



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
SUSAN OSBORNE • Assistant Secretary for County Operations for Human Services

April 5, 2021

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

ATTENTION: Child Support Managers and Supervisors

SUBJECT: Quarterly ACTS User Certification Report

REQUIRED ACTION: ___ Information Only ___ Action Needed
___X___ Time Sensitive Action Needed ___ Immediate Action Needed

The quarterly ACTS User Certification Report is due Wednesday, April 21, 2021. The purpose of the report is to assist the Child Support Security Team with verifying access to the Automated Collection and Tracking System (ACTS)/North Carolina Child Support Worker Portal and the State Services Portal.

After selecting report month March 2021, please export the CSDW report in an Excel format, attach that report to an email message, and send it to CSS.Security@dhhs.nc.gov and your Program Representative (reports must be submitted electronically), your email will serve as the Supervisor or Security Officer's signature.

Prior to sending the report to the State, Supervisors must review the access settings for each child support case manager to ensure that it is accurate. If you need to make a change, indicate the change by noting the change on the report under the "Actions Needed" column. Please do not edit the contents of the spreadsheet. It is important that each case manager's role for the State Services Portal (SSP) or Worker Type in ACTS/Worker Portal is correct.

ACTS Worker Profile forms should be submitted for the noted changes and deletions via email to CSS.Security@dhhs.nc.gov or faxed to 919-733-2782.

If you have any questions, please contact Laurel Vick at 919-527-6909 or Randy Burwell at 919-855-4449.

Sincerely,

Carla L. West

Carla L. West, Senior Director for Economic Security
North Carolina State Child Support Director

cc: IV-D Regional Program Representatives
CSS_21_17

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES • CHILD SUPPORT SERVICES

MAILING ADDRESS: P.O. Box 20800, Raleigh, NC 27619
www.ncdhhs.gov • TEL: 919-855-4755 • FAX: 919-715-8174

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER