



David A. Paterson
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

David A. Hansell
Commissioner

May 6, 2009

Ms. Sheryda Cooper
Commissioner
Fulton County Department of Social Services
P.O. Box 549
Johnstown, New York 12095

Dear Commissioner Cooper:

I am pleased to inform you that your enclosed **Intensive Case Services for Noncompliant Families (ICS3)** plan submitted in response to 08-LCM-13 has been approved in the amount of \$8,093.

These ICS3 funds are available to support your efforts to increase work participation by TANF-eligible recipients who are subject to or have been sanctioned for noncompliance with work activities as described in your approved ICS3 plan. If your district's approved plan includes ICS services to TANF-eligible participants who are not fully engaged, please note that no more than 20% of the district's ICS3 allocation may be used to provide services to such recipients.

Financial claims should be submitted to the Bureau of Financial Services as described in the claiming instructions included in 08-LCM-13 *Funding for Intensive Case Services for Noncompliant Families (ICS3)*. Program outcome measures are reported quarterly to OTDA through the TANF Reporting and Control System 2 (TRACS 2). Reporting guidelines are enclosed. Detailed reporting instructions will be provided separately.

Thank you for your continued efforts to engage all families receiving temporary assistance in work preparation activities so they may successfully enter the workforce. If you have any questions regarding this program, please contact Libby McGinn at (518) 486-6106 or your Employment Technical Advisor.

Sincerely,

A handwritten signature in black ink, appearing to read "RS", written over a horizontal line.

Russell Sykes
Deputy Commissioner
Center for Employment and Economic Supports

Enclosure

cc: John Rogers
John James
Libby McGinn

**Program Narrative for Intensive Case Services (ICS3)
Services for TANF-Eligible Participants-Noncompliant**

District Name: Fulton

Contact Name and Number: John Rogers

ICS funds budgeted for services to TANF-eligible **noncompliant** participants: \$ 6474

Anticipated number of TANF-eligible **noncompliant** participants to be served during program period: 22

I. Program goals and services

A. List the specific goals of the project for TANF-eligible, noncompliant participants.

The goals of this project are to:

- Identify barriers to compliance and participation that may have been missed in earlier assessments.
- Engage clients through our on-going FFFS funded case management and support their participation in ICS funded evaluations and services.
- Refer clients to appropriate services that will help overcome barriers to compliance.
- Clarify the severity of barriers that had previously been identified by the client or other service providers.
- Provide clients with information to ensure he/she understands the purpose and benefit of participating in an evaluation designed to determine the individual's ability to participate in work activities and to identify appropriate work activities. Individuals who refuse or fail to cooperate with efforts to document a claimed or suspected impairment are ineligible for public assistance (discontinuance of public assistance benefits) until compliance.

The ultimate goal of these efforts is to move clients from non-compliance, to compliance, then to participation and eventually self-sufficiency.

B. Describe the process that will be used to identify and refer TANF-eligible, noncompliant participants for ICS services.

The Employment Coordinator and the Director of Financial Assistance normally hold weekly TANF Team case conferences with the Employment Representative and the TANF case managers to review all TANF and Safety-Net Moe cases, including two parent households. It will primarily be during these meetings that clients will be identified as being appropriate for ICS funded Services. A member of the TANF Team, normally the case manager, will be assigned to make the referral.

Non-compliant clients with documented medical and/or mental health conditions, which would likely benefit from a holistic wellness program will be referred to the "Wellness Program". The agency would benefit from referring most non-compliant clients to an Enhanced Assessment or an FCE.

- C. Explain the method of outreach that will be used to initiate contact with TANF-eligible, noncompliant participants. Additionally, identify the two different types of outreach that will be used before any action is taken to discontinue public assistance benefits for failure to comply with a public assistance eligibility requirement that is included as a component of an ICS program plan.

The case manager will usually make a home visit to explain to the client the reason for the referral and to assist in the coordination of transportation and child care if needed. Clients who fail to participate in ICS funded assessments will be contacted by phone or during a home visit if the client does not have a phone. A letter will also be sent to the client asking advising them to contact the agency to explain their non-compliance.

- D. Describe the case management services and other activities that will be provided to assist TANF-eligible, noncompliant participants to identify and address barriers and increase participation in work or work-preparation activities.

Fulton County DSS has been providing case management services to most TANF households for many years. ICS funds will not be used to fund case management services because Fulton County DSS currently has two FFFS funded case managers associated with this effort. One is a Catholic Charities' employee and the other is an employee of the Private Industry. Both workers are stationed in DSS Employment unit. Their efforts are focused on achieving participation rates and moving families from Temporary Assistance to self-sufficiency. Home visits are an integral part of their responsibilities, as are assessments and referrals to appropriate service providers. Home visits are also made when it is discovered that a recipient fails to attend an appointment or participate in an activity. They also routinely make a home visit at the time a client is issued a Conciliation notice. The case managers often hand deliver the notices. These workers along with a DSS Employment Representative will serve as the liaison between the agency and our ICS funded providers.

ICS providers and their services are as follows.

The Wellness Center operated by Matt Goodemote, RPT in Gloversville, NY is an established provider of Physical Therapy and wellness programs. They accept Medicaid and are also in the network of both of the Medicaid Managed Care plans in the county. If needed, physical therapy will be charged to fee for service MA or the appropriate managed care plan. ICS funds will not be used for medical services. The staff of the Wellness Center approaches the issue of personal health and fitness holistically. Nutrition, weight loss, self-awareness, stress reduction and relaxation techniques are coupled with a personally tailored exercise program to achieve improved health and wellness. The Wellness Center also offers self-monitored use of their equipment at a charge of \$37.50 per month. The Wellness Center will also perform functional capacity evaluations. Mr. Goodemote is also involved with a not-for-profit agency intent on beautifying the city of Gloversville, which is our major population center. Discussions have begun to utilize this organization to provide work experience slots. This relationship has the potential to provide a relatively seamless transition from non-compliance to participation.

Hope Counseling currently provides enhanced Employability Assessments for TANF eligible clients through our Intensive Case Services funding and for SNA recipients through SNAP at a rate of \$64.49 per session. Sessions are held at their office in Johnstown, at the client's home or any other appropriate location. Additional sessions, including family assessments, will be authorized as needed. Payment will be issued upon completion of a written report. Payment will not be issued for "no-shows".

Industrial Medicine Associates (IMA) – FCDSS has been utilizing IMA since May 2007 for independent medical and psychological evaluations. They will continue to provide these services.

Work Assessment Center of Northeastern New York currently provides Functional Capacity Evaluations, FCE, at the rate of \$400 per evaluation. An FCE is a comprehensive assessment of the physical capabilities and limitations of an individual. This process also identifies “symptom magnification” which is indicative of a person who is not demonstrating their true capabilities or limitations. A written report will be provided to DSS within 10 days. Quicker turn-around time is available if needed. The Work Assessment Center provides similar services for Worker’s Compensation and No-Fault claims.

II. Project Staff and Duties - No staff time is being charged to this project. All services will be purchased from our contractors on a fee-for-services basis.

Identify the project staff and duties for each provider or district staff providing services to TANF-eligible, noncompliant participants.

III. Data Collection

Briefly describe the mechanism that will be used to collect the data to be reported on the TANF Reporting and Control System (TRACS 2).

All referrals for ICS funded services will be logged on a shared server. The results of the referrals will also be recorded on this log. All reports and vouchers will be reviewed by the Employment Coordinator and/or the Director. Pertinent information will also be added to the log as appropriate. Thus all data needed to complete reporting in TRACS will be readily available. The Director and/or his designee will be responsible for the timely entering of the data.

Intensive Case Services for Noncompliant Families Baseline Budget Form**ICS 3**

ICS 3 Program Cycle: January 1, 2009-December 31, 2009

Program Cycle must fall within expenditure period of January 1, 2009 - December 31, 2009

Local Department of Social Services

FULTON

Provider Agency

Wellness Center

Budget Categories			
	NON- ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL
SALARY COSTS			
1. Salary Costs	\$ -	\$ -	\$ -
2. Fringe Benefits	\$ -	\$ -	\$ -
3. Total Salary & Fringe Benefits	\$ -	\$ -	\$ -
NON-SALARY COSTS			
4. Contractual Costs *	\$ 3,994.00	\$ -	\$ 3,994.00
5. Staff Travel Costs	\$ -	\$ -	\$ -
6. Equipment Costs	\$ -	\$ -	\$ -
7. Supplies	\$ -	\$ -	\$ -
8. Other Direct Expenses	\$ -	\$ -	\$ -
9. Total Non-Salary Expenses	\$ 3,994.00	\$ -	\$ 3,994.00
10. Overhead Costs Allocated		\$ -	\$ -
11. A-87 Costs Allocated		\$ -	\$ -
PARTICIPANT RELATED COSTS			
12. Work-Related Supports	\$ -		\$ -
13. Participant Transportation	\$ -		\$ -
14. Other Participant Related Costs	\$ -		\$ -
15. Total Participant Related Costs	\$ -		\$ -
16. Total Project Costs	\$ 3,994.00	\$ -	\$ 3,994.00

* If the District plans to subcontract with a local provider agency for program services, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

Budget Narrative - Please use Budget Form 3A to provide a brief narrative for categories 4, 5, 6, 7, 8, 12, 13 and 14.

Intensive Case Services for Noncompliant Families Baseline Budget Narrative Form
ICS 3

Local Department of Social Services _____ FULTON _____

Provider Agency _____ Wellness Center _____

Budget Categories

4. Contractual Costs:

ICS funds will be used to pay for non-medical Wellness Services and Functional Capacity Evaluations. The FCEs cost \$400. The cost of the Wellness Services will vary according to the participant's needs. See attached rate sheet.

5. Staff Travel Costs:

6. Equipment Costs:

7. Supplies:

8. Other Direct Expenses:

12. Work-Related Supports:

13. Participant Transportation:

14. Other Participant Related Costs:

Intensive Case Services for Noncompliant Families Baseline Budget Form

ICS 3

ICS 3 Program Cycle: January 1, 2009-December 31, 2009

Program Cycle must fall within expenditure period of January 1, 2009 - December 31, 2009

Local Department of Social Services

FULTON

Provider Agency

HOPE Counseling

Budget Categories			
SALARY COSTS	NON-ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL
1. Salary Costs	\$ -	\$ -	\$ -
2. Fringe Benefits	\$ -	\$ -	\$ -
3. Total Salary & Fringe Benefits	\$ -	\$ -	\$ -
NON-SALARY COSTS			
4. Contractual Costs *	\$ 650.00	\$ -	\$ 650.00
5. Staff Travel Costs	\$ -	\$ -	\$ -
6. Equipment Costs	\$ -	\$ -	\$ -
7. Supplies	\$ -	\$ -	\$ -
8. Other Direct Expenses	\$ -	\$ -	\$ -
9. Total Non-Salary Expenses	\$ 650.00	\$ -	\$ 650.00
10. Overhead Costs Allocated		\$ -	\$ -
11. A-87 Costs Allocated		\$ -	\$ -
PARTICIPANT RELATED COSTS			
12. Work-Related Supports	\$ -		\$ -
13. Participant Transportation	\$ -		\$ -
14. Other Participant Related Costs	\$ -		\$ -
15. Total Participant Related Costs	\$ -		\$ -
16. Total Project Costs	\$ 650.00	\$ -	\$ 650.00

* If the District plans to subcontract with a local provider agency for program services, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

Budget Narrative - Please use Budget Form 3A to provide a brief narrative for categories 4, 5, 6, 7, 8, 12, 13 and 14.

Intensive Case Services for Noncompliant Families Baseline Budget Narrative Form
ICS 3

Local Department of Social Services _____

FULTON

Provider Agency _____

HOPE Counseling

Budget Categories

4. Contractual Costs:

The funds will be used to pay Hope Counseling on a fee for service basis. DSS will not pay for "no-shows". Payment will be made at \$64.49 per session. This is the rate currently paid by Fulton County DSS for drug and alcohol evaluations performed by CASACs at Fulton County Addiction Services.

5. Staff Travel Costs:

6. Equipment Costs:

7. Supplies:

8. Other Direct Expenses:

12. Work-Related Supports:

13. Participant Transportation:

14. Other Participant Related Costs:

Intensive Case Services for Noncompliant Families Baseline Budget Form
ICS 3

ICS 3 Program Cycle: January 1, 2009-December 31, 2009

Program Cycle must fall within expenditure period of January 1, 2009 - December 31, 2009

Local Department of Social Services
 Provider Agency

FULTON
 IMA

Budget Categories			
	NON- ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL
SALARY COSTS			
1. Salary Costs	\$ -	\$ -	\$ -
2. Fringe Benefits	\$ -	\$ -	\$ -
3. Total Salary & Fringe Benefits	\$ -	\$ -	\$ -
NON-SALARY COSTS			
4. Contractual Costs *	\$ 630.00	\$ -	\$ 630.00
5. Staff Travel Costs	\$ -	\$ -	\$ -
6. Equipment Costs	\$ -	\$ -	\$ -
7. Supplies	\$ -	\$ -	\$ -
8. Other Direct Expenses	\$ -	\$ -	\$ -
9. Total Non-Salary Expenses	\$ 630.00	\$ -	\$ 630.00
10. Overhead Costs Allocated		\$ -	\$ -
11. A-87 Costs Allocated		\$ -	\$ -
PARTICIPANT RELATED COSTS			
12. Work-Related Supports	\$ -		\$ -
13. Participant Transportation	\$ -		\$ -
14. Other Participant Related Costs	\$ -		\$ -
15. Total Participant Related Costs	\$ -		\$ -
16. Total Project Costs	\$ 630.00	\$ -	\$ 630.00

* If the District plans to subcontract with a local provider agency for program services, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

Budget Narrative - Please use Budget Form 3A to provide a brief narrative for categories 4, 5, 6, 7, 8, 12, 13 and 14.

Intensive Case Services for Noncompliant Families Baseline Budget Narrative Form
ICS 3

Local Department of Social Services _____ FULTON _____

Provider Agency _____ IMA _____

Budget Categories

4. Contractual Costs:

ICS funds will be used to purchase independent physical and psychological evaluations at the rate established by OTDA.

5. Staff Travel Costs:

6. Equipment Costs:

7. Supplies:

8. Other Direct Expenses:

12. Work-Related Supports:

13. Participant Transportation:

14. Other Participant Related Costs:

**Intensive Case Services for Noncompliant Families Baseline Budget Form
ICS 3**

ICS 3 Program Cycle: January 1, 2009-December 31, 2009

Program Cycle must fall within expenditure period of January 1, 2009 - December 31, 2009

Local Department of Social Services FULTON
 Provider Agency Work Assessment Center

Budget Categories			
	NON-ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL
SALARY COSTS			
1. Salary Costs	\$ -	\$ -	\$ -
2. Fringe Benefits	\$ -	\$ -	\$ -
3. Total Salary & Fringe Benefits	\$ -	\$ -	\$ -
NON-SALARY COSTS			
4. Contractual Costs *	\$ 1,200.00	\$ -	\$ 1,200.00
5. Staff Travel Costs	\$ -	\$ -	\$ -
6. Equipment Costs	\$ -	\$ -	\$ -
7. Supplies	\$ -	\$ -	\$ -
8. Other Direct Expenses	\$ -	\$ -	\$ -
9. Total Non-Salary Expenses	\$ 1,200.00	\$ -	\$ 1,200.00
10. Overhead Costs Allocated		\$ -	\$ -
11. A-87 Costs Allocated		\$ -	\$ -
PARTICIPANT RELATED COSTS			
12. Work-Related Supports	\$ -		\$ -
13. Participant Transportation	\$ -		\$ -
14. Other Participant Related Costs	\$ -		\$ -
15. Total Participant Related Costs	\$ -		\$ -
16. Total Project Costs	\$ 1,200.00	\$ -	\$ 1,200.00

* If the District plans to subcontract with a local provider agency for program services, a separate Baseline Budget Form must be completed and submitted for each subcontractor.

Budget Narrative - Please use Budget Form 3A to provide a brief narrative for categories 4, 5, 6, 7, 8, 12, 13 and 14.

Intensive Case Services for Noncompliant Families Baseline Budget Narrative Form
ICS 3

Local Department of Social Services _____ FULTON _____

Provider Agency _____ Work Assessment Center _____

Budget Categories

4. Contractual Costs:

ICS funds will be used to pay for Functional Capacity Evaluations. The FCEs cost \$400.

5. Staff Travel Costs:

6. Equipment Costs:

7. Supplies:

8. Other Direct Expenses:

12. Work-Related Supports:

13. Participant Transportation:

14. Other Participant Related Costs:

**Intensive Case Services (ICS) 3
Program Outcome Measures
Reporting Guidelines**

Revised May 2009

Districts are required to report program outcome measures supported by Intensive Case Services (ICS) funds. Districts previously reported program outcomes for the SFY 06-07 ICS and SFY 07-08 ICS programs via the TANF Reporting and Control System (TRACS) based on the number of participants served and the associated program outcomes achieved during the respective reporting quarter. Districts will report ICS3 program outcomes achieved during Calendar Year 2009 through TRACS2. Program outcomes will be submitted quarterly as in previous cycles, however, instead of reporting one (grand) total number for the quarterly reporting period for each question, the screen will prompt the user to input a number for each of the three months for that quarter. The due date for such reports are as follows:

Reporting Quarter	Due Date
January, 2009 - March, 2009	05/29/09
April, 2009 - June, 2009	7/15/09
July, 2009 - September, 2009	10/15/09
October, 2009 - December, 2009	1/15/10

The system changes needed to support the reporting of ICS3 outcomes are under development, but the following guidelines should be used to identify the program outcomes to be reported on TRACS2. Detailed reporting instructions, including information on how to access TRACS2 will be provided separately. The information below provides a summary of the program outcomes that districts will be required to submit for the ICS3 program.

Note: Financial claims are not submitted through TRACS 2 and should be submitted to the OTDA Bureau of Financial Services consistent with the Claiming Instructions described in 08 LCM-13.

Eligible Population

Participants served under the ICS Program must be eligible to receive TANF-funded non-assistance services and must be in receipt of TANF (case types 11 or 12) or Safety Net MOE (case type 16 or 17 with state charge code 63 or 64). This includes two-parent families eligible for TANF-funded non-assistance as described in 06 LCM-09. Eligible participants also must be:

- individuals who are noncompliant (subject to penalty or in sanction status for failure to comply) with work requirements, or
- individuals who are not fully engaged in countable work activities, including those employed part time (up to 20% of a district's allocation may be spent on efforts to target this population).

The outcomes for **each** eligible population served under the Intensive Case Services Program will continue to be reported separately for those districts serving both eligible populations as described below. Districts that have targeted 100% of their ICS3 allocation only need to report program outcomes associated with the noncompliant population.

The program outcome reporting elements are broken down into 4 categories and are described below.

I. Participants served during the report month

- 1. Unduplicated number of participants served during the report month:** Report the unduplicated number of participants that received one or more ICS funded service during the report month. An ICS funded service may include, but is not limited to: providing information to clarify the reason for the sanction and how the family's grant is affected; enhanced assessments; home visits or other ICS related contact with family, and case management services.

II. Participants successfully contacted during report month

- 2. Number of participants contacted by letter/call-in:** Report the number of participants that responded to a contact letter/call-in sent during the reporting month.
- 3. Number of participants contacted by phone call:** Report the number of participants that responded to a phone contact made during the reporting month.
- 4. Number of participants contacted by home visit:** Report the number of participants that received a home visit during the reporting month.
- 5. Number of participants contacted by other means:** Report the number of participants that responded to outreach made during the reporting month by some means other than those listed above.

Note: A participant who responds to more than one method of outreach during the reporting month would appear in all those that applied.

III. Engagement outcomes for report month

- 6. Number of participants successfully engaged in work activities for the first time following contact:** Of the number of participants served, report the number of participants who began participation in work activities, including employment, during the reporting month.

Notes:

Participants who continue to participate in work activities during subsequent report months would not be reported in this data element, but would be reported in #10, if he/she

continues to participate in such activities for a minimum of 3 months following the initial placement in work activities.

Participants determined to be exempt and engaged in treatment or rehabilitation should be reported under reporting element #7 even though the district may report the activity on WTWCMS as job readiness training.

7. **Number of participants successfully engaged in necessary treatment for the first time following contact:** Of the number of participants served, report the number of participants determined exempt and who began participation in treatment, rehabilitation or medical care during the reporting month.

Note: Participants who continue to participate in necessary treatment in subsequent report months would not be reported in this data element, but would be reported in #10, if he/she continues to participate in such activities for a minimum of 3 months following the initial placement in necessary treatment.

8. **Number of participants that remain unengaged without good cause:** Report the unduplicated number of participants served who continue to refuse to engage in work activities or other appropriate services during the reporting month.
9. **Number of participants with newly reported income:** Report the number of participants who obtain employment during the reporting month, or whose current employment was obtained before the reporting month, but is discovered by the district during the reporting month.
10. **Number of participants that remain engaged in work activities or necessary treatment for a minimum of 3 months following initial placement:** Of the number of participants successfully engaged in work activities (including employment) or necessary treatment in a previous report month (outcomes #6 and #7), report the number of participants who remain successfully engaged in such activities for a minimum of 3 months following the initial placement.

IV. Cases closed during the report month

11. **Number of cases closed due to income from employment obtained during the report month:** Report the number of cases closed during the reporting month due to income obtained during the reporting month. (Note: These participants should also have been included in reporting element #9.)
12. **Number of cases closed because district was unable to locate the participant:** Report the number of cases closed during the reporting month because the district was unable to locate the participant.
13. **Number of cases closed for failure to respond to outreach (excludes households the district was unable to locate):** Report the number of cases closed during the reporting

month for failure to comply with public assistance eligibility requirements which have been included as a component under the ICS program.

14. **Number of cases closed because of newly reported income obtained prior to report month:** Report the number of cases closed during the reporting month due to income that was obtained prior to the reporting month, was previously unreported, and when budgeted, makes the household ineligible.
15. **Number of cases closed at the request of the participant:** Report the number of cases closed during the reporting month at the request of the participant.
16. **Number of cases closed for any reason other than those listed:** Report the number of cases closed during the reporting month for reasons other than those listed above.

OTDA is required to provide quarterly performance and expenditure data for programs funded by TANF, including the Intensive Case Services program. Districts are reminded that the program outcomes reported in the TRACS 2 system will be summarized with ICS3 expenditures based on claims submitted by districts and posted to the ICS Performance and Accountability matrix that will be available on the OTDA website at <http://www.otda.state.ny.us/main/pma>. Therefore, districts should ensure that program outcomes and claiming information are up-to-date, complete and accurate when submitted.

If you have any reporting questions, contact Libby McGinn at (518) 486-6106.