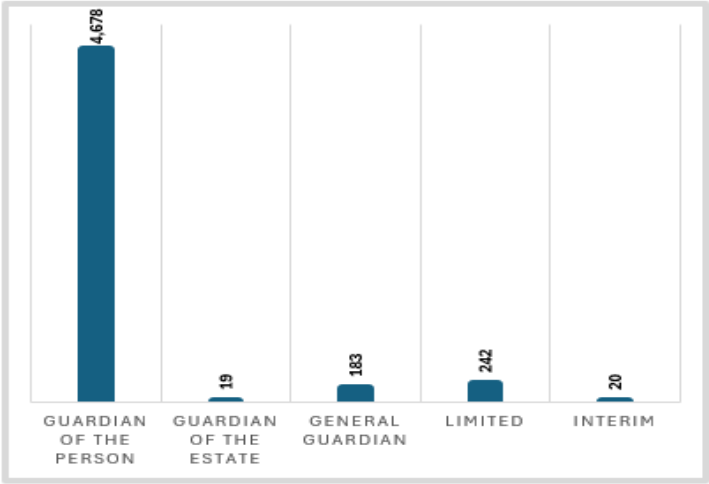
Age



Adults **age 60 and older account for 55% of guardianship cases** in North Carolina, while **45% involve adults ages 18 to 59**. According to the **2022 North Carolina Aging Profiles**, (found by clicking here) the population of adults age 60 and older is projected to grow by **39% by 2042**, indicating continued demand for guardianship services among older adults.

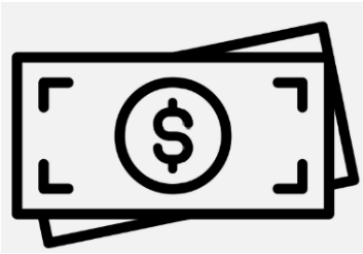
County Departments of Social Services also report that the increasing share of guardianship clients ages 18 to 59 has added complexity to case management. Younger adults often present with more variable functional abilities and multifaceted behavioral health and support needs,

Type of Guardianships



The vast majority of guardianships in North Carolina **(91%)** are guardianships of the person.

Bond Amounts



$3,000	4,899 clients
$3,001 - $10,000	15 clients
$10,001 - $20,000	66 clients
$20,001+	96 clients

The vast majority of guardianships in North Carolina **(97%)** are bonded for $3000.

DSS case management data originates from the DPAG Report as of 6/30/2025.

STATE GUARDIANSHIP CONTRACTS

In addition to guardianship services overseen directly by county Departments of Social Services, NCDHHS Adult Services manages contracts on behalf of county DSS agencies for 1,410 individuals who receive guardianship services through six private guardianship corporations. Each corporation serves a defined number of individuals in accordance with its contractual agreement.

Individuals served through guardianship contracts managed by NCDHHS Adult Services **1,410**

The six private guardianship corporations that NCDHHS contracts with are:

- **The Arc of North Carolina**
- **Case Management Services**
- **Empowering Lives Guardianship Services**
- **G-Gems**
- **Hope for the Future**
- **Phoenix Counseling**

The statewide contracts totaled **$3,795,442.80** for SFY 24-25.

The amount for each individual per month was **$226.09**.

GUARDIANSHIP FUNDING

Guardianship services are funded in part through the federal Social Services Block Grant (SSBG). However, SSBG funds support multiple programs administered by county Departments of Social Services and may be fully expended during the fiscal year. When federal funds are exhausted, counties must rely on local resources to continue providing this statutorily mandated service.

As guardianship plays a critical role in protecting adults who have been adjudicated incompetent and lack the ability to manage personal or financial affairs, counties have assumed an increasing share of the financial responsibility. County expenditures for guardianship services increased from approximately **$8 million in SFY 21–22 to $32.5 million in SFY 24–25**, representing a **304% increase** over this period. This growth reflects the expanding demand for guardianship services and the sustained role of counties in ensuring continuity of care for vulnerable adults.

Total Funding for Guardianship in SFY 24-25

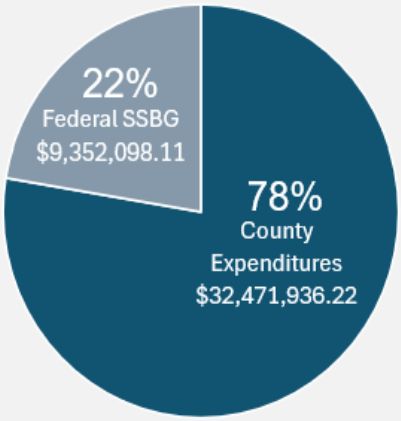
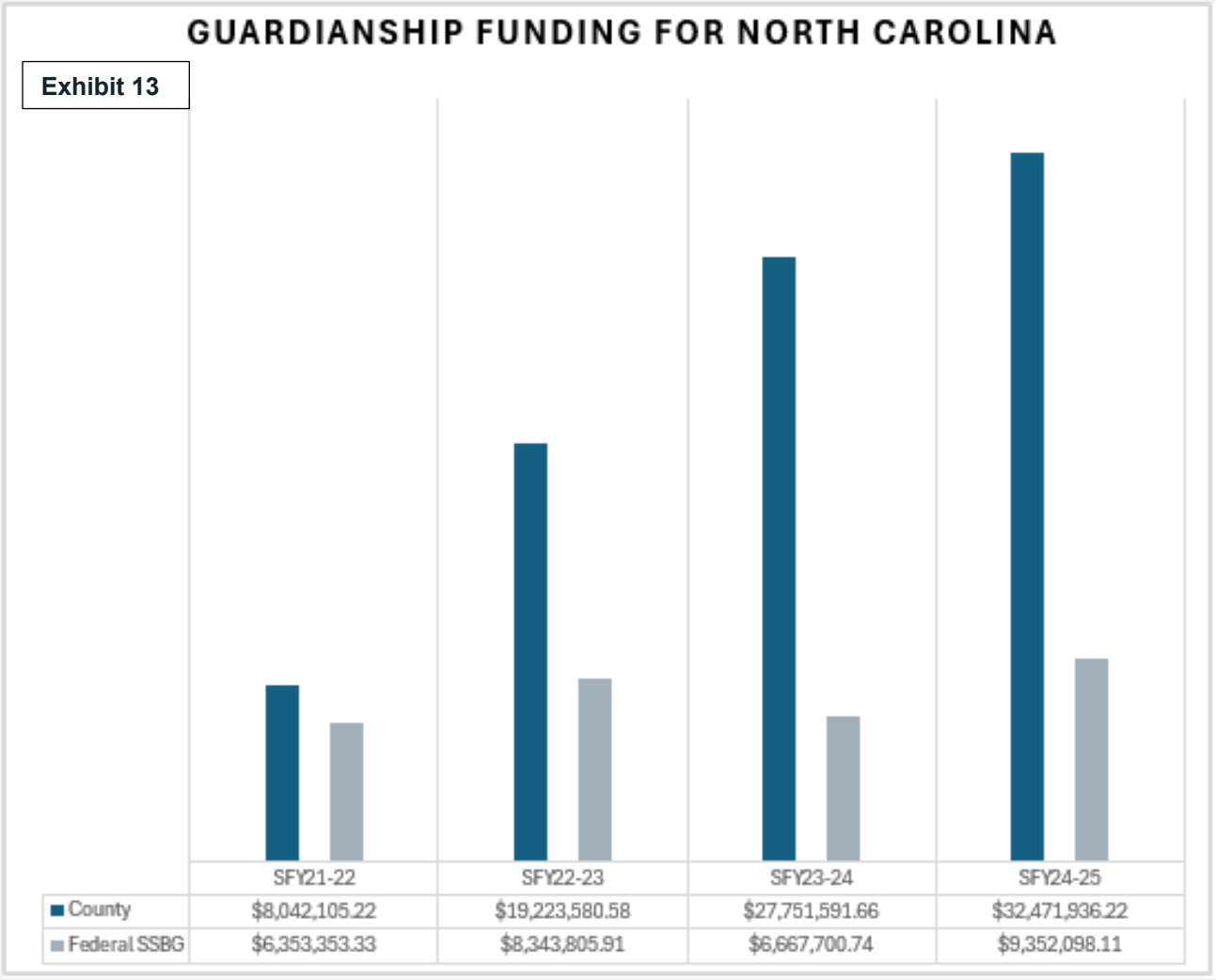


Exhibit 12

GUARDIANSHIP FUNDING FOR NORTH CAROLINA

Exhibit 13



	SFY21-22	SFY22-23	SFY23-24	SFY24-25
County	$8,042,105.22	$19,223,580.58	$27,751,591.66	$32,471,936.22
Federal SSBG	$6,353,353.33	$8,343,805.91	$6,667,700.74	$9,352,098.11

GUARDIANSHIP KEY OBSERVATIONS

CONSISTENT GUARDIANSHIP CASELOADS

Guardianship caseloads have held steady across SFY 24–25, underscoring the importance of maintaining sustainable support structures.

INCREASING CASE COMPLEXITY

45% of guardianship clients are aged 18-59, a trend counties report has increased case complexity due to more variable functional abilities and multifaceted behavioral health and support needs.

FUNDING

Counties fund approximately **78%** of Guardianship services, and this share continues to steadily increase.

SPECIAL ASSISTANCE IN-HOME CASE MANAGEMENT

The State and County Special Assistance In-Home Case Management Program (SAIH-CM) helps eligible low-income adults who need the level of care provided in a residential facility remain safely in their own homes. Instead of moving to an assisted living facility or similar setting, individuals can receive in-home supports and a cash supplement intended to meet essential needs such as food, shelter, utilities, transportation, and services that support daily living.

County Departments of Social Services play a central role in the SAIH-CM Program. Trained case managers work directly with individuals and their families to:

- **Conduct a comprehensive in-home assessment** to understand how health, support systems, housing, and financial factors affect the person's ability to remain safely at home.
- **Develop a person-centered service plan** that identifies needed supports and outlines how they will be provided.
- **Coordinate and monitor services** over time to help individuals stay in their private living arrangement.

Participation in the program includes eligibility screening, assessment, and case management to ensure that the supports identified through the assessment are delivered and adjusted as needs change.

SAIH-CM CLIENTS SERVED

County Departments of Social Services have worked diligently since December 2021 to eliminate waitlists for the SAIH-CM program in response to Session Law 2021-180, which required removal of waitlists to ensure equitable access to in-home supports for eligible individuals. By SFY 23–24, 100% of counties had eliminated SAIH-CM waitlists, ensuring compliance with the law and expanding access to services that support individuals in remaining safely in their homes and communities.

The number of individuals served through SAIH-CM has increased steadily. In **SFY 24–25, county DSS agencies served 4,719 individuals**, an increase of 1,342 individuals statewide (**40% increase**) compared to SFY 23–24. From SFY 21–22 to SFY 24–25, the number of individuals served through SAIH-CM increased by approximately 102% statewide.

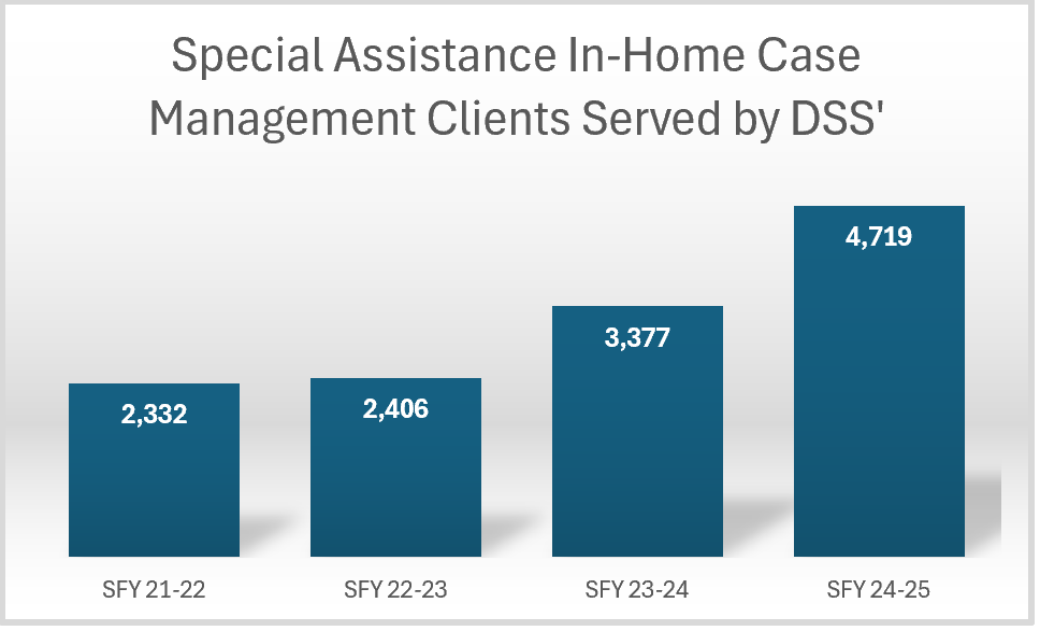


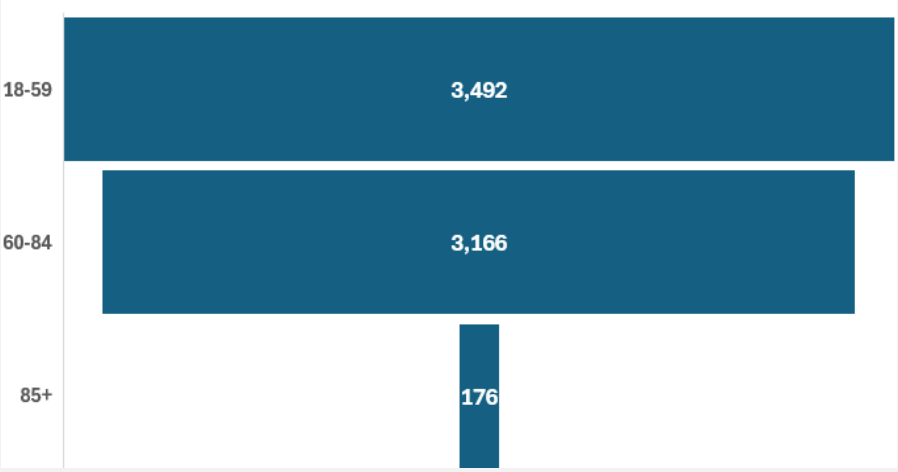
Exhibit 14

Counties have reported that this increase in SAIH-CM participation has had a measurable operational impact. In SFY 24–25, **80 county DSS agencies experienced growth in SAIH-CM caseloads**, with more than 36 counties reporting increases sufficient to support at least 50% of a social work position dedicated to SAIH-CM case management.

This data originates from the NCFAST Report for June 2025.

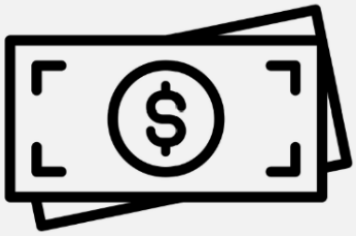
SAIH-CM CLIENT DEMOGRAPHICS

Age



Adults ages 18–59 represent the largest share of individuals served in the SAIH-CM program, slightly exceeding those age 60 and older.

Net Income



$0 - $500	<1%
$501 - $1000	72%
$1001 - $1500	27%
$1501 - $1900	<1%

All SAIH-CM recipients have less than $1,900 a month in net income. The majority of SAIH-CM recipients (72%) have $1,000 a month or less in income.

This data originates from the NCFAST Report for June 2025.

SAIH-CM KEY OBSERVATIONS

INCREASING SAIH-CM CASELOADS

SAIH-CM caseloads have increased by 102% since SFY 21-22.

LEAST-RESTRICTIVE ALTERNATIVES

SAIH-CM services assist disabled adults with staying in their least restrictive home environment.

CLIENT FINANCIAL NEED

SAIH clients are below poverty level with 72% receiving $1,000 a month or less in net income.

ADULT SERVICES GENERAL SERVICES

In addition to the core statutory programs of APS, Guardianship, and SAIH-CM, county Departments of Social Services are also legally mandated to provide Adult Placement Services and to manage Unclaimed Body Disposition.

Under North Carolina Administrative Code **10A NCAC 71C .0101**, counties are required to respond to requests and referrals for **Adult Placement Services**. Placement Services frequently arise in connection with APS evaluations or guardianship interventions and are critical to ensuring that vulnerable or disabled adults are placed in safe and appropriate living environments when they can no longer remain in their current setting. Counties also receive and respond to referrals from hospitals, community providers, and family members and must coordinate placement planning accordingly.

County Departments of Social Services are also responsible for **Unclaimed Body Disposition** under **G.S. 130A-415**. In cases where no next of kin or responsible party can be located, or when remains are declined by the Commission of Anatomy, county Departments of Social Services coordinate final disposition, such as burial or cremation, in accordance with public health requirements. This statutory responsibility ensures dignity and respectful handling for all individuals.

GENERAL SERVICES

Adult Placement Services

Adult Placement Services assist vulnerable or disabled adults in finding appropriate living and health care arrangements when their health, safety, or well-being can no longer be maintained in their current living situation. These services support individuals who are unable to remain safely at home and require placement in adult care homes, nursing facilities, residential health care settings, or other appropriate living environments.

County Departments of Social Services help vulnerable or disabled adults complete required medical evaluations and financial applications, identify suitable placement options, and coordinate transitions to new living settings. Individuals may also receive counseling and support to assist with adjusting to placement changes.

Adult Placement Services support vulnerable or disabled adults who:

- Are unable to live safely in their own homes, even with available family or community supports
- Live in substitute homes, residential health care facilities, or institutions and need assistance relocating due to changes in care needs
- Are transitioning to more independent living arrangements
- Require ongoing support to maintain or adjust to a placement due to personal, family, or resource-related challenges

Adult Placement Services play a critical role in promoting safety, stability, and appropriate care for vulnerable and disabled adults across North Carolina.

Unclaimed Body Disposition

Per North Carolina G.S. 130A-415, a county DSS director is responsible for arranging the final disposition of unclaimed deceased individuals when no family or legally responsible party can be identified and the body is declined by the Commission of Anatomy.

In SFY 23–24, county DSS agencies arranged final disposition for **836** unclaimed individuals statewide, at a cost of **$499,551.** These costs were funded entirely from county resources.

This data originates from county reports to NCDHHS on surveys.

ADULT SERVICES PROGRAM SUPPORT & OVERSIGHT

NCDHHS Adult Services provides statewide oversight and responsive support to all 100 county Departments of Social Services within North Carolina's state-supervised, county-administered Adult Services system. This oversight promotes consistency, accountability, and continuous quality improvement across Adult Services programs.

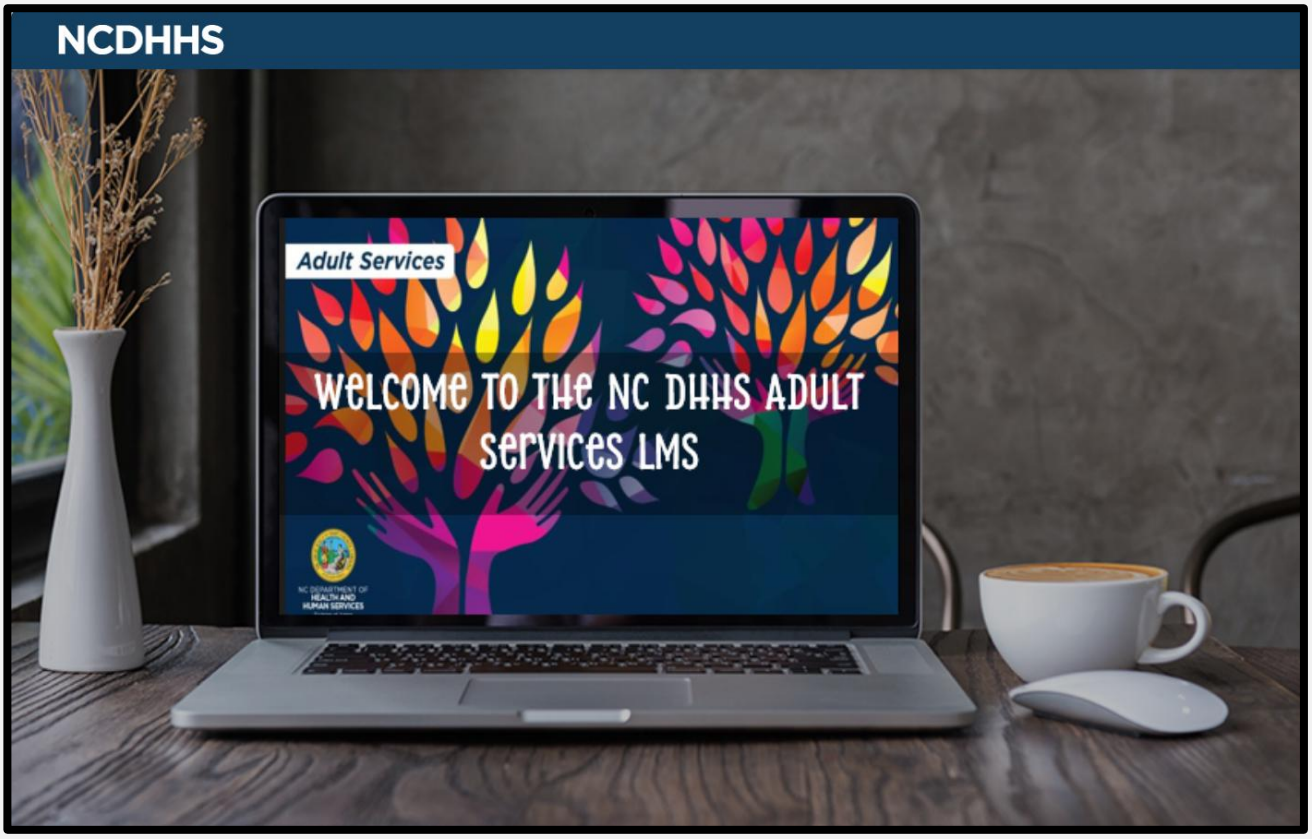
Counties receive accessible training, guidance, and technical assistance through multiple platforms, including the NCDHHS Adult Services Learning Management System (LMS), a centralized Adult Services SharePoint resource site, and a dedicated Adult Services Listserv staffed Monday through Friday to provide timely support and issue resolution.

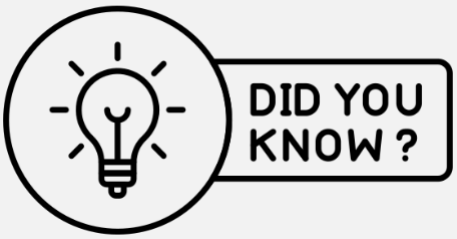
In addition to technical assistance, NCDHHS Adult Services conducts structured Continuous Quality Improvement (CQI). Each county receives individualized CQI consultation at least quarterly using a standardized CQI tool to review data, assess practice alignment, and strengthen performance. Ongoing support is further reinforced through monthly Statewide Consultation Meetings and Regional Cluster Meetings that promote statewide consistency.

Together, these efforts reflect NCDHHS Adult Services' commitment to strong customer service, effective oversight, and continuous quality improvement, ensuring counties have the direction, tools, and accountability needed to protect vulnerable and disabled adults and strengthen service delivery across North Carolina.

NCDHHS ADULT SERVICES PLATFORMS: LEARNING MANAGEMENT SYSTEM (LMS)

The **NCDHHS Adult Services Learning Management System (LMS)** is a centralized online training platform managed by NCDHHS Adult Services. It provides structured, accessible training opportunities for county Adult Services staff across North Carolina. The LMS hosts program-specific training tracks, which include instructor led courses and eLearning modules. These tracks support ongoing professional development and help ensure compliance with laws, policies, and procedures.

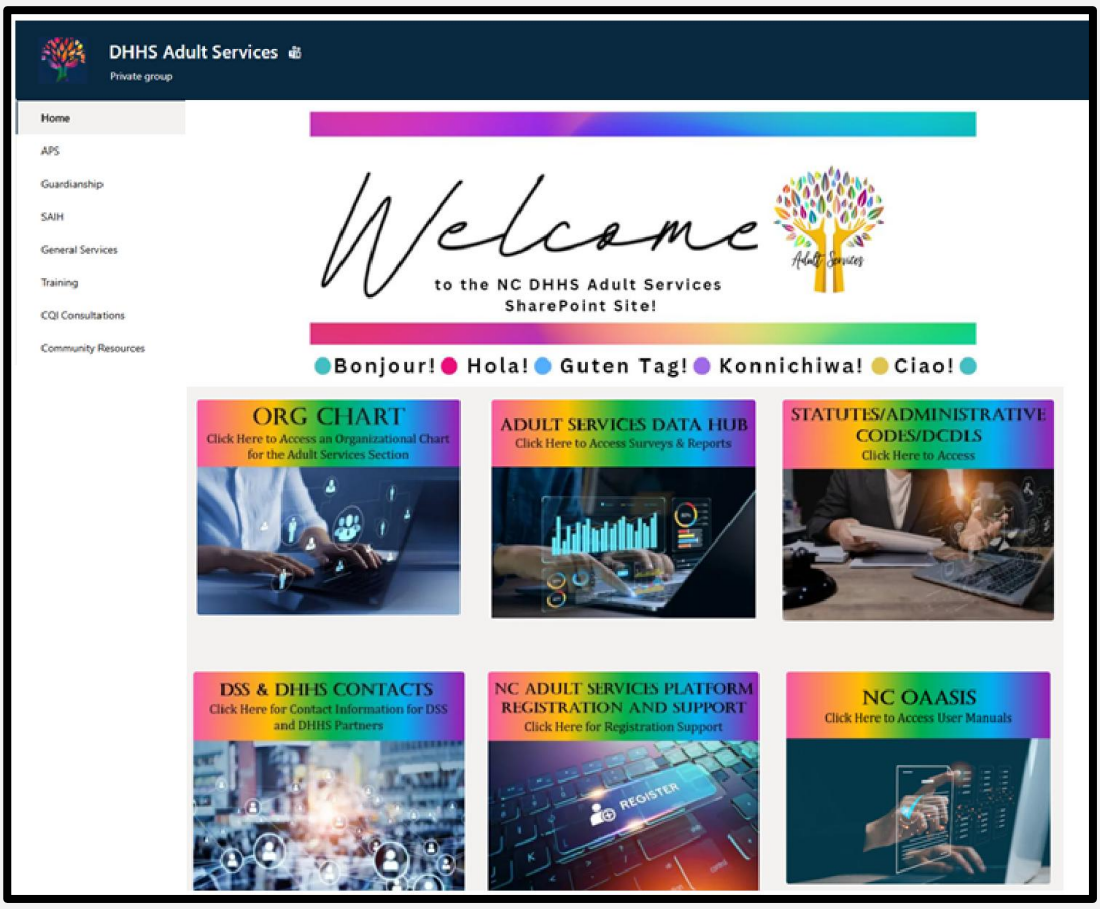




THERE ARE 3,159 USERS REGISTERED ON THE LEARNING MANAGEMENT SYSTEM.

NCDHHS ADULT SERVICES PLATFORMS: SHAREPOINT

The **NCDHHS Adult Services SharePoint** is a centralized, secure platform designed to support county DSS and Adult Services professionals across North Carolina. It provides streamlined access to essential resources including policy manuals, forms, program updates, training materials, and technical guidance, all in one location. The SharePoint site has been accessed **189,722 times** since its launch on July 1, 2023.

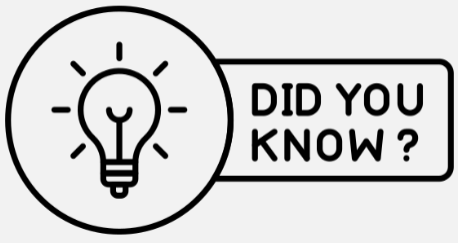


DID YOU KNOW?

THERE ARE 2,142 USERS REGISTERED ON THE SHAREPOINT SITE.

NCDHHS ADULT SERVICES PLATFORMS: ADULT SERVICES LISTSERV

The **NCDHHS Adult Services Listserv** serves as a centralized communication tool for county DSS and Adult Services leadership across North Carolina. It is used to distribute critical updates, policy guidance, training resources, and time-sensitive information related to APS, Guardianship, SAIH-CM, and other adult services programs. The listserv ensures consistent, statewide communication and supports counties by providing direct access to state-level program staff and resources Monday – Friday 8 a.m. – 5 p.m.

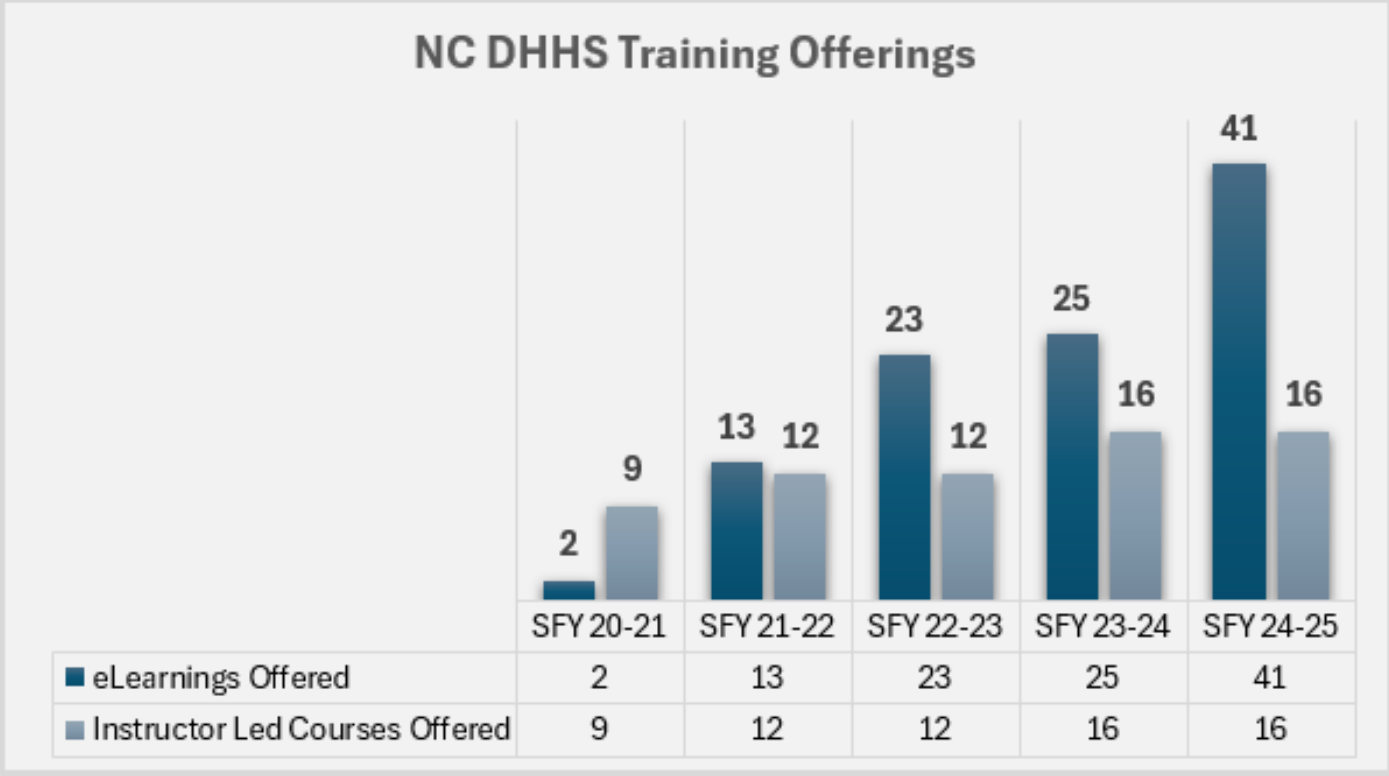


709 QUESTIONS WERE ANSWERED BY THE NCDHHS ADULT SERVICES TEAM VIA THE ADULT SERVICES LISTSERV IN SFY 24-25.

DHHS ADULT SERVICES TRAINING

Since the launch of the NCDHHS Adult Services Learning Management System (LMS), Adult Services has significantly expanded statewide training opportunities. Over the past five years, instructor-led courses increased from 9 to 16, representing a **78%** increase and expanding opportunities for interactive, skills-based learning. During the same period, on-demand eLearning offerings grew from 2 to 41 courses, a **1,950%** increase, improving accessibility and flexibility for county staff.

This growth reflects NCDHHS Adult Services' ongoing commitment to workforce development and to equipping county professionals with the knowledge and skills needed to effectively serve vulnerable and disabled adults across North Carolina.



	SFY 20-21	SFY 21-22	SFY 22-23	SFY 23-24	SFY 24-25
eLearnings Offered	2	13	23	25	41
Instructor Led Courses Offered	9	12	12	16	16

Exhibit 15

DHHS ADULT SERVICES TRAINING

In SFY 24–25, NCDHHS Adult Services continued to expand both instructor-led and eLearning training opportunities. Total training hours increased from 834 in SFY 23–24 to 1,332 in SFY 24–25, representing a 60% increase in one year. Over the past five years, total training hours have increased by approximately 98%, reflecting sustained investment in workforce development and practice effectiveness.

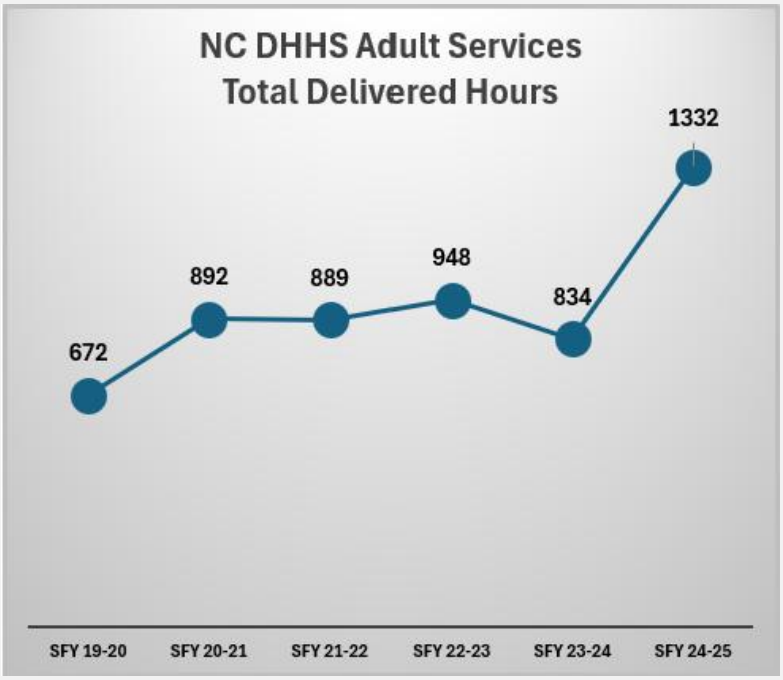


Exhibit 16

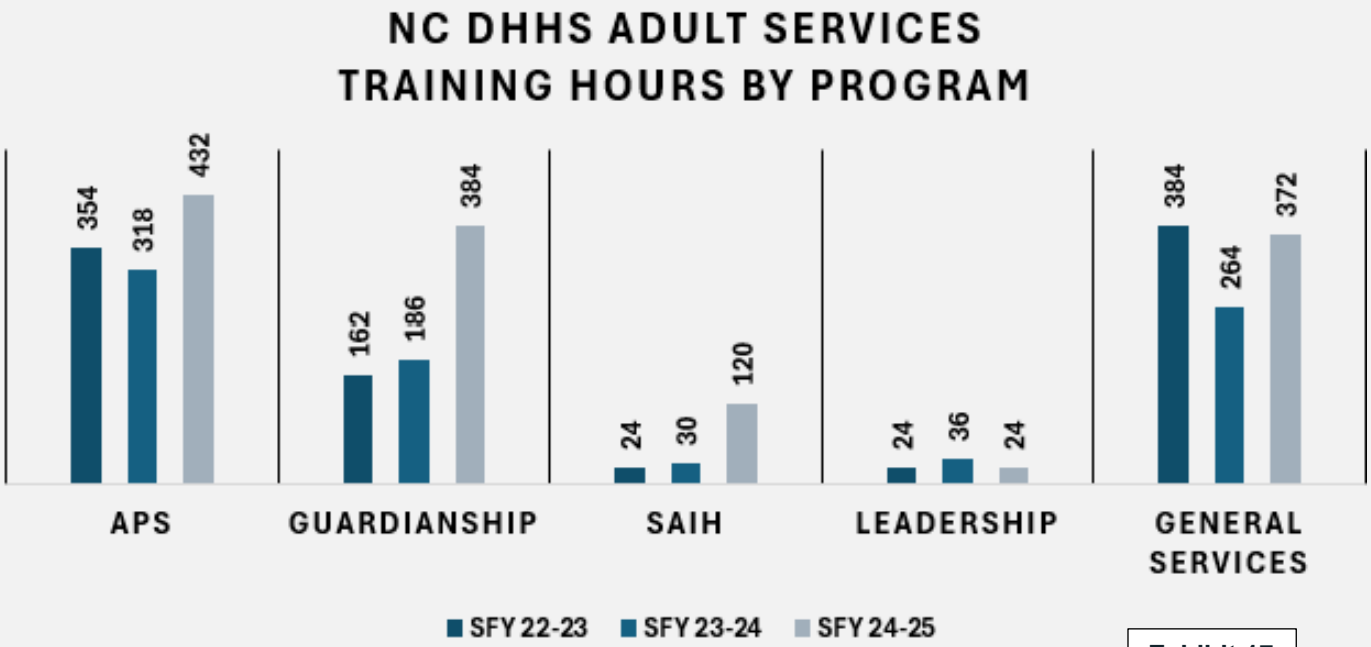
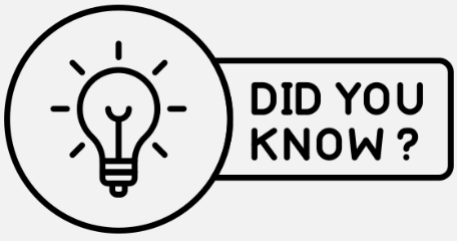


Exhibit 17

APS, Guardianship, SAIH, and General Services all had substantial increases in training hours delivered in SFY 24-25.

NCDHHS CQI SUPPORT: MONTHLY STATEWIDE CONSULTATIONS AND REGIONAL CLUSTER MEETINGS

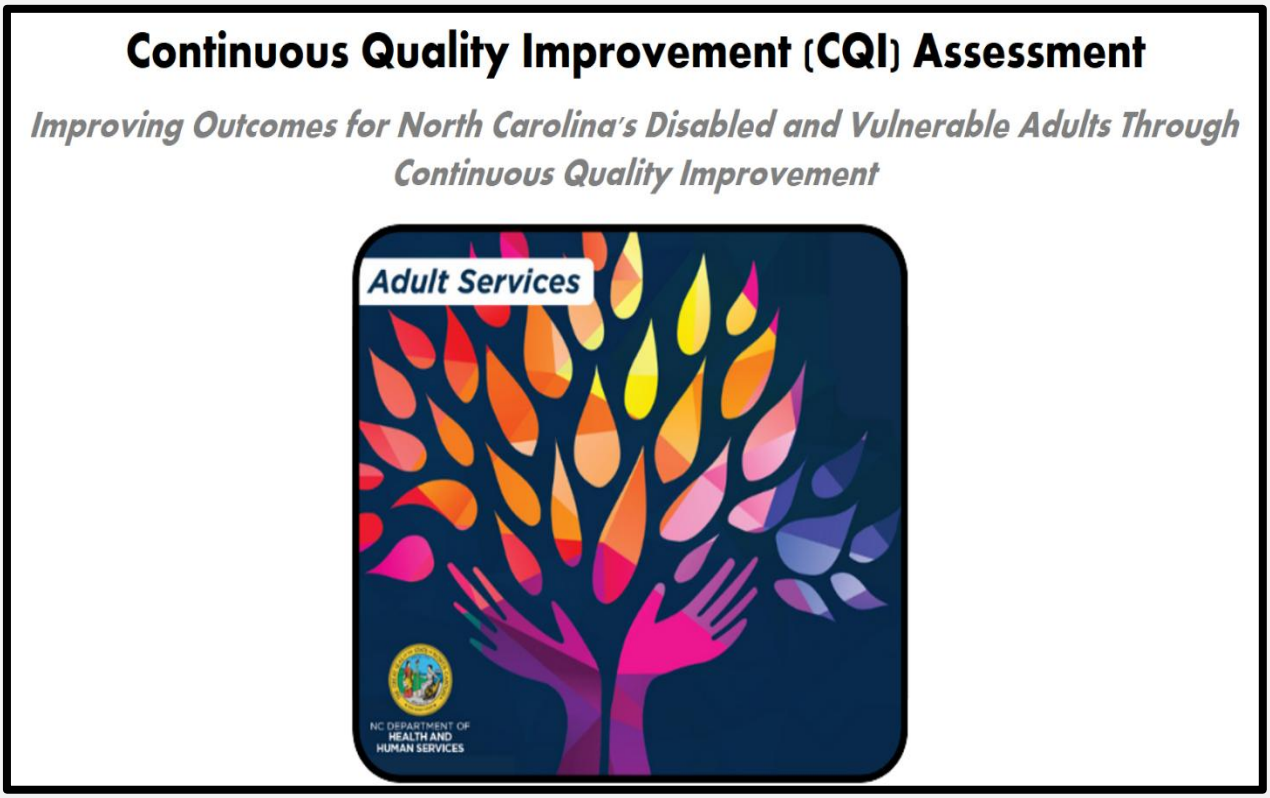
NCDHHS Adult Services Monthly statewide consultations ensure consistent engagement with all 100 counties and strengthen collaboration, training, and practice across North Carolina. Held virtually on the fourth Thursday of each month, the sessions include a statewide Town Hall focused on e-learning opportunities, program updates, guest speakers, and reminders, followed by regional breakout discussions led by Continuous Quality Improvement Specialists. This two-part structure supports continuous quality improvement, promotes peer-to-peer learning, enhances communication between state and local partners, and balances statewide alignment with region-specific support to improve outcomes for vulnerable adults and their communities.

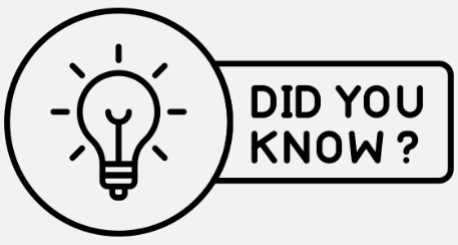


THE AVERAGE NUMBER OF ATTENDEES FOR STATEWIDE CONSULTATIONS FOR SFY 24-25 WAS 344.

NCDHHS CQI SUPPORT:
QUARTERLY CQI CONSULTATIONS

The **NCDHHS Adult Services Quarterly CQI Consultations** provide personalized, county-specific support. Each CQI Specialist meets individually with their assigned counties to review all Adult Services programs using both quantitative and qualitative data. Together, the CQI Specialist and county identify strengths, assess areas for improvement, and collaboratively develop goals to promote ongoing growth. These sessions also include record reviews, case staffings, and targeted guidance designed to strengthen local practice and align with statewide standards.





IN SFY 24-25 THERE WERE 400 CONTINUOUS QUALITY IMPROVEMENT CONSULTATIONS COMPLETED.

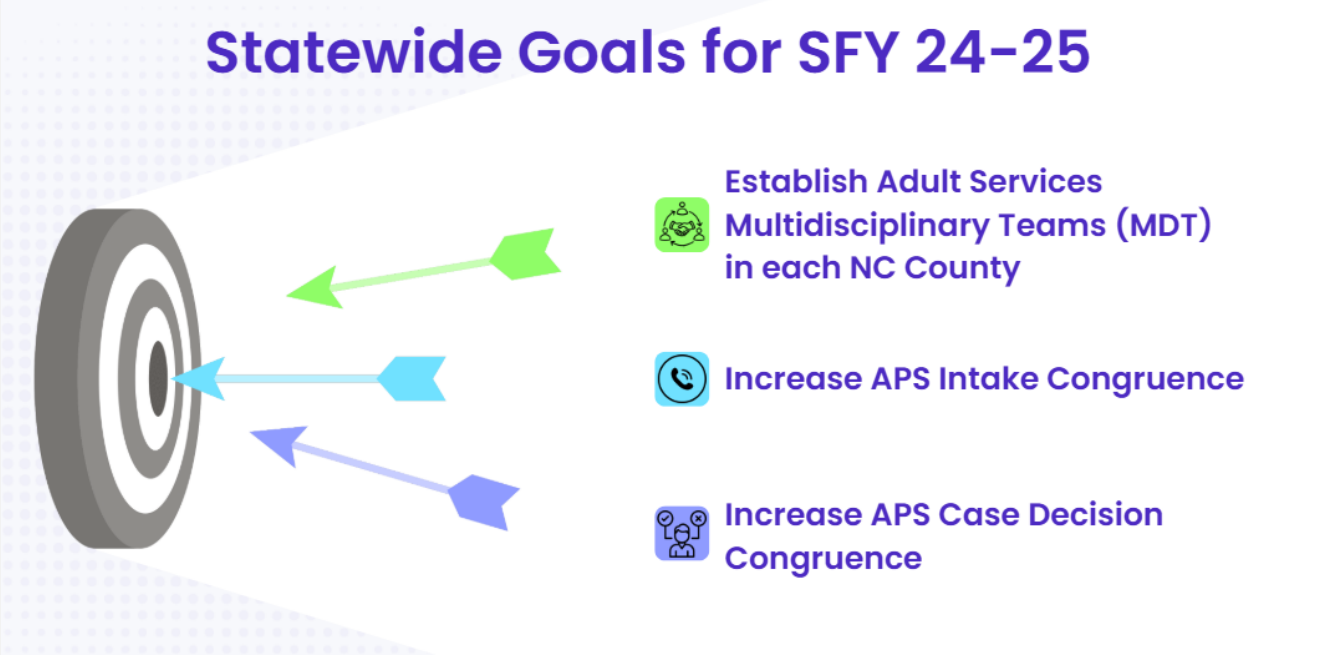
NCDHHS CQI SUPPORT:

PROGRAM MONITORING (EVERY 4 YEARS)

The **NCDHHS Adult Services Program Monitoring** is conducted on a four-year cycle and serves as a comprehensive and structured review of county Adult Services operations to promote accountability, consistency, and high-quality service delivery statewide. The monitoring process includes an in-depth review of records, fiscal practices, and program operations related to Adult Protective Services, Guardianship, Special Assistance In-Home Case Management, Social Services Block Grant funding, and Medicaid Administrative Claims to ensure alignment with applicable statutes, policy, and program requirements. When areas for improvement are identified, counties are required to develop a Corrective Action Plan that outlines specific actions, timelines, and responsible parties. Continuous Quality Improvement Specialists provide ongoing monthly technical assistance, guidance, and oversight to support counties in implementing corrective actions and achieving sustained compliance. For counties identified as having higher levels of need, risk, or operational challenges, enhanced and intensive technical assistance is provided, which may include increased engagement up to daily on-site support or, at a minimum, weekly support, based on the nature and scope of the identified needs. This graduated approach ensures that counties receive targeted, responsive support to strengthen systems, improve practice, and enhance outcomes for adults served.

NCDHHS ADULT SERVICES STATEWIDE GOALS

In SFY 24-25, NCDHHS established three statewide Adult Services goals based on analysis of statewide trends, performance data, and areas of demonstrated growth and need. Establishing statewide goals is essential to promoting consistent practice across all counties, reducing variability in decision-making, and strategically aligning training, technical assistance, and Continuous Quality Improvement efforts. These goals provide a focused framework for strengthening systems, improving accountability, and enhancing outcomes for vulnerable adults statewide.



Throughout SFY 24-25, the goals outlined in the above diagram served as a roadmap for advancing Adult Services statewide. By clearly defining priorities, NCDHHS was able to better coordinate efforts across counties, ensure equitable service delivery, and foster a culture of accountability and continuous improvement. Aligning practice with these goals not only strengthened compliance and consistency but also empowered staff to focus on strategies that enhance safety, dignity, and well-being for vulnerable adults in need. Through targeted training, technical assistance, and data-driven monitoring, these goals drove meaningful progress and led to measurable outcomes.

NCDHHS ADULT SERVICES STATEWIDE GOALS: ESTABLISHING ADULT SERVICES MDTs

The first statewide goal focused on **establishing multidisciplinary teams (MDTs)** in every county Department of Social Services. Multidisciplinary teams are critical to effective Adult Services practice because they bring together professionals from social services, law enforcement, health care, legal systems, and community partners to collaboratively address complex cases involving abuse, neglect, and exploitation. This coordinated approach improves information-sharing, reduces service gaps, and supports more comprehensive and timely protective interventions. The importance of this goal was further reinforced through Session Law 2025-23, signed by Governor Stein on June 19, 2025, which established a statutory framework for counties to create and sustain multidisciplinary teams.

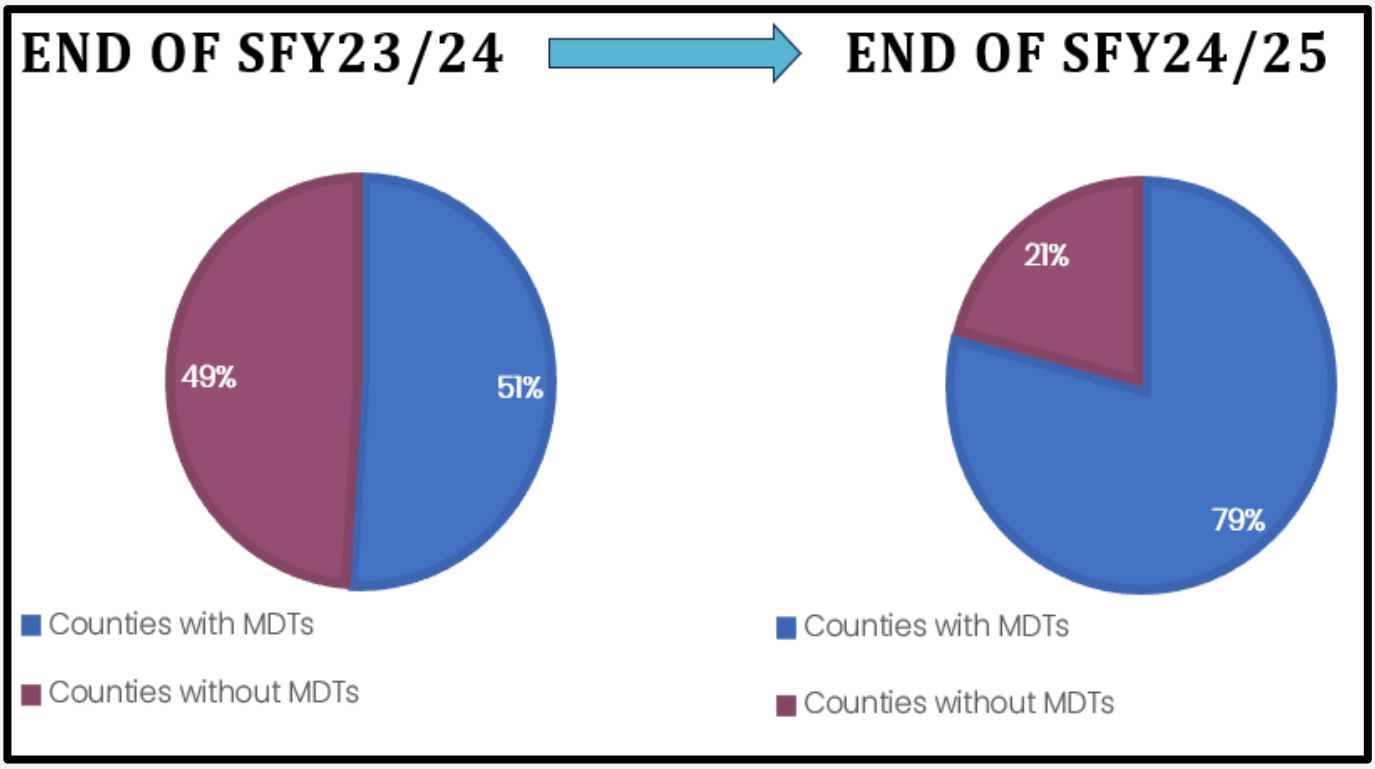
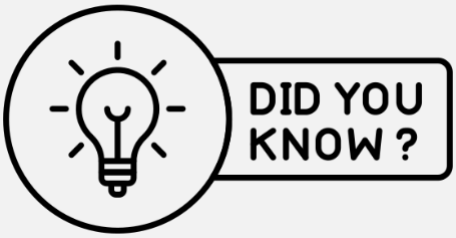


Exhibit 18



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MDT UTILIZATION INCREASED 55% FROM SFY 23-24 TO SFY 24-25.

NCDHHS ADULT SERVICES STATEWIDE GOALS: INCREASE APS INTAKE CONGRUENCE

The second statewide goal aimed to **increase congruence in Adult Protective Services intake screening decisions**, ensuring that reports of abuse, neglect, and exploitation are evaluated consistently and accurately across all counties. Consistent screening is foundational to equitable access to protective services and helps ensure that individuals in need are assisted promptly. Progress toward this goal was supported through targeted training, data analysis, and individualized CQI support delivered through statewide consultations and county-level technical assistance.

STATEWIDE GOAL 2: INTAKE CONGRUENCE

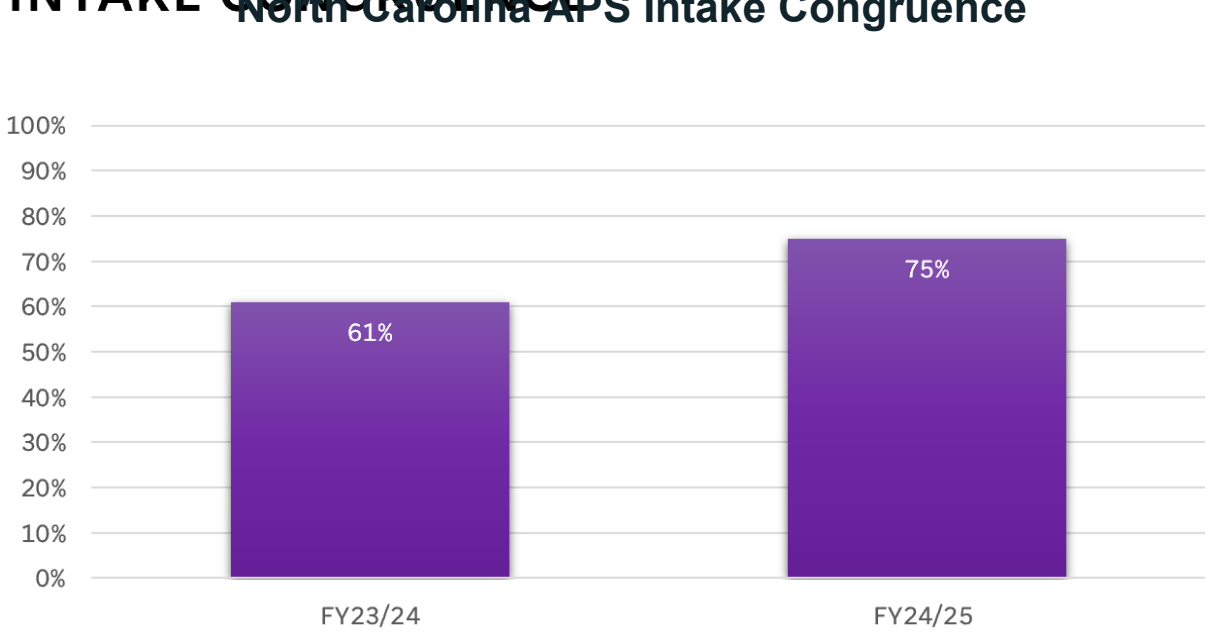
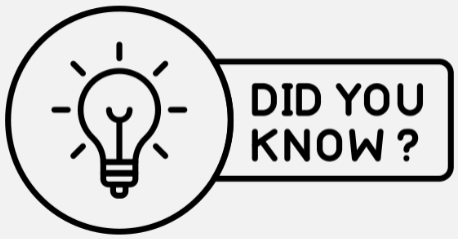


Exhibit 19



APS INTAKE CONGRUENCE INCREASED BY 14 PERCENTAGE POINTS (A 23% RELATIVE INCREASE), FROM 61% IN SFY 23-24 TO 75% IN 24-25.

NCDHHS ADULT SERVICES STATEWIDE GOALS: INCREASE APS CASE DECISION CONGRUENCE

The third statewide goal focused on **increasing congruence in Adult Protective Services case decisions** to ensure that adults who meet statutory criteria receive timely and appropriate protective interventions. This goal emphasized strengthening assessment quality, decision-making, and documentation to improve accuracy and consistency across counties. Through ongoing training, data review, and collaborative CQI efforts, counties enhanced their ability to identify abuse, neglect, and exploitation and to implement effective protective actions that safeguard adults with disabilities.

STATEWIDE GOAL 3: CASE DECISION CONGRUENCE

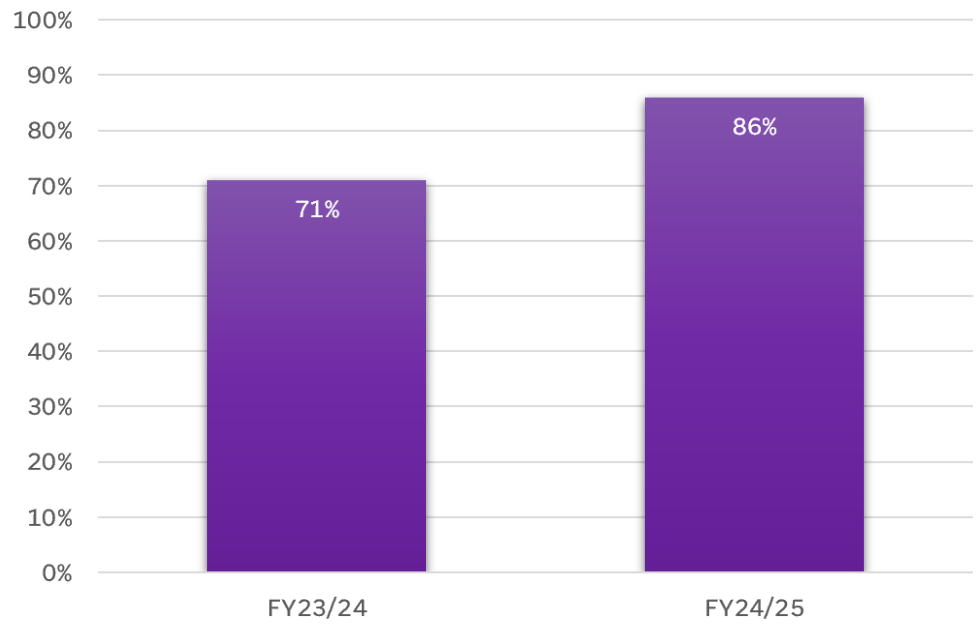
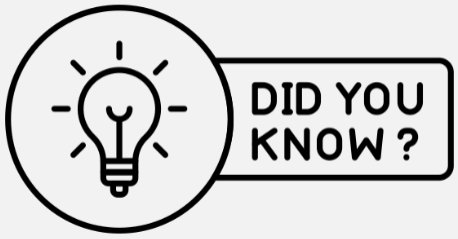


Exhibit 20

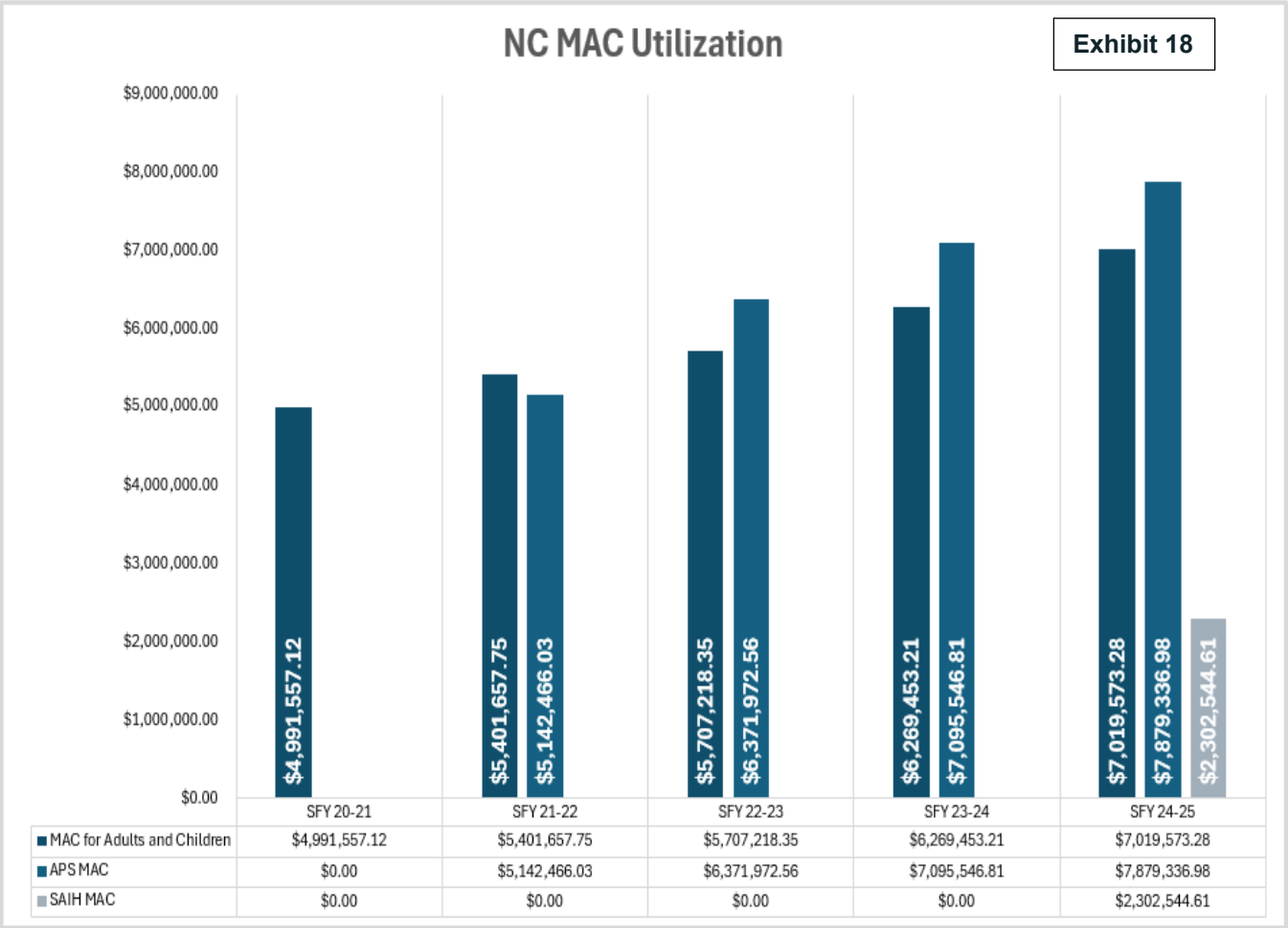


APS INTAKE CONGRUENCE INCREASED BY 15 PERCENTAGE POINTS (A 21% RELATIVE INCREASE), FROM 71% IN SFY 23-24 TO 86% IN 24-25.

MEDICAID ADMINISTRATIVE CLAIMS (MAC)

Medicaid Administrative Claiming (MAC) is a federal reimbursement mechanism that allows county Departments of Social Services to receive federal matching funds for administrative activities that help Medicaid-eligible individuals access services under the North Carolina State Medicaid Plan. MAC supports activities such as referral, coordination, and monitoring of Medicaid services; facilitating Medicaid eligibility and enrollment; and other administrative efforts that connect individuals to covered medical and mental health services.

MAC reimbursement is available only when the individual is a current Medicaid beneficiary and the activities performed are directly related to Medicaid services. County social workers may use MAC program coding on daily daysheets to document allowable activities for eligible clients, including those receiving Adult Protective Services (effective July 1, 2021) and Special Assistance In-Home Case Management (SAIH-CM) services (effective March 1, 2024). By supporting care coordination and timely access to needed services, MAC helps improve continuity of care, reduce avoidable health crises, and strengthen health and safety outcomes for vulnerable adults.



	SFY 20-21	SFY 21-22	SFY 22-23	SFY 23-24	SFY 24-25
MAC for Adults and Children	$4,991,557.12	$5,401,657.75	$5,707,218.35	$6,269,453.21	$7,019,573.28
APS MAC	$0.00	$5,142,466.03	$6,371,972.56	$7,095,546.81	$7,879,336.98
SAIH MAC	$0.00	$0.00	$0.00	$0.00	$2,302,544.61

This data originates from the Medicaid Administrative Claiming Expenditures Reimbursement Reports.

MEDICAID ADMINISTRATIVE CLAIMS

BY COUNTY (Standard MAC: 340, 341, 342, 343)

COUNTY NAME	340 & 343	342 & 341	COUNTY NAME	340 & 343	342 & 341	COUNTY NAME	340 & 343	342 & 341
Alamance	$18,163.11	$5,537.99	Franklin	$30,016.82	$5.12	Pamlico	$6,224.95	$2,917.18
Alexander	$14,978.23	$1,397.68	Gaston	$81,216.93	$1,160.61	Pasquotank	$25,247.12	$701.78
Alleghany	$10,548.60	$179.37	Gates	$2,538.85	$0.00	Pender	$53,796.74	$0.00
Anson	$8,295.71	$249.04	Graham	$7,124.59	$0.00	Perquimans	$797.85	$17.21
Ashe	$102,228.90	$150.23	Granville	$23,082.13	$2,694.44	Person	$87,561.23	$7,143.17
Avery	$1,011.32	$607.33	Greene	$6,226.20	$0.00	Pitt	$64,495.81	$19,994.48
Beaufort	$107,463.67	$45.00	Guilford	$337,852.51	$8,742.79	Polk	$26,667.40	$3,864.72
Bertie	$191.14	$123.49	Halifax	$35,643.71	$1,084.23	Randolph	$19,277.59	$2,338.31
Bladen	$10,219.39	$122.27	Harnett	$17,373.89	$4,685.74	Richmond	$895.60	$146,506.41
Brunswick	$75,837.18	$16,586.80	Haywood	$43,939.30	$3,684.87	Robeson	$75,726.23	$7,679.10
Buncombe	$114,501.86	$28,164.78	Henderson	$113,005.34	$8,522.98	Rockingham	$114,067.50	$4,590.06
Burke	$30,450.77	$17,368.24	Hertford	$5,235.42	$0.00	Rowan	$4,264.76	$462.85
Cabarrus	$75,396.49	$2,561.67	Hoke	$36,832.15	$6,882.03	Rutherford	$240.97	$1,304.34
Caldwell	$18,732.57	$5,115.29	Hyde	$0.00	$0.00	Sampson	$101,894.15	$70.96
Camden	$555.75	$0.00	Iredell	$72,786.33	$55,203.63	Scotland	$98,806.56	$147.99
Carteret	$253,665.74	$615.73	Jackson	$7,806.71	$85.31	Stanly	$139.49	$9,394.22
Caswell	$13,868.55	$389.99	Johnston	$101,119.98	$29,954.42	Stokes	$17,837.58	$40,585.36
Catawba	$216,240.07	$172,575.88	Jones	$6,335.34	$334.98	Surry	$11,330.25	$524.58
Chatham	$38,310.32	$1,206.37	Lee	$6,486.50	$0.00	Swain	$1,143.89	$390.23
Cherokee	$17,964.54	$10.43	Lenoir	$1,367.24	$311.66	Transylvania	$3,742.36	$11,123.61
Chowan	$10,106.97	$1,694.25	Lincoln	$107,793.17	$4,033.78	Tyrrell	$195.10	$0.00
Clay	$15,292.52	$0.00	Macon	$0.00	$0.00	Union	$48,470.21	$0.00
Cleveland	$28,894.43	$11,422.05	Madison	$0.00	$0.00	Vance	$27,010.25	$5,747.52
Columbus	$110.31	$490.93	Martin	$21,442.25	$0.00	Wake	$726,665.99	$48,443.87
Craven	$109,598.72	$5,459.59	McDowell	$24,329.88	$0.00	Warren	$383.45	$323.12
Cumberland	$88,725.47	$94.95	Mecklenburg	$495,092.71	$147,900.15	Washington	$549.45	$2,885.69
Currituck	$2,163.75	$373.50	Mitchell	-$521.26	$18,978.83	Watauga	$16,654.59	$0.00
Dare	$25,706.73	$634.47	Montgomery	$2,117.37	$1,764.29	Wayne	$38,227.83	$127,049.69
Davidson	$34,700.75	$975.08	Moore	$7,433.68	$86.52	Wilkes	$33,860.72	$370.46
Davie	$43,747.63	$1,894.47	Nash	$4,205.70	$546.44	Wilson	$51,250.49	$389,704.57
Duplin	$20,985.52	$0.00	New Hanover	$70,983.54	$1,975.23	Yadkin	$6,883.54	$4,091.73
Durham	$380,682.66	$10,611.81	Northampton	$15,045.22	$0.00	Yancey	$13,321.10	$40.12
Edgecombe	$409.43	$0.00	Onslow	$12,578.70	$645.39			
Forsyth	$206,994.62	$48,666.32	Orange	$57,563.56	$18,122.88			

This data is sourced from the Medicaid Administrative Claiming Expenditures Reimbursement Reports. Standard MAC codes (340, 341, 342, and 343) reimbursements may be allocated across multiple programs within Departments of Social Services, not exclusively to Adult Services.

MEDICAID ADMINISTRATIVE CLAIMS (MAC) BY COUNTY (APS: 202 & 204, SAIH: 386 & 387)

COUNTY NAME	APS 202 & 204	SAIH 386 & 387	COUNTY NAME	APS 202 & 204	SAIH 386 & 387	COUNTY NAME	APS 202 & 204	SAIH 386 & 387
Alamance	$208,368.78	$30,656.39	Franklin	$20,765.37	$17,448.22	Pamlico	$11,554.03	$3,659.52
Alexander	$52,333.64	$1,424.54	Gaston	$203,580.93	$71,306.91	Pasquotank	$34,617.32	$41,774.39
Alleghany	$21,787.15	$0.00	Gates	$17,688.02	$3,936.13	Pender	$15,527.47	$31,194.76
Anson	$24,679.74	$2,648.54	Graham	$8,985.56	$5,266.03	Perquimans	$12,876.99	$744.52
Ashe	$24,300.83	$34,109.22	Granville	$37,165.92	$3,076.06	Person	$25,988.08	$6,903.24
Avery	$1,224.86	$298.74	Greene	$18,556.58	$2,553.63	Pitt	$219,984.74	$38,495.32
Beaufort	$53,746.07	$35,152.67	Guilford	$247,953.39	$50,601.69	Polk	$30,525.63	$431.54
Bertie	$44,856.66	$5,526.24	Halifax	$28,883.48	$27,247.23	Randolph	$54,884.57	$6,195.62
Bladen	$524.64	$20,953.45	Harnett	$67,885.89	$19,344.82	Richmond	$10,058.38	$5,882.62
Brunswick	$36,139.22	$38,111.55	Haywood	$94,398.66	$10,401.90	Robeson	$325,774.34	$85,276.37
Buncombe	$621,541.43	$62,283.64	Henderson	$137,929.41	$69,822.99	Rockingham	$112,069.87	$48,444.13
Burke	$61,116.99	$45,369.25	Hertford	$22,780.01	$23,725.75	Rowan	$52,239.96	$18,079.95
Cabarrus	$165,052.74	$129,582.23	Hoke	$97,594.56	$27,058.21	Rutherford	$75,715.67	$4,781.80
Caldwell	$109,463.07	$20,179.47	Hyde	$16,716.47	$1,133.90	Sampson	$161,628.08	$41,818.08
Camden	$1,917.26	$453.50	Iredell	$34,728.66	$27,750.84	Scotland	$22,937.77	$5,587.57
Carteret	$139,868.60	$39,844.62	Jackson	$28,970.77	$754.81	Stanly	$24,480.02	$1,507.92
Caswell	$32,016.13	$8,919.95	Johnston	$155,425.14	$51,015.79	Stokes	$8,137.31	$8,803.39
Catawba	$159,297.39	$65,314.25	Jones	$1,164.25	$0.00	Surry	$54,299.57	$11,797.30
Chatham	$28,283.15	$12,379.19	Lee	$41,579.82	$1,969.57	Swain	$19,092.50	$430.78
Cherokee	$48,136.31	$1,339.95	Lenoir	$55,172.18	$12,084.18	Transylvania	$42,860.76	$10,689.71
Chowan	$11,233.25	$3,571.70	Lincoln	$76,270.64	$22,302.17	Tyrrell	$7,923.35	$1,633.04
Clay	$22,029.77	$0.00	Macon	$22,909.36	$223.90	Union	$11,117.63	$21,953.09
Cleveland	$123,494.80	$27,008.10	Madison	$1,193.73	$2,338.95	Vance	$37,689.61	$13,196.11
Columbus	$43,439.75	$12,158.16	Martin	$63,403.49	$1,854.93	Wake	$315,918.68	$38,827.83
Craven	$68,873.34	$15,235.07	McDowell	$36,183.29	$12,557.37	Warren	$37,090.09	$2,175.43
Cumberland	$159,599.14	$44,381.97	Mecklenburg	$607,300.16	$126,417.19	Washington	$22,127.39	$3,827.33
Currituck	$41,411.93	$10,368.95	Mitchell	$42,506.09	$1,075.28	Watauga	$8,155.15	$3,669.13
Dare	$32,629.27	$11,994.76	Montgomery	$38,053.40	$9,770.20	Wayne	$89,117.77	$13,253.41
Davidson	$53,682.40	$24,317.27	Moore	$29,139.78	$14,915.95	Wilkes	$38,287.07	$1,176.94
Davie	$42,378.79	$1,708.54	Nash	$66,523.50	$19,961.14	Wilson	$146,304.97	$106,709.41
Duplin	$72,530.48	$9,726.84	New Hanover	$342,786.93	$68,865.41	Yadkin	$17,420.87	$2,373.06
Durham	$377,086.40	$204,180.40	Northampton	$70,728.34	$16,318.57	Yancey	$39,894.22	$3,845.29
Edgecombe	$20,758.98	$5,909.70	Onslow	$49,547.16	$7,211.69			
Forsyth	$97,812.19	$52,841.80	Orange	$6,951.03	$9,143.95			

This data is sourced from the Medicaid Administrative Claiming Expenditures Reimbursement Reports. APS and SAIH MAC codes are exclusive to Adult Services.

MEDICAID ADMINISTRATIVE CLAIMS

TOTAL REIMBURSEMENTS FOR SFY 24-25 BY COUNTY

COUNTY NAME	TOTAL MAC REIMBURSEMENT	COUNTY NAME	TOTAL MAC REIMBURSEMENT	COUNTY NAME	TOTAL MAC REIMBURSEMENT
Alamance	$208,368.78	Franklin	$20,765.37	Pamlico	$11,554.03
Alexander	$52,333.64	Gaston	$203,580.93	Pasquotank	$34,617.32
Alleghany	$21,787.15	Gates	$17,688.02	Pender	$15,527.47
Anson	$24,679.74	Graham	$8,985.56	Perquimans	$12,876.99
Ashe	$24,300.83	Granville	$37,165.92	Person	$25,988.08
Avery	$1,224.86	Greene	$18,556.58	Pitt	$219,984.74
Beaufort	$53,746.07	Guilford	$247,953.39	Polk	$30,525.63
Bertie	$44,856.66	Halifax	$28,883.48	Randolph	$54,884.57
Bladen	$524.64	Harnett	$67,885.89	Richmond	$10,058.38
Brunswick	$36,139.22	Haywood	$94,398.66	Robeson	$325,774.34
Buncombe	$621,541.43	Henderson	$137,929.41	Rockingham	$112,069.87
Burke	$61,116.99	Hertford	$22,780.01	Rowan	$52,239.96
Cabarrus	$165,052.74	Hoke	$97,594.56	Rutherford	$75,715.67
Caldwell	$109,463.07	Hyde	$16,716.47	Sampson	$161,628.08
Camden	$1,917.26	Iredell	$34,728.66	Scotland	$22,937.77
Carteret	$139,868.60	Jackson	$28,970.77	Stanly	$24,480.02
Caswell	$32,016.13	Johnston	$155,425.14	Stokes	$8,137.31
Catawba	$159,297.39	Jones	$1,164.25	Surry	$54,299.57
Chatham	$28,283.15	Lee	$41,579.82	Swain	$19,092.50
Cherokee	$48,136.31	Lenoir	$55,172.18	Transylvania	$42,860.76
Chowan	$11,233.25	Lincoln	$76,270.64	Tyrrell	$7,923.35
Clay	$22,029.77	Macon	$22,909.36	Union	$11,117.63
Cleveland	$123,494.80	Madison	$1,193.73	Vance	$37,689.61
Columbus	$43,439.75	Martin	$63,403.49	Wake	$315,918.68
Craven	$68,873.34	McDowell	$36,183.29	Warren	$37,090.09
Cumberland	$159,599.14	Mecklenburg	$607,300.16	Washington	$22,127.39
Currituck	$41,411.93	Mitchell	$42,506.09	Watauga	$8,155.15
Dare	$32,629.27	Montgomery	$38,053.40	Wayne	$89,117.77
Davidson	$53,682.40	Moore	$29,139.78	Wilkes	$38,287.07
Davie	$42,378.79	Nash	$66,523.50	Wilson	$146,304.97
Duplin	$72,530.48	New Hanover	$342,786.93	Yadkin	$17,420.87
Durham	$377,086.40	Northampton	$70,728.34	Yancey	$39,894.22
Edgecombe	$20,758.98	Onslow	$49,547.16		
Forsyth	$97,812.19	Orange	$6,951.03		

This data is sourced from the Medicaid Administrative Claiming Expenditures Reimbursement Reports.

MEDICAID ADMINISTRATIVE CLAIMS

Medicaid Administrative Claim reimbursements have increased substantially over the past five years, reflecting expanded opportunities for counties to support critical services. In SFY 20-21, reimbursements totaled $4.99 million. By SFY 24-25, with the implementation of APS MAC and SAIH MAC, reimbursements more than tripled to $17.2 million.

County Departments of Social Services are encouraged to reinvest Adult Services MAC reimbursement funds into Adult Services to strengthen staffing capacity and administrative infrastructure that support care coordination, access to Medicaid-covered services, and improved health and safety outcomes for vulnerable adults.

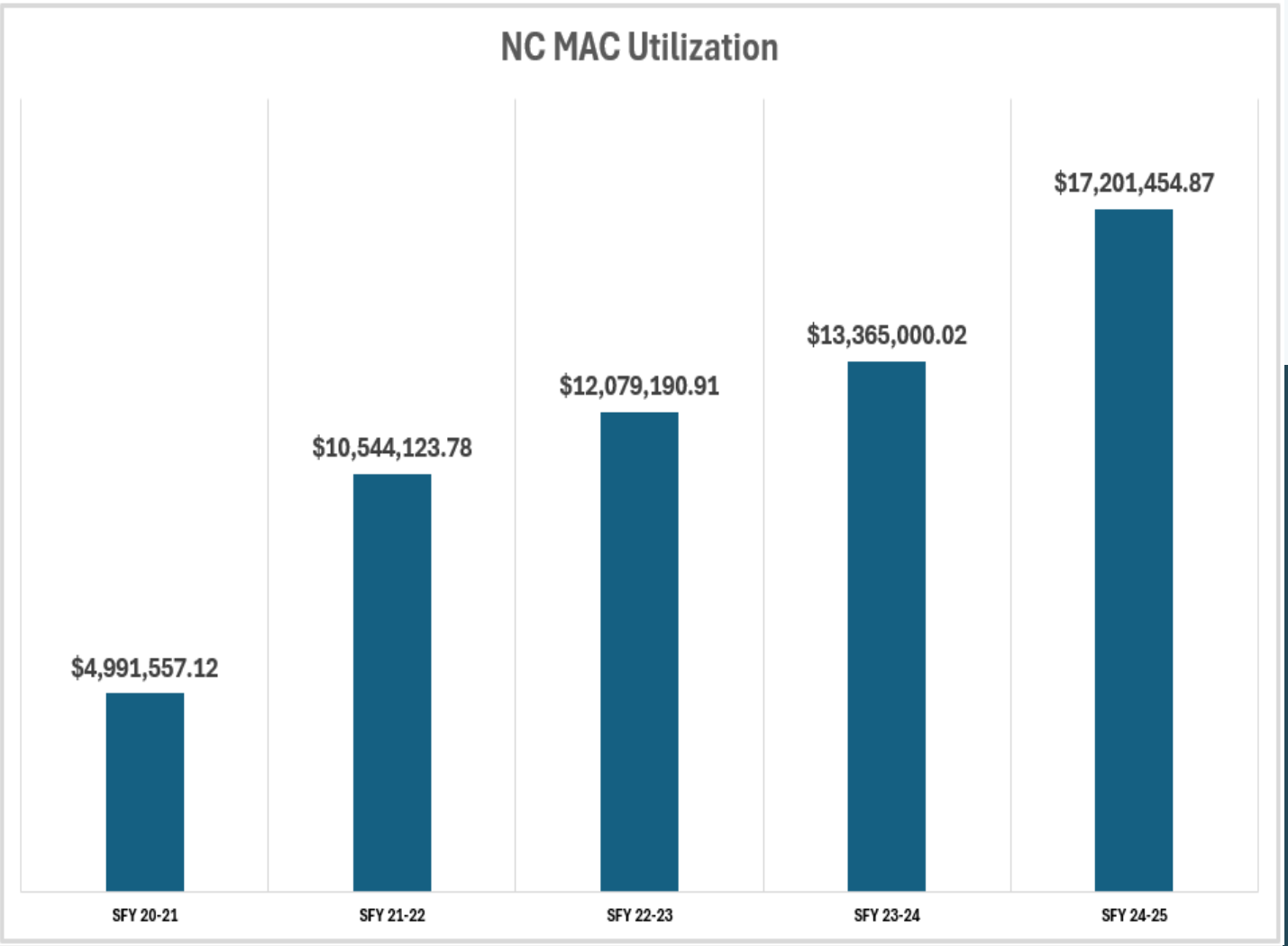


Exhibit 21

COUNTY DSS STAFFING

Adult Services social workers in county DSS offices play a critical role in safeguarding vulnerable adults across North Carolina. They work closely with clients, families, and community partners to navigate complex safety, legal, and health challenges, upholding the rights and dignity of adults in need.

Adequate staffing is essential to manage caseloads effectively. The most recent caseload study (2012) recommends:

- **APS:** No more than 15 cases per social worker
- **Guardianship and SAIH-CM:** No more than 25 cases per social worker.

North Carolina faces a significant staffing gap, with **68.29 additional positions needed** to meet these standards and ensure timely, quality services.

Staffing gaps exist in **56 of 100** North Carolina counties, highlighting the urgent need to safeguard and support vulnerable adults statewide.

This data originates from county reports to NCDHHS on surveys, the APS-R-180-1 and DPAG reports pulled on 6/30/25, and the June 2025 NC FAST Report.