



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

March 18, 2009

Ms. Kira Pospesel  
Commissioner  
Greene County Department of Social Services  
P.O. Box 528  
Catskill, New York 12414

Dear Commissioner Pospesel:

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 \$10,050.

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

Enclosures

cc: Fran DelGaudio  
Michele Wilk  
Libby McGinn

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

District Name: Greene County

Contact Name and Number: Frances M. DelGaudio 518-719-3703

ICS funds budgeted for services to TANF-eligible **noncompliant** participants: **\$ 10,050.00** \_\_\_\_\_

Anticipated number of TANF-eligible **noncompliant** participants to be served during program period: 120

**I. Program goals and services**

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

**The main purpose of this project is to assist parents in this hard to serve target group to engage and coordinate appropriate activities relating to long term vocational support and to move the families toward self-sufficiency. This will be accomplished through an enhanced intensive case management program that will provide one on one services to the sanctioned parent or parents to overcome the barriers that caused them to become sanctioned.**

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

**The Employment Coordinator will use the WTW CMS system and Congos 8 to make a referral to the case manager.**

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.

**Upon receipt of a referral from the Department of Social Services, staff will make an initial contact by letter and phone introducing the program and announcing a Sanctioned Family orientation at the Department of Social Services. Transportation to the orientation will be provided if needed. All contacted adults will be required to attend the orientation as a condition of eligibility to discuss how the sanctioned adult is meeting the day to day expenses of the household. If the sanctioned individual fails to show for the orientation appointment the case manager will attempt to contact the individual by phone or mail before taking negative action on the household.**

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.

**The Case Manager will discuss with the sanctioned adult what requirements are needed in order to lift the sanction. At the orientation, the services will be explained including the benefits of participation as well as the responsibilities and expectations. Feedback will be encouraged from the participants as to what is needed for successful long term employment. This feedback will be gathered through verbal feedback and questionnaires. After the orientation an appointment will be scheduled for the individual to determine the type of supports needed to secure and maintain a plan toward employment.**

**II. Project Staff and Duties**

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

<b>Position/Title</b>	<b>Estimated Percentage of Time on ICS Program</b>	<b>Duties</b>
IMA/Sanctioned Family Case Manager	28%	To work one on one with the sanctioned parent to help them lift their sanction and to become self sufficiency.

**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).

The case manager will keep a log of

1. Number of participants targeted for referral
2. Participants successfully contacted
3. Engagement outcomes
4. Case closed

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

ICS 3 Program Cycle: **January 1, 2009 - August 31, 2009**

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

Local Department of Social Services Greene County  
 Provider Agency Community Action of Greene County, Inc.

<b>Budget Categories</b>			
	NON- ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL
<b>SALARY COSTS</b>			
1. Salary Costs			
2. Fringe Benefits		\$ -	
<b>3. Total Salary &amp; Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>NON-SALARY COSTS</b>			
4. Contractual Costs *	\$ 10,050.00		\$ 10,050.00
5. Staff Travel Costs	\$ -	\$ -	\$ -
6. Equipment Costs	\$ -	\$ -	\$ -
7. Supplies	\$ -	\$ -	\$ -
8. Other Direct Expenses		\$ -	\$ -
<b>9. Total Non-Salary Expenses</b>		\$ -	\$ 10,050.00
<b>10. Overhead Costs Allocated</b>			\$ -
<b>11. A-87 Costs Allocated</b>		\$ -	\$ -
<b>PARTICIPANT RELATED COSTS</b>			
12. Work-Related Supports	\$ -		\$ -
13. Participant Transportation	\$ -		\$ -
14. Other Participant Related Costs	\$ -		\$ -
<b>15. Total Participant Related Costs</b>	\$ -		\$ -
<b>16. Total Project Costs</b>	\$ -	\$ -	\$ 10,050.00

\* 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 \_\_\_\_\_ Greene County \_\_\_\_\_

Provider Agency \_\_\_\_\_ Community Action of Greene County, Inc. \_\_\_\_\_

Budget Categories	
4. Contractual Costs:	
<b>\$10,050.00</b>	
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 - August 31, 2009**

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

Local Department of Social Services Greene County

Provider Agency of Greene County, Inc.

<b>Budget Categories</b>			
	NON-ADMINISTRATION COSTS	ADMINISTRATION COSTS	TOTAL
<b>SALARY COSTS</b>			
1. Salary Costs	\$ 9,707.00		\$ 9,707.00
2. Fringe Benefits	\$ 343.00	\$ -	\$ 343.00
<b>3. Total Salary &amp; Fringe Benefits</b>	<b>\$ 10,050.00</b>	<b>\$ -</b>	<b>\$ 10,050.00</b>
<b>NON-SALARY COSTS</b>			
4. Contractual Costs *			\$ -
5. Staff Travel Costs	\$ -	\$ -	\$ -
6. Equipment Costs	\$ -	\$ -	\$ -
7. Supplies	\$ -	\$ -	\$ -
8. Other Direct Expenses		\$ -	\$ -
<b>9. Total Non-Salary Expenses</b>		<b>\$ -</b>	<b>\$ -</b>
10. Overhead Costs Allocated			\$ -
11. A-87 Costs Allocated		\$ -	\$ -
<b>PARTICIPANT RELATED COSTS</b>			
12. Work-Related Supports	\$ -		\$ -
13. Participant Transportation	\$ -		\$ -
14. Other Participant Related Costs	\$ -		\$ -
<b>15. Total Participant Related Costs</b>	<b>\$ -</b>		<b>\$ -</b>
16. Total Project Costs	\$ 10,050.00	\$ -	\$ 10,050.00

\* 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 \_\_\_\_\_ Greene County \_\_\_\_\_

Provider Agency \_\_\_\_\_ Community Action of Greene County, Inc. \_\_\_\_\_

**Budget Categories**

4. Contractual Costs:

**Intensive case manager annual salary is \$34666.79 and 28% o the Case Managers time is allocated to Greene County and is spent entirely of Greene County Sanctioned Families.**

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**

**March 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:

<b>Reporting Quarter</b>	<b>Due Date</b>
January, 2009 - March, 2009	4/15/09
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. Districts will receive detailed reporting instructions, including information on how to access TRACS2 before April 15, 2009. 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 #8 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 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.