



THIS CONTRACT is hereby made, entered into, and effective as of October 1, 2025, by and between GUILFORD COUNTY, a body politic and corporate of the State of North Carolina, hereinafter referred to as the “COUNTY,” and CASEWORTHY, INC, hereinafter referred to as the “CONTRACTOR,” and also collectively referred to as the “Parties.”

W I T N E S S E T H:

WHEREAS, for the purpose and subject to the terms and conditions hereinafter set forth, the COUNTY hereby contracts for the items, goods, service or services of the CONTRACTOR and the CONTRACTOR agrees to provide the items, goods, service or services to the COUNTY in accordance with the terms of this Agreement.

WHEREAS, the COUNTY is in need of Aging & Adult Care Case Management Software, and

WHEREAS, the CONTRACTOR has submitted a proposal to provide such goods and/or services.

NOW, THEREFORE, in consideration of promises mutually exchanged the Parties agree as follows:

- 1. GOODS AND/OR SERVICES.** CONTRACTOR will provide the goods and/or services as set forth in the Specifications (Attachment A) and Proposal (Attachment B), attached hereto and incorporated herein by reference. All items and/or services shall be provided in a competent, workmanlike and professional manner acceptable to the COUNTY. Should there be any discrepancy between the CONTRACTOR'S Proposal (Attachment B) and the Specifications (Attachment A) and/or the Contract, the Contract and/or the Specifications (Attachment A) shall prevail and control.
- 2. PAYMENT AND PRICING.** As full compensation for the CONTRACTOR’S delivery of the goods and/or services, the COUNTY agrees to pay the amounts for the goods and/or services as set out herein and in Attachment B, which is attached hereto and incorporated herein by reference. Payment will be made by the COUNTY to CONTRACTOR within thirty (30) days of receipt of a correct invoice and proper documentation that the goods and/or services have been delivered or provided in accordance with this Contract.
- 3. MAXIMUM EXPOSURE CONTRACT.** The maximum financial exposure to the COUNTY under this Contract will not exceed \$1,295,116.00. Payment will be made only from budgeted funds in accordance with N.C.G.S. Chapter 159.
- 4. APPROPRIATION.** This Contract is subject to annual appropriation of funds by the GUILFORD COUNTY Board of Commissioners or other funding source, pursuant to N.C.G.S. Chapter §153A-13.
- 5. TERM.** Unless terminated as provided herein, this Contract shall be in effect for Five (5) Years, beginning October 01, 2025 and ending September 30, 2030.
- 6. AMENDMENTS.** The terms of this Agreement may only be modified or revised with a written Contract executed by both Parties.

7. TERMINATION.

TERMINATION WITHOUT CAUSE.

If at any time the County determines, in its sole discretion, that funds are unavailable, withdrawn, reduced, or otherwise insufficient to continue this Contract, the County may terminate this Contract, in whole or in part, for convenience and without penalty. Termination under this section shall be effective ninety (90) days after written notice is provided to the Contractor, unless a shorter period is necessary to comply with the requirements of any applicable funding source. Contractor shall be entitled to payment for allowable costs incurred up to the effective date of termination and for any non-cancelable obligations properly incurred prior to notice, subject to the availability of funds. The Contractor shall promptly deliver all work in progress and any deliverables completed as of the effective date of termination to the County.

TERMINATION FOR CAUSE.

If, through any cause, the CONTRACTOR shall fail to fulfill its obligations under this contract in a timely and proper manner, the COUNTY shall have the right to terminate this Contract by giving written notice to the CONTRACTOR and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the CONTRACTOR under this contract shall, at the option of the COUNTY, become its property and the CONTRACTOR shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the CONTRACTOR shall not be relieved of liability to the COUNTY for damages sustained by the COUNTY by virtue of the CONTRACTOR'S breach of this Agreement, and the COUNTY may withhold any payment due the CONTRACTOR for the purpose of setoff until such time as the exact amount of damages due the COUNTY from such breach can be determined. In case of default by the CONTRACTOR, without limiting any other remedies for breach available to it, the COUNTY may procure the contracts services from other sources and hold the CONTRACTOR responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the CONTRACTOR shall be an act of default under this Contract.

8. BREACH. If, through any cause, CONTRACTOR or COUNTY ("the breaching party") shall fail to fulfill its obligations under this Contract in a timely and/or proper manner ("breach"), either in whole or in part, and such breach has continued for a period of more than ten (10) days after the other party ("the non-breaching party") has notified the breaching party of such breach, in addition to the right to terminate the Contract upon notice to the breaching party, the non-breaching party shall have all legal, equitable, and administrative rights available under applicable law. Without limiting other remedies, where COUNTY is the non-breaching party COUNTY may: Withhold any payment due CONTRACTOR for the purpose of setoff until such time as the exact amount of damages due COUNTY from such breach can be reasonably determined (at which time that amount shall be deducted from any payment(s) otherwise due to CONTRACTOR) and/or procure the contracted for services or goods from other sources and hold CONTRACTOR responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by CONTRACTOR shall constitute an act of breach under this Contract.

9. EQUAL EMPLOYMENT OPPORTUNITIES. GUILFORD COUNTY and the awarded Vendor shall comply with Equal Employment Opportunities (EEO) requirements, and shall ensure that all individuals have an equal opportunity for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, or veteran status under the Guilford County EEO Plan, as amended, implemented pursuant to 41 CFR Part 60-2.10(a)(3), 41 CFR §60-741.44(a) and 41 CFR §60-300.44(a), and in accordance with the following laws, as amended: Title VII and Title IX of the Civil Rights Act of 1964; The Equal Pay Act of 1963; the Age Discrimination in Employment Act of 1967; the Rehabilitation Act of 1973, as amended (Section 503); the Americans with Disabilities Act of 1990; the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA); the Civil Rights Restoration Act of 1988; NC General Statutes Chapters 116 and 126 and Title II of the Genetic Information Nondiscrimination Act of 2008, the State of North Carolina Equal Employment Opportunity Policy rev. April 2019, along with all other applicable federal and state laws governing equal employment opportunities.

10. FEDERAL FUNDING – UNIFORM GUIDANCE. The Parties agree that when utilizing federal funding in the performance of this Agreement, the Parties shall comply with all applicable provisions of 2 C.F.R. §200.326 and 2 C.F.R. Part 200, Appendix II, (Uniform Guidance), including, but not limited to: The Equal Employment Opportunity Clause (41 C.F.R. Part 60); Davis-Bacon Act (40 U.S.C. 3141-3148); Copeland “Anti-Kickback” Act (40 U.S.C. §3145, as supplemented by Department of Labor (DOL) regulations, 29 C.F.R. Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”); Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708, as supplemented by DOL regulations at 29 C.F.R., Part 5. See 2 C.F.R. Part 200, Appendix II(E); Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251-1387); Debarment and Suspension (Executive Orders 12549(1986) and 12689(1989) at 2 C.F.R. Part 180 and the DHS’ regulations at 2 C.F.R. Part 3000 (Nonprocurement Debarment and Suspension); Byrd Anti-Lobbying Amendment (31 U.S.C. 1352); Procurement of Recovered Materials (2 C.F.R. Part 200, Appendix II(J) and §200.322); Rights To Inventions by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements (37 C.F.R. Part 401); Record Retention Requirements (2 C.F.R. §200-324); and subsequent amendments, which are incorporated herein by reference.

11. NOTICES. All notices pursuant to this Agreement shall be in writing and delivered personally or mailed by certified mail, registered mail, postage prepaid, with return receipt requested, at the addresses appearing below, but each Party may change such address by written notice in accordance with this paragraph. Notices delivered personally will be deemed communicated as of actual receipt. Mailed notices will be deemed communicated as of three (3) days after mailing.

Victor Isler, Guilford County Manager
GUILFORD COUNTY
P.O. Box 3427 (zip code 27402)
301 West Market Street
Greensboro, NC 27401

CASEWORTHY, INC
Melissa Meisenheimer
P.O.Box 70837
Wes Valley City, UT 84170

12. INDEPENDENT CONTRACTOR/INDEMNIFICATION CONTRACTOR shall operate as an independent contractor for all purposes. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employer and employee between the COUNTY and either the CONTRACTOR or any employee or agent of CONTRACTOR. CONTRACTOR is an independent contractor and not an employee, agent, joint venture or partner of the COUNTY. The Parties agree to each be solely responsible for their own acts or omissions in the performance of each of their individual duties hereunder, and shall be financially and legally responsible for all liabilities, costs, damages, expenses and attorney fees resulting from, or attributable to any and all of their individual acts or omissions to the extent allowable by law.

13. ASSUMPTION. If CONTRACTOR should undergo merger, acquisition, bankruptcy or any change in their ownership or their name for any reason, CONTRACTOR must immediately notify GUILFORD COUNTY in writing of these changes and provide the COUNTY with legal documentation supporting these changes, such as an Assumption Agreement, Bill of Sale, Articles of Incorporation, Articles of Amendment, sales contract, merger documents, etc. Further, CONTRACTOR will submit the name and address of the assuming CONTRACTOR’S registered agent for service of process and/or all notices required under this Contract.

14. SEVERABILITY. If any provision of this Contract is held unenforceable, then such provision will be modified to reflect the Parties' intention. All remaining provisions of this Contract shall remain in full force and effect.

15. FORCE MAJEURE. Neither Party shall be liable to the other Party for any failure or delay caused by events beyond such Party's control and not due to its own negligence, provided that such Party uses commercially reasonable efforts to resume performance as soon as reasonably practicable. The non-performing Party shall notify the other Party of the force majeure event within twenty-four (24) hours of the onset thereof. In the event that a force majeure event precludes CONTRACTOR from performing services and/or providing goods for a period of ten (10) consecutive business days, the COUNTY shall have the right to: (a) procure replacement goods and/or services from an alternative source and/or (b) terminate the Contract or portion(s) of Contract upon written notice to CONTRACTOR.

16. HEADINGS/TITLES/WORDING. Inclusion of titles of paragraphs or section headings, capitalization of certain words or phrases and/or bold face typestyle of certain words or phrases in this Contract are for convenience purposes only and shall not be used to interpret or construe the provisions of this Agreement. The terms "Contract" and "Agreement" have the same meaning and may be used interchangeably throughout this document. The terms "Attachment" and "Exhibit" have the same meaning and may be used interchangeably throughout this document.

17. GUILFORD COUNTY LIABILITY INSURANCE REQUIREMENTS.

WORKERS COMPENSATION: CONTRACTOR agrees to maintain coverage to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include employer's liability with limits of at least \$1,000,000.00 for each accident, \$1,000,000.00 for each employee, with at least a \$1,000,000.00 aggregate policy limit.

COMMERCIAL PROFESSIONAL LIABILITY: CONTRACTOR does hereby agree to maintain limits of at least \$1,000,000.00 per occurrence, per location, single limit for bodily injury liability and property damage liability, with at least a \$2,000,000.00 aggregate limit, per location. This shall include premises and/or operations, independent contractors, products and/or completed operations, broad form property damage and explosion, collapse and underground damage coverage, and a contractual liability endorsement.

BUSINESS AUTO LIABILITY: CONTRACTOR does hereby agree to maintain limits of at least \$1,000,000.00 per accident combined single limit for bodily injury liability and property damage. This should include owned vehicles, plus hired and non-owned vehicles.

COMMERCIAL GENERAL LIABILITY: CONTRACTOR does hereby agree to maintain limits of at least \$1,000,000.00 per occurrence, per location, single limit for bodily injury liability and property damage liability, with a \$2,000,000.00 aggregate limit, per location. This shall include premises and/or operations, independent contractors, products and/or completed operations, broad form property damage and explosion, collapse and underground damage coverage, and a contractual liability endorsement.

UNDERWRITING, ADDITIONAL INSURED, AND CANCELLATION NOTICE REQUIREMENTS: All insurance shall be written by companies with an AM Best rating "A" or higher. GUILFORD COUNTY shall be named as an additional insured on CONTRACTOR insurance policies, which shall be primary and not contributory to any other insurance that may be available to the COUNTY. Such certificates shall require that the policies shall not be canceled or reduced in coverage until thirty (30) days written notice of such cancellation or reduction has been received by CONTRACTOR and GUILFORD COUNTY.

MAINTENANCE OF INSURANCE COVERAGE AND RENEWAL DOCUMENTATION: CONTRACTOR original insurance policies or certified copies of policies may be required by COUNTY at any time. Current, valid insurance policies meeting the requirements stated herein shall be maintained for the duration of the Agreement. Renewed policies shall be sent to the COUNTY at the above address thirty (30) days prior to any expiration date.

Upon the COUNTY'S offer of award of this Agreement, CONTRACTOR will provide Certificates of Insurance for meeting the required insurance provisions. The Certificate of Liability shall state, "Guilford County is added as an additional insured as evidenced by the endorsement attached to this Certificate." CONTRACTOR will provide copies of insurance certificate(s) Guilford County Purchasing with their award package.

All insurance documents required under this Contract shall be forwarded to:

GUILFORD COUNTY

Attention: Risk Management

301 West Market Street

Greensboro, NC 27401

Reference: GUILFORD COUNTY CONTRACT NO. **90007625**

With CONTRACTOR'S NAME: CASEWORTHY, INC

In the event CONTRACTOR fails to maintain and keep in force for the duration of this Contract the insurance required herein, the COUNTY may cancel and terminate this Contract without notice.

18. ENTIRE AGREEMENT. This Contract, including the Exhibits and/or Attachments, if any, sets forth the entire Agreement between the Parties. All prior conversations or writings between the Parties hereto or their representatives are merged within and extinguished. This Contract shall not be modified except by a writing subscribed to by all the Parties.

19. JURISDICTION. The Parties agree that this Contract is subject to the jurisdiction and laws of the State of North Carolina. The CONTRACTOR will comply with bid restrictions, if any, and applicable laws, including N.C.G.S. §143-129(j) regarding E-Verify. Any controversies arising out of this Contract shall be governed by and construed in accordance with the laws of the State of North Carolina. An Affidavit Regarding E-Verify is attached hereto and incorporated herein by reference as Attachment B.

(The remainder of this page is intentionally left blank.
This Contract continues with signatures on the following page.)

WITNESS the following signatures and seals all pursuant to authority duly granted, effective as of the day and year first above written.

GUILFORD COUNTY

ATTEST:

Victor Isler Date
Guilford County Manager

Robin B. Keller Date
Guilford County Clerk to Board

CASEWORTHY, INC

ATTEST:

Lauren K. Schmidt 10/13/2025

Date
Title: Vice President of Sales
Print Name: Lauren K Schmidt

Nina Wilson 10/13/2025

Date
Witness
Print Name: Nina Wilson



GUILFORD COUNTY SBED COMPLIANCE LETTER

Date: Wednesday, December 4, 2024

Prepared By: Ferreli L. McGilvary

SOLICITATION DEVELOPMENT STAGE

Project Description

Bid 20256 - Integrated Data System and Aging and Adult Case Management Request for Proposal (RFP)

Scope Review Compliance

The Small Business and Entrepreneurship (SBE) Department met with project team on Monday, November 18, 2024

To review the scope, scope adjustment was Not Recommended

SBED Established Contracting Goals Review Compliance

There are two (2) Goals for this project:

1. 10 % Established Goal
2. 15 % Aspirational Goal

Per the Board of Commissioners adopted Department Procedure Manual, Section C. Race and Gender Conscious Program Elements, 1.2.1 Approval – *All goals must be approved by the SBED Director before advertising the Solicitation Documents.*

SBED Approval to Advertise Solicitation

The SBE Department Deputy Director Maria Miles has approved the subject solicitation for advertisement. The remainder of this document will be completed for final compliance before the contract award once the Department submits its Recommendation of Award (ROA). The SBE Department shall be included on the Evaluation Team for this Bid.

Maria Miles

Maria Miles, Deputy Director



GUILFORD COUNTY SBED COMPLIANCE LETTER

Department Recommendation of Award Date: Tuesday, August 19, 2025

Prepared By: Ferreli McGilvary, Wednesday, August 20, 2025

Rebid Bid #: N/A

Rebid Date: N/A

SBED Vendor Notification Compliance

The SBE Department conducted outreach efforts ten (10) days prior to the Bid due date. Per the Board of Commissioners adopted Department Procedure Manual, Section C. Race and Gender Conscious Program Elements, 1.10 Project Notification- *At least ten (10) Days before the Opening of Bids/Proposals, a Project Notification shall be provided to SBEDs to inform them of: (i) the applicable Goal; (ii) the description of work being solicited, (iii) date, time, and location where a Bid/Proposal must be submitted; (iv) contact information for any County personnel who could answer questions about the Contract; (v) how to access the Solicitation Documents; and (vi) any special requirements that may exist.*

SBED Pre-Bid/Proposal Inclusion Compliance

Purchasing conducted a Pre-Bid meeting and the SBED was in attendance on Wednesday, February 12, 2025

BID/PROPOSAL EVALUATION STAGE

SBED Evaluation Inclusion Compliance

The bid was issued Request for Proposal (RFP) as such the standard of award is based on the best overall proposal per the criteria outlined. The vendor met that requirement. Bids were received from the following firms:

Bidder Name	NC HUB Certification
Asemio	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Bonterra Tech	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Brite Systems	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Care4software	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
CaseWorthy	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Coresphere	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Creative Information Technology	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
FM Consulting	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Infojini, Inc	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Intelligent Business Solutions	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Jump Solutions	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Mass Tech	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Mercurio Analytics	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE



GUILFORD COUNTY SBED COMPLIANCE LETTER

Bidder Name	NC HUB Certification
Merp Systems	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
MVS360	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Netsmart Tech	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Neudesic	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Nobile Child, Inc	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Northwoods Consulting	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Sapient Corporation	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Social Bridge Technologies	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Stacknexus	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE
Zeomega	<input type="checkbox"/> Pending <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE

SOLICITATION AWARD STAGE

SBED Goals Review

Per NC GS 143-128.2. Minority Participation goals, Guilford County has adopted the state minority business participation goal of 10%. Guilford County shall establish a 10% minority goal on all projects greater than \$30,000.

On February 2017, Guilford County Board of Commissioners established an aspirational MWBE participation goal of fifteen percent (15%), as recorded in the approved meeting minutes. Guilford County encourages each contractor to meet or exceed the aspirational goals in recruiting MWBE providers.

The following goals were established for the Bid 20256 - Integrated Data System and Aging and Adult Case Management Request for Proposal (RFP)

Established Goal	Aspirational Goal	Vendor Committed Goal
10%	15%	0 % - Self Performance

The following goal(s) were committed to by Asemio on a contract amount of \$685,000.00 with an initial contract term of three (3) years and the option to renew for two (2) additional one (1) year renewals for the Integrated Data System Software Project

The following goal(s) were committed to by Caseworthy on a contract amount of \$1,295,116.00 with an initial contract term of five (5) years on the Aging Adult Case Management Software Project.

Subcontractor Name	N/A
Work Scope	N/A
NC HUB Certification	N/A



GUILFORD COUNTY SBED COMPLIANCE LETTER

NC-HUB Ethnicity	N/A
Percent (%) Committed	0
Amount Committed	0

Good Faith Efforts Review

In accordance with NC GS 143-128.2(f), Minority business participation goals., and NC GS 143-131(b), a review of good faith efforts is not required when the established goal has been met or exceeded. The Bidder has submitted a Self-Performance Affidavit and therefore has satisfied the established goal for this bid. A review of Good Faith Efforts is not required.

Good Faith Efforts Review

In accordance with NC GS 143-128.2(f), Minority business participation goals., and NC GS 143-131(b), a review of good faith efforts where the established goal has not been met is required by statute. Failure to file a required affidavit or documentation that demonstrates that the contractor made the required good faith effort is grounds for rejection of the bid. Form # 3 Good Faith Efforts. Affidavit A should be attached to this form.

SBED Department Award Recommendation

Please accept this as verification and certification that:

1. The bid opportunity, scope review, established goals, solicitation documents, and bid process identified above complied with all requirements set forth in the Board adopted SBED Policy and Procedure Manual.
2. The SBED supports and recommends these contracts for the award as presented.

Maria Miles

Maria Miles, Deputy Director

Request for Proposals
For
**Integrated Data System
and
Aging and Adult Case Management Software**

Bid Number: 20256

Commodity Code(s):
20655, 20820, 20837, 20853, 20938, 20837
69031, 83835, 91821, 95816

Guilford County Purchasing Department
Guilford County Katie S. Cashion Center, Basement-Suite 072
201 South Greene Street
Greensboro, NC 27401

PROPOSAL SCHEDULE

(Note: The dates below are subject to change)

Request for Proposal
for

Integrated Data System and Aging and Adult Case Management Software

Bid Number 20256

Advertisement Date	February 5, 2025
Non-Mandatory Pre-Proposal ZoomGov Meeting	February 12, 2025, at 10:00 A.M., Eastern Time
Last Day for Questions	February 19, 2025, at 2:00 P.M., Eastern Time
Proposal Due Date	February 28, 2025, at 2:00 P.M., Eastern Time

I. Introduction

The Guilford County Purchasing Department is soliciting proposals from qualified firms to support the design, development, and implementation of an Integrated Data System and Case Management Software System that will allow for case intake, case management and reporting. The software solution would also allow workflow management. This software will be exclusive to Guilford County. The County invites all interested and qualified firms who meet the requirements below to submit a response to this RFP. **Respondents can respond to either, or both of the tasks outlined in the Scope of Work.**

II. General Information

A non-mandatory Pre-Proposal ZoomGov Meeting will be held on February 12, 2025, at 10:00 A.M., as instructed below. You may join the ZoomGov Meeting from your computer, tablet or smartphone

For the best results, use Chrome as your web Browser:

<https://www.zoomgov.com/j/1616254474?pwd=DZBEuUYEKeuLgrHSbFjINvZombzbSO.1>

Meeting ID: 161 625 4474

Passcode: 590718

One tap mobile

+16692545252,,1616254474# US (San Jose)

+16468287666,,1616254474# US (New York)

Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 828 7666 US (New York)
- +1 646 964 1167 US (US Spanish Line)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)

Meeting ID: 161 625 4474

Find your local number: <https://www.zoomgov.com/u/arRLwVQaU>

Join by SIP

- 1616254474@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Terms of Contract

The selected Provider will enter into a contract with the County as outlined in this RFP. The initial contract will be for three (3) years with the option to renew for two (2) additional one (1) year renewals for a total contract period of up to five (5) years

A. Causes for Cancellation and/or Termination

1. That the contract was secured by a fraudulent act, statement or material fact or that a fact concerning the firm was not disclosed at the time of the contract award, if known and would have caused the refusal to enter into a contract by the County.
2. The Provider has not complied with all the provisions and requirements set forth in the Request for Proposal or the contract with the County. If non-compliance occurs, the contract may be revoked and will not be reinstated during the current contract cycle.

3. The Provider has violated any of the regulations established by the Federal and State laws.
4. Either party may terminate the agreement for any reason without penalty upon ninety (90) days written notice to the other party.

B. No bid deposit or performance bonds are required

III. Bid Requirements for Electronic Events

1. All Respondents who plan to submit a proposal must register in the Guilford County's Vendor Self Service (VSS) System. Instructions to register as a Vendor, update registration and submit bids are available at: <https://www.guilfordcountync.gov/our-county/purchasing/vendor-self-service-vss-program>.
2. Electronic responses should be made through Guilford County's Vendor Self Service automated bidding system at: <https://guilfordcountync.munisselfservice.com>. **For best results, use Chrome as your web Browser.** Click on Vendor Self Service and use the arrow button in the top righthand corner to Login and submit your bid response. Click on the Bid Number to open it, then Click on Create Bid and follow the instructions for each tab. All responses must be submitted electronically by the event date and close time. There will be **NO EXCEPTIONS**. The system cannot accept late submittals.
3. All questions pertaining to this RFP must be emailed to the Guilford County Purchasing Department at DG_Purchasing@guilfordcountync.gov in accordance with this event schedule. The bid number and title of the project must be referenced in the email. Each question asked will be answered for all Respondents to view by way of an Addendum and posted in the automated bidding system. No question will be considered after the Q&A close date and time. **NO EXCEPTIONS**. Please note it is the Respondent's responsibility to review all questions, answers and attachments prior to submitting their response.
4. Respondents are strongly encouraged to submit their proposal with all required documentation at least twenty-four (24) hours in advance. The County will not be responsible for any technical difficulties that may occur and result in the inability to submit.
5. Respondents are responsible for checking the event for any addendums prior to completion and submission of their response. Addendum acknowledgement and requirements, if any, must be included in each submittal.
6. To complete the items portion of a submittal in Vendor Self Service, open the items tab to enter pricing for each line. Use the provided line description, unit of measure and quantity to complete the entries for each line. Upload all additional documentation required in the RFP document as an attachment(s) to your response.
7. To complete an electronic submittal, be **sure to click the "Submit Bid" button**. Your response will not be part of the submitted responses until submitted via the "Submit Bid" button.
8. To receive future notification, you must be registered as a Vendor in the Guilford County's Vendor Self Service System under Commodity Code 20655, 20820, 20837, 20853, 20938, 20837, 69031, 83835, 91821 & 95816. Please note, Vendors registered under the selected commodity code prior to the opening of this event will receive electronic notification(s) of the activity regarding changes made to the event; however, it is your responsibility to view the event for changes and updates.

IV. Minority and Women Business Enterprise (MWBE) Requirements

One primary responsibility of the County is the proper use of public revenue to purchase the various items, services, construction and repairs needed to operate. All expenditures of County funds must be in accordance with the North Carolina laws. The responsibilities of auditing and compliance with this law is that of the awarding authority, which in this case is the County.

On March 5, 1990, the County established its verifiable minority participation goal of ten (10) percent. In February 2017, Guilford County Board of Commissioners established a standing aspirational MWBE participation goal of fifteen percent (15) percent, as recorded in the approved meeting minutes. The aspirational MWBE goal for this project is fifteen percent (15%). Guilford County encourages each contractor to meet or exceed the aspirational goals in recruiting MWBE providers. Respondents must make good faith efforts to contact minority businesses to allow each an equal opportunity to quote on the particular work involved. Any proposal that does not include MWBE information and documentation may be considered non-responsive.

A minority business is defined as ownership of 51% or more by a minority. Minorities are officially defined as:

- (a) Black, that is, a person having origins in any of the black racial groups in Africa;
- (b) Hispanic, that is, a person of Spanish or Portuguese culture with origins in Mexico, in South or Central America, or the Caribbean Islands, regardless of race;
- (c) Asian American, that is, a person with origins in any of the original peoples of the Far East, Southeast Asia and Asia, the Indian subcontinent, or the Pacific Islands;
- (d) American Indian, that is, a person having origins in any of the original Indian peoples of North America; or
- (e) Female.

V. Evaluation and Selection Process

An Evaluation Committee will have responsibility for reviewing and evaluating all proposals and required documents submitted in response to this RFP. All proposals properly submitted and received will be evaluated against the award criteria outlined in this RFP. The absence of required information may result in exclusion of the proposal from further analysis or evaluation.

The County reserves the right to reject all proposals or waive technicalities in order to award a contract, which may be determined to be in the best interest of the County. The County also reserves the right to make the award in whole or part. The County reserves the right to include outside consultants to assist in the evaluation process.

VII. Award Criteria

It is the intent of Guilford County to make an award to a single Provider or multiple Providers deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in this RFP. Price shall be considered but shall not be the sole determining factor. Once the proposals are ranked and the most qualified Provider(s) are determined, the County may conduct further negotiations, and/or request presentations from Provider(s) to further assist in the clarification of information and selection process. ***An award of a bid is not an acceptance of contract terms provided by Vendor unless expressly accepted by County.***

The Evaluation Committee will be guided by the following point system, which has 120 points as the maximum total:

Category	Points
Experience/Qualifications/References	0 to 30
Technical/Work Requirements	0 to 30
Cost Proposal/Pricing	0 to 20
Staffing Requirements	0 to 10
MWBE Requirements	0 to 30
Financial Stability	Pass/Fail
Possible Total	120

In computing points for MWBE Requirements, the Evaluation Committee will take the following into consideration.

- (Maximum 5 Points) Describe the plan that your firm has developed to encourage inclusion in your employment process. Provide an organization chart showcasing MWBEs/WBEs in leadership roles. Does your firm have a Diversity Equity Inclusion statement? If so, provide it in the proposal response.
- (Maximum 5 Points) Include documentation of MWBE participation you have achieved over the past three years on public and/or private projects.
- (Maximum 10 Points) Outline specific efforts that your firm will take to notify MWBEs of opportunities to participate in this project. Identify MWBE organizations your firm has worked with or will engage on this project.
- (Maximum 10 Points) A firm may submit a Self-Performance Affidavit, points will be awarded in the following manner: 1) if a firm is a WBE or MBE NC HUB certified firm, 10 points will be awarded, and 2) if a firm is not a WBE or MBE NC HUB certified firm, 0 points will be awarded.

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Integrated Data System and Aging and Adult Case Management Software SCOPE OF WORK

This Bid and Scope of Work cover the requirements for services to be performed and will become an integral part of the contract between Guilford County and the Provider. The Provider must comply with the Scope of Work as outlined. All services shall be provided in a competent, workmanlike and professional manner acceptable to the County.

1.0 Purpose: The purpose and intent of the Request for Proposal (RFP) is to solicit proposals from qualified firms to provide (build) a scalable Data Integration System and a Case Management Software System that will allow for case intake, case management, and reporting to support integrated service delivery. The software solution would also allow workflow management and be exclusive to Guilford County. The Guilford County Department of Health and Human Services (DHHS) - Division of Social Services' (DSS) Aging and Adult Services Division will serve as the first deployment of the case management software with the potential for any prospective software to expand to universal intake for all of DHHS-DSS and eventually any relevant County Departments. The Integrated Services Director within Guilford County manager's office will direct this process.

The County is seeking a qualified firm to assist with integrated service delivery with the primary objectives of referrals, access, and viewability of service history. This system should support the sustained engagement of clients to improve health and well-being.

Integrated Data Systems are often used to inform decision-making at the top tiers of local government. Policymakers use analyses based on large numbers of Integrated Data Systems (IDS) records to understand the overlap between users or individuals who receive services from different systems and the impact of one system's policies and programs on the outcomes in another. An important component of current and future IDS is predictive modeling. To accomplish this, large amounts of data sets from disparate systems will need to be stored and linked through the IDS to make the IDS a robust source for carrying out predictive modeling and developing related tools to improve case-worker decision-making.

Guilford County also is interested in implementing a configurable integration platform to implement new Case Management Systems (CMS) for our Adult and Aging Services Division while maintaining the present legacy applications and functionality in other Social Services Divisions. The County will implement the data integration program in phases starting with the initial phase of navigating our Adult and Aging Services division onto a CMS to test the functionality and usability of the case management system for Guilford County.

The CMS should be designed to help intake workers, case managers, social workers, and other service providers gain "situational awareness" of the needs and risks at the client level. In contrast, the IDS should be able to facilitate assessments and identify community needs and service gaps at the population level. A comprehensive CMS should include broad information sharing, identifying client information made available to authorized users, document and image sharing for care coordination and management, partitioning of certain types of data for regulatory compliance, and role-based access controls.

The initial data integration activity is intended to establish the foundation upon which Guilford County can build a full and comprehensive data integration program over the next several years across multiple disciplines. The vendor should be prepared to reference successful implementations of a data integration program with a case management component in entities of comparable size to Guilford County. Guilford County is interested in identifying a vendor who is best able to position us for short-term success in getting this program formally implemented and for long-term success that leads to data integration practices that become part of Guilford County's culture. Guilford County sees the key to its data integration as being driven by human-centered design principles and person/family-centered care. One of the program's objectives is to develop a strategy for engaging community stakeholders and persons with lived experiences to inform both process and design.

Within our governance structure, the data integration program will facilitate work efforts and establish processes and guidelines that enable Guilford County to consistently and collaboratively address:

- Functional duplication, data duplication, integration, interoperability, scalability, and reuse issues.
- Use of existing technologies as efficiently as possible
- Deployment of common service delivery mechanisms
- Provide direct linkage between Case Management Systems in the county and the IDS
- Provide the ability to integrate data from other County and external partner systems and the IDS.
- Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, and which will over time integrate existing disparate business processes and IT systems and provide a platform for the next generation of services and systems.

The County is looking for proposals that are collaboratively designed and released to address the immediate needs for Aging and Adult Services CMS, meet future needs and integrations with additional case management systems within the County Health and Human Services, and meet the long-term integrated data and services goals for the county. These needs, integrations, and goals include:

- Cross-department and cross-organizational holistic case management
- Cross-department and cross-organizational data sharing
- Referral system for services across departments and organizations
- Simplified universal intake
- Resident self-service
- Enhanced data security
- Assured data privacy

2.0 Background: Guilford County Board of Commissioners seeks to improve service delivery and strengthen support to the County's most vulnerable residents to improve economic opportunity and mobility, individual and community recovery, individual and community resiliency, and overall well-being. The work we seek to engage in will achieve these objectives by identifying county residents with complex needs who are experiencing many challenges related to social, economic, health and behavioral health, substance use, unemployment, community/individual violence issues, and criminal justice involvement and will work to provide the help they need.

Per NC State Statute NCAC 71R.0405 Guilford County DHHS-DSS Aging & Adult Services Division (AASD) provides intake of residents and directs them to eight (8) destinations of service (Intake, Guardianship, Special Assistance In-Home Care, Special Assistance In-Home Aide, Rep Payee, Adult Foster Care, Adult Day Services, and Indigent Burial). The current software system utilized by AASD is a DAS system that does not allow for basic functions, such as copy/paste and picture upload. The data within the current system cannot be extracted once it is input, thus making the sharing of information to other necessary divisions (such as Medicaid within Economic Services) extremely difficult. Guilford County is seeking updated software that allows for ease of entry and complete data collection/connection to services needed for each resident served in a manner that improves the experience for both employee and resident. This case management software will provide a foundational test case for the use of case management software that could be implemented throughout the entire system of service for Guilford County. This software should also seamlessly integrate with other county systems and mandated software such as NC FAST and should be able to share information with external partners involved in client care and support

Guilford County is the third most populous county in North Carolina with a population of approximately 550,000. It is situated in the Triad of North Carolina and is anchored by the two largest metropolitan areas of High Point and Greensboro. The county was formed in 1771, and Greensboro serves as the County seat. Approximately 17% of the population is below the poverty line. The County has a rich multi-cultural history. The County is home to 8 different institutions of higher learning including UNC-Greensboro, North Carolina A&T, Guilford College, and High Point University.

3.0 **Work Requirements and General Conditions:**

The Awarded Provider will work with staff who are charged with governance work and work under the supervision of the Integrated Services Director and staff and alongside IT staff for the execution of the tasks and deliverables listed herein.

3.1 Integrated Data System: An ideal IDS will work with designated partners, such as internal departmental champions, DHHS staff, county leadership, and community-based organizations, to support the County's use of data to ensure effective placement of systems to improve data-sharing efforts between county departments and divisions. This system will support data efforts and report outcome data to meet monitoring, evaluation, and quality improvement objectives within the County. The vendor should provide integrated data storage and a business intelligence and analytics platform that will integrate seamlessly with new Case Management tools and existing software and systems. The new system will consolidate and manage data from diverse sources within a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently. The new system should enable staff to assess program evaluation and effectiveness. A multi-tiered system of support is necessary to support a layered approach to providing services and support to residents of Guilford County. Guilford County seeks data analytics, data migration, integration, and implementation and data storage solutions to address the evolving data analytic needs of the county. Accordingly, this RFP seeks proposals from interested vendors that can provide Data Integration Services support by meeting the needs identified in the Statement of Work. We have a pressing need to share client data across agencies and departments and break down organizational silos.

Components of the bid should address the following with regard to the Integrated Data System:

3.1.1 Interoperability:

- How will the system coordinate and integrate with existing and future systems, including mandated systems such as NC FAST?
- How will the system integrate with the system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners?
- How will the technical infrastructure interplay with the operational infrastructure and the legal framework applicable to government agencies and organizations furnishing health care services such as HIPAA?
- The legal parameters of public sector data sharing are very different from private industry systems. We want a firm that can demonstrate they understand those differences and design and deliver a system that meets legal and ethical requirements.

3.1.2 Cloud Based Expertise - Vendors should demonstrate expertise in:

- Analyzing, designing, and developing data warehouse and data mart schemes to support data analytics, data visualization, and reporting including those that comply with legal requirements governing access to sensitive individually identifying information.
- Designing, developing, and deploying data sharing and data protection between multiple agencies and organizations.
- Architecting, designing, integrating, and implementing the above data services with Cloud Service Providers (CSPs), (e.g., **Azure**.)
 - Working with, analyzing, designing, and developing integration and data extraction from Case Management systems.

3.1.3 Automated Data Collection, Data Quality, and Integration Expertise – Vendors should demonstrate expertise in:

- Analyzing, designing, and developing data exchange and integration between different government agencies at the local and/or state levels.
- Analyzing, designing, and developing automated data collection and integration using ETL/ELT solutions.
- What alternatives exist for the system to validate data quality and completeness?

3.1.4 Software Updates and System Backups

- How are system updates and backups handled?
- How often are updates applied, and backups expected?
- Where does the system backup reside?

3.1.5 Data Visualization and Reporting – Vendor should demonstrate expertise in:

- Performing data analysis and developing data visualization and reporting functionality using Commercially Off-the-Shelf (COTS) products, (e.g., **Power BI services**)
- Analyzing, designing, and deploying data visualization and reporting platform supporting multiple source systems
- The system should support both ad hoc and standard reporting functions

3.1.6 Data Matching and Linking:

- What type of matching does the solution support: deterministic or probabilistic?
- If probabilistic, does the system support weighted scores for probability and match and fuzzy linking?
- Support data linkage across multiple systems

3.1.7 Data Sharing:

- How does the system support sharing and transferring of records to external users and systems
- What security features will be implemented to ensure only appropriate users and systems may access or receive records?

3.1.8 Consolidation and Cleaning of Data:

- How will the source data get into the IDS?
- Are there aspects of the collection and processing pipeline that must be taken into account to fully deploy the system?
- How does the system normalize and standardize data?

3.1.9 System Integrity:

- What does the audit trail look like?
- What does the system of tracking changes and entries into the software look like?

3.1.10 Data Integration and Deidentification:

- What are the options for deidentification?
- How is the information and data disaggregated?
- How is the data aggregated and deidentified for reporting, evaluation, and continuous quality improvement
- How is the aggregated data stored?

3.1.11 Access and Security:

- How do you test for and remediate for security vulnerabilities throughout the software development lifecycle?
- How will the IDS protect the data?
- How is the integrated data accessed by different user personas?
- Who gets access to the data infrastructure and by what means?
- What are the privacy controls?

3.1.12 Staffing:

- What are the future staffing suggestions to support the system over the next 5-7 years? Be specific regarding the number of dedicated staff and what positions are necessary to adequately support the system internally.

3.1.13 Testing:

- A Test Plan should be identified
- All Test Plans shall include the following:
 - Procedures for tracking, reporting, and correcting issues (e.g., defects or bugs) identified during testing and the post-implementation monitoring period (e.g., 1–6 months of stability monitoring post Go-Live);
 - Roles and responsibilities of participants and facilitators;
 - Examples of forms, templates, and/or tools used for testing; and
 - Approaches to address testing failed results and provide for regression testing to ensure reported issues are resolved.

3.1.14 Support:

- What type of support is available for the system?
- How long will support be included under the contract for the current bid?
- The contractor must comply with the maintenance and support obligations set out in this section.
- Such maintenance and support obligations will be deemed to be included as Management & Operation (M&O) Support Services,” as such term is defined in the Agreement.
 - M&O Support Services shall include but are not limited to:
 - Data Services and technical support for the Platform.
 - Assignment of a single-point-of-contact Service Delivery Manager (SDM) for Management & Operations (M&O) support and Managed Services (e.g., managing, coordinating, and communicating changes) for the Platform solution.
 - Ability via configuration to make system changes necessary to support business changes.
 - Emergency support for break-fix situations via alerts and notifications.

3.1.15 Training:

- The Contractor shall develop and maintain an onboarding process and documentation to ensure that project team members have a common baseline understanding of the project scope, roles and responsibilities, schedule, and tools and techniques. The Contractor shall be responsible for onboarding new project team members.
- The Contractor shall deliver a training and knowledge transfer plan that addresses all training, including but not limited to the following:
- Training to provide end users with the required knowledge and skills to use the Platform and new data sets.
- Knowledge transfer training for County support Personnel so that they can independently provide production support (including application and configuration support) for the Platform before the conclusion of the post-implementation support.
- A training curriculum document that outlines the training topics and content to include training videos, and on-demand webinars to be used by new and existing staff integrated into the system.
- A training schedule for training materials and training delivery; and
- Recommended training delivery channel(s) for each training approach.
 - All training materials must be reviewed and approved by the County prior to the start of training delivery. Training materials may include but are not limited to user guides, training manuals, instructor manuals, webinars, and reference guides. The Contractor shall provide all electronic source documents and media used in the development and presentation of training across all training delivery channels. All training material and recorded media should be stored in a knowledge central repository accessible by County Support Personnel. The Contractor should plan to deliver training at the County Work Locations, but in the sole discretion of the County, training may be conducted remotely over Microsoft Teams

3.1.16 Management & Operations (M&O)

- Support Services for the Platform will begin upon a contract start date. Activities associated with the M&O Support Services include repairing defects and providing functional enhancements to the system as well as maintenance and operations support.

3.1.17 Predictive Modeling

- The contract should state how predictive modeling utilizing statistical analysis and machine learning algorithms will be applied and accessed through the IDS.

3.2 Department of Health and Human Services Case Management System Requirements:

Universal requirements for the system must facilitate the collection and management of all necessary data for evaluations in a comprehensive and efficient manner. This includes, but is not limited to:

- Timelining abilities and calendar functions to align with mandated review timelines and schedule client check-ins or reminders.
- Community Evaluation or Facility Evaluation Data: The system should allow for easy input, tracking, and analysis of data related to the community or facility where the client resides that may impact the client's well-being.
- The system must convert the existing 17-page paper Functional Assessment Report into an electronic format that can be seamlessly completed, stored, and managed within the system. This report includes critical information on the client's social, economic, environmental, mental health, daily living activities, and physical health status. Structured forms and fields corresponding to each section of the Functional Assessment Report should be allowed. This will allow for accurate and standardized data entry while minimizing errors or inconsistencies. Each section of the report should be broken into logical data entry fields
- The system should support conditional logic to capture specific data depending on the answers provided. For example, if a client reports a physical health condition, the system should prompt additional details related to their medical history or treatments.
- To reduce redundancy and improve efficiency, the system should allow for auto-population of certain fields based on prior entries or client information already stored in the system. For instance, a client's basic demographic information (name, age, contact details) should auto-populate across relevant sections of the report.
- The system should manage service plans, goals, and expenses, track client visits, and ensure timely reporting, including status updates, Functional Assessment reports, and benefit applications. The system must provide alerts, customizable reports, and prompts for meeting deadlines.
- It is preferred that the system offers secure signature capabilities, as many forms require client, Social Worker, and Supervisor signatures.
- Most service programs will need the ability to track clients' Medicaid status, as this may influence billing codes.

3.2.1 Intake Process:

Intake can result in referrals of services for one of the following categories, which can be provided by Guilford County or Community Partners.

- Intake employees are responsible for completing program-specific intake form(s). These intake forms are then routed to program managers who review the information and initiate the next steps in the process, including social worker assignments.
- The system should enable clear categorization and tracking of referrals based on the service provider.
- For services provided by Community Partners, AASD Social Workers will monitor/assist with services while partnering with the State of North Carolina for regulation enforcement.

Adult Protective Services (APS):

- The APS Intake process consists of receiving communication to DHHS-DSS AASD for a need that could consist of, but not limited to protective inquiry reasons, referral process, and/or informational questions. The steps of the intake process are mapped out as follows: The system must allow for the receipt of communications related to potential APS cases, including protective inquiries, referrals, and informational questions. These communications may come in various formats and must be logged and tracked.
- All incoming inquiries, reports, and referrals need to be logged into the system with unique identifiers and categorized by issue type (e.g., abuse, neglect, exploitation). The system should automatically track the progress and status of each report through the intake process.
- The system must support the entry and tracking of the Intake Report, which is a 7-page collection of information regarding the situation (1 report per victim).
- The Intake report undergoes a screening decision. The intake employee recommends that the report be screened in or out. The report is then reviewed by supervisory staff to determine whether to screen in or out.
- Once a report is screened out, the system should provide an option to close the case or refer it to other service areas if needed.
- For cases screened in, the system must transition them to the next stage of evaluation and investigation.
- Report is assigned to a Social Worker for an evaluation/investigation. The system must support allow supervisors to manually assign cases or automatically assign reports to a Social Worker based on system logic. Supervisors should have the flexibility to assign cases directly to Social Workers, or the system can use predefined rules (e.g., workload balancing, case complexity) to make assignments automatically.
- Post-evaluation the following can occur:
 - a) Unsubstantiated (no findings found)
 - b) Substantiated
 - c) If the resident has capacity, then they can consent to services or sign for refusal.
 - d) If the resident does not have the capacity, then the Power of Attorney or Guardian can consent for services or sign for refusal
- Different levels of access are required based on user roles. For example,
 - Intake staff should have access to create and track intake reports.
 - Social Workers should have access to evaluate cases and update evaluation information.
 - Supervisory staff should have access to make final screening determinations and comprehensive reports.

Given the critical nature of the Functional Assessment Report, the system must maintain a complete audit trail for all data entries and updates made to the report. The ability to include multimedia evidence, such as photographs, videos, or audio recordings, may be required for specific sections of the reports. The system should support the use of electronic signatures for cases where permitted. This includes consent for services or for the client's refusal of services. The report should include fields for signatures, ensuring that both the client (or their representative) and the assigned Social Worker can sign off on the evaluation electronically. Social workers are required to complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review.

3.2.2 Guardianship:

Department of Social Services Guardianship can be requested for clients both within and outside of Guilford County. The Guardianship process always begins through the court system with an Affidavit and Petition for Involuntary Commitment for new clients, or a motion if the client already has a guardian but requires modifications to the arrangement. By law, AASD is the last resort for guardianship, therefore, the intake process begins once a hearing is scheduled. After the hearing, if

DHHS-DSS is appointed as Guardian, specific forms must be completed with a wet signature and notarized. All necessary post-hearing forms should be tracked for completion. A Functional Assessment Form (aforementioned in APS) must be completed. Currently, this assessment is done on paper, but this should be transitioned to electronic form. This report follows the life of the case and is critical for ongoing case management.

Ongoing Case Management then occurs, which involves:

- Internal Documentation for Expenses;
- Quarterly and annual status reports;
- Initial 6- and 12-month status reports;
- Document notes regarding the client's ability to function in the Functional Assessment Form;
- Service plan and goal sheet maintenance;
- Monitoring ongoing medical, mental health, and dental services, including scheduling visits, tracking treatment plans, and providing consent for medical procedures;
- Coordination and tracking of interactions with community services;
- Act as the client's Representative Payee, maintaining and facilitating the tracking of various benefits, including Medicaid, SSI, food stamps, and other public services;

This program will benefit from the ability to efficiently track petitions, hearing dates, and required forms while digitizing functional assessments and case documentation. Additionally, social workers are required to complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review

3.2.3 Special Assistance In-Home:

The program assists Medicaid recipients with the goal of staying in their homes. To qualify, clients must be granted Special Assistance Medicaid benefits. Clients referred to this program through general intake will be directed to apply for benefits through the NCFAST system. Social workers are responsible for:

- Reviewing and tracking receipt of Medical Assessment forms, completed by the client's medical provider to confirm disability status. These forms must be securely stored, tracked, and reviewed throughout the case management process. Social workers continually assess the client's ability to remain in their home safely, and relay their findings to Medicaid eligibility staff, who reassess client's benefit eligibility annually.
- Creating, updating, and maintaining service plans and reports quarterly and annually, which are reviewed by Medicaid eligibility workers to ensure timely recertification of benefits.
- Complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review

The case management system must enable social workers to efficiently track client progress, communicate with Medicaid eligibility workers, and maintain all necessary documentation for compliance and reporting purposes.

3.2.4 In-Home Aide:

The In-Home Aide Program contracts with community home care agencies to provide in-home services to help clients safely remain in their homes. Clients are referred to the program through general intake. The program begins with the completion of a state-mandated intake form, which is then entered into a state system (ARMS) by an office specialist for waitlist management. There are two funding sources, each with their own waitlists and requirements, and it is essential for social workers to track the client's funding type, as this impacts their eligibility for services. The case management system must support the following key functionalities:

- The ability to store and track critical client forms, including State Intake forms, Consent to Obtain & Release Information, Confidentiality Form, Bill of Rights, Emergency Form, and Consumer Contribution Forms;
- State funding type tracking, which determines eligibility for services;

- Coordination with In-Home Aide agencies, enabling the generation and transmission of Purchase of Service Forms and Task Plans to the service agencies;
- Storage and tracking of Task Sheets, which are signed by both the client and the agency's care provider after each service visit. These forms are crucial for service tracking and must be reviewed by both social workers and accounting staff to process payments to agencies.
- The creation, management, and tracking of quarterly and annual reviews, including the client's functional evaluation and any updates to the service plan;
- The ability to track client budgets for additional funds if necessary. If a client's needs exceed their available budget, the system should trigger alerts to indicate that the client may need to be placed back on the waitlist through the state's ARMS system.
- Different levels of access are required based on user roles. For example:
- Office Specialist staff should have access to create and track state intake reports for the purpose of entering information into the ARMS system.
- Social Workers should have access to evaluate cases and update evaluation information.
- Supervisory staff should have the ability to evaluate the budget for additional services, should the client's needs change.

This program requires a comprehensive, secure, and user-friendly platform that facilitates the management of client records, documentation, and coordination with in-home aide agencies. The system should enable social workers to efficiently track client care, manage service plans, and streamline communication between social workers, agencies, and nursing staff while maintaining a high level of accuracy and security in handling client data.

3.2.5 Rep Payee:

The Representative Payee (Rep Payee) Program is voluntary for clients. DHHS-DSS is the default provider but is also equipped with a provider list if a client requests a different rep payee. The CMS must support the following steps:

- Client referrals originate from Social Security. Social Security provides documentation to applicants who in turn bring the application to DHHS-DSS AASD.
- AASD receives applications from Social Security and completes general intake packet and interviews the client to review qualifications for the program.
- State forms as well as County forms to generate a complete packet.
- Client's doctor completes SSA 878 form.
- The Intake packet is sent to the Supervisor for review and assigns to a Social Worker. *TIMELINE*: Social workers must be assigned within 7 days of receipt of Intake Packet.
- Social Worker makes contact with clients to schedule in-home functional assessments. *TIMELINE*: Contact with client made/attempted within 7 days of case assignment.
- In-Home Functional Assessment paperwork includes Functional Assessment, Service Plan and Consent Forms, Budget forms, fit-for-program evaluation. Forms must be signed by Social Worker and Client.
- DHHS-DSS Supervisor reviews full assessment and approves/denies for Rep Payee Program.
 - Denial: notification to client.
 - Approval: complete 5027 Form to open services. Must be signed by Client. Social Worker completes SSA-11-BK Form if County is serving as Client's Payee. *TIMELINE* to complete is 45 days.
- The application is sent from Guilford County DHHS-DSS AASD to the Federal Supplemental Security Income Program (SSI) for processing/approval and must submit regular quarterly reports through their system.
- DHHS-DSS Accounting Team is notified and accountant assigned to case to work with Social Worker on client budget management.

3.2.6 Adult Day Care / Day Health: Facility Monitoring and New Facility Technical Assistance:

The Adult Day Care/Day Health team provide technical assistance to providers interested in opening new facilities and perform monthly/quarterly/annual monitoring to ensure compliance.

- New Facility Technical Assistance
 - Provider contacts DHHS-DSS AASD via General Intake and is routed based on Adult Health Facility or Adult Day Care Facility.
 - If Adult Health – Complete DAS 6225 Packet: Part B
 - If Adult Day Care – Complete DAAS 6225 Packet: Part A
 - Social Worker provides assistance in completing the packet and required pre-work prior to submission of formal application.
- Completed 6225 Application requirements are met and formal application submitted to County DHHS-DSS.
- Adult Day Care/Day Health Staff review application submission for recommendation
 - If denied, provider receives notification of decision, including note of deficiencies.
 - If recommended for certification, application routed to Social Services Director for signature; staff notify provider and State.
- Monitoring
 - Social Workers conduct Annual Monitoring of facilities – Update 6225 Forms with facility changes, including staffing, budget, policies, procedures.
 - Social Workers conduct Monthly/Quarterly Monitoring of facilities – includes a visit and forms.
 - If findings of deficiency during visit, notice given to provider to correct. Issues must be addressed by next meeting.
 - If issues persist at next visit, Social Worker develops Corrective Action Plan (CAP) for facility and CAP is reported to the State.

3.2.7 Unclaimed Bodies:

This program is responsible for disposing of the remains of residents who's next of kin cannot be located or are unwilling to accept responsibility for the remains. Referrals for this program come from external agencies, such as hospitals, and the process of disposition involves thorough documentation, communication, with external service providers, and adherence to strict timelines for locating the next of kin and processing payment for services, Requirements include:

- Referral management and tracking, ensuring that no referrals are missed and that all timelines are met.
- Diligent search documentation, including search methods and results.
- Workflow for review and authorization of cremation and payment.

3.2.8 Adult Placement Services:

The Adult Placement Services program is a voluntary service designed to assist aging or disabled adults who can no longer safely remain in their homes by helping them find appropriate living and healthcare arrangements. These placements may include adult care homes, nursing homes, and other residential health care settings. Clients are referred through general intake or community referrals from external agencies. Social workers are responsible for:

- Reviewing Medical Assessments from the client's physician.
- Visiting with clients and conducting a functional assessment.
- Coordinating with placement facilities to relay the client's needs and identify appropriate placement options.
- After placement, social workers conduct follow-up visits and monitor the transition for 30-90 days, depending on the client's situation. For clients retained for longer periods, quarterly reassessments are required, with annual assessments for long-term placements.

The system should securely store all documentation and provide easy access for social workers to manage case files, communicate with external agencies, and maintain detailed records for reporting and regulatory purposes. The solution must support the complex, ongoing nature of case management, allowing for efficient tracking of client progress and placement status.

3.2.9 Adult Resource Team:

The Adult Resource Team is a collaborative program involving Social Services, Emergency Medical Services (EMS), and Fire partners to provide specialized care and resources to residents whose needs exceed standard EMS capabilities. The program receives referrals from Fire and EMS staff, and program supervisors assess clients' needs based on these referrals. Clients may be referred to Adult Protective Services (APS) if the assessment supports such a need. Upon referral and acceptance into the program, the case will be assigned to a social worker by the supervisor. Social workers are responsible for:

- Contact the client within 72 hours of referral to schedule a functional assessment. The system must allow for documentation of the assessment and provide a 30-day window for completing the assessment, which should be electronically recorded and updated in the intake log.
 - The intake log must remain active and updated throughout the client's interaction with the program, allowing Fire and EMS teams to access updated information as necessary.
- Create, update, and maintain comprehensive service plans, including setting goals to help the clients become self-sufficient.
- Complete state-mandated forms for opening and closing cases, ensuring that all documentation is securely stored and easily accessible for review.
- Provide internal and external service referrals.

The system should be capable of generating a report with at least 50 data fields, which will allow supervisors, social workers, and EMS/fire staff to track client progress, program activities, and services. The system must also ensure that all documentation is securely stored, easily accessible, and compliant with necessary privacy and reporting regulations.

3.3 Information Technology Requirements for IDS and CMS systems

3.3.1 Cloud Based Solutions:

Provider shall provide Software as a service (SaaS) cloud-based solution that is HIPAA and SOC2 compliant. The solution must be hosted in a secure data center and should meet all applicable security requirements defined by Guilford County IT Security Team.

3.3.2 Infrastructure:

Guilford County would prefer SaaS providers to host our applications on dedicated infrastructure (single tenant) to ensure the environment is isolated to protect its data and applications. If the Provider provides infrastructure options of both dedicated and multi-tenancy with a cost differential, the multi-tenancy infrastructure architecture needs to be reviewed with the county IT risk assessment team to make sure all required security controls are documented, reviewed, and implemented in creating the same isolation levels and security obtained in a dedicated environment. This includes but is not limited to application servers, webservers, networking, storage, databases, and all other infrastructure that is used to host the solution. The Provider may suggest a hybrid approach (e.g., application multi-tenant with data single-tenant.)

3.3.3 Architecture and Solution Design:

The Provider should provide the documentation related to the infrastructure and solution design as part of the implementation process, for the county IT team to perform their risk assessment and approve the solution and/or recommend changes. Providers should be willing to cooperate with any reasonable changes that county IT requests to improve data protection.

3.3.4 County Integration:

The Provider solution shall provide a mechanism to extract data from the system/solution to use for any other solutions that Guilford County uses OR future systems. The extract mechanism shall be secure and shall meet all applicable data security requirements. To the extent the County implements a future common intake system, the vendors should be able to provide APIs that would integrate to that common intake process.

3.3.5 Provider Utilized Third-Party Software Plugin/Tools:

The Provider shall provide any and all third-party software required for their software to function and operate as documented according to the requirements of the RFP. Licensing costs for these third-party software tools, any installation costs, and ongoing support costs should be incorporated into vendor pricing. The Provider must be accountable for the ongoing operational support of such software plugin/tools and maintaining compatibility with such tools or providing alternative and conversion services if tools need to be changed.

3.3.6 Reporting and Analytics:

The Provider solution shall work with the County to establish provisions and standards for reporting and analytics requirements from the operational data, including generating reports and connecting to County dashboard tools.

3.3.7 Backups:

The Provider solution should include backup procedures with a minimum of weekly full backups and 4-hour incremental backups for the databases. For virtual machines that are hosted for the solution, VM snapshot backups should be taken. All backups should be retained for at least 30 days on the cloud solution including database, application, and VM snapshots. If there is any custom application configuration that plays a critical role in the runtime of the application, configuration backups should be taken according to the schedule defined above (minimum of weekly full of 4-hour incremental backups).

3.3.8 Environments:

Guilford County would require one production and two non-production environments for the application deployed and available. The two non-production environments will be designated as “test” and “training”. All three environments should have dedicated URLs available and independent physical or virtual infrastructure supporting them. The County should have the option to choose the DNS names used for the applications. The vendor should assume all management responsibilities of SSL certificates and DNS records if the names used are not owned by the County.

3.3.9 Administrative Controls:

The vendor shall provide a comprehensive set of administrative controls to protect the County solution. These controls shall include, but not be limited to:

- **User Access Management:** The solution should support “Multi-Factor Authentication” for all user accounts. The solution should integrate with the County’s user registry using the “Single Sign On” functionality.
- **Role-Based Access Control:** The solution should have the flexibility to create or modify business roles and assign them to County users responsible for executing and managing the “Work requirements” defined in Section 3.0 of this RFP. The capability to identify and resolve conflicts of duty is encouraged.
- **Auditing:** The solution should provide features to track system access, user, and administrative activity, both configuration changes, and overall usage of the application. Audit logs should be persistent, and easily accessible through built-in reporting tools.

3.3.10 Access and Availability:

The production application should be available 24/7, 365 days. All maintenance work for the application needs to be coordinated with County IT administration teams and steps need to be taken to ensure maintenance happens outside of business hours.

3.3.11 Performance:

The Provider solution should perform per the transaction time specified by the application stakeholders to ensure a seamless and efficient operational environment for day-to-day operations. The application should exhibit fast response times, minimal latency, and high availability. County staff should be able to access all the critical functionality of the application without significant delays or disruptions. The expectation of performance holds true even during peak usage periods of the application.

3.3.12 Service Levels:

The Provider should define service levels such as “Response Time” for incidents reported by County users. Service levels also need to identify “Resolution Time” and “Support Channels” available for County users to report issues. Guilford County expects vendors to resolve all production critical issues within 24 hours of reporting the issue. For critical production issues, the vendor is expected to provide a reasonable update on an hourly basis until the issue is resolved. For non-critical issues, the County expects the issues to be resolved in a timely manner, and an action plan needs to be defined for the next steps to be taken for the solution delivery. Vendors will provide various channels of support for County users to log support tickets, including but not limited to self-service portals, and telephone support lines. KPIs should be reported at least monthly including performance to SLAs. Ideally, these should be available for download to County dashboards.

3.3.13 Configuration Management:

The Provider solution must provide robust configuration management capabilities to effectively control and manage configuration of the application. It should allow application administrators to easily configure and customize the application to align with Guilford County specific requirements. The solution should offer version controls and change tracking.

3.3.14 Change Management:

The Provider solution should facilitate controlled and efficient handling of changes including but not limited to version updates, patches, and feature rollouts, to the application environment. The application environment/vendor should provide the ability to capture and evaluate changes across production and non-production environments. Change rollback processes should be available and in place. Changes to production environments should be restricted to users granted administrative controls.

3.3.15 Recovery Time Objective (RTO) and Recovery Point Objective (RPO):

Guilford County requires an RPO of 4 hours and RTO of 24 hours to support this critical application in the production environment. The Provider shall provide a disaster recovery and business continuity plan to show the solution design on how the RPO/RTO requirements will be met as part of the overall design of the application. The vendor shall provide a price chart for SLA based on RTO and RPO tiered options.

3.3.16 Data Security and Privacy:

The Provider should be able to establish mechanisms for controlling and managing the access to, use of, modification and deletion of, reproduction and disclosure of, and storage and retention of all Data according to an agreed-upon classification standard of Data (e.g., sensitive, restricted, open, etc.). The vendor should have policies procedures, and logging in place to restrict or record vendor employee access to the County’s environment, database and/ or data. The County reserves the right to audit vendor employee activity involving the County’s data

3.3.17 Data Encryption:

The Provider should provide strong encryption protocols to protect and ensure the confidentiality and Integrity of data in transit and at rest. Encryption specifications used by the vendor should be made available to the County Information Security (IS) Team for review. Web portions of the application should be protected using the highest standards of TLS, SSL, and/or HTTPS.

3.3.18 Cyber Security Incident Response:

The Provider should have an incident response plan for the remediation of a security breach. The plan should be available for review by the County's IS Team. Vendor security breaches involving county data should be communicated to the county immediately. Other breaches not involving county data should be communicated in a timely manner.

3.3.19 Security Patching and Vulnerability:

The SaaS vendor is responsible for ensuring all systems are up to date with security patches including but not limited to all server and VM operating systems, applications, and database systems. Security patching policies and procedures should be disclosed to the county for review. The SaaS vendor should perform regular vulnerability scanning including but not limited to operating systems, VMs, database systems, and application components. The SaaS vendor's policies and procedures for the remediation of vulnerabilities should be available for the County to review.

4.0 Deliverables

The following section outlines the anticipated deliverables for the different components of the RFP. The County expects the winning bidder(s) to be able to furnish all components listed below.

4.1 IDS Deliverables

4.1.1 Enabling Technology Deliverables:

- a. Integrated Data Hub: Brings data from each source system creating a unified data model that is HL7 and HIPAA compliant. This portal should be secure and a place to share data with external partners such as researchers. Statistical queries are able to be performed on aggregated and/or unidentified data such that there is no transfer or view of personally identifiable information by the data user.
- b. Client Portal: Allows for a "one-stop" shop for use by clients to search for services, update pertinent personal information, take initial assessments, request services, complete eligibility, referral, and enrollment processes, and communicate with the care providers.
- c. Provider Portal: a tool that allows for collaboration across the full system in Guilford County. The portal should allow for by-directional referrals to and from internal care coordination teams to external providers and provide access to information necessary to provide services that are needed through authorization.
- d. Case Management Portal: A case management tool that allows internal care providers and care coordination teams to develop coordinated care plans, establish team member activities, assign and track tasks for case management activities, track deadlines and case management progress, report on KPIs for each program area, track client progress and outcomes, automate needs assessments, and provide access to key information regarding clients.

4.1.2 Testing Deliverables:

- a. Unit Test Plan – Included as part of each development item. Acceptance criteria are defined by the Specifications. Depending on the Contractor's testing approach, this plan may also include Unit Testing of software module configuration values.
- b. Business Process Test Plan – Includes testing of the business process being implemented, including configured system components, reports, forms, batch job processing, security

roles, and interfaces that apply across functional modules. Includes entrance and exit criteria for the Business Process Testing and documents the basis for County acceptance of the Business Process Testing.

- c. Performance Test Plan – Documents the approach, test protocols, and test cases for conducting Performance Testing to verify the ability of the Platform to perform for the anticipated transaction volume, number of users, and applicable service-level agreements. The Performance Test Plan includes entrance and exit criteria for the performance test and document the basis for County acceptance of the Performance Testing.
- d. User Acceptance Test (“UAT”) Plan – Documents the approach, test protocols, test cases, testing environment setup and refresh scheduling, identified users (e.g., County business unit and external end users), and any required training necessary to complete acceptance testing. The UAT Plan will include entrance and exit criteria for the user acceptance test and document the basis for County acceptance of the application system test.
- e. Security Test Plan – Documents the approach for testing or otherwise establishing that security configuration requirements and all of the County’s IT security policies have been met. The Contractor shall integrate security testing into each phase of testing, as appropriate for that phase of the overall testing effort.
- f. Regression Testing Plan – Documents the approach for defining and running a set of test scripts intended to validate the operation of the Platform throughout the testing process to verify system integrity after functional improvements, fixes, patches, or application updates from testing activities.
- g. During the development process, the Contractor shall perform tests in accordance with the approved test plans. To ensure that the Platform and each tenant has been fully tested, the Contractor must provide comprehensive documentation of test results with all exceptions analyzed, and any Defects must be corrected for review and approval prior to UAT.

4.1.3 Training Deliverables:

- a. Knowledge and Skills Transfer Plan for the County’s Support Staff
- b. Knowledge and Skills Transfer Training Materials
- c. Knowledge and Skills Transfer Training to include training the trainer training, on-demand webinars and training, and key staff training
- d. Formal Knowledge and Skills Transfer Sign-off by the Contractor and County Project Managers

4.1.4 Management and Operations Support Deliverables:

- General Services and Reporting
- Storage Services
- Database Services
- Middleware Services
- Continuity Services

4.1.5 Integrated Database Management System (IDMS) Deliverables:

- Manage, coordinate, collaborate, and execute planning and design sessions with the County’s Enterprise Architects and Subject Matter Experts (SME).
- Manage and perform testing of the integrated systems
- Develop audit reports and other means for County personnel to validate.
- Manage and resolve all integration issues, bugs, and defects.
- Training and knowledge transfer to Guilford County IT and partners

4.1.6 System Design Deliverables:

- System design and development plan
- Business process documents for the business requirements related to the Platform.
- System Design documents including comprehensive configurations and setup of data marts, data warehouse schemas, data collection, and ETL/ELT processes.
- Technical Design Specification should follow the Unified Modeling Language (UML) standard, defining the interfaces, functions, processes, attributes, workflows, etc., and business logic to implement the functionality.
- Delivery of Requirements Traceability Matrix (RTM) – Requirements and traceability of each requirement delivery is documented in the matrix checklist, including test validation approvals throughout the project.
- Physical Data Model includes model elements (such as tables, views, stored procedures, triggers, indexes, functions, and constraints) representing the physical structure of the database and model elements (such as schemas and tablespaces) representing the underlying data storage design of the database.

4.1.7 Development and Configuration Deliverables:

- System design and development strategy documents.
- Software configuration management plan.
- Detailed software application technical specification document.
- System architecture design specifications document.
- Configured/customized application software and testing.
- Development/Configuration: The Contractor shall provide professional services and lead the configuration in accordance with the System Design. The Contractor must provide access. The Contractor's approach will be an informative implementation of the software configuration throughout the project life cycle and the Contractor shall validate the design of business processes, provide knowledge transfer, and identify organizational change impacts. The Contractor must also follow established continuous integration/continuous deployment (CI/CD), DevOps/DataOps, and automated environment best practices utilizing modern SDLC techniques for all new development efforts including enhancements and defect fixes.

4.1.8 Project Management Deliverables

- Project Charter
- Project Schedule/Work Breakdown Structure (WBS)
- Quality Management/Assurance Plan
- Communication Plan (which includes stakeholder management)
- Issues and Risk Management Plan
- Staffing Plan
- Project control, standards, and procedures (Change Management Plan)
- Release Management Plan

4.2 Case Management System Deliverables

4.2.1 Intake System Deliverables

- Digital Queue to record individuals requiring a follow-up for services and interview for potential services
- Ability to assign residents to social workers for a full assessment
- Ability to link intake submissions to case worker files and documentation
- Ability to replicate and complete State and Social Security Administration forms
- Ability to scale up intake from Aging and Adult Services to all HHS programs and divisions

4.1.2 Guardianship Deliverables

- Case Management Platform with the ability to manage case worker's client load
- Completion and retention of State and County forms linked to each case record
- Audit trail identifying changes within client records

4.1.3 Special Assistance In-Home Deliverables

- Completion and retention of State and County forms linked to each case record
- Ability to retain documents completed for the application process
- Audit trail identifying changes within client records

4.1.4 In-Home Aide Deliverables

- Ability to manage case worker client load
- Ability to process narrative-based recorded entries
- Completion and retention of State and County forms linked to each case record
- Audit trail identifying changes within client records

4.1.5 Rep Payee Deliverables

- Ability to manage case worker client load
- Completion and retention of State and County forms linked to each case record
- Ability to automate data recorded for clients to SSI
- Audit trail identifying changes within client records

4.1.6 Adult Day Services Deliverables

- Ability to manage at the facility level as well as at the individual level
- Case Management Narrative Recording Abilities
- Location-based referral and Facility Location System
- Automated scheduling to facilities for service recommendations and facility reporting

4.1.7 Indigent Burials Deliverables

- Document workflow solution to track requests and link to APS intake as occurs.

5.0 Assignment and Subcontracting:

The Contractor may not subcontract, transfer, or assign any portion of the Contract awarded as a result of this RFP without the prior written approval of Guilford County. The County reserves the right to refuse approval, at its sole discretion, of any subcontract, transfer, or assignment. The County requires that all systems accessed, and data accessed and stored be within the U.S. A contractor must have a U.S. presence, and offshore personnel may have read-only access and must use a virtual desktop.

If the respondent intends to use subcontractors, the response to this RFP must specifically identify the scope and portions of the work each subcontractor will perform. Subcontractors identified within a response to this RFP will be deemed as approved by Guilford County when the County expressly approves of one or more of the proposed subcontractors before signing the Contract. After the contract award, a Contractor may only substitute an approved subcontractor at the discretion of the County and with the County's prior written approval

QUALIFICATIONS AND SUBMISSION REQUIREMENTS

In order to facilitate the analysis of responses to this RFP, all Respondents are required to prepare their proposals in accordance with the instructions outlined in this section. To be considered for selection, upload your proposed package into the County's Vendor Self Service System and submit all required supplemental information electronically. Proposals should be prepared as simple as possible and provide a straightforward, concise description of the Respondents' capabilities to satisfy the requirements of the RFP. All pages in your response must be properly formatted and provide the following basic information:

Failure to return all required supplemental information and attachments as outlined in Tabs 1 - 7 may result in a Provider being deemed non-responsive.

Tab 1: Cost Proposal and Attachments

To complete the Items portion of a submittal in Vendor Self Service, open the Items tab to enter pricing for each line. In addition, be sure to download and complete the Cost Proposal Form - **Attachment 1** back in the system to your online response. Should there be any discrepancy between the Cost Proposal Form-Attachment 1 and the submission of pricing entered in the items portion of Guilford County's Vendor Self Service automated bidding system, the online submission of pricing shall prevail and control. Therefore, please review your pricing information carefully prior to submission.

Tab 2: Executive Summary

This section of the response to the RFP should be limited to a brief narrative highlighting the Provider's proposal. Within this section, the Provider should highlight briefly their abilities and inabilities upon the requirements requested.

Tab 3: Provider's Qualifications

Complete the Provider Qualifications Form - **Attachment 2** to provide specific information as requested and upload as an attachment to your response.

Tab 4: Proposed Services to be Provided

The Provider shall present, in detail, features and capabilities of their proposed services to be provided as outlined under Section 3.0 – Work Requirements and General Conditions. The Provider should state what implementation services will be provided, processes, control points and time frames for the on-going services. In addition, please describe all the services that their company provides. If other ancillary services are available that may be deemed pertinent to the process, please describe them in full detail.

Tab 5: References

Utilize the References Form – **Attachment 3** to provide a listing of references to include phone numbers and contact names.

Tab 6: MWBE Participation Requirements

Respondents are required to submit information about participating MWBEs on the MWBE Affidavit forms provided with this RFP. Utilize the MWBE Affidavit Forms - **Attachment 4**

Documents to provide with the bid proposal – Under North Carolina General Statutes (N.C. GS 143-128.2 (c) the undersigned bidder shall identify **on its bid** (Identification of Minority Business Participation Form) the minority businesses that it will use on the project with the total dollar value of the contract that will be performed by the minority businesses. **Also** list the good faith efforts (**Affidavit A**) made to solicit minority participation in the bid effort **OR** (**Affidavit B**) the Provider's statement of the intent to self-perform all work under the contract and sign and notarize the form.

NOTE: A Provider that performs all the work with its own workforce shall submit an Affidavit (B) to that effect **in lieu of Affidavit (A) required above.** The Provider's intent to fulfil contract with own workforce does not require the Provider to make good faith efforts and the self-performing Provider will not need to submit additional affidavits after the bid opening.

The Minority Business Participation Form must still be signed, notarized and submitted in lieu of Affidavit A even there is zero participation.

Documents to provide after the bid proposal evaluation - Upon notification of being recommended as the most qualified firm for award of a contract, the Provider, if they are not self-performing all of the work, must submit the following to the MWBE Director within 72 hours of the notification:

An Affidavit (C) that includes a description of the portion of work to be executed by minority businesses, expressed as a percentage of the total contract price, which is equal to or more than the established goal of ten (10) percent and documented evidence of all good faith efforts made to meet the ten (10) percent goal and Affidavit D is not necessary **OR** if less than the 10% goal, Affidavit (D) of the Provider's good faith effort to meet the ten (10) percent goal.

The document must include **evidence** of all good faith efforts that were implemented including those identified on Affidavit A. Include any advertisements, solicitation phone, email and/or fax logs, and other specific actions demonstrating recruitment and selection of minority businesses for participation in the contract. Because faxing may be less reliable than email, solicitation outreach via fax should include a follow-up phone call to the potential subcontractor.

All respondents, regardless of their MWBE designation, must respond to each question to be compliant with the MWBE requirements.

- Describe the plan that your firm has developed to encourage inclusion in your employment process. Provide an organization chart showcasing MWBEs/WBEs in leadership roles. Does your firm have a Diversity Equity Inclusion statement? If so, provide it in the proposal response.
- Include documentation of MWBE participation you have achieved over the past three years on public and/or private projects.
- Outline specific efforts that your firm will take to notify MWBEs of opportunities to participate in this project. Identify MWBE organizations your firm has worked with or will engage in this project.
- A firm may submit a Self-Performance Affidavit, points will be awarded in the following manner: 1) if a firm is a WBE or MBE NC HUB certified firm, 10 points will be awarded, and 2) if a firm is not a WBE or MBE NC HUB certified firm, 0 points will be awarded.

Tab 7: Other Bid Event Forms

Please download to complete, sign and date the attached forms. Be sure to upload the forms back in the system to your online response. If no Addendum was issued, please indicate N/A for Not Applicable on the Addendum form.

W-9 Form - **Attachment 5**

Addendum Acknowledgement Form - **Attachment 6**

Non-Collusion Affidavit - **Attachment 7**

Affidavit of Compliance (E-Verify) - **Attachment 8**

Tab 8: Other Attachments

Please refer to the following attachments for information purposes only:

- Basic Insurance Requirements
- Federal Contract Provisions
- Sample Contract
(Note: An award of a bid is not an acceptance of the contract terms provided by vendor unless expressly accepted by County. The County will assume acceptance of the contract terms with the responsive bid unless the Vendor makes an exception with the Contract)
- RFP Proposal Checklist
- Exhibit A – Process Map of the Adult and Aging Services Department
- Exhibit B – Requirements for Provisions of Services by County Departments of Social Services
- Exhibit C – HIPAA: Business Associate Addendum
(Since the applicant will have access to PHI and PII while performing obligations under the contract, the contractor must enter into a BAA with the County and potentially a QSOA as well since the data may pertain to substance use disorder data under 42 CFR Part 2. A template for the BAA is included under Exhibit C.)

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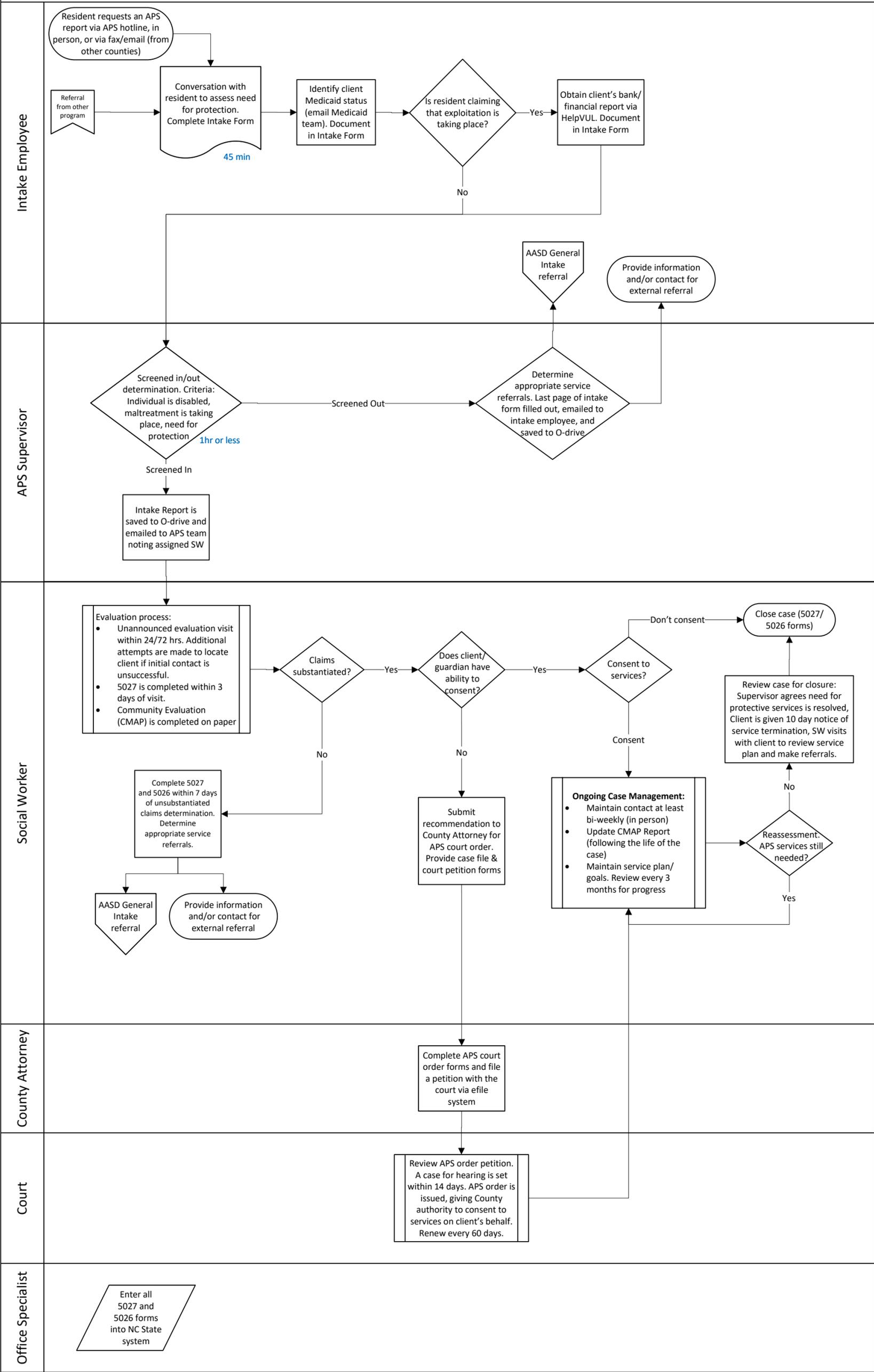
Exhibit A

Adult and Aging Services Division - Business Process Maps

Validated as of September 2024

APS (Including Intake)

Last Updated: 8/16/24



Parking Lot/Notes

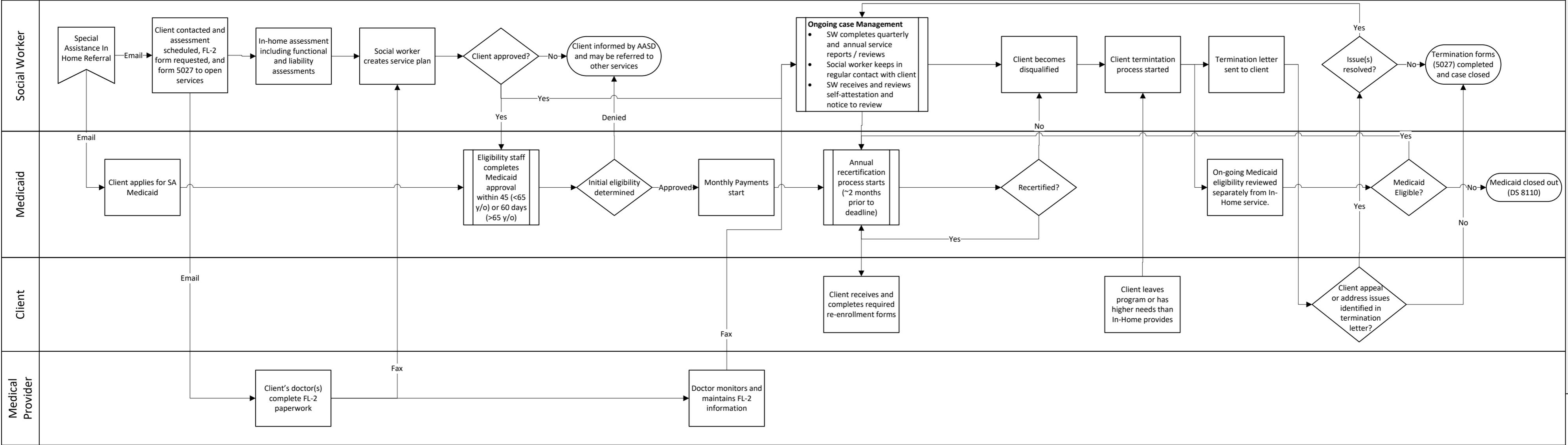
- Intake reports can be found online and faxed/ emailed from other counties, given via walk-in, or info can be taken over the phone (APS Hotline 336-641-3137) (most frequent).
- Intake form is sometimes printed and scanned, but most often completed electronically
- SW must respond immediately (within 24hrs if there's immediate danger / 72hrs). Continue attempt to locate adult for 30 (abuse/neglect) or 45 days (exploitation).
- Teams: APS Log excel sheet logs SW case assignment, referrals made, response times. Input by intake

Wish list:

- Exploitation case: System prompt SW to check bank statements & medical records
- Ability to search by name and flag certain individuals
- Assignment logic is input into system, system auto-assigns cases with ability to override assignment.
- System provides report for weekly supervisor review (flagging checklist items)
- System auto-generates template referrals
- System notifies SW when deadlines approaching
- Reports are flagged for deletion after requirement to keep file has been exceeded
- Move to electronic CMAP report (17pgs on paper following the life of the case.)

Special Assistance In-Home (SA In-Home)

Last Updated: 8/9/24



Parking Lot/Notes

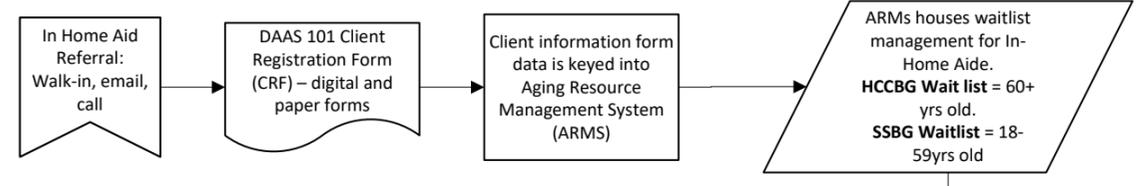
Needs Assessment covers:
 - food and household needs
 - medical services
 - functional assessment
 - other potential services

Provides Medicaid-eligible clients with a Special Assistance payment that will supplement their income in order to safely remain in their homes. Must meet eligibility requirements.

In Home Aide

Last Updated: 8/5/24

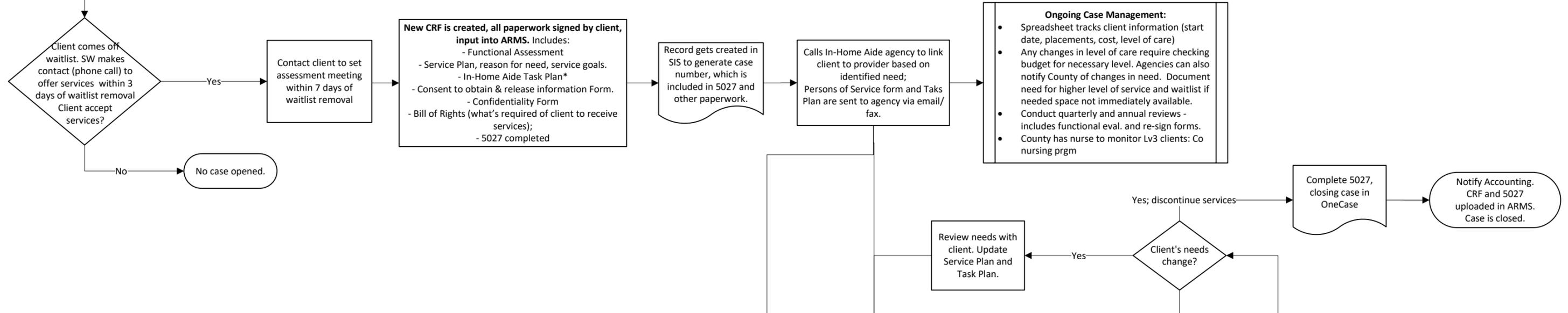
Universal Intake Employee



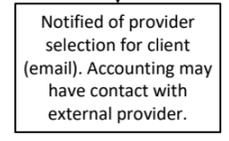
Program Supervisor



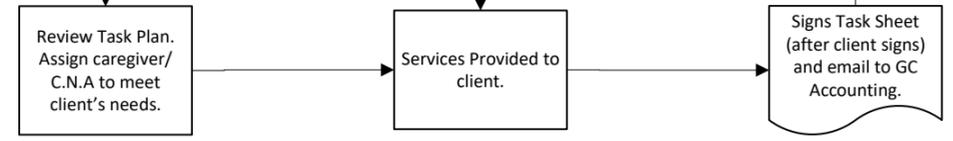
Social Worker



Budget/ Accounting & Business Ops



In Home Aide Vendor



NOTES:
 Program contracts with community home care agencies to provide in-home services when there is a need for housekeeping and personal care services (bathing, washing, toileting) that assists clients/customers remaining in their homes.

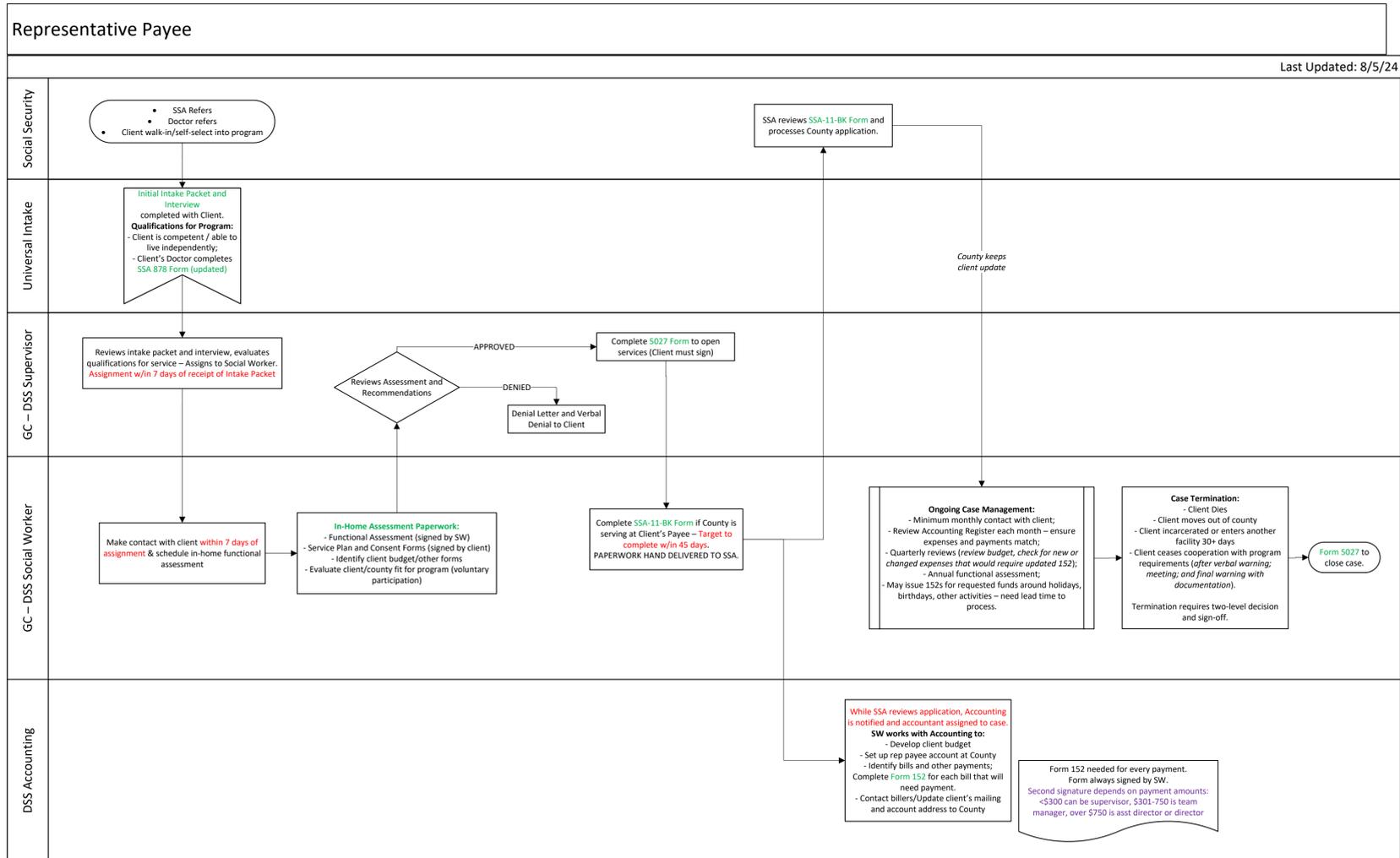
- Medicaid - level 1 (home mgmt) only; Medicaid levels 2 and 3 services fully
- Hospice - any level w/ SSBG; no HCCBG
- VA aid & attendant = no in-home aid
- Community Alternative Program - through temporary/time limited; cannot have IA
- Quarterly reports maintained (and signed) recorded in One Case. Include new funding assessments and ensure funds are available for level of care if needed.

Internal Tracking Documents:

- Spreadsheet #1: List of clients, when annual quarterly reports are due
- Spreadsheet #2 tracks: Funding available vs budget
- Spreadsheet #3: Hours
- Spreadsheet #4: Key data for management

Future State/Wishlist:

- Electronic files and pre-populated forms for information.
- Ability to track client placements and more useful to generate expended vs actual hours at end reconciliation; calculate attrition rate by client start/end dates
- Electronic signatures and document management especially for task plan updates (version management)
- Automatic creation of case summaries from input (AI summary?)

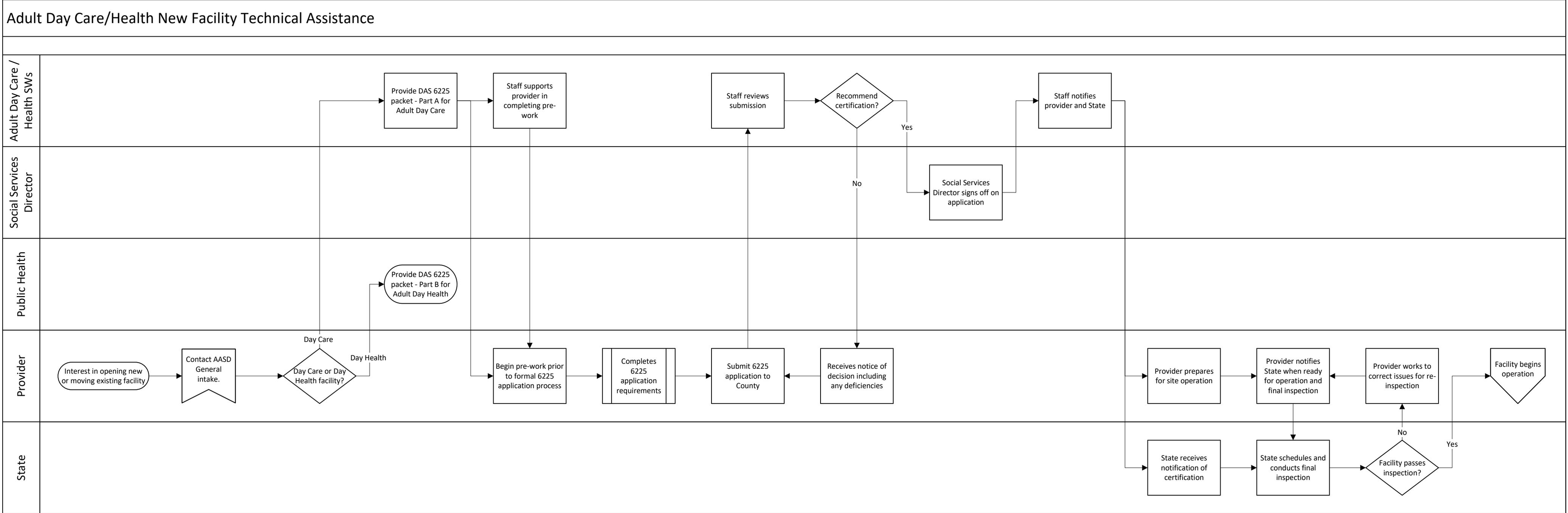


NOTES:
Program is all voluntary, clients can choose another provider that isn't DSS (DSS is the default)
 - If client has another rep-payee in mind, or needs suggestions, team has a provider list that they can share.
 - DSS has the benefit of additional social work and case management with rep-payee.

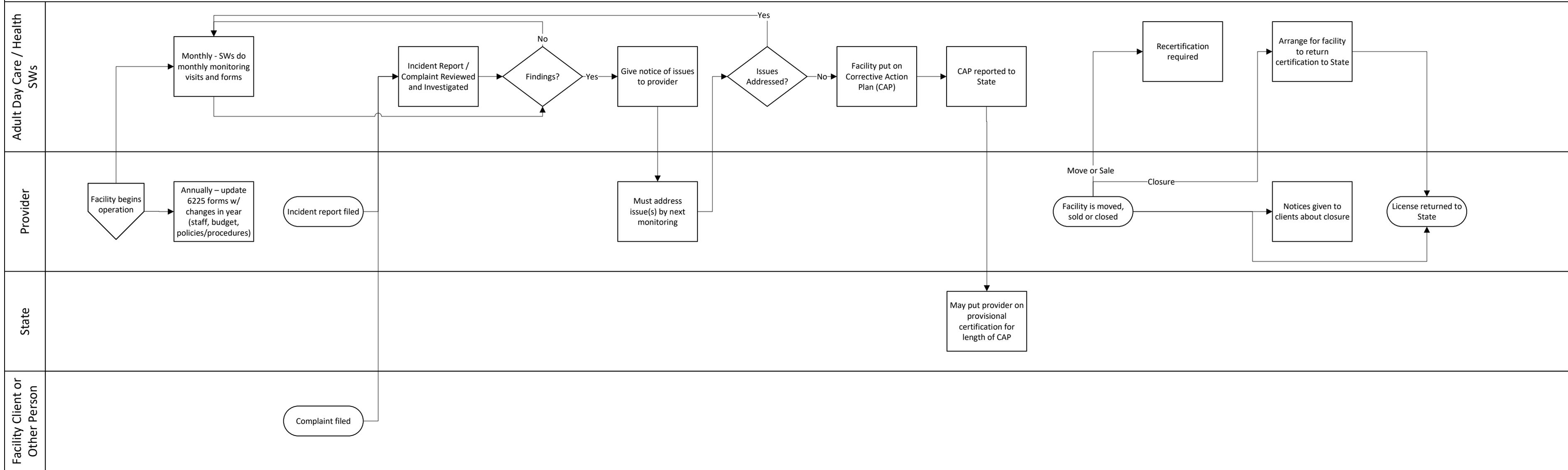
While SSA reviews and processes County application (SSA-11-BK Form):
 - County can be denied from submitting any applications if in suspension b/c funds not returned to SSA per SSA records until funds returned.
 - Funds can be from ANY agency program.
 - May be incorrect records - always hand deliver returned funds, get receipt.
 - County will follow up w/ clients on any delays/issues/rejections.

Future State / Wishlist:
 - Electronic forms in the system
 - Ability to sign electronic forms (especially in client interactions - easier to sign during contact, rather than after)
 - Electronic transmission of intake packets to Social Work Supervisor (currently, forms are on paper)
 - Intake and Termination checklists including details of SSA / SSI funds return steps.
 - Standard letter templates (currently shared at the SW level)
 - Ability to cross reference monthly accounting registers with list of active 152s
 - System reminders for holidays, birthdays, and other significant dates (built-in lead time for 152 processing)
 - System signing awareness based on 152 amounts (<\$300 can be supervisor, \$301-750 is team manager, over \$750 is asst director or director)

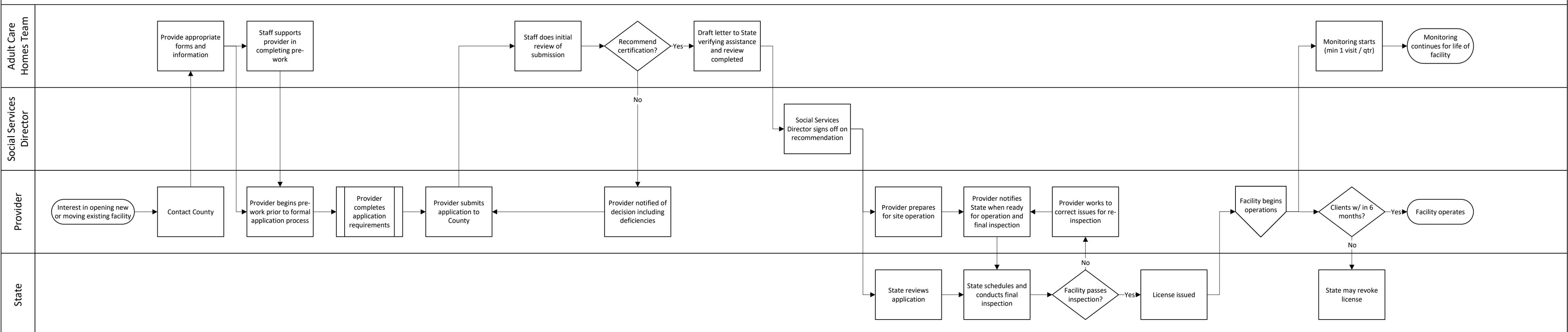
assistance for providers interested in opening new facility or moving existing facility.



Adult Day Care/Health Facility Monitoring

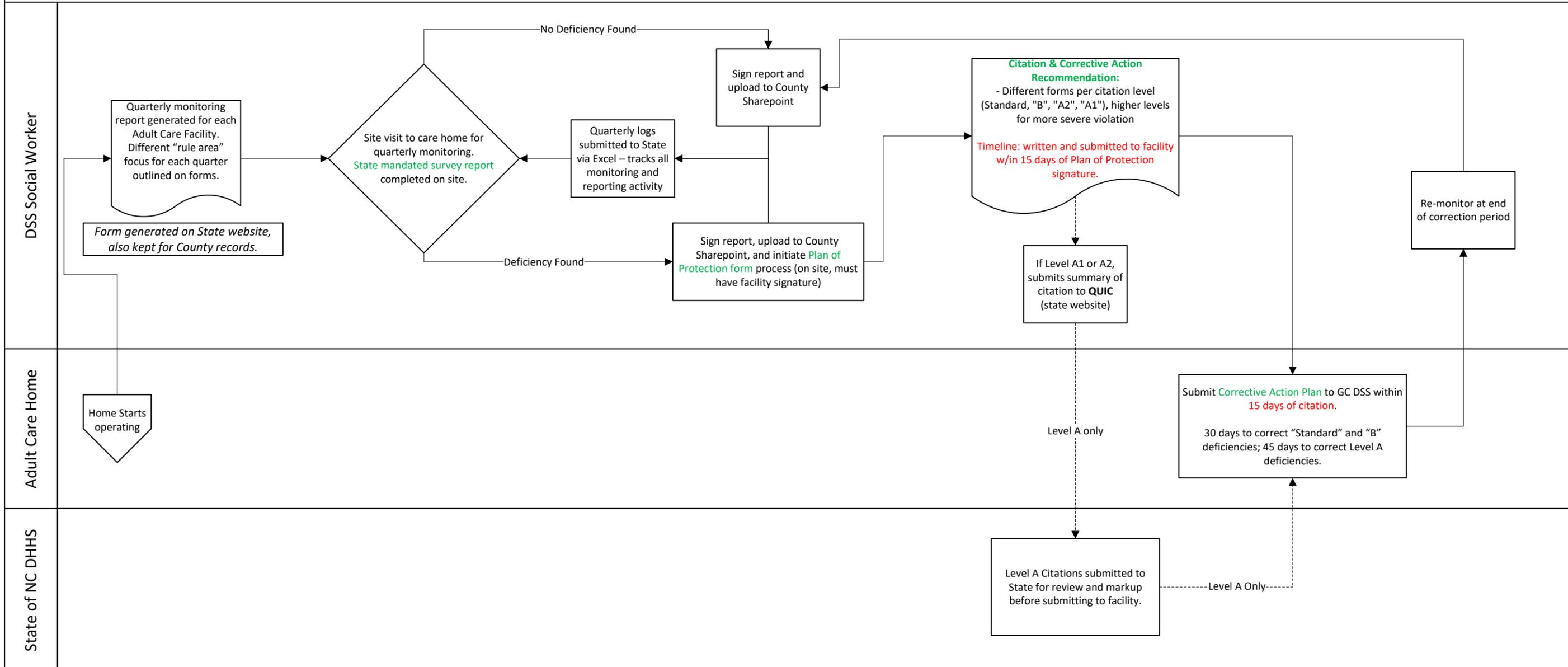


Adult Care Homes New Facility Technical Assistance



Adult Care Homes (Monitoring)

Last Updated: 8/5/24



Core Function:
Responsible for monitoring adult Assisted Living facilities to ensure licensure compliance, investigation of licensure related complaints. Assisted living = family care home (2-6 beds) and facilities (7+ beds).

State requires quarterly monitoring and site visits, but GC is moving to monthly visits/monitoring for homes that need more oversight.

Additional Functions:

- Investigating Complaints
- Assisting community toward licensure of new adult care homes.

Termination:

- If Facility closes;
- If State terminates/does not renew license - State will notify facility and county w/ timeline.

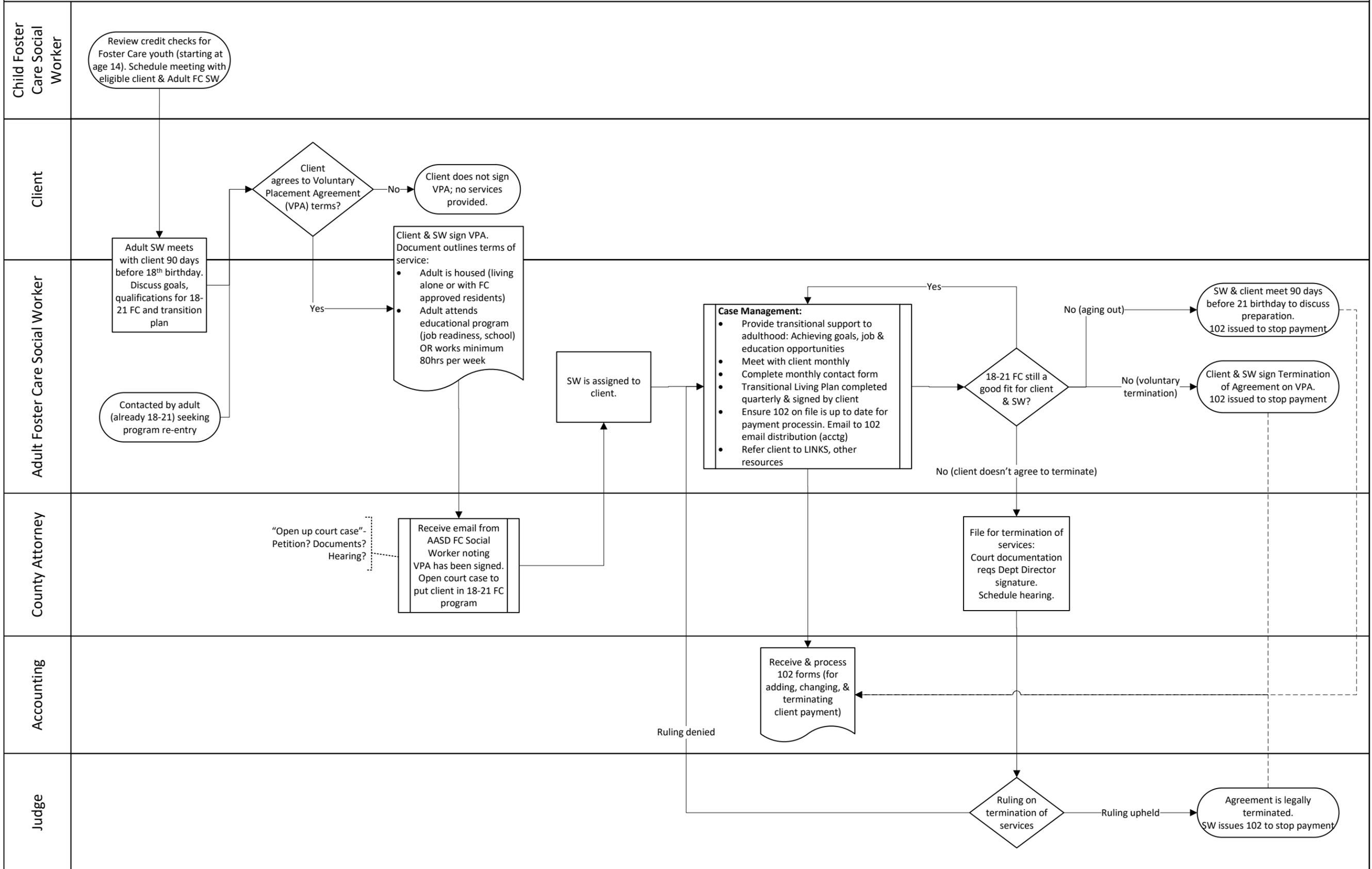
Facility will notify residents, family members, and County with closure timeline. Facility and county are responsible for placing residents in new location. County must do last walkthrough of facility to ensure no residents and no belongings left, notify State + County staff via email (likely also fill out "closure" monitoring report for County records)

New Facilities:

- County provides technical assistance and initial review for new providers (same as day health / care);
- Staff submits letter to State verifying assistance provided and review completed;
- Monitoring starts when facility is licensed - usually monitor sooner than quarter;
- State requires new facilities to have residents w/in 6 months to keep license

18-21 Foster Care

Last updated: 8/2/24



Notes

LINKS- Acronym for ____?

-Most notes reference LINKS as voluntary program teaching independent living skills (all clients invited to participate).

-Medicaid & free tuition to state schools part of LINKS or 18-21 FC?

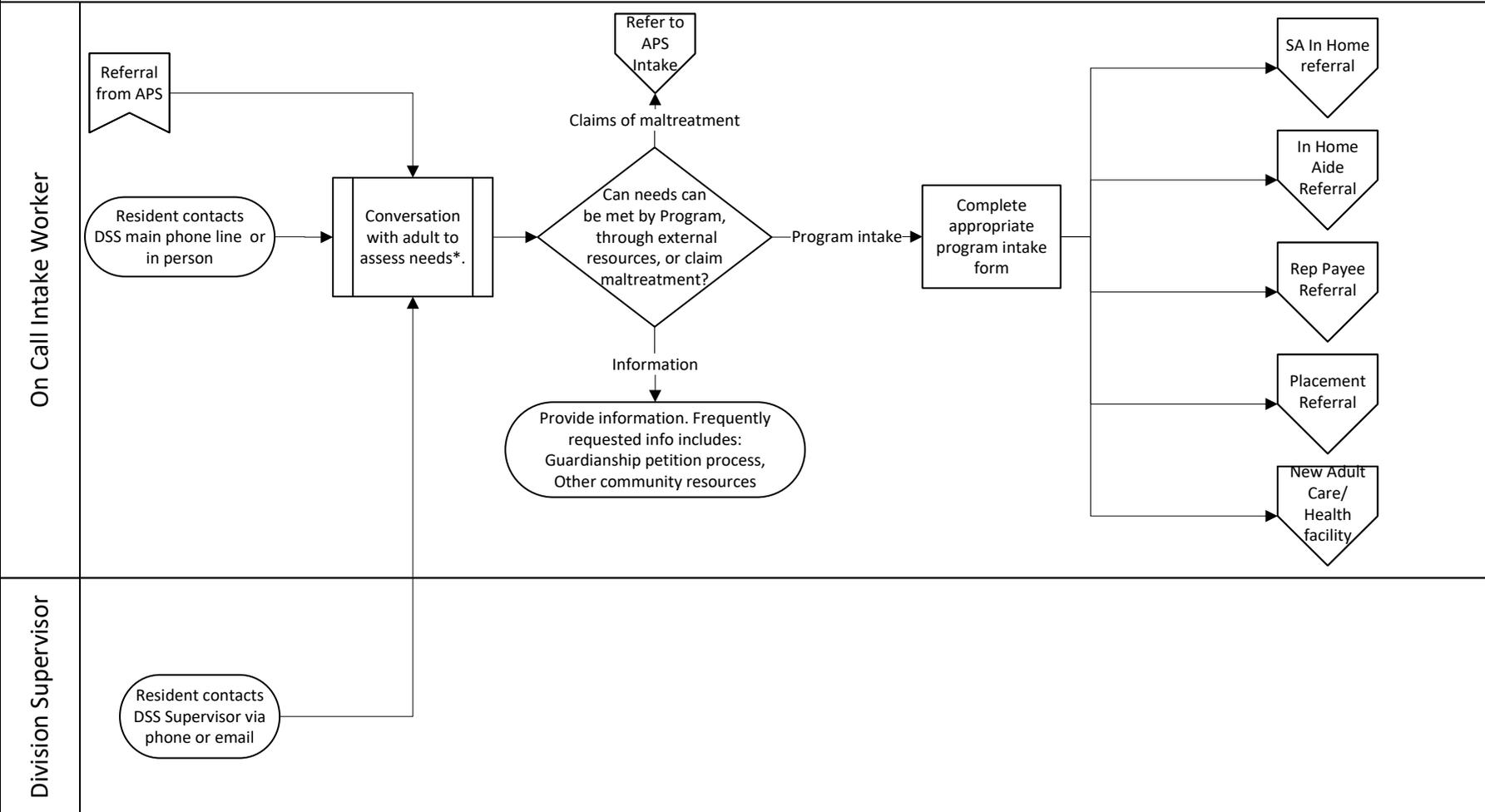
-Some notes refer to intake being done via LINKS coordinator;
"LINKS will flag and connect Foster Care 18-21 with other AASD services based on case needs"

Documentation & case management maintained in NC FAST system- program is considered Children's Services at the State level

Acronyms
 FC= Foster Care
 CSD= Children's Services Dept
 VPA= Voluntary Placement Agreement

General Intake

Last Updated: 8/16/24



Parking Lot/Notes

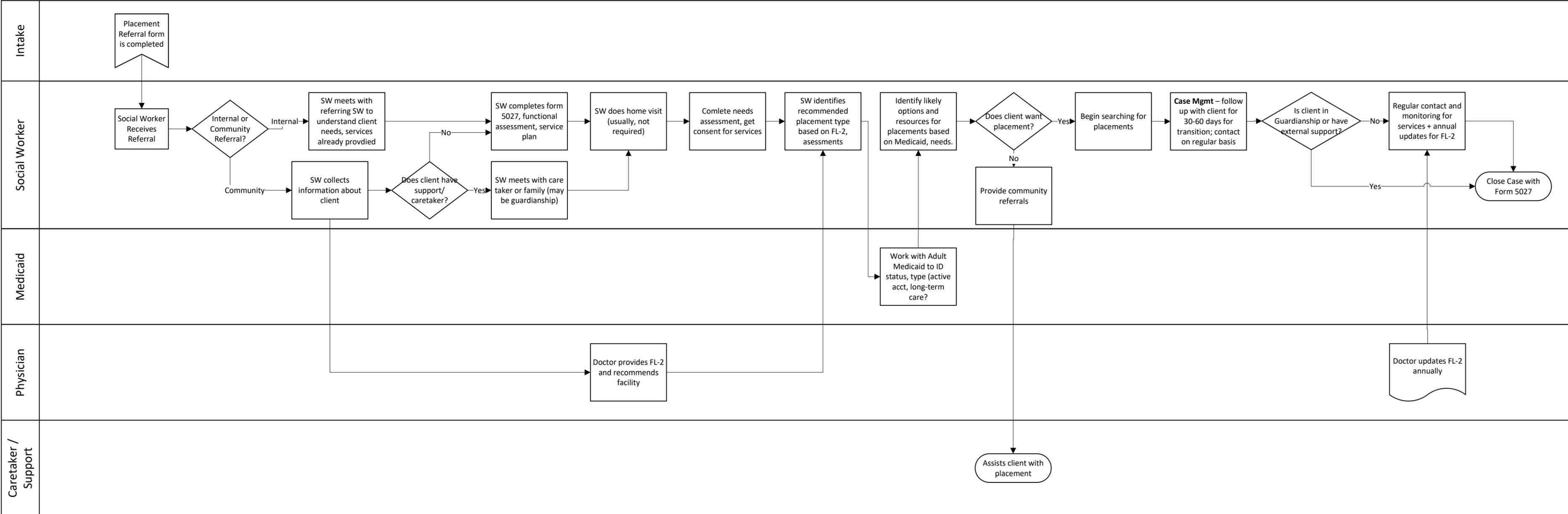
GC DSS Phone# 336-641-3000

*Safety risk: if client indicates there is a safety risk, intake worker assesses the level of risk to determine what the precautions should be (additional SW on visit, police, etc.)

Placement

Last Updated: 7/16/24

Parking Lot/Notes



Parking Lot/Notes

Adult Resource Team

Last Updated: 7/24/24

Parking Lot/Notes

Not a continuous program. Aim to stabilize clients within 6 months.

If client has full Medicaid benefits, bill Medicaid MAX services. 8040, 8021 (Day sheet purposes)

If client doesn't have Medicaid, bill individual family and adjustment services – Considered 330

***Update EMS/ FD referral source on client's program status (APS/ FJC referral, open/ close case, etc.) through email.**

Future State:

Report that collects ~50 information fields

Mobile friendly

Check referral and existing case status

- Reduce duplicates to ART
- Check history of referrals/DSS engagement such as APS

Auto notify EMS that case status updates (open, close)

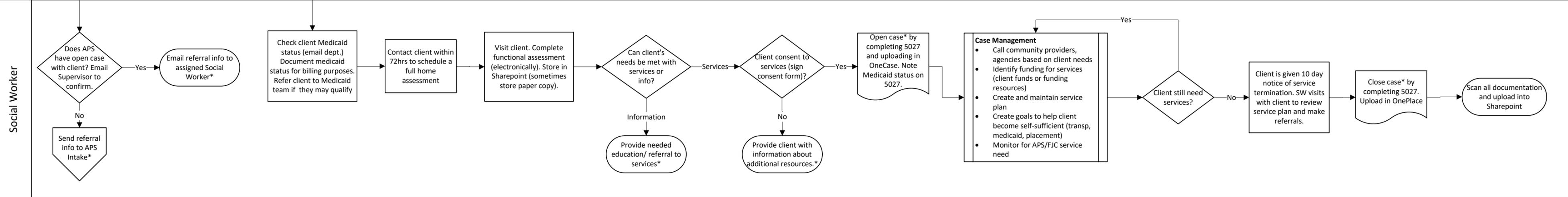
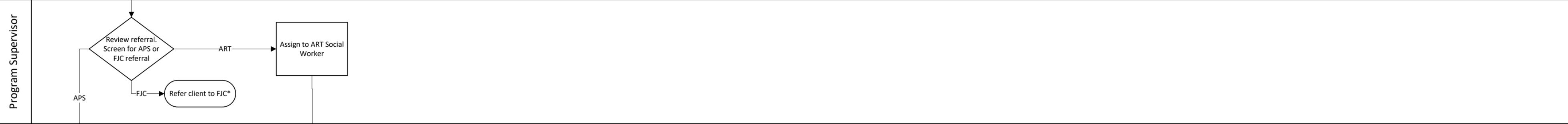
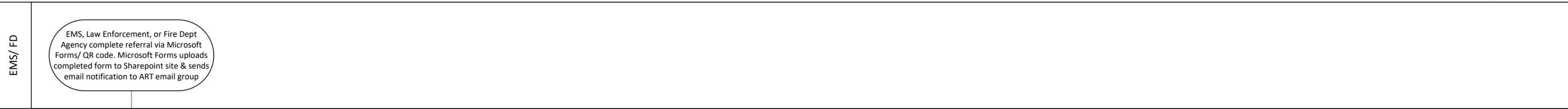
Pt record sharing from EMS - need data use agreement b/t depts

Automatically fill / transfer form data from other existing records

Electronic signatures

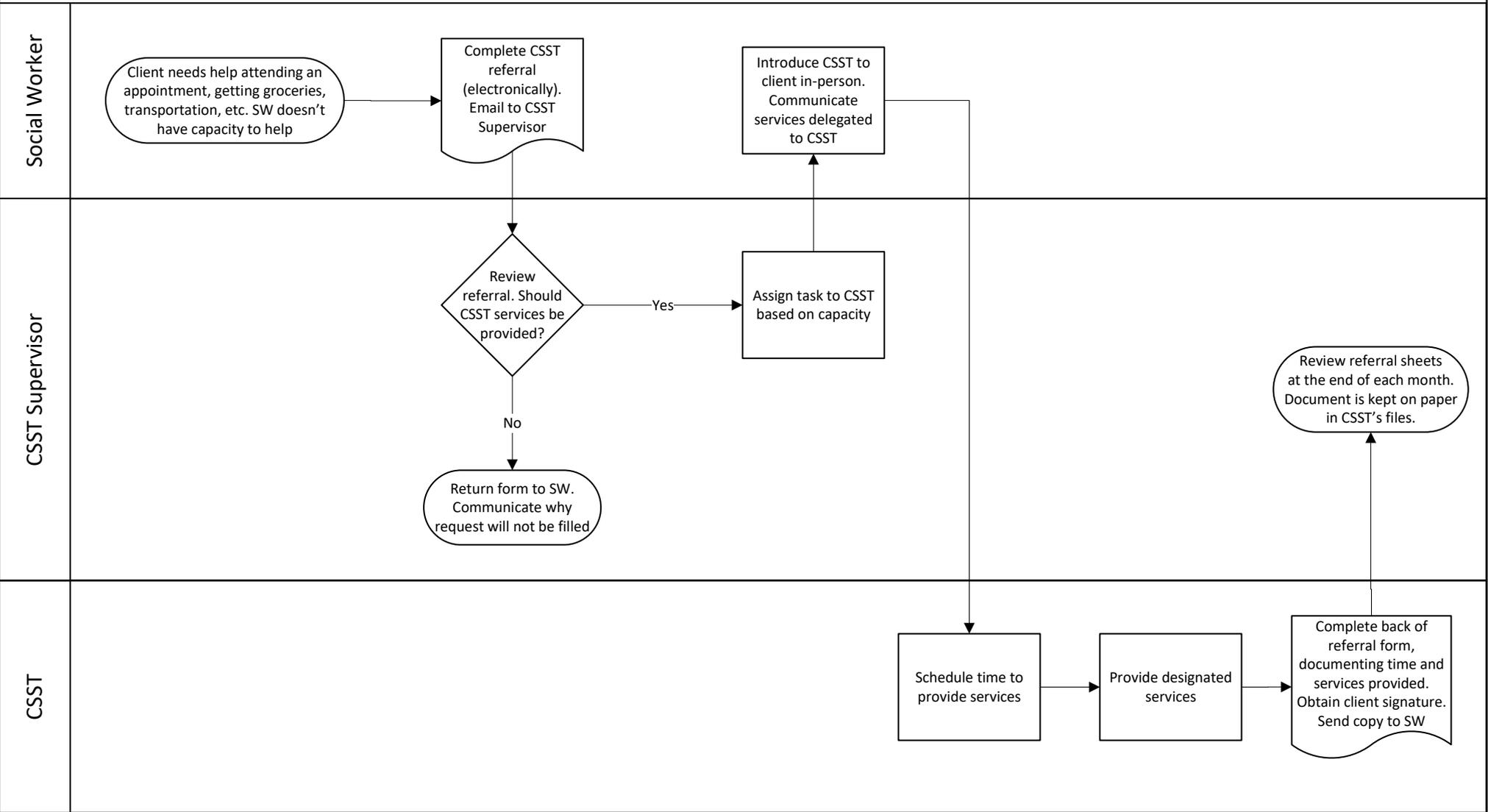
Ability for ES to add case notes

Directly integrate w/ ES pt records and fire RMS?



Community Social Services Tech

Last Updated 8/7/24



- CSST's have access to OneCase, but don't use it
- Referral form is initially filled out electronically, then printed for CSST to complete back/ obtain signatures.
- If we move away from paper norms, CSST's will need a queue/ backlog tracker. Paper forms help them visualize requests/ workload.

Exhibit B

Requirements for the Provision of Services by County Departments of Social Services

Division of Aging and Adult Services Manual

**Developed in Conjunction with
NC Division of Social Services
NC Division of Child Development and
NC Division of Services for the Blind**

Effective Date: November 1, 2007

Last Update: April 24, 2008

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I. Statement of Philosophy and Purpose

A. Legal Philosophy and Purpose

North Carolina's program of social services consists of an array of core and supportive services that may be provided alone or in various combinations best suited to addressing the particular levels of need of adults, children and families. The social services program is designed to address the following broad goals and priorities:

- Ensure that children and adults are protected from abuse, neglect, exploitation;
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- Strengthen family life in order to nurture children so that they may become productive, healthy and responsible adults;
- Assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies; and
- Ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

County departments of social services form a statewide network of agencies with primary responsibility for the delivery of services necessary to assist individuals and families in meeting these goals.

Services may be provided under a number of specific Federal, State, County or combined funding sources. Some services are defined exclusively for provision with certain funding sources. Other services are uniformly defined and may be provided with more than one funding source. A list of current services and applicable funding sources can be located in the Services Information System (SIS) Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Efforts have been made to create uniform policies governing the general requirements for the provision of services. However, there are additional specific requirements applicable to certain funding sources that must be met in order that reimbursement may be received from these sources.

This manual outlines *general* requirements for service delivery. Procedures addressed in this manual are not all inclusive. *Specific* requirements imposed by Federal regulations or State law on the provision of services under certain funding sources are addressed in specific service manuals. In order to assure that all service, funding and reporting requirements are met, this manual should be used in concert with the SIS Manual

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>; the appropriate chapters of the Family Services Manual <http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>; Division of Aging and Adult Services Manual; the Fiscal Manual <http://info.dhhs.state.nc.us/olm/manuals/ooc/fsc/man/>; Child Care Subsidy Services Manual, <http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/>; administrative letters <http://www.ncdhhs.gov/aging/admltrs/admltrs.htm>; and Medicaid Bulletins <http://www.dhhs.state.nc.us/DMA/bulletin.htm>.

B. Services Impacted

The Requirements for the Provision of Services by County Departments of Social Services replaces Volume VI, Chapter II (Conditions for the Provision of Social Services) of the Family Services Manual, and as such applies to the delivery of all social services provided by county departments of social services.

II. Application for Social Services

A. Application Requirements

The application for services shall be made through a form provided by the Department of Health and Human Services or an equivalent form. [NCAC 71R .0405]

All applicants for social services must initiate entry into the social services system via a written application except that no application shall be required for the following:

Evaluation of the need for protective services for adults;

<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/>

Guardianship services for adults; <http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/>

Protective services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Foster care services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Employment program services;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

[10A NCAC 71R 0401]

In all circumstances other than those listed above, an application must be signed and dated by the applicant or the applicant's representative, or in instances where the applicant executes his/her signature by making a mark (x), the application shall include a signature of a witness.

[10A NCAC 71R .0405]

When an individual makes an application for services, it is expected that the individual will sign the application. In some instances, the application may be signed by a member of the applicant's family or by some other representative of the applicant. If there is no one else that can sign, the applicant's representative may be agency staff, if necessary, to obtain the service for the client. Agency staff should document why no other family member or representative could sign for the services.

Although a signed application is not required for adult protective service evaluations, guardianship services for adults or child protective services, there are other documentation

requirements prior to the initiation of services. See Part D (Application Documentation Requirements) of this section for additional State policy.

While the DSS-5027 or an equivalent form approved by the appropriate State agency is considered the application form, the DSS-5027 has multiple uses. See <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.htm#P68.815> for a discussion of the uses of the DSS 5027.

B. Opportunity to Apply

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date. [10A NCAC 71R .0402]

Application for social services may be made by:

An adult or emancipated minor on his/her own behalf or on behalf of others in his/her family;

A parent, custodian or guardian acting on behalf of a minor;

Someone for the applicant if the applicant is believed to be incompetent or incapacitated; or

Agency staff on behalf of an individual in the event of an emergency, or when there is some urgency to provide services, or if arranging for the individual to make application would create a barrier to the receipt of services.

[10A NCAC 71R .0403]

Each individual for whom services are requested should have a separate application (DSS-5027 or an equivalent form approved by the appropriate State agency). The same person may sign all the applications as needed, for example a parent may sign on behalf of all family members who are not able to sign for themselves.

C. Methods for Making Application

When the application is made through a mailed or electronically transmitted request for service(s), the agency shall transfer the information to the application form and maintain the written request in the service record. [10 A NCAC 71R .0405]

An applicant or his/her representative may sign the application in the agency office, in the client or representative's home or any other designated location.

If there is insufficient information provided through a mailed or electronically submitted written request, agency staff should call or visit the applicant to complete the information. The applicant needs to sign the application when it has been completed.

D. Application Documentation Requirements

The application form must include at a minimum:

Identification of the individual for whom the service(s) is (are) requested;

Identification of the specific service(s) requested for both initial requests and additional requests;

Date of the request;

Signature of the applicant or his/her representative, the date of the signature and for situations where the person making the application executes his/her signature by making a mark (X), the signature of a witness;

Signature of the social worker determining eligibility and date that determination was made; and

Documentation that the application is voluntary and that the individual has been informed of the following rights and responsibilities associated with applications for social services:

The right to request and obtain a fair hearing if his/her application is not acted on by the rules of this Subchapter [see 10A NCAC 71R .0402] or if (s)he disagrees with the agency's action in response to his/her application for services;

The right to confidentiality and that the information given to the agency will be confidential and not be released without written consent except for information necessary to establish eligibility, information that may be revealed in the course of agency audits and monitoring and as otherwise required by law; and

His/her responsibilities to provide accurate and complete information necessary to determine eligibility and, if requested, to provide documentation of such information; to notify the agency within five days of any change in address, employment, income, living arrangement or family size; and that failure to provide accurate and complete information may subject him/her to prosecution.

[10 A NCAC 71R .0405]

The date of the application is when the applicant signs the application, the date of request for guardianship for adults or the date of the report for Adult Protective Services or Children's Protective Services.

[10 A NCAC 71R .0405]

When an applicant executes his/her signature by making a mark (X), the worker may serve as a witness if there is no other family member, friend or other staff available. The worker should document in the record that no other person was available to serve as a witness.

The signature of the worker and the date the eligibility decision was made are necessary for determining prompt service provision, appeals and fair hearings procedures and fiscal accountability.

E. Exceptions to Application Documentation Requirements

When a signature of the applicant or his/her representative is not obtained because obtaining the signature would create a barrier to the receipt of the service, the social worker shall document the request indicating the service(s) requested, the date of the request and the circumstances that prevented the worker from obtaining the signature.
[10 A NCAC 71R .0405]

The social worker must sign and date the application to indicate the date eligibility was determined.
[10 A NCAC 71R .0405]

In the case of applications for Health Support Services-Family Planning Component, the signature of the applicant is always required and must not be waived.
[10 A NCAC 71R .0405]

For purposes of Protective Services for Adults-Evaluation and Protective Services for Children, the DSS copy of the accepted report of abuse, neglect or exploitation should be maintained in the case record in addition to the DSS 5027 (or an equivalent form approved by the appropriate State agency).

III. Citizenship and Residency Requirements

A. U.S. Citizenship

The Personal Responsibility Work Opportunity Reconciliation Act of 1996 provides that U.S. Citizens and qualified aliens are eligible for a broader range of public benefits than are nonqualified aliens [Federal PL 104-193]. The Act states that a nonqualified alien is not eligible for Federal, State or Local Public Benefits except in some specific situations. See http://www.ssa.gov/OP_Home/comp2/F104-193.html for guidance.

Resources that will provide policy and guidance for specific issues about citizenship are:

Adult Medicaid Manual, Section MA-2504

[<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/index.htm>];

Child Care Subsidies Manual, Chapter 4

[<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>];

Special Assistance for Adults Manual, Section 3240

[<http://info.dhhs.state.nc.us/olm/manuals/doa/sa/man/index.htm>];

DSS Administrative Letter No. Adult and Family Services 03-2002

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/adm/aps_032002.htm#P10_0];

Personal Responsibility Work Opportunity Reconciliation Act of 1996 - PL104-193

[http://www.ssa.gov/OP_Home/comp2/F104-193.html];

Work First Manual, Section 111

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm>]; and

Work First User Manual, Section WF-500

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-96/man/index.htm>].

B. State Residence

An individual must first meet the U.S. citizenship requirements outlined above.

[Federal PL 104-193]

In order to apply for social services, individuals must be residents of North Carolina.

[10A NCAC 71R .0404]

Unless otherwise defined by federal regulation, a resident of North Carolina is defined as:

A person who is living in North Carolina at the time of application with the intent to remain permanently or for an indefinite period;

**A person who enters North Carolina seeking employment or with a job commitment; or
[NCGS 108A-24 (6)]**

**A child living in North Carolina on other than a temporary basis.
[10A NCAC 71R .0403]**

No requirements as to the duration of the residence should be imposed as a condition to the receipt of services.

Notwithstanding state residence as an eligibility criterion, there are times that county departments are required or allowed to provide services to adults and children who do not meet this definition of resident, e.g., in protective services cases, in some adult placement circumstances, under the terms of the Interstate Compacts, in response to court orders, etc. Whenever services are provided in accordance with State program policy, costs should be reimbursable regardless of a client's status as a state resident.

C. County Residence

Legal residence in a county determines which county is responsible for social services required by the person.

Except as modified below, a person has legal residence in the county in which (s)he resides:

A legal residence continues until a new one is acquired, either within or outside this State. When a new legal residence is acquired, all former legal residences terminate.

If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, (s)he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located.

A minor has the legal residence of the parent or other relative with whom (s)he resides. If a minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility or similar institution or facility, (s)he has the legal residence of the person with whom (s)he resides.

Any other minor has the legal residence of the mother, or if her residence is not known, then the legal residence of his/her father. If his/her mothers or father's residence is not known, the minor is a legal resident of the county in which (s)he is found.

[NCGS 153A-257]

If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect or dependency case, any one of the county departments of social services may refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question.

[NCGS 153A-257]

Legal residence in a county determines which county is responsible for the provision of services required by an individual to the extent of the availability of services and the individual's eligibility for services; however, there are exceptions to which county is responsible for provision of services that are dictated by specific service policies.

No requirements as to the duration of residence may be imposed as a condition to the receipt of services.

If a person is in a hospital, mental institution, nursing home, confinement facility, or similar institution or facility, his/her legal residence is generally considered the county in which he/she last had legal residence.

An individual may make application for services at any county department of social services.

The county that assumes case management responsibilities is responsible for the cost of providing the services it authorizes for the individual.

When a county DSS has custody or guardianship of a child or guardianship of an adult, that county retains responsibility for service provision and case management regardless of where the individual resides. Additional guidance may be found in the following manuals:

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS-6510 III.B.3.b. (Receiving and Screening Reports)

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510-01.htm#P25_1981],

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS 6510, Appendix, U. (Adult Protective Services Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510xU.pdf>],

Family Services Manual Chapter VIII: Guardianship, Section III. A.5. (Inter-County Cooperation) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-11.htm#P1207_111272], and

Family Services Manual Chapter VIII: Guardianship, Section II.D.1. (Venue) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-05.htm#P471_32676].

For additional guidance involving adults, see the following manuals:

Family Services Manual, Volume V, Chapter IX: Adult Care Home Case Management Services, Section 9040, IX [http://info.dhhs.state.nc.us/olm/manuals/doa/achcm/man/ACHCM-08.htm#P729_91750] and

Family Services Manual, Volume V, Chapter III: Adult Placement Services, Section 5 (5520), A.2.b. (Residency Requirements) [<http://www.dhhs.state.nc.us/aging/manual/ncfast/AdultServices.pdf>].

For additional guidance involving minors, see the following manuals:

Chapter V: Cross County Issues and Chapter VIII: Protective Services, Conflict of Interest, Section 1410 [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/index.htm#TopOfPage>] and

Chapter VIII: Protective Services, Conflict of Interest, Section 1410 (Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1410.htm#TopOfPage>].

For additional guidance about applying for child care subsidies, see Child Care Subsidy Services, Chapter 4: Application, Eligibility Determination and Documentation Child Care [<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>].

IV. Eligibility Determination and Redetermination

A. Eligibility Determination Process

An eligibility determination means a decision pursuant to an application for social services which is based on information necessary to determine whether an individual meets the conditions of eligibility for the service(s) requested. Conditions of eligibility include:

basic eligibility criteria applicable to the program or funding source under which the service is made available; and

conditions of need specified in the target population for the services requested.

[10A NCAC 71R .0601]

The individual making application shall provide information which will enable the agency to reach an eligibility decision. Failure on the part of the individual making application to provide such information or to cooperate with the agency in determining eligibility are grounds for delay in processing an application and reaching an eligibility decision or for denial of services.

[10A NCAC 71R .0601]

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date.

[10A NCAC 71R .0402]

The agency has 30 calendar days from the date the applicant signed the application to make an eligibility decision on the service(s) requested. If the application is received through the mail the beginning date is the date the agency received the request.

Acceptable grounds for a delay beyond the thirty (30) calendar days occurs when the applicant delays in providing necessary information to reach an eligibility decision. The social worker should document the reasons for the delay.

B. Basis for Establishing Eligibility for Services

Eligibility for services is established on the basis of:

a signed, dated application, if required;

the agency's determination that the individual meets the conditions of eligibility;

availability of the service in the county in which the individual has legal residence; and

availability of the service to the individual's category of eligibility.

[10A NCAC 71R .0602]

Each service may have additional eligibility requirements, such as specified target populations and income requirements. Refer to the program manual that governs the specific requested service to see if there are additional eligibility requirements. For services funded with Social Services Block Grant (SSBG) funds, see section XI of this manual.

C. Basis for Denial, Modification and/or Termination

Reasons for the denial of an application for services and reasons for the termination of services include the following:

the individual has failed to cooperate with the agency in determining (or redetermining) eligibility;

the individual cannot be located to allow for determination (or redetermination) of eligibility;

the individual has been determined to be not eligible for the services requested on the basis that (s)he does not meet (or because of changing circumstances, no longer meets) the conditions of eligibility for the program funding sources under which the service is provided or the definition of the target population for receipt of the service;

the service is not available in the county in which the individual has legal residence;

the service will not be available in sufficient time to ensure its prompt provision;

the agency has exhausted its funds for the provision of the service for that program year;

the individual has notified the agency that (s)he no longer wants or needs the service;

the agency has determined that the individual is no longer able to avail himself/herself of the service because (s)he has moved to another county or is in an institution;

the individual has failed to utilize the service or to cooperate in service delivery;

the individual is residing in a facility or institution and the funding source prohibits provision of the service to clients in facilities or institutions; or

the individual fails to meet any other conditions set forth in Chapters 70 and 71 of 10A NCAC governing the delivery of the service. [10A NCAC 71R .0603]

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required as set forth in [10A NCAC 71R.0603]

Termination and modification should involve a discussion with the client/family prior to his/her receipt of a written notice. This discussion should be documented in the record.

D. Documentation of Eligibility Decision

The agency shall document information pertinent to meeting conditions of eligibility in the individual's service record.

The agency shall document the eligibility decision, the date of the decision and the service worker/case manager making the decision on the application form.

The agency shall document the beginning and ending date for all services provided with regard to income.

For all services provided without regard to income, except for child care services, the agency shall document the beginning date, which is the eligibility date. [10A NCAC 71R .0605]

If eligibility documentation is in the narrative recording, the date of the narrative should be noted in the comments section on the DSS-5027 or an equivalent form approved by the appropriate State agency. See SIS Manual <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>.

The date of the worker's signature should be the date of the eligibility decision unless the DSS 5027 is auto-generated by the DSS 5104.

Document the eligibility decision in Section B.8 of the DSS 5027; document the period of time covered by the eligibility decision in Section C of the DSS 5027.

For additional information about documentation of the period of time covered for child care services, see the Child Care Subsidy Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

E. Redetermination of Eligibility

Redetermination of eligibility and need must be made at least every twelve months for services available with regard to income.

The agency shall make a redetermination of eligibility and need for the following services every 12 months:

- **child care services;**
- **transportation; and**
- **health support – abortion and sterilization components which are federally funded.**

Requirements and procedures for a redetermination are the same as those for eligibility determination for services provided with regard to income.

Eligibility for services provided without regard to income is based on need, and services shall continue until determined no longer appropriate.

The agency shall make a redetermination of eligibility and need when there is new information provided to the agency about changes in the client's circumstances that affect his/her eligibility. [10A NCAC 71R .0604]

Some programs have specific documentation requirements at the time of redetermination. Refer to program specific manuals for these requirements.
<http://info.dhhs.state.nc.us/olm/manuals/default.aspx>

V. Notices of Action for Service Applications

A. Notification Requirements

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required. [10A NCAC 71 R .0603]

Except as otherwise provided by applicable program specific federal regulations, the county department of social services does not need to provide notification of action to the client when:

the agency is terminating services based on factual information confirming the death of the client;

the provision of protective services to children or protective services-evaluation to adults is initiated or terminated;

the county department of social services has applied for services in behalf of an individual for whom they have custody or guardianship for adults;

the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

When notice is required, all notices of action shall be documented in the record and at a minimum contain a clear statement of:

the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

B. Notification Time Frames

The agency shall ensure that the notice of the eligibility decision on the applicant's request for service(s) is delivered to the client or mailed and postmarked no later than 15 calendar days after the eligibility decision is made or within 30 calendar days of the date of application, whichever comes first.

For additional services requested after the initial application, but while the recipient is still receiving service(s), the agency shall deliver notice to the client or mail and postmark the notice no later than 15 calendar days after the date the mailed request is received in the agency.

[10A NCAC 71R .0801]

Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

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the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

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the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

VI. Prompt Provision of Services

When an individual's eligibility for a service is established in accordance with 10A NCAC 71R .0602, the service must be provided as follows:

Initial service(s) requested must be provided within fifteen (15) calendar days of the date the notice of eligibility is given or sent to the client.

For additional service(s) requested during an ongoing period of eligibility, the service must be provided within thirty (30) calendar days of the date the request was received by the agency.

When a requested service cannot be provided within timeframes above, the application for the service must be denied unless, for services funded with Social Services Block Grant (Title XX) funds administered by the Division of Social Services, the agency has adopted a local waiting list policy that provides otherwise as follows:

Local waiting list policies must be in writing and must be approved by the county board of social services.

Local waiting list policies must designate whether the waiting list is used for purposes of meeting prompt provision requirements or to respond to inquiries about services or both.

Local waiting list policies must assure that all individuals are treated equitably in terms of the manner in which they are advised of the upcoming availability of services.

Local waiting list policies must ensure that an individual's name does not remain on the waiting list indefinitely without the individual being notified of the status of his/her request and the anticipated availability of the service. To this extent, the waiting list policy must designate a reasonable time period, not to exceed 90 days, that an individual's name can remain on the waiting list prior to providing the service or notifying the individual that the service cannot be provided. [10A NCAC 71R .0803]

Provision of the service means the delivery of the service by agency staff, arranging for delivery of the service by agency staff or delivery of the service by another provider who is authorized by the agency to provide the service.

A county may decide not to maintain a waiting list, but instead choose to keep an inquiry list. The purpose of the inquiry list is to keep a list of names and contact information for individuals that expressed an interest in a particular program or service provided by the

county Department of Social Services. The inquiry list is an informal process and not subject to the same requirements for the maintenance of a waiting list. Best practice approach suggests that the agency utilizing inquiry lists needs to consider some important basic principles. When deciding whether to use a waiting list or inquiry list consider the following:

Prospective clients need to have the most current information in order to make informed decisions. It is important that individuals on an inquiry list know when a service or program will not be available to them due to limited funding or discontinuance of the service.

The agency may also provide alternative approaches or referrals to other services.

It is recommended that people on an inquiry list be contacted every ninety days to update them on the current availability of the service(s) in which they have an interest and/or to determine if they have an interest in remaining on the list.

It is also recommended that local policies and procedures governing the agency's use of inquiry lists be in writing and approved by the county board of social services.

VII. Policies and Procedures Governing Quarterly Reviews

The agency shall review and document the client's situation and service plan at least quarterly from the date of application except for clients whose only service(s) is (are):

transportation; <http://www.ncdhhs.gov/aging/transp.htm>

child care; <http://ncchildcare.dhhs.state.nc.us/general/home.asp>

foster care; <http://www.ncdhhs.gov/dss/fostercare/index.htm>

adoptions; and <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-50/man/>

housing and home improvement <http://www.dhhs.state.nc.us/aging/services/himprove.htm>

The agency shall conduct the review in the month it is due. The month the quarterly review is due is determined by the month in which the application was made.

The agency must label and date the quarterly review in the record.

[10A NCAC 71R .0606]

An annual re-assessment may take the place of the fourth quarterly review at the end of each twelve months of service provision.

The quarterly review includes an assessment of the client's progress since the last review, need for continued service or additional services and any significant changes in the client's situation/functional domains.

If possible, the review should be done with a face-to-face visit with the client.

If a face-to-face visit is not possible, collateral sources knowledgeable of the client's situation may be contacted to complete the quarterly review. Documentation should indicate the reasons the review was not done with the client.

The quarterly review is a minimum requirement. Reviews may occur more frequently than quarterly if needed.

VIII. Policies and Procedures Governing Appeals and Fair Hearings

A. Requirement to Provide Information to the Client

Each applicant or recipient shall be notified in writing (except when exempt from notice) of his/her right to appeal upon denial of his/her application for assistance and at the time of any subsequent action on his/her case. [NCGS 108A-79]

The client copy of the DSS-5027 <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/dss5027.pdf> contains information that advises the applicant/recipient of his/her right to a fair hearing. It includes procedures on how to obtain a fair hearing and documents that the information was provided to the applicant/recipient. (If another form is used, the agency is responsible for documenting that the same information contained on the DSS-5027 is provided to each applicant/recipient. See Notices Section)

B. Time Frames and Documentation of Requests

Failure to notify the agency before the end of the 60th day constitutes a waiver of the right to a hearing, except that for good cause shown, the county department of social services may permit an appeal notwithstanding the waiver. The waiver shall not affect the right to reapply for the service(s). [NCGS 108A-79]

The applicant /recipient may give notice of appeal verbally or in writing. The request should be documented in the record and referenced on the form developed by the local Department of Social Services.

The request for appeal should be made within sixty (60) calendar days from the effective date of the action.

In the case of approval or denial, the effective date of the action is the date the notice is sent or given to the client.

In the case of a termination or modification, the effective date of the action is the date the service(s) will be terminated or modified as specified on the notice of action.

For purposes of counting elapsed days to establish the period during which an appeal can be made, day one is the first day after the effective date of the action.

C. Right to Continued Service Provision Pending a Fair Hearing

If a recipient appeals a termination or modification of a service(s) (other than the lack of public funds to pay for the service(s)), (s)he has the right to continue to receive the service(s) at the present level pending the local hearing decision, providing the appeal is made prior to the effective date of the termination or modification (i.e., at least ten (10) work days after the notice is sent).

The individual may waive his/her right to continue to receive the service(s) during the period prior to the hearing. If so, it must be documented in the record. [G.S. 108A-79]

The client should be notified at the time (s)he requests continued service(s) that (s)he may be required to pay the cost of the service should (s)he lose the appeal.

D. Client Access to Records

The applicant/recipient shall have adequate opportunity prior to and during the hearing to review all documents and records that will be used at the hearing, including the right to have access to information in his/her case file.

**Provisions for the client's access to his/her service record shall be made in accordance with policies governing confidentiality and access to client records.
[NCGS 108A-79; 10A NCAC 69; NCGS 108A-73; and NCGS 108A-80]**

E. Procedures for Fair Hearings

For purposes of services appeals and fair hearings, the policies and procedures set forth in the Office of Administrative Hearings (OAH) must be followed <http://www.oah.state.nc.us/>.

For additional guidance see the Handbook on Public Assistance
<http://www.ncdhhs.gov/dss/county/docs/handbookonpublicassistanceappeals.pdf>

IX. Services Fraud

A. Obtaining Property by False Pretenses

If any person shall knowingly and designedly by means of any kind of false pretense whatsoever, whether the false pretense is of a past or subsisting fact or of a future fulfillment or event, obtain or attempt to obtain from any person within this State any money, goods, property, services, chose in action, or other thing of value with intent to cheat or defraud any person of such money, goods, property, services, chose in action or other thing of value, such person shall be guilty of a felony: Provided, that if, on the trial of anyone indicted for such crime, it shall be proved that he obtained the property in such manner as to amount to larceny or embezzlement, the jury shall have submitted to them such other felony proved; and no person tried for such felony shall be liable to be afterwards prosecuted for larceny or embezzlement upon the same facts: Provided, further, that it shall be sufficient in any indictment for obtaining or attempting to obtain any such money, goods, property, services, chose in action, or other thing of value by false pretenses to allege that the party accused did the act with intent to defraud, without alleging an intent to defraud any particular person, and without alleging any ownership of the money, goods, property, services, chose in action or other thing of value; and upon the trial of any such indictment, it shall not be necessary to prove either an intent to defraud any particular person or that the person to whom the false pretense was made was the person defrauded, but it shall be sufficient to allege and prove that the party accused made the false pretense charged with an intent to defraud. If the value of the money, goods, property, services, chose in action, or other thing of value is one hundred thousand dollars (\$100,000) or more, a violation of this section is a Class C felony. If the value of the money, goods, property, services, chose in action, or other thing of value is less than one hundred thousand dollars (\$100,000), a violation of this section is a Class H felony.

Evidence of non-fulfillment of a contract obligation standing alone shall not establish the essential element of intent to defraud.

For purposes of this section, "person" means person, association, consortium, corporation, body politic, partnership, or other group, entity, or organization. (33 Hen. VIII, c. 1, ss. 1, 2; 30 Geo. II, c. 24, s. 1; 1811, c. 814, s. 2, P.R.; R.C., c. 34, s. 67; Code, s. 1025; Rev., s. 3432; C.S., s. 4277; 1975, c. 783; 1979, c. 760, s. 5; 1979, 2nd Sess., c. 1316, s. 47; 1981, c. 63, s. 1; c. 179, s. 14; 1997-443, s. 19.25(I.) [NCGS 14-100]

In situations where there is evidence that leads an agency to believe that an individual has been fraudulent in providing information used to establish eligibility for the receipt of services, the agency may take steps to seek recovery for the cost of the services provided to the individual.

The Attorney General has given the following guidance that may be helpful. Elements of civil fraud, for purposes of the services program are:

The material misrepresentation or concealment of a past or existing fact; which representation is definite and specific; made with knowledge that is false; or made recklessly and as a positive assertion, without knowledge of its truth; or which concealment is done with knowledge that there is an affirmative duty to reveal; and with intent that the misrepresentation or concealment is reasonably acted upon to his/her detriment by the person (agency) sought to be defrauded.

Consultation among the agency director, agency attorney, and district attorney may be helpful in establishing a clear understanding of what constitutes fraud in the services program; how to evaluate evidence and make recommendations; and ensure that proceedings are handled in an equitable manner.

When there is evidence of fraud, the agency director and the county board of social services would examine the situation and, based on evaluation of the evidence, determine the manner in which to proceed.

Recommendations for action should be made in consultation with the agency attorney, particularly in determining the most appropriate means by which recovery is to be sought.

Decisions should be made on an equitable basis.

Discretion should be exercised in making a decision to seek prosecution under criminal statutes as the means to recover.

The agency may seek voluntary repayment from the client; or may seek recovery through court action, under civil or criminal proceedings, or both.

Both civil and criminal proceedings can be initiated; however, the agency can collect repayment only once.

X. Policies and Procedures Governing Record Keeping

A. Requirements to Establish and Maintain Service Records

An agency must open and maintain a service record for each individual for whom an application for social services is made and for each recipient of protective services.

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in 10A NCAC 69.

The service record must be updated and documented as necessary to reflect changes in a client's circumstances and to keep all information in the record current.

All changes must be documented in the service record. These include the addition of a service to a client's service plan, termination of service, redetermination of eligibility, changes in the recipient's circumstances that affect his/her need for or use of services, and any action taken by the agency that affects the client's receipt of a service and termination of the recipient's service. [10A NCAC 71R .0303]

In order to comply with the budgeting, planning and reimbursement requirements of G.S. Chapter 108A and 45 CFR 228.17, each county department of social services shall complete all forms specified and approved by the Department of Health & Human Services. [10A NCAC 67A .0107]

For certain services (e.g., adoptions, protective services), confidentiality requirements are such that separate case files must be maintained.

Service records include basic data, information necessary for determining eligibility and need for the services, providing case management and complying with documentation requirements set forth in policies governing the program funding source for the specific service(s).

An individual's case file may be maintained separately, maintained in a separate section or may be grouped in a family record provided appropriate documentation of eligibility and service provision is maintained for each individual, and provided confidentiality requirements can be accommodated.

Documentation is required in order to establish a record of changes for the client in the service system, to establish a record for fiscal accountability and to document agency action related to appeals, fair hearings and other legal proceedings.

If changes are documented in the quarterly review, additional documentation is not required. There may be additional service specific documentation requirements for updating recipient service records <http://info.dhhs.state.nc.us/olm/manuals/>.

B. Eligibility Documentation Forms

Use of the Department of Health and Human Services specified and approved forms is required. [10A NCAC 67 .0107]

The Division of Social Services, the Division of Child Development, the Division of Services for the Blind and the Division of Aging and Adult Services make available standardized forms that are designed to address documentation requirements applicable to all of the service programs and funding sources outlined in this Chapter. Standardized forms issued by the Divisions will assure compliance with Federal regulations and State law when the forms are used in accordance with eligibility and service policies and when completed in accordance with form instructions.

C. Narrative Recording

Narrative case recording includes any report, social work assessment or study that is prepared by the social worker or received by the social worker. Such may include summaries of an individual's adjustment and utilization of care outside his/her own home, information prepared for court, summaries prepared for purposes of consultation, etc. Regardless of whether the narrative is in the form of a summary report or in the form of general case dictation, recording should include only that information which contributes to a valid basis for reliable conclusions about the client and his/her situation. Such information should be objective, without prejudice and pertinent to the delivery of services and achievement of goals. Case recording is to help the worker assess the direction of service and provides a basis for the worker's self-evaluation. Additionally, case recording incorporates the worker's reflective thinking and professional judgment about the client and his/her use of services and resources.

Narrative recording serves the following purposes:

supportive documentation of the client's need/lack of need for services;

documentation of the completion of the quarterly review;

assistance to staff in the provision of quality service to an individual client and in identifying unmet needs and gaps in resources;

meeting the needs of supervision and supporting administrative planning; and

achieving more effective practice.

In general, the form and scope of narrative recording is determined by local agency policy. Where there are specific recording requirements with respect to certain services, those are set forth in the specific manuals governing provision of those services. For purposes of optional narrative recording, any locally developed form(s) or procedures may be used.

D. Confidentiality of Records

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in [10A NCAC 69].

Federal Law 42 CFR 431.300 requires states to provide safeguards to restrict the use or disclosure of information concerning Medicaid applicants.

It is unlawful for any person to obtain or disclose any information concerning individuals applying for or receiving public assistance or social services that may be directly or indirectly derived from the client's records. [NCGS 108A-80]

Federal Law 45 CFR 164-512 provides for some exemptions related to confidentiality and the release of information in situations of Adult and Child Protective Services and Guardianship. <http://hipaa.dhhs.state.nc.us/index.html> In addition to these requirements there are service specific confidentiality rules. The service record should be physically safeguarded and agencies need to establish and implement policies that keep service records confidential and safe from unauthorized access.

Become familiar with and follow your agency's release of information protocols. Consult with a supervisor or manager before releasing any information.

E. Retention of Records

Records Retention and Disposition Schedule: County Department of Social Services provides policy and guidelines for record retention. [http:// www.ah.dcr.state.nc.us/records/default.htm].

XI. Social Services Block Grant

A. Social Services Block Grant

Services funded by the Social Services Block Grant shall be provided directly by the Department of Health and Human Services, its divisions or their local counterparts; or services shall be purchased from public or private providers by contracting in accordance with federal, state, and local regulations governing such purchases.

[10A NCAC 71R .0104]

Every two years North Carolina develops a Social Services Block Grant Plan. It is available for public review and comment before it is submitted to the United States Department of Health and Human Services. The current SSBG Plan can be found at <http://www.dhhs.state.nc.us/dss/publications/index.htm>

The North Carolina SSBG Plan requires local match funds for all SSBG funded services:

12.5% Local Match - State In-Home Fund (In-Home Services, including In Home Aide Services, Home Delivered Meals, Housing and Home Improvement Services and Preparation and Delivery of Meals);

25% Local Match – In-Home Services once a county’s State In-Home Fund allocation is exhausted; and

25% Local Match - All other SSBG funded services reimbursement is based on the actual cost of a service rather than an established unit rate.

The Department of Health and Human Services is the single designated agency in North Carolina for administering the Social Services Block Grant. All divisions receiving SSBG funding are also charged with administrative responsibilities to assure that SSBG funds are utilized in a manner consistent with the general approach applicable to their other services.

B. SSBG Services Supported by the Social Services Block Grant

Services which may be reimbursed with SSBG funds are:

Adjustment Services for the Blind and Visually Impaired*

Adoption Services*

Adult Placement Services*

Child Care Services*

Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services

Requirements for the Provision of Services by
County Departments of Social Services
Effective Date: 11/01/2007
Last Update: 7/11/2008

Community Living Services
Day Care Services for Adults
Delinquency Prevention Services
Employment and Training Support Services
Family Planning Services*
Family Preservation Services
Family Support Services
Foster Care Services for Adults*
Foster Care Services for Children*
Health Support Services* (sterilization component is optional)
Home Health Services (includes Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and/or Nutrition Care)
Housing and Home Improvement Services
Individual and Family Adjustment Services*
In-Home Aide Services*
In-Home Aide Services for the Blind*
Intensive Family Preservation Services
Personal and Family Counseling
Preparation and Delivery of Meals
Problem Pregnancy Services
Protective Services for Adults*
Protective Services for Children*
Residential Treatment for the Emotionally Disturbed
Respite Care Services
Transportation Services
Youth Services
(*indicates mandated services and are addressed below)

Mandated services shall be made available in each county. All other services specified above shall be considered optional for purposes of the SSBG. [10A NCAC 71R .0101 and .0103]

C. SSBG Requirements

In order for an individual to be eligible to receive services funded under the Social Services Block Grant (Title XX), it must be established that (s)he is eligible on the basis of need as specified in the target population for the services requested except that for purposes of providing child care services, transportation services or the federally funded sterilization resource item of health support services, eligibility must also be determined on the basis of his/her income maintenance or income eligible status. [10A NCAC 71R .0501]

Services Without Regard to Income

Individuals are eligible for the following services on the basis of need for the service and without regard to their income:

- Adjustment Services for the Blind and Visually Impaired;**
- Adoption Services;**
- Adult Placement Services;**
- Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services;**
- Child Care Services, when needed to support child protective services, child welfare services and for children receiving foster care services;**
- Community Living Services;**
- Day Care Services for Adults;**
- Delinquency Prevention Services;**
- Employment and Training Support Services;**
- Family Planning Services;**
- Family Preservation Services;**
- Family Support Services;**
- Foster Care Services for Adults;**
- Foster Care Services for Children;**
- Health Support (excluding the optional voluntary sterilization component);**
- Home Health Services (including Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and Nutrition Care);**
- Housing and Home Improvement Services;**
- Individual and Family Adjustment Services;**

In-Home Aide Services;
Intensive Family Preservation Services;
Personal and Family Counseling
Preparation and Delivery of Meals;
Problem Pregnancy Services;
Protective Services for Adults;
Protective Services for Children;
Residential Treatment for the Emotionally Disturbed;
Respite Care Services;
Transportation Services provided by the North Carolina Commission of Indian Affairs;
and Youth Services.

Documentation of need and how the individual meets the target population is required in the service record.

Services With Regard to Income

The delivery of the following SSBG services are restricted to individuals who are eligible based on either income maintenance status or income eligible status:

In-Home Aide Services for the Blind,
Child Care Services,
Transportation Services, or
The Federally Funded Sterilization Resource Item of Health Support Services

For an individual to be eligible on the basis of income maintenance status, it must be established that the individual is:

a current applicant/recipient of Work First Family Assistance, Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level) as defined in G.S. 108A-24; or a person whose needs were taken into account in determining the needs of Work First Family Assistance recipients;

a current recipient of Supplemental Security Income (SSI);

an individual who receives regular Optional State Supplementation payments from the State, known as State/County Special Assistance for Adults in North Carolina; or

a child with respect to whom foster care maintenance payments or adoption assistance payments are made under Public Law 96-272.

An individual whose eligibility is based on income maintenance status is eligible for any service funded under the Social Services Block Grant (Title XX) that is available in the county in which he lives. [10A NCAC 71R .0502]

Individuals who are receiving or are eligible to receive certain public assistance payments are considered “categorically eligible” for services provided either with regard to income or without regard to income. These individuals may be approved for any SSBG service regardless of the amount of the public assistance payments, as long as the need for the service is established for an individual to be categorically eligible for SSBG services, (s)he is receiving or is eligible to receive one of the following incomes:

Supplemental Security Income (SSI);

Work First Family Assistance (WFFA), Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level);

State/County Special Assistance for Adults in North Carolina; or

Public Law 96-272 Foster Care Maintenance or Adoption Assistance

The amount of the monthly assistance is not relevant to an individual’s eligibility for SSBG services.

Individuals other than those eligible on the basis of income maintenance status may be determined eligible on the basis of that individual’s income unit’s monthly gross income.

To determine income eligibility, it is necessary to determine: the number of individuals who reside in the same household who are financially obligated to one another (the income unit); and the amount of the gross monthly income available to them.

The following are defined as separate income units for purposes of determining eligibility and fees:

Biological or adoptive parents and their minor children;

A minor parent and his or her children;

Each adult, whether related or unrelated, other than spouses;

Children living with adults other than their biological or adoptive parents;

Minors who are emancipated through a court proceeding, marriage or participation in the armed services.

Sources of income which shall be considered for purposes of computing family monthly gross income are:

Gross earned wages or salary (earnings received for work performed as an employee, including wages, salary, commissions, tips, piece-rate payments and bonuses earned, before any deductions are made for taxes, bonds, pensions, union dues);

Adjusted gross income from taxable self-employment income;

Social Security benefits (includes Social Security pension, survivors/ benefits and permanent disability insurance payments);

Dividends; interest (on savings or bonds; income from estates or trusts; royalties; and adjusted gross rental income on houses, stores ore other property;

Pensions and annuities paid directly by an employer or union or through an insurance company;

Workers' compensation for injuries incurred at work;

Unemployment insurance benefits;

Alimony (includes direct and indirect payments, such as rent and utility payments);

Child support, direct or indirect;

Pension paid to veterans or survivors of deceased veterans;

On-the-Job (JOT) payments;

Job Training Partnership Act (TAP) payments made to an adult;

AmeriCorps stipend (living allowance);

Armed Forces pay (only the amounts taxable, such as base pay);

Work release payments;

Cherokee Tribal Per Capita Income paid to adult family members;

Work-study payments, if the income is from a program not administered under Title IV of the Higher Education Act or the Bureau of Indians Affairs; and

Recurring cash contributions paid directly to the parent. [10A NCAC 71R .0503]

The service record should document receipt of one of the income types listed above as well as information regarding the individual's need for the service.

The Federal Poverty Guidelines can be accessed at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

Exhibit C

Guilford County
HIPAA: Business Associate Addendum

This Business Associate Addendum is hereby made, entered into, and effective as of the effective date of this contract, by and between GUILFORD COUNTY, on behalf of the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH (“Covered Entity”) and _____ (“Business Associate”), and collectively referred to as the “Parties.”

Definitions

Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in 45 CFR 160.103 and 164.501.

- A. Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- B. Privacy Rule. “Privacy Rule” shall mean the standards for privacy of individual identifiable health information at 45 CFR part 160 and part 164, subparts A and E.
- C. Protected Health Information. “Protected Health Information” shall have the same meaning as the term “protected health information” is 45 CFR 164.501, limited to the information created or received by the Business Associate from or on behalf of the Covered Entity.
- D. Required by Law. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.
- E. Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- F. Data Aggregation. “Data Aggregation” shall mean, with respect to Protected Health Information created or received by the Business Associate in its capacity as the business associate of the Covered Entity, the combining of such Protected Health Information by the Business Associate with the Protected Health Information received by the Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- G. Designated Record Set. “Designated Record Set” shall mean a group of records maintained by or for the Covered Entity that is (i) the medical records and billing records about individuals maintained by or for the Covered Entity, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals. As used herein the term “Record” means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Covered Entity.
- H. Electronic Media. “Electronic Media” shall mean the mode of electronic transmissions. It includes the Internet, extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks and those transmissions that are physically moved from one location to another using magnetic tape, disk or compact disk media.

Recitals

- A. The U.S. Department of Health and Human Services has issued regulations on “Privacy Standards for Individually Identifiable Health Information,” implementing the Health Insurance Portability and Accountability Act of 1996 (the “Privacy Standards”).

- B. Covered Entity is a service provider. The U.S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), governing the privacy of Individually Identifiable Health Information obtained, created or maintained by certain entities, including health care providers.
- C. Business Associate either 1) performs certain functions for, or on behalf of the Covered Entity involving the disclosure of Protected Covered Entity Health Information (“PHI”) by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity; or 2) provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, administrative or financial services for the Covered Entity involving the disclosure of Protected Health Information (“PHI”) by the Covered Entity or another business associate of the Covered Entity.
- D. The parties of this Addendum agree to enter into this agreement to protect PHI, and to amend any agreements between them, whether oral or written, with the execution of this Addendum.

In consideration of the mutual promises and agreements below and in order to comply with all legal requirements for the protection of this information, the parties agree as follows:

General Provisions

- A. Effect. This Addendum supplements, modifies and amends any and all agreements, whether oral or written, between the parties involving the disclosure of PHI by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity. The terms and provisions of the Addendum shall supercede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference. Without limitation of the foregoing, any limitation or exclusion of damages provisions shall not be applicable to this Addendum.
- B. Amendment. Business Associate and the Covered Entity agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 CFR Parts 160 and 162) and the Security Standards (45 CFR Part 142) (collectively, the “Standards”) promulgated or to be promulgated by the Secretary or other regulations or statutes. Business Associate agrees that it will fully comply with all such Standards and that it will agree to amend this Addendum to incorporate any material required by the Standards.

Obligations of Business Associate

- A. Use and Disclosure of Protected Health Information. Business Associate may use and disclose Protected Health Information only as required to satisfy its obligations under the Agreement(s), as permitted herein, or required by law, but shall not otherwise use or disclose any Protected Health Information. Business Associate shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, use or disclose Protected Health Information received from the Covered Entity in any manner that would constitute a violation of the Privacy Standards if so used or disclosed by the Covered Entity, except that Business Associate may use or disclose Protected Health Information (i) for Business Associate's proper management and administrative services, (ii) to carry out the legal responsibilities of Business Associate or (iii) to provide data aggregation services relating to the health care operations of the Covered Entity if required under the Agreement(s). Business Associate hereby acknowledges that, as between Business Associate and the Covered Entity, all Protected Health Information shall be and remain the sole property of the Covered Entity, including any and all forms thereof developed by Business Associate in the course of its fulfillment of its obligations pursuant to this Addendum. Business Associate further represents that, to the extent Business Associate requests that the Covered Entity disclose Protected Health Information to Business Associate, such a request is only for the minimum necessary Protected Health Information for the accomplishment of Business Associate's purpose.

- B. Safeguards Against Misuse of Information. Business Associate agrees that it will use all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Addendum.
- C. Reporting of Disclosures of Protected Health Information. Business Associate shall, within thirty (30) business days of becoming aware of any use or disclosure of Protected Health Information in violation of this Addendum by Business Associate, its officers, directors, employees, contractors or agents or by a third party to which Business Associate disclosed Protected Health Information, report any such disclosure to the Covered Entity.
- D. Agreements by Third Parties. Business Associate shall obtain and maintain an agreement with each agent or subcontractor that has or will have access to Protected Health Information, which is received from, or created or received by Business Associate on behalf of the Covered Entity, pursuant to which agreement such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Business Associate pursuant to this Addendum with respect to such Protected Health Information.
- E. Accounting of Disclosures. Within ten (10) business days of notice by the Covered Entity to Business Associate that it has received a request for an accounting of disclosures of Protected Health Information, other than related to the treatment of the patient, the processing of payments related to such treatment, or the operation of a Covered Entity or its Business Associate and not relating to disclosures made earlier than six (6) years prior to the date on which the accounting was requested, Business Associate shall make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528. At a minimum, Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall within ten (10) business days forward such request to the Covered Entity. Business Associate hereby agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this Section.
- F. Availability of Books and Records. Business Associate hereby agrees to make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, the Covered Entity available to the Secretary for purposes of determining the Covered Entity's and Business Associate's compliance with the Privacy Standards.
- G. Indemnification. Each Party ("the Indemnifying Party") hereby agrees to indemnify and hold the other Party harmless from and against any and all liability and costs, including reasonable attorneys' fees, created by a breach of this Addendum by the Indemnifying Party, its agents or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the Agreement(s).
- H. Insurance. Business Associate shall obtain and maintain during the term of this Addendum liability insurance covering claims based on a violation of the Standards or any applicable state law or regulation concerning the privacy of patient information and claims based on its obligations pursuant to this Addendum in an amount not less than \$1,000,000 per claim. Such insurance shall be in the form of occurrence-based coverage. A copy of such policy or a certificate evidencing the policy shall be provided to the other Party upon written request. The Parties acknowledge and agree that Business Associate currently has a Cyber Liability policy with limits of not less than \$1,000,000 per occurrence, and is partially self-insured.
- I. Notice of Request for Data. Business Associate agrees to notify the Covered Entity within ten (10) business days of Business Associate's receipt of any written request or subpoena for Protected Health Information. To the extent that the Covered Entity decides to assume responsibility for challenging the

validity of such request, Business Associate agrees to reasonably cooperate with the Covered Entity in such challenge.

- J. Injunction. Business Associate hereby agrees that the Covered Entity will suffer irreparable damage upon Business Associate's breach of this Addendum and that such damages shall be difficult to quantify. Business Associate hereby agrees that the Covered Entity may file an action for an injunction to enforce the terms of this Addendum against Business Associate, in addition to any other remedy the Covered Entity may have.

Term and Termination

- A. Term. This Addendum shall become effective on the Effective Date and, unless otherwise terminated as provided herein, shall have a term that shall run concurrently with that of the last expiration date or termination of the Agreement(s).
- B. Termination Upon Breach of Provisions Applicable to Protected Health Information. Any other provision of the Agreement(s) notwithstanding, this Addendum and the Agreement(s) may be terminated by either Party upon twenty (20) business days written notice to the other Party in the event that the other Party breaches any provision contained in this Addendum and such breach is not cured within such twenty (20) day period; provided, however, that in the event that termination of this Addendum and the Agreement(s) is not feasible, in the Covered Entity's sole discretion, Business Associate hereby acknowledges that the Covered Entity shall have the right to report the breach to the Secretary, notwithstanding any other provision of this Addendum or any Agreement(s) to the contrary.
- C. Return or Destruction of Protected Health Information upon Termination. Upon termination of this Addendum, Business Associate shall either return or destroy all Protected Health Information received from the Covered Entity or created or received by Business Associate on behalf of the Covered Entity and which Business Associate still maintains in any form. Business Associate shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that the Covered Entity agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive such termination and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.
- D. The Covered Entity's Right of Cure. At the expense of Business Associate, the Covered Entity shall have the right to cure any breach of Business Associate's obligations under this Addendum. The Covered Entity shall give Business Associate notice of its election to cure any such breach and Business Associate shall cooperate fully in the efforts by the Covered Entity to cure Business Associate's breach. All requests for payment for such services of the Covered Entity shall be paid within thirty (30) days.
- E. Transition Assistance. Following the termination of this Addendum and the Agreement(s) for any reason, Business Associate agrees to provide reasonable transition services for the benefit of the Covered Entity.

(The remainder of this page has been intentionally left blank)

Addendum #1: (Bid 20256) Non-Mandatory ZoomGov Meeting
Integrated Data System and Aging and Adult Case Management Software

Online ZoomGov Meeting, February 12, 2025 @ 10:00 AM

Name	Company	Email
Christol Murphy	Guilford County Purchasing	cmurphy@guilfordcountync.gov
Tiffany Johnson	Guilford County Purchasing	tjohnso4@guilfordcountync.gov
Chrystal Braswell	Guilford County Purchasing	cbraswell3@guilfordcountync.gov
Olga Wright	Guilford County Purchasing	owright@guilfordcountync.gov
Lititia Rollo	Guilford County Administration – MWBE	lrollo@guilfordcountync.gov
Ferrel McGivary	Guilford County Administration – MWBE	fmcgilvary@guilfordcountync.gov
Alice Mahood	Guilford County Admin	amahood@guilfordcountync.gov
Michael Arthur	Guilford County Information Technology	marthur@guilfordcountync.gov
Partha Momidi	Guilford County Information Technology	pmomidi@guilfordcountync.gov
James Kurfees	Guilford County Information Technology	jkurfees@guilfordcountync.gov
Trisha Thomas	Guilford County Department of Health and Human Services	tthomas2@guilfordcountync.gov
Peter Purcell	Guilford County Information Technology	ppurcell@guilfordcountync.gov
Shraddha Patha	Guilford County Information Technology	spathak@guilfordcountync.gov

Jeffrey McCartney	Guilford County Information Technology	jmccartney@guilfordcountync.gov
Bridget Lindsay	Guilford County Information Technology	blindsa@guilfordcountync.gov
Linda Eugenio	Blenderbox Inc.	leugenio@blenderbox.com
Jonathan Luong	Launchpaed	jluong@launchpadco.com
Minky Kernacs	Mercurio Analytics	minky@mercurio.ai
Molly Maher	Dimagi	mmaher@himagi.com
Rebecca Kwon	CoreSpher, LLC.	Rebecca.kwon@coresphere.com
Munya Masumba	263 Hub	munya@263hub.com
Minky Kernacs	Mercurio Analytics	minky@mercurio.ai
Adam T. Brown	Adystech, Inc.	abrown@adsystemtech.com
Davis Hirsh	Care4 Software	david@care4soft.com
Kevin Smith	MCCi, LLC	ksmith@mccinnovations.com
Ashwin Saboo, MS, PMP, CSM	Creative Information Technology, Inc.	asaboo@citi-us.com
April Gordon	Asemio	agordon@asemio.com

Dylan Bestler	Cantata Health Solutions	Dylan.Bestler@cantatahealth.com
Janice Cabral	Infojini, Inc.	statebids@infojiniconsulting.com
Laura Farren	Dimagi	LFarren@dimagi.com
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Melissa Meisenheimer	CaseWorthy, Inc.	mmeisenheimer@caseworthy.com
Harrison	Harrison Longhurst-Salesforce	hlonghurst@salesforce.com
Nate Wenert	Innovaccer	Nate.weinert@innovaccer.com
Balaji Muthusubramanian	Stacknexus	balaji@stacknexus.io
Julian King	Care4Software	Julian.king@care4soft.com
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Diana Herring	Autocene Government Solutions	diana@acgovsolutions.com
Michaelle Goedrich	Launchpad	mgoedrich@launchpadco.com

Emmanuel Terrazas	ZeOmega	eterrazas@zemoega.com
Catherine Martin	Northwoods Consulting Partners, Inc.	Catherine.martin@teamnorthwoodds.com
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Jarret McClendon	M B Project Services LLC.	jmclendon@mbprojectservices.com
Mihir Kurane	Creative Information Technology	mkurane@citi-us.com

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Melissa Boda	ZeOmega	mboda@zeomega.com
Matt Williams	ZeOmega	williamsm@zeomega.com
Pasad AS	StackNexus, Inc.	Prasad.as@stacknexus.io
Krisine Harlow	Roeing IT Solutions	kharlow@roeing.com
Lakshmi Purushothaman	Luminar Data Solutions, LLC.	Lakshmi.purushothaman@luminardatasolutions.com
Christopher Plauche	ZeOmega	cplauche@zeomega.com
Chrystal Kirby	SocialBridge Technologies	Ckirby@socialbridgetec.com
Rachel Sasse	WellSky	Rachel.sasse@wellsky.com
Kumar Vengadaby		kumarv@ahchealthit.com
Tonya McClendon	MB Project Services	tmclendon@mbprojectservices.com

Alex De Zeeuw	EDZ Systems	Alex.dezeeuw@edzsystems.com
Shaun Newton	ZeOmega Government	Zeogov@zeomega.com
Jeff Kuhlman, CITI	CITI	Jkuhlman@citi-us.com
Marcus Fontaine	Impreiv Health	mfontaine@impresivhealth.com
Rus Burt	SocialBridge Technologies	rburt@socialbridgetec.com
Cyrstal Kirby	SocialBridge Technologies	ckirby@socialbridgetec.com
Greg Braun	Brite System	gbraun@britesys.com
David Hirsh	Care4Software	david@care4soft.com
Ian Marsh	Salesforce	ian.marsh@salesforce.com
Anand Shanbhag	Creative Information Tech Inc.	ashanbhag@citi-us.com
Daryl Hubbard	3 Fuezas Technology Solutions dba EDZ Systems	dlhubbard@edzsystems.com
Zen Sithole	263hub	zen@263hub.com

Tadd Smith	Salesforce	Tadd.smith@salesforce.com
Shalesh Gupta	CoreSphere, LLC.	sgupta@coresphere.com
Timothy Sullivan	Cantata Health Solutions	Timothy.sullivan@cantatahealth.com
Veronica Taylor	Jump Technology Services, LLC.	Veronica.taylor@jumpfaster.com

Addendum #2: (Bid 20256) Questions from Bidders

Integrated Data System and Aging and Adult Case Management Software

1. Page 3 of the RFP states that the proposed software will be exclusive to Guilford County. Will Guilford County consider purchasing a commercially available or commercial off-the-shelf (COTS) product? **COTS solution is acceptable if it is customizable to fit all the needs / scope of the RFP along with extendability features to scale up and address future integrations for various types of data sources. Any customization should be included in the cost proposal.**
2. Page 5 of the RFP states that Guilford County will award up to 30 points for vendors fulfilling the MWBE requirements. If a vendor intends to utilize their own workforce and submits Affidavit B, how will these 30 points be awarded? **Per the Qualifications and Submission Requirements of the RFP there are four (4) categories of point allocation under Tab 6: MWBE Participation Requirements. The proposer shall respond to all four (4) questions for point consideration. Submitting a Self-Performance Affidavit only satisfied one component of the requirements in Tab 6.**
3. Can Guilford County provide the number of users they anticipate using the CMS system?
For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
4. How many total users will need access to the system, and how many will be concurrent users?
For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
5. Should the proposal be uploaded as a single, tabbed document following the section requirements, or should each tabbed section be uploaded separately along with the required attachments? **All pages in your response shall be properly formatted in accordance with the instructions outlined in the Qualifications and Submission Requirements Section. You can upload one single document or multiple documents.**
6. It seems as though the Application/Eligibility functionality listed in the Exhibit B Requirements document are not required for any of the programs listed in Exhibit A Process Flows. Can you confirm if Application/Eligibility functionality is required and if so, for which program(s)? **All programs will have application functionality. Each program has eligibility criteria associated with it, and outside of Federal requirements, internal and local eligibility criteria will need to be considered through the case management system implemented.**
7. Can you provide the number of licensed users by role? For example, case managers/caseworkers, administrators, provider users, partner users, external users, any other users, etc.? **For the first phase of Case Management Software,**

we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.

8. Can offshore resources be used for the development of the solution, if production and non-production environments that contain PII/PHI and other confidential information remain in the US and are not accessed by offshore resources, and all data remains in the US? Offshore resources can be used for development purposes only. The data can not leave the boundaries of US. Vendor should clearly demonstrate how the offshore dev team will work on the project with out access to data stored in US. The SOC report that certifies the controls in place to show offshore development isolation need to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting in to the systems to trouble shoot have to the US based only.
9. Has the County seen any demos/talked to vendors prior to releasing the RFP, if so which vendors and technologies? This implementation team has not spoken with vendors prior to releasing the RFP, nor have we seen any demos. For the prior released RFP members of county staff did view demonstrations. Not everyone on this current team was employed with the county at that time, and we are treating this as a new bid with new information.
10. The budget for the prior RFP was approx. \$400k for only the case management system. Is the budget for this new RFP, with additional scope, higher? Will ARPA funds be used for the procurement of this combined IDS+CMS solution? ARPA funds will not be used. A budget for the project has not been finalized. We recognize that the additional scope will incur additional costs.
11. What is the budget NTE (not to exceed) amount? Has budget been allocated/approved for this project? We have not finalized a budget for this project. We will consider all responsible bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.
12. Will ARPA funds be used for this re-solicited RFP? No ARPA funds are being used for this project.
13. Can you provide details around why you cancelled the prior RFP/Solicitation and chose to re-release it with additional scope and systems, instead of two separate RFPs? The previous RFP/Solicitation was rejected for necessary revisions to the scope of work.
14. Per the qualifications and submission requirement sot eh RFP there are four (4) categories of point allocation under Tab 6: MWBE participation Requirements., The proposer shall respond to all four (4) requestions for point consideration. Submitting a Self-Performance Affidavit only satisfied one component of the requirements in Tab 6.

Part of the evaluation system is based on how well your business supports Minority/Women=Owned Business Enterprises (MWBEs). Here's how the points work:

1. Diversity & Inclusion Plan (Up to 5 Points)

- You need to explain how your business encourages diversity in hiring and leadership.
- Show an organizational chart highlining MWBE or Women-Owned Business Enterprise (WBE) leaders
- If you have a Diversity, Equity and Inclusion (DEI) statement, include it in your proposal

2. Past MWBE Participation (Up to 5 Points)

- Provide documentation showing how much MWBE participation your company has had in the last three years on public or private projects.

3. Efforts to Engage MWBEs (Up to 10 Points)

- Outline specific steps your company will take to inform MWBE about this project.
- List MWBE Organizations you've worked with before or plan to engage with for this project.

4. MWBE Certification Status (Up to 10 Points)

- If your company is officially certified as an MWBE or WBE by NC HUB, you automatically receive **10 points**.
- If your company is not certified, you receive **0 points** for this section.

In short, the more effort you show in supporting and working with MWBEs, the higher your score will be, which can improve your chances of securing the contract.

15. Can you provide the number of licensed users for each system (IDS, CMS) by role? For example, case managers/case workers, administrators, provider users partner users, external users, any other users, etc.? IDS: users of the system within different personas would include all 3,000 county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reportings; CMS: For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
16. Is the aim of the Integrated Data System to be a data warehouse to compile all demographic and service-related data for Guilford residents served by the County from Various systems, both internal and external? The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system,

enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."

17. Are the IDS and CMS to be developed and go-live in parallel or is there a presence for one to go-live before the other? They can be developed in parallel. One project does not have to supersede the other.
18. Is there a financial management component that Guilford would need for waiver processing? We use a separate financial management system currently. We would like to explore potential feasibility to integrating financial management into our CMS with the chosen vendor, but that is currently outside of the scope of this Bid.
19. Does Guilford County have an existing Microsoft Azure Consumption commitment (MACC) agreement? We have an agreement with Microsoft. If Vendor wants the county to use the Guilford County managed Microsoft Azure tenant, the bidding organization will need to provide full infrastructure details include setup, support, maintenance, full service to manage, and cost analysis. County does not have Azure AD integrated in the cloud. If Azure AD is required, the bid proposal will need to include costs to build, setup and maintain Azure AD for the length of the agreement
20. Do you have a policy for how much data needs to be kept online and accessible? Are you going to want to archive the data?
<https://online.fliphtml5.com/mnclf/yqow/>
21. Can you indicate the data sizes of the different sources? The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.". For the current Aging and Adult software solution due to the legacy nature of the system we are unable to determine the size of the data currently.
22. Are there any industry-specific compliance or regulatory standards the software needed to meet (e.g. GDPR, HIPPA) See section 3.1.1 There are industry specific state and federal compliance guidelines that will need to be followed for any system we interact with. The specific guidelines are conditional to the type of work and the county/client relationship. For example work with school system data with need to comply with FERPA and data within our nurse home visitation program will need to comply with HIPAA guidelines. In addition to Federal and State compliance rules there is a potential for the County Board to require additional compliance.
23. What are the data retention and privacy policies you expect to be adhered to? See section 3.1.1 There are industry specific state and federal compliance guidelines that will need to be followed for any system we interact with. The specific guidelines are conditional to the type of work and the county/client

relationship. For example work with school system data with need to comply with FERPA and data within our nurse home visitation program will need to comply with HIPAA guidelines.; For Retention guidelines:
<https://online.fliphtml5.com/mnclf/yqow/>

24. Is there an Ideal Go-Live date range? We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.
25. Is there a link to the NC Hub to contact MWBE Partners?
<https://www.doa.nc.gov/divisions/historically-underutilized-businesses-hub>
26. Will you accept our MBE certification by NMSDC to qualify for the MBE points section? At this time, we are not accepting reciprocity.
27. We applied for HUB certification earlier this week. We were told that it can take 45 days. Our status is pending currently. If we are approved post Feb 28th can our certification be taken into consideration after the bidding closes. If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes, a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ.
28. For the Case Management part how many users would be needed? For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
29. For data migration, how many different data sources are required for the initial project? CMS - 2-One Case and Sharepoint; IDS - potentially from our SAS VIA for Public Health and some data migrated from our SQL server but those are not in the first phase of the IDS development.
30. For data migration, what is the total volume of data that needs to be migrated? For the Aging and Adult CMS there is a legacy system in AS 400. We will not migrate all of our past records to a new system. We anticipate a migration of less than 1,000 cases to cover both cases that are currently open and those that have been recently closed.
31. For the integrated data hub, which data sources are of the highest priority? Aging and Adult Services Division will serve as the first deployment, making this the highest priority data source. From Section 1.0 Purpose: "The Guilford County Department of Health and Human Services (DHHS) - Division of Social Services' (DSS) Aging and Adult Services Division will serve as the first deployment of the case management software". Future phases may expand to include other DHHS-DSS divisions, other County departments, external partner systems (other government sources, healthcare providers, community organizations)

32. What formats/methods are used for data provision, and which systems are applicable for each source. **Current scope involves the Aging and Adult services legacy system - AS 400. The RFP references the type of connections we are interested in for the IDS system.**
33. How do you define future needs? Are they based on federal or state requirements? **Future needs of our system will be guided by Federal and State requirements, as well as any Guilford County Board of Commissioners priorities and requirements.**
34. What do you consider Enhanced Data Security? **Including but not limited to:**
- Encryption
 - Role based access controls
 - Row or record level security
 - Multifactor authentication
 - Audit and activity logging
 - Data validation
 - Data masking
- Meets the privacy requirements as set forth in applicable regulatory statutes, i.e. HIPAA etc.**
35. How do you define Assured Data Privacy? **The software/system or solution must meet or exceed the privacy standards and requirements as set forth in applicable regulatory statutes, ie. HIPAA etc. including but not limited to:**
- Privacy is built into the system by design.
 - Only relevant personal information is collected, stored, and used.
 - Personal information is not shared.
 - Data security controls are in place.
 - Where applicable, data is processed, stored, collected in the US.
 - If applicable, consent to collect data is obtained.
 - Data quality is maintained.
 - Data is classified, and usage is monitored
36. Will corporate personal experience in data and AI domain be considered for past performance for the corporation as we have extensive data and AI experience within the industry but the company is relatively new. We can provide strong references. **We will evaluate all responsive bids.**
37. Can you please indicate the data sizes of the different data sources? **The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources." For the current Aging and Adult software solution due to the legacy nature of the system we are unable to determine the size of the data currently.**

38. This bid requires a SaaS delivery model. Typical SaaS pricing models are based on a dollar amount per system user multiplied by the number of system users. Monthly billing tends to work well for systems like this requiring multi-year contracts with growth goals impacting the number of system users.

Can you supply an anticipated number of system users for: **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.**

Category	# of Users
Adult Protective Services	
Guardianship	
In-Home Aide	
Rep Payee	
Adult Day Care	
Unclaimed Bodies	
Adult Placement Services	
Adult Resource Team	

39. Are there any needs to report to the state (or directly to ACL) for OAAPS reporting? **We do not do OAAPS reports.**
40. Are there any needs for financial management/waivers processing? **We use a separate financial management system currently. We would like to explore potential feasibility to integrating financial management into our CMS with the chosen vendor, but that is currently outside of the scope of this Bid.**
41. I would like to confirm that a bidder can respond to the RFP for either the Integrated Data System or Aging and Adult Case Management Software – one or the other, or both? **Yes. You may respond to 1. IDS 2. CSM or 3. Both systems.**
42. Is this the website to connect with a NC-HUB certified MBWBE company: EVP.NC.gov If so, who would be considered HUB Certified? There are a lot of companies listed. I am presuming HUB Certification Status = Certified? There are records coming back with nothing in the HUB Certification column from the site. Do we need to connect with MWBE vendors that have HUB column listed as certified? **Please use this website to search for NC HUB Certified MBEs and WBEs NC HUB Vendor Search**

Search Requirements:

1. Hit the reset button
2. Click certified on the HUB Certification status
3. Click Search
4. Certified firms are indicated under the HUB Column-Certified

Please reach out to the MWBE Department at MWBE@guilfordcountync.gov and we can assist any firms with specific searches

43. Assuming the selected solution can meet the requirements for both the IDS and CMS, how many internal staff members will need access to the system? **IDS:** users of the system within different personas would include all 3,000 county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reportings; **CMS:** For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.
44. Can you please provide a complete list of required integration? **Our first integration will be Aging and Adult Services. This is the only source currently identified for integration but a roadmap will help us identify what systems need integration and when to integrate them. The scope of the RFP is for the aging and adult integration.**
45. Can you please share the anticipated project timeline and/or go live date? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
46. Can you please share the names of the different systems that the selected solution will be replacing? **AS 400 for Case Management Software; We are not replacing anything for the IDS.**
47. What is the allotted budget for this RFP? **We have not finalized a budget for this project. We will consider all responsive bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**

Addendum #4: (Bid 20262) Proposal Due Date Change
Guilford County Elevator Maintenance and Repair Services

Date Change for Bid Response
(April 22, 2025 @ 2:00 P.M.)

The Proposal Due Date for this project has changed to Tuesday, April 22, 2025. Proposals must be received electronically through the Guilford County's Vendor Self Service (VSS) System at <https://guilfordcountync.munisselfservice.com> by the event close date and time on April 22, 2025, at 2:00 PM., Eastern Time for Integrated Data System & Aging & Adult Case Management Software.

Addendum #4: (Bid 20256) Questions from Bidders
Integrated Data System and Aging and Adult Case Management Software

1. Is this Exhibit B supposed to be attached? Exhibit B doesn't sync with Exhibit A (Business process maps) **Exhibit A and Exhibit B are provided as a potential resource to vendors when evaluating**
2. None of the links in Exhibit B are working. Can you please provide the appropriate documents? **All exhibits are provided as a potential resource to vendors. Feel free to visit NCDHHS.**
3. Staffing, testing and support are global components for the entire Scope of Work, why are they only under Section 4.1 Integrated Data system? **That was an error. Staffing, testing and support should be part of the IDS and the Case Management System solution.**
4. Is the aim of the Integrated Data System to be a data warehouse to compile all demographic and service-related data for Guilford residents served by the County from various systems, both internal and external? **This is our long-range plan for the IDS. The County will not necessarily own and manage all the data, but we hope to link to external systems that house data on county residents to provide a more complete picture of our community. There are many datasets that have information about Guilford County that we hope to connect to.**
5. Are the IDS and CMS to be developed and go-live in parallel or is there a preference for one to go-live before the other? **They can be developed in parallel. One project does not have to supersede the other. I suspect that the CMS will go-live prior to the IDS based upon the scope of each project.**
6. Can the County provide a short 1–2-week extension to the due date for proposals, to allow for more thoughtful and complete responses to the RFP? **Please see Addendum #3 for Proposal Due Date Extension**
7. Can offshore resources be used for the development of the solution, if production and non-production environments that contain PII/PHI and other confidential information remain in the US and are not accessed by offshore resources, and all data remain in the US? **Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to the US based only.**
8. For the Integrated Data System total number of users, organizations, and departments involved? **Aging and Adult Services Division will serve as the first deployment of the IDS. From Section 1.0 Purpose: "The Guilford County Department of Health and Human Services (DHHS) - Division of Social Services' (DSS) Aging and Adult Services Division will serve as the first deployment of the case management software". Future phases may expand to include other DHHS-DSS divisions, other County departments, external partner systems (other government sources, healthcare providers, community organizations). Also, from Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**

9. For the integrated data hub, which data sources are currently sharing data or integrated with the existing system? **The exact list of data sources is not determined or prioritized, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."**
10. Does the business have to be a registered business in NC or Guilford County to participate in this bid? If it is VA registered, will the business qualify? **No; all applicable bidders can participate**
11. Does the business have to be MWOB registered in NC hub (which states it takes 90- days to register) or can we provide the ownership, operations agreement and other documents to prove that we are compliant with women owned business requirements? **If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes, a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ.**
12. I am a newly formed company (Minority women owned) and have started the registration in SBA and VA, but it takes 60 to 90 days to complete the process, hence checking if we can provide the relevant documents as evidence for qualification? **If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ. For Guilford County solicitations, we currently only recognize NC HUB certification as a MBE or WBE to count towards a goal.**
13. Does Guildford County have any existing Microsoft Azure Consumption Commitment (MACC) agreements in place? **We have an agreement with Microsoft. If Vendor wants the county to use the Guilford County managed Microsoft Azure tenant, the bidding organization will need to provide full infrastructure details including setup, support, maintenance, full service to manage, and cost analysis. County does not have Azure AD integrated in the cloud. If Azure AD is required, the bid proposal will need to include costs to build, setup and maintain Azure AD for the length of the agreement.**
14. As this RFP is very intricate, we would like to know if there is any way an extension could be granted, so that we can provide the most inclusive and complete information on how we can partner with Guilford County to make their vision successful. **Please see Addendum #3 for Proposal Due Date Extension**
15. While we understand the importance and urgency of this project, we kindly request an additional two-week extension to provide a more thorough response. In summary, will your organization allow for submissions no later than March 14? **Please see Addendum #3 for Proposal Due Date Extension**
16. Would the agency consider extending the RFP response timeline by two weeks? Given the complexity of this project our firm would greatly appreciate the additional time in order to provide the best possible solution at the best price to the County. **Please see Addendum #3 for Proposal Due Date Extension**
17. Can we please request an extension (of at least 2 weeks) to the DUE date of this RFP so that vendors can provide the County with a response that meets their requirements. **Please see Addendum #3 for Proposal Due Date Extension**

18. Will the County consider providing a two-week extension to the submission deadline to ensure all vendors can provide a comprehensive response that fully addresses all requirements? **Please see Addendum #3 for Proposal Due Date Extension**
19. Please provide the budget for this project. **We have not finalized a budget for this project. We will consider all responsive bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
20. What if any existing authentication/MFA do you use and are you open to an alternative if needed to field the solution? **DUO**
21. What if any existing data integration services/software packages do you use? (e.g., MuleSoft, TIBCO, SSIS, Azure Data Factories, etc.) **SSIS**
22. Are you seeking a CMS certification during or after go-live and if so, are there any specified timelines for doing so? **That is something that is not part of the scope of the Aging and Adult Services CMS. This could be something for subsequent phases/integrations.**
23. What existing interfaces are available for related care management information and their current state/format? (e.g., death data, MMIS eligibility, etc.) **None**
24. What analytical tools is your current user base familiar with using? **Power BI**
25. What are all the existing and planned systems that IDS needs to integrate with? **While the exact roadmap hasn't been defined, please answer in your response the following: Page 9, Section 3.1.1: "How will the system integrate with the system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners?"**
26. What is the state's assessment of that data with respect to data quality for data migration purposes? (clean, fairly clean, moderately clean, requires extensive cleansing) **We are a county government, not a State. We will not be migrating large amounts of data in the scope of this RFP.**
27. What is the state's assessment of the level of duplication requiring consolidation during data migration? **We are a county government, not a State.**
28. Who are the key stakeholders and how involved will they be during the implementation? **Implementation will work with the Director of ISD, several different members of our senior IT staff, our Assistant County Managers for Successful People and Quality Government, and members of our legal staff. They will also work with senior level managers with our DSS and Aging and Adult Services divisions.**
29. Can you provide more details about partnerships with external agencies and their data-sharing capabilities (e.g., Senior Resources of Guilford County)? **These partnerships are part of a phased approach to the IDS. During phase one the only identified system will be our new Aging and Adult Case Management Software. Section 1.0 Purpose of the RFP Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**
30. What are the biggest pain points for users of the current system? **For the CMS - it is a legacy AS 400 system that uses a lot of paper reporting. For the IDS - we don't have a current system.**

31. Can you define the roles and permissions for different users(e.g, social workers, supervisors, external partners)? Roles, permissions, and view scope will depend on the individual's position and service(s) they work on - for example supervisors will need to see team-level information while social workers see assigned cases. We will need fine-grain access and permissions built around final case management functionality and Aging and Adult Services processes.
32. What are your data retention and archiving policies? <https://online.fliphtml5.com/mnclf/ygow/>
33. What are preferred training methods (in-person, virtual)? It depends on the type of training. Both are acceptable and training modules should be recorded for new staff to view.
34. Do you have an existing plan to manage organizational change? Part of the Director of ISD role is to implement change management for the new systems. We have a multi-faceted plan to do and gain organization buy-in from all different levels of users of the system.
35. How many total users will access the IDS and the CMS? IDS: users of the system within different personas would include all 3,000-county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reporting's; CMS: For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.
36. How many concurrent users do you anticipate? For the aging and adult services CMS up to 125.
37. Does the system need to integrate with an existing Single Sign-On? Yes.
38. How many external users (e.g., community partners) will need access to the system? That is unknown at this time and not part of the scope of the RFP.
39. Will external partners need limited or read-only access? There is potential for this in the future phases of the project.
40. How many standard reports are required? Please provide examples of existing reports. We currently create approximately 25 reports on a monthly basis.
41. What is the anticipated transaction volume? We have approximately 1,000 cases per year.
42. How many years of historical data will be migrated? One Year
43. Do you currently use any tools like Power BI and Tableau that we should integrate with? Both Power BI, Tableau, and SAS VIA are used in the County.
44. What approval processes are required within the workflows? See the process map included in Exhibit A.
45. Will users need to upload or sign documents during workflows? Yes
46. How many data fields, tables, or records will need migrating? We want to extract one year worth of data from our current system. The number of fields and tables is unknown as the current system is a document management system, not a database.
47. Do you require REST or SOAP APIs for data exchange? We do not have a specific requirement for REST or SOAP APIs for data exchange. While the RFP mentions the need for APIs in general, it doesn't specify which protocol (REST or SOAP) is preferred or required.

48. What data matching rules are required (e.g., record linked to SSN / DOB)? **The data matching rules will be dependent upon the source and type of data. SSN and DOB are used in some cases, but other data matching rules could be applied depending.**
49. Do you have a preferred Cloud provider? **No**
50. Do you require FedRAMP compliance? **FedRamp - Moderate is preferred**
51. How many custom fields or forms do you expect to configure for each program? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**
52. How many daily transactions do you expect (e.g., case updates, file uploads)? **An average of 150 clients are seen per day in our Aging and Adult Services Division**
53. How many workflows are anticipated to be managed within the software solution? **Refer to the process map in Exhibit A.**
54. How many disparate systems will need to be stored and linked through the IDS? **The RFP doesn't provide a specific number of disparate systems that will need to be stored and linked through the IDS. From Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**
55. How many project phases are anticipated? **This will be identified through the created roadmap. From Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."**
56. How long is each project phase projected to be? **The length of each phase will be dictated by the process and needs of each.**
57. How many IT Staff will Guilford County be providing to support this project? How many hours per week will the IT Staff be allocated to support this project? **We will have 2 different project managers allocated to this project, 2 data integration specialists, and various other SMEs within our IT department for support relevant to their area of expertise.**
58. How many outside partners and organizations such as Senior Resources of Guilford County are in scope for this project? **There are no outside partners in scope for the RFP. This is part of future phases of the IDS.**
59. Will the Guilford County team be providing dedicated testing resources for the project? **If bids require/recommend dedicated staffing, that should be indicated in the bid along with the recommended FTE to be committed to the project during implementation and then post implementation.**
60. Can we be provided with the 17-page paper Functional Assessment Report for review? **<https://policies.ncdhhs.gov/document/dhhs-as-6220-initial-assessment-hw-2/>**
61. Approximately how many service plans will be managed within the system on an annual basis? **1500**
62. How many employees are responsible for intake today? **3 during business hours, but all Guardianship & APS staff rotate after-hours coverage so that is a total of 31**
63. How many different intake forms are there? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**

64. How many supervisory staff will be using the system? 16 (includes supervisors, managers, DD, CQI supervisors)
65. Is the expectation that support be available 24x7? We have staff that provide on-call services 24/7. Per the RFP section 3.3.12 Service Levels: "Guilford County expects vendors to resolve all production critical issues within 24 hours of reports. For critical production issues, the vendor is expected to provide a reasonable update on an hourly basis until the issues are resolved. Vendors will provide various channels of support for County users to log support tickets."
66. What is the expected timeline for implementation? We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.
67. What is the county's preferred approach to phasing/rollout? The phasing and rollout of the IDS project and additional phases of case management software will be determined by the roadmap referenced in Section 1.0 Purpose: "Provide business and technical architectural roadmaps and guidelines that are highly pragmatic, with will over time integrate existing disparate business process and IT systems and provide a platform for the next generation of services and systems."
68. What level of training is expected? Approximately 125 end user training; Technical/Administration training would be approximately 50. This would be a train the trainer model after the initial batch of training.
69. What are the expectations for knowledge transfer to county IT staff? Once the FTE required to administer / support the product are finalized and funded by the county per vendor recommendations, Vendor should transition knowledge for the county staff to be able to administer the solution and reach out to vendor for any solution support / upgrades / patching etc.
70. What are the reporting requirements beyond the "50 data fields" mentioned? Are there example reports that can be shared? What are the specific requirements for document generation/management? Amounts of documents, pages and any insert rules would be helpful in identifying scope. Example documents are appreciated. A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.
71. Can we get samples of all the current forms used in the processes? A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.
72. What are the specific requirements for electronic signatures? Is there a preferred signature solution like DocuSign? The requirements are detailed in the process map in Exhibit A. We currently use DocuSign for other County systems, but we have no preferred solution.
73. How many users of each type (social workers, supervisors, admin staff) will use the system? 1 Director, 1 Division Director, 3 Program Managers, 12 Supervisors, 57 social workers, 2 office specialist, 1 nurse, 2 CSSTs (including CQI staff) Need to add the additional IT and Admin staff that will need access. Also need to scale for growth in program staff.
74. What is the current level of technical proficiency among users? Low to moderate technical proficiency. It depends upon the user and their role in the organization.
75. What are the mobile/offline requirements for field workers? Yes. Field workers will need to fill out forms and upload documents and have signatures.
76. Are there specific accessibility requirements? Any solution should follow Federal ADA guidelines on Accessibility of Web Content and Mobile Apps Provided by State and Local Governments.

77. What languages need to be supported? Internal staff utilize a language for input of resident information. For the resident/client portal the following are spoken in Guilford County: Spanish, Arabic, Swahili, Kinyarwanda, French, Vietnamese, Burmese, Creoles and pidgins, Haitian, Urdu, Nepali, Tigrinya, Dinka, Farsi, Creoles and pidgins, French-based Thai, Amharic, Central Khmer, Hindi, Chinese, Somali, Russian, Iranian languages, Tajik HmongLao, and other Algonquin Languages: Gujarati, Uncoded languages: Turkish Portuguese, Rohingya, Persian, Sign Languages: Bengali Creoles and pidgins, Portuguese-based Korean, Sango Mon-Khmer languages, Creoles and pidgins, English based Wolof, Igbo, Mandar, Hausa, Sundanese, Portuguese, Rundi, Yoruba, Swati, Serbian, Pedi, Dutch, Oromo, Ewe, Tagalog, Twi, Philippine languages, Ukrainian
78. Are there specific browser/device requirements for field workers? Need to interface with common browsers for laptops, tablets, and cell phones.
79. What are the specific performance requirements/SLAs expected? We have not defined that for this project at this point. Our standard SLA is 24 hours.
80. What are the specific data retention requirements for each type of record? <https://online.fliphtml5.com/mnclf/yqow/>
81. What are the specific audit trail requirements for each type of transaction? See process map in Exhibit A.
82. What are the current systems in use and what is their data structure/format? AS400
83. Is there legacy data that needs to be migrated? What is the format of this data? Yes. One Case software an AS400 system.
84. What specific external systems need integration (e.g., NC FAST, ARMS, state systems)? The RFP outlines a phased approach starting with Aging and Adult Services systems, with plans to expand to other DHHS-DSS divisions and eventually other County departments. The solution should be designed to accommodate additional integrations as the program develops.
85. Are there existing APIs for the required external system integrations? The vendor should propose flexible integration capabilities that can accommodate multiple integration methods (APIs, file transfers, database connections, etc.) based on what's available from each external system. The proposal should outline your approach to system integration assessment and how you would handle systems with and without existing APIs. As we move forward with implementation we'll work collaboratively with the selected vendor to identify each specific external system and determine the most appropriate integration method based on the technical capabilities of those systems.
86. Is the ability to track Medicaid status a manual process, or an ask for integration? Not at this time.
87. For the external systems that require integration, is each integration bi-directional? No. Some integration will not be bi-directional, especially with systems maintained by State agencies.
88. The ask is to use "existing technologies as efficiently as possible". Please elaborate on what existing technology this refers to. We use a variety of systems and technologies within the county government. A solution that meets our needs would be able to integrate as much as feasible with our existing systems and not create unneeded redundancies and additional platforms. This would be something that would be discovered in the creation of a roadmap per Section 1.0 Introduction.
89. Is SSO required to use the client portal, or is it requested that logins be managed individually by admins? SSO is required for the county users to sign in seamlessly using our current ADFS + DUO MFA .

90. What is the preferred response documentation format (Excel, PDF, Word)? **To be considered for selection, upload your proposed package into Guilford County's Vendor Self Service automated bidding system and submit all required supplemental information electronically. Proposals should be prepared as simple as possible and provide a straightforward, concise description of the Respondents' capabilities to satisfy the requirements of the RFP.**
91. Are the Tabs as outlined in the Submission Requirements actually within the VSS system - will each response be directly pasted into the VSS system or will it be a document upload? **To be considered for selection, upload your proposed package into Guilford County's Vendor Self Service automated bidding system and submit all required supplemental information electronically. Proposals should be prepared as simple as possible and provide a straightforward, concise description of the Respondents' capabilities to satisfy the requirements of the RFP.**
92. With the Question-and-Answer period being really close to the RFP due date, will the County consider a 3-week extension to give the respondents time to consume the answers to the questions and make adjustments accordingly? **Please see Addendum #3 for Proposal Due Date Extension**
93. Will the County still require 70 licenses for the Case Management System? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
94. Is there an anticipated start date and an ideal Go-Live date for the Case Management System? Can Guilford County confirm that 6-12 months is the optimal timeline for the implementation of the Case Management System? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
95. Just to confirm in writing, Guilford County will accept a respondent that will only bid on 1 of the opportunities (Case Management or Integrated Data System)? **Yes**
96. Does the County have a revised budget for this project? **We have not finalized the budget for this project. We will consider all responsible bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
97. Is the term still 3 years with renewal options? **Yes**
98. Is it still true that there is no public portal required for the Case Management System? **As part of the master plan for case management systems we will want a public portal for individuals to submit information, review their information, and apply for services.**
99. Is it still accurate that the Case Management System will not need to interface with the Social Security Administration? **While not within the scope of the RFP, an ability to interface with SSA would be helpful.**
100. Is the volume of cases for Case Management still the same as it was in 2023? 500+, Guardianship – 300+, Adult Protective Services – 100: **Yes.**
101. Please confirm that Guilford County does not require Data Migration from the Legacy System. **For the Aging and Adult CMS there is a legacy system in AS 400. We will not migrate all our past records to a new system. We anticipate a migration of less than 1,000 cases to cover both cases that are currently open and those that have been recently closed.**
102. Please confirm that the new Case Management System will not need to interface/integrate with other existing Guilford or State systems. **System-wide integration is the goal of our phased**

approach. We need a system that is capable of interfacing and integrating with many different types of systems as we work through the phases of the project.

103. Please confirm that Guilford County's electronic signature tool is DocuSign. **Yes.**
104. Please confirm that Guilford County prefers to have the selected partner (Provider) provide Help Desk Support, Maintenance and Operations and potential enhancements. **Yes**
105. Please confirm that the selected partner (Provider) can work remote and within the U.S. **Yes.**
106. Aside from Salesforce and RedMane, has the County seen any demos/talked to vendors prior to releasing the 2025 RFP, if so which vendors and technologies?
Is this still the breakdown of user licenses?
Div. Director – 1
Managers – 2
Supervisors – 9
Office Specialist – 2
Social Workers – 56
In addition to Salesforce and RedMane, County staff interacted with IBM, Social Solutions Global, and Caseworthy during the previous bid. For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers. The exact breakdown of licenses will be determined after a bid is finalized.
107. Number of users – to include Guilford County staff, contracted vendors providing staff and any other users requiring access? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
108. Portal access – does the County require a public portal to enable those seeking services to submit applications and other required documents? **As part of the master plan for case management systems we will want a public portal for individuals to submit information, review their information, and apply for services.**
109. Tab 6, MWBE Participation Requirements – can we site within Attachment 4, that we commit contracting/partnering with an MWBE Participant post award? **You should include the MWBE's on Form #2 in addition to conducting and documenting Good Faith Efforts as outlined on Form #3**
110. Please provide information regarding the submission steps on the procurement site, specifically steps 2-4. The portal only allows us to move to those steps once we submit a price and we are wanting to ensure ahead of time there are not additional questions that need responses within those steps. **In Guilford County's Vendor Self Service Site, you must click the items tab to enter pricing for each line. Use the provided line description and unit of measure and quantity to complete the entries for each line. For the evaluations tab, you will answer the three questions as outlined with yes or no. The last tab is where you will upload all your required supplemental information and attachments.**
111. Within the evaluation criteria, it is not clear what is included in the pass/fail requirement under "Financial Stability". Can you please let us know what information you would like to provide to you as part of our proposal response for this area? **Proposals should be prepared as simply as possible and provide a straightforward, concise description of your capabilities to satisfy the requirements of the RFP. Provide any/all information as it relates to the requirements of the RFP. The evaluation team will use the guided point system to score each package.**
112. Please provide information regarding the total number of lives that will be managed on the platform. **The Aging and Adult Services Division has between 800-1000 cases per year.**

113. Can you provide more information on the type of systems there are and what integration methods they support? (system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners) **External partner support is not within the scope of this RFP but desired for future phases of the project. This information would be discovered as part of the roadmap development referenced in Section 1.0 Purpose.**
114. Can you provide more information on the following requirements? "How does the system support sharing and transferring of records to external users and systems", specifically what data are you expecting to be sent back to these other systems and what systems is data being sent back to? **Please describe the proposed solutions capabilities for transferring records and the types of data generally.**
115. Please provide clarity around the document and image types that are required for Guilford County's care coordination and management. **Office documents, pdfs, image files, transcription of audio files, audio files, video files, transcription of video files.**
116. Please provide clarity around the specific data requirements that will be utilized for regulatory compliance. **Federal compliance regulations such as HIPAA, FERPA, HL-7.**
117. What is the total anticipated number of users (external and internal)? **IDS: users of the system with different people would include all 3,000-county staff, approximately 50 data stewards; 100 IT and related staff; approximately 50 administrative and executive staff for elevated reporting's; CMS: For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
118. Could you clarify roles or permission levels for user categories? **Roles, permissions, and view scope will depend on the individual's position and services(s) they work on - for example supervisors will need to see team-level information while social workers see assigned cases. We will need fine-grain access and permission built around final case management functionality and Aging and Adult Services processes.**
119. Is there a defined budget or range for the project, including implementation, licensing, and support? **We have not finalized the budget for this project. We will consider all responsible bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
120. What is the agency's long-term vision for technology adoption and digital x? **This is not within the scope of the RFP.**
121. Are there any unique operational challenges the solution must address? **Interface with e-fax technology.**
122. Please answer following with respect to Legacy system data-
- Total Data Volume: What is the total volume of structured and unstructured data that needs to be migrated?
 - Data Type & Format: What are the current types and formats in which the data is stored?
 - Migration Challenges: Are there any specific challenges or requirements associated with migrating data from the existing system?
 - Data Cleansing & Deduplication: Is data cleansing or deduplication required as part of the migration process?
- The migration of legacy system data will be challenging as it is functionally a document management system, not a database. We do not anticipate the need for cleansing or deduplication.**

123. Are there specific KPIs or success metrics the agency will use to evaluate the solution? **No**
124. Regarding IDS system to be proposed, please answer the following-
- Data Extraction Frequency: What is the expected frequency of data extraction from the CMS to the IDS? (Real-time, batch processing, etc.) **Real time**
 - Integration Roadmap: Is there a tentative roadmap or a list of systems planned for integration with the IDS? **There is not a roadmap, but we are working on identifying our data sets and systems and which ones would be appropriate for integration**
 - Technical Specifications: Can you provide technical details for the identified systems, including databases, COTS systems, and software versions? **We do not have a comprehensive list as of yet. We are still finalizing our technology and data scan. Here are some of our large systems in DHHS (Salesforce, CureMD, NCFast(State Application), CWIS(State Application)**
125. Is there a tentative roadmap or a list of programs (e.g., child services, economic services) that will be onboarded to the CMS? **We will evaluate and develop a roadmap for additional programs once the solution has been piloted with Aging and Adult for the CMS in conjunction with the chosen vendor.**
126. MWBE Considerations
- Evaluation Scores: Can you confirm whether the only way to achieve a complete evaluation score in the MWBE category is by being an MWBE prime contractor? **No, achieving a full evaluation score in the MWBE category is not exclusively limited to being an MWBE prime contractor. While being an MWBE prime contractor may contribute significantly to the score, other factors such as MWBE subcontractor participation, commitment levels, and adherence to MWBE goals can also influence the evaluation score.**
 - Subcontractor Qualifications: If an MWBE is the prime contractor, can subcontractor capabilities and references be used to meet the qualification and capability requirements? **Yes, if an MWBE is the prime contractor, subcontractor qualifications and references can be used to meet the qualification and capability requirements. The MWBE Administrative Manual states that all contractors, including MWBEs, must meet the project's qualification and capability standards, but it allows for the inclusion of subcontractor experience and qualifications as part of the overall evaluation. This is particularly relevant when the MWBE prime contractor is a newer firm or lacks the full capacity to meet all requirements independently.**
127. Is offshore work permitted for the implementation, support, or any other aspect of this project? **Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in the US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to the US based only.**
128. Can you please provide 17 pager functional Assessment report in pdf format. <https://policies.ncdhhs.gov/document/dhhs-as-6220-initial-assessment-hw-2/>
129. Will there be any external users of the CMS system ex: citizens, providers? If yes, how many provider users need access. If citizens need to be able to create accounts, can you provide any more details like how many citizens served a year, applications/ year, etc.? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**

130. If a vendor bids both the IDS and CMS solutions, will each solution be scored independently? **We will score them independently.**
131. If a vendor bids both the IDS and CMS solutions and rates high on one and low on the other, will the County award the one component of the bid? **Respondents can respond to either, or both task outlined in the scope of work. It is the intent to award to single or multiple providers deems to be fully qualified and best suited amount those submitting proposals on the basis of the evaluation factors included in the RFP.**
132. Can you please clarify Amendment 2, question 15: Out of the 3000 County Staff, how many will need to create reports as opposed to viewing reports created by the IT team? **This is not known at this time please provide a recommended number based on your experience.**
133. Is there an incumbent system/vendor? If so, provide details about the incumbents. **For the Case Management Software, we are utilizing a legacy OnceCase system from Cox & Co. We do not have a system currently for the IDS.**
134. Is the County considering IDS as a Data Warehouse for consolidating data to support predictive modeling, or does it already have an existing Data Warehouse that can be leveraged? Additionally, the vendor is expected to provide integrated data storage along with a business intelligence and analytics platform that integrates seamlessly. Does this imply that the vendor should include the pricing for both the BI tool and Data Warehouse in the cost proposal? **The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience**
135. Regarding the initial data integration activity:
- How many data sources have been identified for the initial integration?
 - Are there any middleware, ESB, or ETL tools available?
 - If the integration is API-based, we assume that any required changes to API implementations on other/legacy systems will be the county's responsibility. Additionally, SMEs from those systems will be available to assist with data mapping, access, and any necessary development changes on the source system.
- The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience. The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.**
136. With regard to "integrate with existing and future systems, including mandated systems such as NC FAST" - How many other systems is the County expecting integration with? Can you please provide a list of all systems that the County will require integration? **The list of systems for integration not yet determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."**
137. With regard to "system integrate with the system of outside partners and organizations such as Senior Resources of Guilford County, adult day care providers, substance abuse treatment providers, mental and behavior health providers, and housing partners" - Are this different provider system outside of IDS? **These are outside agencies and providers, that we hope to have**

a bi-directional exchange within the IDS. There are many data efforts happening in the community, and we would like to connect with and interact with as many as feasible.

138. We noticed that Exhibit B was updated in 2008, are all Requirements in the document still valid?
Yes
139. Is the aim of the Integrated Data System to be a data warehouse to compile all demographic and service-related data for Guilford residents served by the County from various systems, both internal and external? **The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.". For the current Aging and Adult software solution due to the legacy nature of the system we are unable to determine the size of the data currently.**
140. Are there any data encryption or other requirements for this system? Is FedRAMP a requirement? If so what level? **Fedramp - Moderate**
141. With regard to the Minority and Women Business Enterprise (MWBE) Requirements, will the County show reciprocity/acceptance with other states? We are a Maryland-based MBE. **At this time, we are not accepting reciprocity.**
142. Do you have opposition to breaking the cost down by additional categories as long as they roll up to the two categories identified? Can we call out the data migration as a separate line item? **No opposition. Data migration can be a separate line item.**
143. Requirements: Do you have a preference for a COTS or a Low-Code solution? **No Preference. The goal is to make sure that the deployed solution meets all the RFP needs. The solution should be flexible and extendable for addressing future data integration needs.**
144. Client Project: Have an attempt been made to implement a solution to this problem before? Was it successful? **No attempt has been made before.**
145. Project: Methodology Are you open to an agile development methodology? **Yes.**
146. Project: Technical Preference Do you have a technology preferences for the solution, integration, or reporting? If so, please list out the preferred vendor and solution name. **No preference. The goal is to make sure that the deployed solution meets all the RFP needs. The solution should be flexible and extendable for addressing future data integration and case management needs.**
147. Users: Internal How many internal users of the application will be needed? Will some need full access and others read-only access to the application? If so, how many of each profile will be required? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers. An exact breakdown is unknown at this point.**
148. Users: External Can you provide an estimate of how many external users of the application are expected? What is their usage profile? (i.e., do a large number of external users' login infrequently, or do a small number login 3 or more times a month? What is the seasonality or events that trigger use? **External users are not in the scope of the RFP. That is to be determined in future phases. The usage profile and seasonality are unknown.**
149. Process: How many business processes / programs will need to be supported by the solution? **For phase I/current phase please reference process map in Exhibit A.**

150. Requirements: Should users be able to receive notifications via text messaging? **Yes.**
151. Requirements: How many unique documents need to be generated from the system? How many documents should the solution be capable of handling? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**
152. Requirements: Approximately how many new records are created each year? **Around 2500**
153. Requirements: Approximately how many new documents will be created or uploaded each year? **A list of all forms with their number and hyperlinks to State and Federal sites are included as an attachment.**
154. Requirements: Have you previously seen product presentations from other vendors? If so, can you provide a list of vendors and products? **We have not seen any presentations from vendors related to this RFP**
155. Requirements: Do you have a preferred web platform to which the solution should integrate or does the solution need to bring a portal technology? **We currently do not have any IDS OR a case management system that is deployed to adult and ageing department. The RFP calls for a new solution that meets the needs of case management and IDS that should be flexible to scale and integrate various types of industry standard data sources and case management scenarios.**
156. Requirements: Data Migration From how many legacy data sources does data need to be migrated? **One.**
157. Requirements: Data Migration Can you please identify the technology data source(s) for each legacy data set? Do all records or a subset of records need to be migrated? **The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience. The exact list of data is not determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources.**
158. Requirements: Data Migration How many tables and records per table need to be migrated from each data source? How many are reference or lookup tables vs tables that store unique record information (i.e., case information)? **Due to the legacy nature of the current system, we are unable to provide this information.**
159. Do have have an desired signature provider? If so, please provide the vendor and solution. Do you already have electronic signature licensing that can be leveraged or should it be included in the proposal. **We currently utilize DocuSign. However, we'd be open to proposals to use another service. We would require the ability to change the electronic signature tool in the future if we changed our standard.**
160. Requirements: Electronic Signature Approximately how many electronic signatures will be required annually? **A rough estimate of 4,000 signatures per year.**
161. Requirements: Integration Can you please provide additional information about the integration options available for each system? (e.g., web service, SFTP) Do services already exist for each integration endpoint. Can you please describe the triggering events and amount of data (i.e., number of data points) included in each integration? **The list of systems for integration is not yet determined, but compiling and integrating demographic, service, and outcomes data from various sources to create a comprehensive view of residents served by Guilford County and its partner**

organizations is one of the aims of the Integrated Data System. From Section 3.1: The IDS should be "a unified system, enabling agencies to generate and distribute insightful reports and dashboards efficiently" by bringing together "data from diverse sources."

162. Requirements: Integration Does this solution need to integrate into a data warehouse? If so, what data warehouse technology? Does all or a subset of data need to be integrated? The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience. A diagram of IDS architecture as related to Guilford County is provided as an attachment.
163. Requirements: Integration Do you have a middleware solution available or preferred to be used to support integrations? If so, can you please provide the vendor and software? If it is an existing middleware solution, should the respondent provide licensing for the additional middleware capacity required to support this project? The County has existing Microsoft SQL Server infrastructure and Power BI that can be leveraged. However, please include pricing for all recommended components based on your recommended solution architecture and experience.
164. Change Management / Training: Approximately how many users will need to be trained? Do you have internal training resources that can be used? Approximately 125 end user training; Technical/Administration training would be approximately 50. This would be a train the trainer model after the initial batch of training.
165. DevOps: Do you already have an existing DevOps process and technology? If so, can you please provide the name of the technology and an outline of your process? We don't currently have any existing DevOps technology. If a solution requires DevOps processes or technology, please include pricing for all recommended components based your recommended solution architecture and experience.
166. Staffing: Just to be clear, is the use of offshore consultants and developers allowed? Do you have a preferred virtual desktop solution? Offshore: Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to be US based only.
167. Support: For how long is the respondent required to provide post-deployment support as a warranty period for the solution? Minimum warranty period of one year after full deployment
168. Support: Does the respondent need to provide a support plan as part of our response? For how long? Minimum warranty period of one year after full deployment
169. Client Support Does the client have a designated administrator for the new system? Will they be able to devote part-time or full-time to the maintenance of the system? This is a response to the RFP. Please refer to the RFP 3.1.2 staffing: "What are the future staffing suggestions to support the system over the next 5-7 years?"
170. External Influence: Did you use a vendor to help develop the RFP? If so, can you please share the name of the vendor? No vendor was used, it was developed in house.
171. External Influence: Did you evaluate solutions that could meet its requirements through vendor demonstrations leading up to the RFP release? If so, can you share the vendors and solutions

- that were evaluated? **No solutions have been evaluated by the current team prior to releasing the RFP.**
172. Timeline: What is the implementation timeline? When does this system need to be live? **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
173. Implementation Approach: Are you willing to divide the scope of the effort contained within the two phases, a discovery phase and an implementation phase, so that the implementation can be more accurately estimated? **We would be open to that approach.**
174. Mobile Do you expect a mobile customer app to be delivered as part of this project? Does it need to have the same functions as the desktop application or a subset of features? Does it need to support offline access? **We would like to have the ability to deliver one.**
175. Analytics Can you please provide a list of reports that will need to be built or migrated to the new system from existing systems? Or, an estimated count of reports would be helpful if a list is not available? **A list is not available but an estimated 25 reports per month would need to be automated.**
176. Does salesforce or third party Licensing need to be included in the Bid? If license pricing is required, for how many years? **The bid should include pricing for the complete solution including the license cost. Total cost of ownership both onetime and recurring costs for the county.**
177. Is there a population estimate for who will be managed by the platform and/or how many users will be utilizing the platform? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers. We serve approximately 1,000 residents per year in this division.**
178. Can the County provide approximate dates for award of contract and contract start? **This is dependent upon the number of bids we receive, and how long contract negotiations take. Our hope is to have a contract start date of July 1, 2025.**
179. May we use electronic signatures for all forms (including those that must be notarized) and may we use online notaries? **Yes**
180. With the exception of the cost proposal line items to be entered into the portal, may we include all documents in a single PDF (that includes all required forms)? if not, which are required to be submitted individually? **Yes**
181. Are bidders permitted to provide exceptions to the contents of this RFP package (e.g., redlines to the sample contract)? if so, what is the preferred or required format (list, redlines, etc.)? **The contract attached to the RFP is a sample for informational purposes only. The County will discuss contractual terms and conditions with the awarded Provider.**
182. On page 25, there is a reference to Affidavit D, which must be submitted after the award of contract. There is no such affidavit in Attachment 4. Can you please provide this? **The awarded vendor will be contacted with instructions.**
183. Page 25 states that the Minority Business Participation form must be notarized. However, there are no fields on the form for a notary. Do we need to add that information manually or is there an updated version of that form with the necessary fields? **This form doesn't need to be notarized. Instructions will be updated by an addendum.**

184. To confirm: Are bidders required to submit copies of all addenda attached to the Addendum Acknowledgement Form? **Copies of the Addendums are NOT required; however, Bidders must acknowledge each addendum by adding Addendum No and date it was issued. The Addendum Acknowledgement Form must be returned.**
185. For question 3.1.10 Data Integration and Deidentification, what is the use case for deidentifying data? Is this only in the context of producing reports and dashboards which do not contain any identifiable data? **No. Deidentified data will be used in many different aspects and as part of our data sharing agreements with internal and external partners. Please refer to <https://www.hhs.gov/hipaa/for-professionals/special-topics/de-identification/index.html> for additional guidance on deidentified data.**
186. For question 3.1.17 Predictive Modeling, can the County elaborate on what the use case would be for predictive modeling/machine learning in the IDC? **We have not defined the use case for predictive modeling at this point in time. The software solution should be able to integrate predictive modeling for instances such as future risk, future system and staffing needs, and identification of future service provisions at a minimum. A use case for similar systems can be accessed <https://www.aecf.org/resources/using-integrated-data-systems-to-improve-case-management-and-develop-predic>**
187. How many staff will use the system? Can you break down the users with more detail for us.
- Case Managers
 - Job Seekers
 - Employers
 - Training Service Providers
- This question seems to be referring to a workforce development solution. We are not soliciting a bid that includes job seekers, employers, or training service providers.**
188. How many users would the county have that would need access to enter, view and/or edit data? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, Technical staff, and Frontline/Case Workers.**
189. How many staff provide aide services (are these included in the count above)? **We provide case management services not direct In-Home Aide service. 8 staff to include supervisor, nurse and program manager.**
190. How many users will be providing Special Assistance In-Home and/or In-Home Aide Services? Do multiple providers deliver these services? If so, how many different providers? (are these numbers included in your overall user count) **There are 5 SAIH staff to include supervisor and manager, 8 in home aide staff to include supervisor, nurse and manager. Services provided to SAIH customers vary depending on the individual's needs. We contract with 10-15 agencies for In-Home Aide services annually.**
191. How many users will need access to advanced tools for report writing/data transformation/data warehousing tools? **This is not known at this time please provide a recommended solutions based on your experience.**
192. Does Guilford County have personnel resources with experience in managing integrations and making REST API calls or would you desire for your vendor to manage all Integration build and maintenance work? **We have some staff that has experience in integrations. Per the RFP3.1.12 we would like a vendor breakdown of the staffing that is estimated to be needed by Guilford County to successfully execute the project.**
193. Does Guilford County desire an integration with ARMS? If so, can you provide more information about the desired data flow for this integration? **We have some staff that has experience in**

integrations. Per the RFP3.1.12 we would like a vendor breakdown of the staffing that is estimated to be needed by Guilford County to successfully execute the project.

194. Can you provide more information about the desired goal of an integration with NC FAST. Do you envision this integration as unidirectional or bidirectional integration? If unidirectional would data flow from NC FAST to the IDS or vice versa? What types of data would be exchanged via the integration? What is the desired method of integration (API, SFTP file transfer, etc.)? Would the integration be primarily for the purposes of aggregated reporting/analytics or would end users using the IDS need to be able to see specific data about individual clients that was ingested from NC FAST? **NC FAST is being phased out and PATH NC will be the new state solution. This would be a unidirectional flow from the State system to the IDS.**
195. How a company that is self-performing for this contract should answer this question for maximum points, given that no subcontracting is foreseen? **Submit the Self-Performance Affidavit if applicable. There are other questions that need to be answered and submitted under Tab 6 of the "Qualifications and Submission Requirements".**
196. Whether you are requesting that we identify MWBE organizations we have worked with in the past, unrelated to the current bid? **Correct, list past experience working with MWBEs unrelated to the current Bid**
197. MWBE requirements on pg 6 further state that an organizational chart is requested. Can you please clarify: **The MWBE requirements do call for an organizational chart to be submitted as part of your bid for MWBE point allocation. However, there is some flexibility regarding the details:**
- Whether it is required to include this chart for the point allocation, given that we do not routinely collect this information from this staff as it may be considered sensitive or confidential? **Required for Point Allocation:
Yes, an organizational chart is required as part of the evaluation process. It helps demonstrate your company's structure and how MWBE-related functions are managed.**
 - If the organizational chart should include individual staff names in addition to role designations? **Including Individual Names vs. Role Designations:
While the guidelines often suggest that the chart should provide a clear picture of the key personnel and their responsibilities, it isn't always mandatory to include individual names if that information is considered sensitive. You can typically substitute role designations if you prefer to protect personal details, as long as the chart clearly identifies the positions that will be handling MWBE compliance and related activities.**
 - Which demographic designations should be included in the organizational chart? **Demographic Designations:
The chart should indicate, where relevant, which positions are held by MWBE-qualified individuals (for example, noting if a key role is occupied by a certified MBE or WBE). This can be done by including a simple notation (such as "MBE" or "WBE") next to the role title. However, you should only include the demographic information that is explicitly requested in the solicitation. If the RFP does not require personal identifiers like names or full demographic data, providing the role titles along with a notation of MWBE status for those roles should be acceptable.**
- In summary, for maximum points you should provide an organizational chart that clearly outlines your company's structure and the key roles responsible for managing MWBE participation. If including individual names is a concern due to sensitivity or confidentiality, you may list roles and responsibilities instead and simply note the MWBE demographic status of the relevant positions where applicable.**
198. For the budget, the VSS system and cost proposal only list two total line items for the CMS and IDS. Can you confirm:

- Whether you need additional detail or justification for the budget beyond these two line items, and if so how that information should be shared? **As much detail as feasible should be provided within the cost proposal for the solution.**
199. Regarding 3.2.3 Special Assistance In-Home, is it desired that the Medical Assistance form be completed by the doctor within the proposed solution, or will the doctor send the form to the case manager or the solution to then be stored in the solution? **Medical forms are completed by physicians, and it's the client's responsibility to return the form to the Medicaid worker. Medicaid staff is responsible for determining eligibility for the program.**
 200. Is the system expected to interface with Medicaid directly? If yes, should this be covered in the scope and pricing of the IDS or Case Management component? **Not at this time.**
 201. Is the use of offshore developers or staffing allowed? **Offshore resources can be used for development purposes only. The data cannot leave the boundaries of the US. Vendors should clearly demonstrate how the offshore dev team will work on the project without access to data stored in the US. The SOC report that certifies the controls in place to show offshore development isolation needs to be made available. All vendor employees who need access to the solution (both Non-Production and Production) should be approved by the county including any background checks that county wants to process on the users before they can be granted access. The vendor staff providing any production support, remoting into the systems to trouble shoot have to be US based only.**
 202. Approximately how many users/case managers will need access to the system? **For the first phase of Case Management Software, we estimate there will be 125 licensed users. This number is inclusive of Administration, Supervisory staff, technical staff, and Frontline/Case Workers.**
 203. How many staff will need access to the system in a managerial or audit capacity (viewing and reporting but not editing resident records)? **Approximately 20 managerial and CQI staff will need access to the system. Managerial staff will also need the ability to edit records.**
 204. Regarding the Qualification and Submission Requirements section, when submitting via the vendor portal, is it preferred that each section or Tab of the response be submitted as a separate file or should forms and attachments be consolidated into the narrative response with each Tab noted, whenever possible? **You can upload the documents individually or as one file, whichever you prefer.**
 205. Regarding Attachment 2, question V seems to pertain to a contact person for the RFP and question XI seems to reference the point of contact or project manager if awarded the contract. Please confirm if question XI pertains to the point of contact for the RFP and negotiations or for the project manager/point of contact if awarded the contract. **Attachment 2 is all information pertaining to the Provider/Provider Company.**
 206. Please confirm the timeline for implementation of each desired solution (IDS and Case Management Software). **We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.**
 207. Please confirm the budget for each component (IDS and Case Management Software) for year 1 and ongoing maintenance. **We have not finalized the budget for this project. We will consider all responsive bids and then take the chosen bid and budgeted amount to the Board of Commissioners for approval.**
 208. Please confirm if it is acceptable for additional pages to be added to the cost proposal to accommodate a cost breakdown or fee structure? **The bidder can submit additional pages to accommodate the cost breakdown**

209. In order to provide a complete and comprehensive response that considers all the components and requirements, including consideration of the responses to the Q&A, would the county consider extending the submission deadline? **Please see Addendum #3 for Proposal Due Date Extension**
210. Our parent company is a certified MBE in North Carolina. As such, would we be eligible for the full 30 points available to MWBEs? **If your company meets the NC HUB eligibility criteria –then you would typically be eligible for the full 30 points. In other words, if your company qualifies as an MWBE under the solicitation’s requirements (which include ownership, control, and certification standards), then the fact that your parent company is certified should allow you to claim full MWBE points.**
211. Exhibit A includes Business Process Maps. Are the maps part of the requirements for this RFP? **The business process maps are included for a greater understanding of Aging and Adult Services service provisions and workflows.**
212. What is the purpose of including Exhibit B Requirements for the Provision of Services? This document describes the Services provided by the Agency to its Clients. **This is provided as a potential resource to vendors when evaluating**
213. There is a BAA included. Is there a requirement and/or opportunity to provide any objections to the terms at this point? **No requirement or opportunity. This is for reference purposes only.**
214. Is there a requirement and/or opportunity to provide objections to the Sample Contract terms? **The Sample contract is just a sample for reference only. Contract terms and conditions will be discussed with the awarded provided.**
215. We have identified the system requirements and deliverables. Is there an RFP instruction document specifying Scope of Services requirements? **The entire RFP document is intended to serve as a scope of work.**
216. I can’t seem to find a published list of certified MWBE on the NC HUB website. Can you please point me in the right direction?
<https://www.doa.nc.gov/divisions/historically-underutilized-businesses-hub> **If you need assistance finding certified firms in specific scopes, please contact us at MWBE@guilfordcountync.gov for further information.**
217. In Q&A 27, it states: "If a firm has started the NC HUB certification prior to a Bid due date and if we can confirm that all documents have been submitted and they meet the criteria for to be certified as an MBE or a WBE with NC HUB, then yes, a firm can be counted towards an established goal and subsequent point allocation for an RFP/RFQ." Is this NC HUB registration the same as registering the online portal to respond to this RFP? We had to state our status as a W/MBE. If not, what is the proper link? **No, NC HUB certification is not the same as registering in the online portal to respond to the RFP.**
- **NC HUB Certification:** This is the process of becoming officially recognized as a Minority Business Enterprise (MBE) or Women Business Enterprise (WBE) through the North Carolina Historically Underutilized Business (HUB) Program. If a company has submitted all required documents and meets the criteria, it can count toward MWBE participation goals, even if the certification is still pending at the time of the bid.
 - **Online Portal Registration for RFP:** This is separate from HUB certification and is specific to responding to bids in the Guilford County procurement system. Vendors must register, select their vendor type, and input relevant certifications, including their NC HUB status.
Proper Link for Registration:

- NC HUB Certification Portal:
<https://ncadmin.nc.gov/businesses/historically-underutilized-businesses-hub>
- Guilford County Vendor Self-Service:
<https://guilfordcountync.munisselfservice.com/Vendors/default.aspx>

If your firm has stated its W/MBE status in the portal, you should still verify that the NC HUB certification process is complete and reflected correctly in the system.

ADDENDUM #5 - SUPPORTING FORMS

Aging and Adult Services Division Excess Expenditure Report Form (DSS 148)

Instructions: The DSS 148 must be submitted to GCDHHS Finance when requesting funds on behalf of a client that does not receive income (Social Security Benefits). An invoice must accompany the completed DSS 148. A minimum of two signatures are required prior to submission.

Date: Click or tap to enter a date.

Social Worker Name: Click or tap here to enter text.

Name of Client: Click or tap here to enter text.

Client Date of Birth: Click or tap to enter a date. Race: Choose an item. Gender: Choose an item.

Client's Address: Click or tap here to enter text.

Client's One Case Number: Click or tap here to enter text.

Amount of Request: Click or tap here to enter text.

Reason for Request (include details): Click or tap here to enter text.

Payment to be made to (Payee): Click or tap here to enter text.

Payee address: Click or tap here to enter text.

Other Financial Resources Explored: Click or tap here to enter text.

Special Instructions/Comments: Click or tap here to enter text.

Finance Use Only

County Cost of Placement: Click or tap here to enter text. 1571 Reimb. Choose an item.

5094 Reimb. Choose an item.

Total Cost of Placement: Click or tap here to enter text.

Signatures:

Social Worker: _____ Date: _____

Approved By:

Supervisor: (up to \$100) _____ Date: _____

Program Manager: (up to \$750) _____ Date: _____

Division Director/Designee: (more than \$750) _____ Date: _____

Links to Access Forms:

- **DHHS Forms:** <https://www.ncdhhs.gov/>
- **AOC Forms:** <https://www.nccourts.gov/about/nc-administrative-office-of-the-courts>
- **DAAS Forms:** <https://www.ncdhhs.gov/divisions/division-aging>
- **DHSR Forms:** <https://info.ncdhhs.gov/dhsr/>
- **DHB Forms:** <https://medicaid.ncdhhs.gov/>
- **SSA Forms:** <https://www.ssa.gov/>

General Aging Forms

- Fax Cover Letter (no form number)
- Adult Services Intake Inquiry Form (DHHS-AS-6218)
- Face Sheet (DHHS-AS-6219)
- Adult Services Contact Log (DHHS-AS-6222)
- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

Adult Protective Services

- APS Intake Form (DHHS-AS-0001)
- Initial Notice to Reporter (DHHS-AS-0002)
- Initial Notice to District Attorney/ Law Enforcement (DHHS-AS-0008)
- Face Sheet (DHHS-AS-6219)
- DSS 5027
- Adult Services Community Evaluation (DHHS-AS-0005)
- Adult Services Facility Evaluation (DHHS-AS-0006)
- Diligent Efforts to Locate Adult (DHHS-AS-0007)
- APS Notice to Financial Customer (DHHS-AS-0010)
- Notice of Request for Records (DHHS-AS-0014)
- Consent and Authorization for Access to Financial Records (DHHS-AS-0015)
- Veteran Affairs Request for Records (DHHS-AS-5337-A)

- MMSE (Internal form) <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/cogimp-smmse.pdf>
- Determination of Ability to Consent (DHHS-AS-0013)
- Notice to Reporter- Completion of Evaluation (DHHS-AS-0004)
- Notice to Administrator – Completion of Evaluation (DHHS-AS-0003)
- Written Report (DHHS-AS-0009)
- 5026 (DHHS-AS-5026)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

APS Court Proceedings

- Affidavit to Obtain Administrative Inspection Warrant for Particular Condition or Activity (AOC-CR-913M)
- Petition for Order Authorizing Emergency Services/ Ex Parte and Appointment of GAL (AOC-CV-770)
- Order Authorizing Protective Services (AOC-CV-773)
- Petition to Order for Issuance of Subpoena Directing Release of Financial Records (AOC-SP-630)
- Petition to Order to Inspect Financial Records and to Freeze Assets (AOC-CV-776)
- Order to Enjoin Interference with Protective Services (AOC-CV-782)

Guardianship

- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Request for Bond Coverage/ Removal (DHHS-AS-7016)
- Status Report (DHHS-AS-0020)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- DNR Document (internal)

Guardianship Court Proceedings

- Notice of Rights of Respondents and Wards (AOC-SP-197)
- Special Proceedings Action Cover Sheet (AOC-SP-550)
- Motion for Appointment of Interim Guardian (AOC-SP-198)
- Petition for Adjudication of Incompetence and Application for Appointment (AOC-SP-200)
- Guardianship Capacity Questionnaire (AOC-SP-208)
- Servicemembers Civil Relief Act Declaration (AOC-G-250)

- Notice of Hearing on Incompetence and Order Appointing GAL (AOC-SP-201)
- Notice of Hearing Appointment of Guardian (AOC-E-211)
- Certificate of Service (AOC-SP-207)
- Motion for MDE (AOC-SP-214)
- Order for MDE (AOC-SP-217)
- Order on Motion for Appointment of Interim Guardian (AOC-SP-900M)
- Order on Petition for Adjudication of Incompetence (AOC-SP-202)
- Application for Letters of Guardianship (AOC-E-206)
- Oath and Affirmation (AOC-E-400)
- Order on Application for Appointment of Guardianship (AOC-E-406)
- Letters of Appointment Guardian of Person (AOC-E-408)
- Motion in the Cause for Restoration to Competency (AOC-SP-215)
- Notice of Hearing on Restoration to Competency (AOC-SP- 216)
- Order on Motion Restoration to Competency (AOC-SP-218)
- Motion in the Cause – modify Guardianship (AOC-E-415)
- Order on Motion to Modify Guardianship (AOC-E-416)
- Letters of Appointment Limited Guardian of Person (AOC-E-418)
- Letters of Appointment Temporary Guardian (AOC-E-421)

Did not list forms used for Guardian of the Estate/ General Guardian or transfers of Guardianship our of state.

Indigent Burial

- Unclaimed Body Referral
- Information Sheet (for death certificate)
- Standard Cremation Authorization
- Important UB Information (for payment, morgue pickup, and whether ME case)
- Clerk of Court Letter

18-21

Placement

- Placement Referral (internal form)
- Face Sheet (DHHS-AS-6219)
- DSS-5027
- FL-2 (2 State forms) – ACH / SNF
- Functional Assessment (DHHS-AS-6220)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

In Home Aide

- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Client Registration form (DAAS 101)
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Nurse Physical Health Assessment (internal form)
- In Home Aide Emergency Plan (internal form)
- In Home Aide Service Plan (Internal form)
- Purchase of Service (internal form)
- Consumer Contribution Schedule – Updates annually with COLA (DAAS form)
- Model Provider Assurance Form (DAAS Form)
- Client Bill of Rights (internal form)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- Client Satisfaction Survey (internal form)
- Caregiver Satisfaction Survey (internal form)

Adult Day Services

- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Client Registration form (DAAS 101)
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- ADC/ADH medical form (Contracted Provider form) – no copy
- Purchase of Service (internal form)
- Consumer Contribution Schedule – Updates annually with COLA (DAAS form)
- Model Provider Assurance Form (DAAS Form)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- Client Satisfaction Survey (internal form)
- Caregiver Satisfaction Survey (internal form)

ADS Recertification Forms

- Adult Day Care Certification form (DAAS-1500)

- Adult Day Health Certification form (DAAS-6205)

Subcontract Monitoring

- HCCBG Subcontractor Performance Evaluation (PTRC)
- NC DAAS IHA monitoring Tool Attachment A
- NC DAAS IHA monitoring Tool Attachment B

ADS Routine Monitoring

- Monthly Monitoring Report (DAAS -6214)

ADS Complaints

- Complaint Intake form (DAAS-600)
- Notice Letter to Program Director (DAAS-603)
- Notice Letter to Complainant (DAAS-602)
- Complaint Investigation Report (DAAS-601)
- ADS Notice of Violation of Standards (DAAS-6215)

Nurse

- Referral form (internal)
- Notes Summary (internal)
- Nurse Physical Health Assessment (internal form)

IHA/ ADS HCCBG/ SSBG Budget Reports

- Weekly/ Monthly Budget Meeting
- Accounting Budget Meeting
- Monthly Commission on Aging Meeting

AHS Focused Monitoring

- Monitoring Report (4606 AHS Facility Report)
- Resident Selection (DHSR/ AC 4705)
- Personnel Record review (DHSR/AC 4704)
- Staff Qualifications (DHSR/ AC 4617)
- Housekeeping and Furnishings (DHSR/ AC 4715c)
- Personal Funds (DHSR no form number)
- Staffing Requirements Chart (no form #)

AHS Complaint Monitoring

- Complaint Intake Form (Can be internal or DHSR generated)
- Monitoring Report (4606 AHS Facility Report)
- Corrective Action Report (DHSR/AC 4607)

- Complaint Investigation Summary (DHSR /AC 4654)
- Plan of Protection (DHSR /AC 4659)
- Licensure Action Recommendation Worksheet (DHSR/AC 4715)
- ACLS Administrative Penalty Recommendation (DHSR/ AC 4610)
- ACLS Administrative Penalty Recommendation Unabated Violation (DHSR /AC 4610 b)
- Determine Penalty (DHSR /AC 4660)
- QIC Review Fax Sheet (DHSR/ AC 4694)
- Star Rating Notification (DHSR /AC 4695)
- Final Report of Investigation of a Resident Death (DHSR/AC 4650)
- Facility Request form (DHSR/ AC 4708)
- Food Service Monitoring Worksheet (DHSR/AC 4614)
- Medication Monitoring Form (DHSR/ AC 4616 b)
- LHPS QA tool (DHSR /AC 4621)
- Labs form (DHSR/ AC 4625)
- Medical Appointments (DHSR /AC 4626)
- Activities Observation (DHSR/ AC 4702)

CSST

- Referral Form (internal form GC DSS 317)

199

- Referral Form (internal form GC DSS 199)

Special Assistance In Home

- SA IH Program Interagency Referral Form (DHHS-AS-0031)
- FL-2 (State form – only ACH)
- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Functional Assessment (DHHS-AS-6220) – Form is changing 03/01/2025
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223) – Requirement is changing 3/1/2025
- Adult and Family Service Plan (DHHS-AS-0011)
- Case Closing / Transfer Summary (DHHS-AS-6226)

Representative Payee

- Referral (internal form)
- SSA Application for Rep Payee (SSA-11-BK)
- Physician's Medical Officer's Statement of Patient's Capability to Manage Benefits (SSA-787)
- SSA appointment letter (generated from SSA)
- Face Sheet (DHHS-AS-6219)

- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Client Budget Worksheet (internal form)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Adult Services Agreement for Rep Payee (internal form)
- 152
- 148
- Accounting Summaries (print out from Munis , generated from accounting)
- Case Closing / Transfer Summary (DHHS-AS-6226)

Adult Resource Team (ART)

- Referral (internal EMS form) – is generated from a QR code in EMS System
- Face Sheet (DHHS-AS-6219)
- DSS-5027
- Functional Assessment (DHHS-AS-6220)
- Reassessment (DHHS-AS-6224)
- Quarterly Assessment (DHHS-AS-6223)
- Adult and Family Service Plan (DHHS-AS-0011)
- Consent to Obtain / Release Information (internal form GC 77)
- Consent to Share Information with Partner Agencies GC-40/ GC-77)
- Request for Confidentiality (internal form)
- Consent to Obtain / Release Information (internal form GC 77)
- Client Bill of Rights (internal form)
- Daily Collaboration Tracking form (FJC Form)
- Notice to Reporter letter - Initial Screening (internal form)
- Notice to Reporter letter – Case Closure (internal form)
- Case Closing / Transfer Summary (DHHS-AS-6226)
- Client Satisfaction Survey (internal document)

Targeted Housing

- Application packet for Targeted Housing

**PHYSICIAN'S STATEMENT REQUESTING
DO NOT RESUSCITATE (DNR) / NO CODE ORDER**

CoujntyWARD: _____ DOB: _____ SSN: _____

(To be completed by the Attending Physician)

The above-named person is diagnosed with: _____

The above-named person's condition is as follow (check one):

_____ The patient is comatose and there is not reasonable possibility that the patient will return to a cognitive state:

OR

_____ The patient is mentally incapacitated, and the patient's present condition is terminal and incurable, or the patient's condition is diagnosed as a persistent vegetative state.

OR

_____ If the patient does not meet one of the conditions listed above, state reason(s) and/or professional opinion why a Do Not Resuscitate (DNR) order should be authorized: _____

(Check all that apply)

_____ A vital function of the patient could be restored by extraordinary means; **or**

_____ A vital function of the patient is being sustained by extraordinary means; **or**

_____ The life of the patient could by or is being sustained by artificial nutrition or hydration.

Attending Physician's Signature: _____ **Date:** _____

_____ County, North Carolina

I, _____, certify that _____ personally appeared before _____ day of _____, 20____, acknowledging to me that he/she signed the foregoing document.

Notary Public Signature

Seal

My commission expires: _____

(To be completed by the NON-ATTENDING PHYSICIAN)

I have examined the above name patient and reviewed their current medical record.

_____ **I DO CONCUR** with the attending physician's recommendation for a DNR/No Code order.

_____ **I DO NOT CONCUR** with the attending physician's recommendation for a DNR/No Code order.

Non-Attending Physician's Signature: _____ **Date:** _____

_____ County, North Carolina

I, _____, certify that _____ personally appeared before _____ day of _____, 20____, acknowledging to me that he/she signed the foregoing document.

Notary Public Signature

Seal

My commission expires: _____

(To be completed by the Guardian)

_____ As Guardian of the Person for the above-named ward, **I AGREE** with the medical recommendation for a DNR/No Code Order.

_____ As Guardian of the Person for the above-named ward, **I DO NOT AGREE** with the medical recommendation for a DNR/No Code Order.

Signature: _____ Guilford County DSS Director

**PHYSICIAN'S STATEMENT REQUESTING
DO NOT RESUSCITATE (DNR) / NO CODE ORDER**

Date: _____

Adult Care Home
Complaint Intake Form

**GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECIPIENT'S BILL OF RIGHTS AND RESPONSIBILITIES**

RECIPIENT'S BILL OF RIGHTS

AS A RECIPIENT OF DHHS SERVICES, YOU HAVE THE RIGHT:

1. To be fully informed of all of your rights, obligations and responsibilities.
2. To receive professional, considerate and respectful care in you home at all times and your property treated with respect.
3. To participate in the development of your plan of care, including an explanation of services proposed and alternate services that may be available in the community and to receive a copy of your service plan.
4. To be fully informed, in advance, of any changes or modifications in your plan of care.
5. To receive information necessary to give informed consent prior to the starting of any procedure or treatment.
6. To accept or refuse services provided and to be informed of the possible results of your actions.
7. To privacy and confidentiality about your health, social and financial circumstances and about what takes place in your home. All communications and records will be treated as confidential information.
8. To expect that all personnel will respond in good faith to your request for assistance in your home, within the limits set by the plan of care.
9. To receive information on the policies and procedures of the Department of Health and Human Services, qualifications of personnel, supervision, and/or plan of care.
10. To receive services as long as the Department of Health and Human Services has the ability to provide safe and professional care at the level of intensity needed.
11. To voice grievances and suggest changes in services or staff without fear of reprisal or discrimination. You may express grievances by phone, in person or in writing to the Department of Social Services, P.O. Box 3388, Greensboro, NC 27402.
Call your social worker _____, SW II at telephone # 336-641-_____.
~~If you are unable to reach your social worker, call the worker's supervisor at telephone #~~
336-641-_____.

RECIPIENT'S RESPONSIBILITIES

AS A RECIPIENT OF SERVICES, YOU HAVE THE RESPONSIBILITY:

1. To treat the Department of Health and Human Services personnel with respect.

2. To supply the Department of Health and Human Services with honest, accurate and forthright information regarding your eligibility and personal needs.

3. To ask questions when you do not understand the information given by representatives of the Department of Health and Human Services, until you reach a clear understanding of the policies, procedures, and plan of care.

4. To notify your Social Worker of any changes that will impact services provided to you.

5. To notify Social Worker when there is a change in your emergency contact information.

Your signature below will be an indication that this information has been reviewed with you. Failure to comply with these guidelines will result in the review of your services and possible services discontinued.

Case Manager's Signature _____
Date _____

Case Manager's Telephone Number _____

Recipient's Signature _____
Date _____

Patient's Representative/Witness _____
Date _____
(Required if patient is unable to sign or make an X)

1. To be fully informed of all of your rights, obligations and responsibilities.
2. To receive professional, considerate and respectful care in your home at all times and your property treated with respect.
3. To participate in the development of your plan of care, including an explanation of services proposed and alternate services that may be available in the community and to receive a copy of your service plan.
4. To be fully informed in advance of any changes or modifications to your plan of care.
5. To receive information necessary to give informed consent prior to the starting of any procedure or treatment.

First Referral?	<input type="radio"/> YES	<input type="radio"/> NO
Location	<input type="radio"/> GSO	<input type="radio"/> HP



How Are We Doing?

1. Please rate your services with the Adult Resource Team:

	Poor	Fair	Good	Excellent
I feel safer in my home and community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that my confidentiality and privacy were honored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff communicated and supported me throughout my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The services I received helped me make decisions about my next step.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Was there a service unavailable that you wished we would have had? _____

3. Would you recommend the Adult Resource Team to someone who needed our services?

Yes No If no, can you please tell us why?

4. What would you improve about our services for future clients? _____

5. We value what you have to say! Please write any additional comments or suggestions: _____

Thank you for participating in our survey. Would you like to speak with someone directly about your experience? Yes No

Please provide your name and contact information below or email us at [enter email address](#).

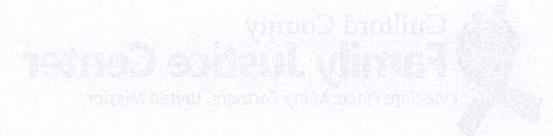
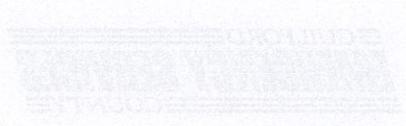
Name

Phone

Email



HP Location
 GSO Referral?



How Are We Doing?

1. Please rate your services with the Adult Resource Team:

Excellent	Good	Fair	Poor	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel safe in my home and community.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel that my confidentiality and privacy were honored.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I feel respected with respect.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff communicated and supported me throughout my services.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The services received helped me take the steps that I need to take.

2. Was there a service unavailable that you wished we would have had?

3. Would you recommend the Adult Resource Team to someone who needed our services?
 Yes No - If no, can you please tell us why?

4. What would you improve about our services for future clients?

5. We value what you have to say! Please write any additional comments or suggestions:



NO Referral?
 YES
 HP Location
 GSO

Adult Resource Team Referral Form

Date of Referral: _____ **Time of Referral:** _____

Referral Classification (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> High utilization of emergency response systems | <input type="checkbox"/> Lacks basic needs (food, clothing, provisions) |
| <input type="checkbox"/> Frequent falls or needs assistance with daily living activities | <input type="checkbox"/> No caregiver or lacks supports |
| <input type="checkbox"/> Concerns about fraud or exploitation | <input type="checkbox"/> Abuse/Neglect |
| <input type="checkbox"/> Other (briefly describe): _____ | <input type="checkbox"/> Unsafe environment (hoarding, dilapidated home, unsanitary living conditions, etc.) |

Referring Agency:

- Family Justice Center
 EMS
 BHRT
 CART

Fire Department

- Greensboro Fire Dept
 High Point Fire Dept
 Guilford County Fire Dept
 District # _____

Law Enforcement

- Greensboro Police Dept
 High Point Police Dept
 Guilford County Sheriff's Dept

EMS/Fire Responder and Contact information:

Name: _____ **Phone:** _____
Address: _____ **Email:** _____

EMS Incident # _____ EMS Event # _____
 Fire Incident # _____ Fire Event # _____

Adult Name and Contact information:

Name: _____ **Phone:** _____
Address: _____ **Email:** _____

Summary of Concern/Needs:

Are there any safety concerns for the ART Team?

SCREENING DECISION

Accepted | Not Accepted

Assigned Case Number: _____

Assigned Social Worker: _____

Assigned EMS Staff and Contact Info.: _____

Phone#: _____

Email: _____

Urgency of Situation:
 Immediate
 24 Hours
 72 Hours

APS Report Made by ART Team:
 YES
 NO

Comments: (include outcomes for Not Accepted referrals)

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> ... | <input type="checkbox"/> ... | <input type="checkbox"/> ... |
| <input type="checkbox"/> ... | <input type="checkbox"/> ... | <input type="checkbox"/> ... |
| <input type="checkbox"/> ... | <input type="checkbox"/> ... | <input type="checkbox"/> ... |
| <input type="checkbox"/> ... | <input type="checkbox"/> ... | <input type="checkbox"/> ... |

Date of Referral: _____ Time of Referral: _____

Adult Resource Team Referral Form

Staff Name: _____
Date: _____

DAILY COLLABORATION TRACKING FORM

I collaborated with the following FJC partner agencies today:

- | | | |
|---------------------------|--------------------------|---------------------|
| — Cone Hospital | — High Point Medical | — FJC Elder Justice |
| — Corporation of | Center | Coordinator |
| Guardianship | — City of Greensboro | — PTRC-AAA |
| — Greensboro Police Dept. | — City of High Point | — Senior Resources |
| — GC Sherriff's Office | — EMS | — Other: _____ |
| — Legal Aid | — FJC Operations (Admin, | |
| — High Point Police Dept. | Navigator, Supervisor) | |

I participated in the following collaborative meetings:

- | | |
|-----------------------------------|-----------------------------|
| — FJC Working Partner Team | — Elder Justice Case Review |
| — High Risk Team Meeting | — ART Case Review |
| — Elder Justice Committee Meeting | — Other: _____ |

Additional information or comments:



Adult Resource Team Referral Summary:

Adult Name: DOB:

Date of Referral: ART Services Initiated:

Case was not accepted for Aging Resource Team. Referred to the following program(s):

Summary of services offered:

Services accepted by adult (include providers as applicable):

Services needed but unavailable (include why unavailable and refusals):

APS Report Completed: Yes No

Social Worker Date:

CONSENT TO OBTAIN/RELEASE INFORMATION

I, _____, hereby authorize the Guilford County Department of Social Services at: _____

- CHECK ONE: [X] P.O. BOX 3388, Greensboro, NC 27402 or [X] P.O. BOX 1142, High Point, NC 27261

to obtain/release specified information, indicated below, concerning

_____ from/to: _____

Name(s) of Organization(s)/ Individual(s):

Medical providers, Emergency Medical Services, Local Community Providers for referral of services including but not limited to: Family Justice Center / Elder Justice Committee, Coordinated Entry (housing resource providers), Medicaid, Public Health (CAP/DA services), Transportation Services.

SPECIFIC INFORMATION TO BE OBTAINED/ SHARED: Any information pertinent to providing services needed by the adult and information to facilitate discussion of community need and service improvement.

My signature certifies that I am aware of the nature of the information that is being disclosed, the need for the information, and that there are laws protecting the confidentiality of authorized information. I am also aware that refusal to sign may mean that I will not receive the service(s) I have requested; and my signing is for the purpose of facilitating and coordinating delivery of my service(s) request(s).

This Consent form expires on _____ (specify date), unless revoked in writing prior to that date. I certify that this CONSENT is truly voluntary. I may revoke this consent in writing at any time. I understand the Department is not liable for the release of any information prior to my decision to revoke this consent.

My signature also means that I have read this form or have had it read to me and explained to me and I understand it. All the relevant blank spaces above have been filled in.

Client's Signature or "X" _____ Date Signed _____

Witness _____ Date Signed _____

Witness _____ Date Signed _____

Address _____ City/State _____ Zip Code _____

Guardian or Legal Custodian _____ Date Signed _____

Worker's Signature _____ Title _____ Date Signed _____

INSTRUCTIONS FOR COMPLETION OF GC-DSS-40

1. Type or print the client name authorizing the release of information.
2. Check the appropriate department address.
3. Type or print the name of the client for whom the information is requested.
4. Insert the name(s) and address (es) of each organization or individual from which/whom the information is being requested
or
Insert the name and address of the individual or organization to which or for whom information is being released.
5. Specify information being requested or released.
6. Indicate the date of expiration. This should be no more than 90 days from the date of the client's signature.
7. Obtain the client's signature or mark and date of signature.
8. If the client signs with a mark, have two witnesses verify and sign.
9. Provide the Street Address, City and State and Zip Code.
10. If the client is under 18 years of age, the parent or legal custodian must sign
or
if the client is an adult 18 years and older who is a ward, the guardian must sign
and
the date of signatures provided.
11. The social worker signs are all appropriate signatures have been obtained.

ROUTING:

Copies are:

1. Sent or presented to the organization receiving or releasing.
2. Given to the client.
3. Placed in the client's care file.

CSST REFERRAL

DATE: _____

CLIENT NAME: _____ Case No. _____

Address: _____ ID # _____

Telephone: _____

DIRECTIONS TO HOME: _____

Family Composition: Adults _____ Ages _____ Children _____ Ages _____

Referred by: _____ Unit _____ Ext. _____

PLEASE CHECK THE SERVICES NEEDED

Shopping
Ward _____
Rep Payee _____
Monitoring
Food Service _____
Activities _____
Placement _____
Help with Correspondence _____
Locate Resources _____

Transportation
Groceries _____
Appointment _____
Home Visits _____
Placements _____
Shopping _____
Teach Home Management _____
Housing _____

SPECIAL NEEDS REQUIREMENTS:

Request Accepted: _____ Changed _____ Denied _____
Reply _____

Social Worker

Supervisor

Please make referral to CSST at least a week in advance before service is needed unless an emergency.
**Referring social worker should complete page 2 (Client Name, SW Name/Number, Service Code, and Tasks to be done).

CSST REFERRAL

DATE: _____

CLIENT NAME: _____ Case No. _____

Address: _____ ID # _____

Telephone: _____

DIRECTIONS TO
HOME: _____

Family Composition: Adults _____ Ages _____ Children _____ Ages _____

Referred by: _____ Unit _____ Ext. _____

PLEASE CHECK THE SERVICES NEEDED

Shopping

Ward _____

Rep Payee _____

Monitoring

Food Service _____

Activities _____

Placement _____

Help with Correspondence _____

Locate Resources _____

Transportation

Groceries _____

Appointment _____

Home Visits _____

Placements _____

Shopping _____

Teach Home Management _____

Housing _____

SPECIAL NEEDS REQUIREMENTS:

Request Accepted: _____ Changed _____ Denied _____

Reply _____

Social Worker

Supervisor

Please make referral to CSST at least a week in advance before service is needed unless an emergency.

**Referring social worker should complete page 2 (Client Name, SW Name/Number, Service Code, and Tasks to be done).

SSBG In Home Aide

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 6 months (12/1/23 - 5/31/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG In Home Aide Level I

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG In Home Aide Level II

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG In Home Aide Level III

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG Adult Day Care

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

HCCBG Adult Day Health

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 7 months (12/1/23 – 6/30/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

SSBG Adult Day Care / Adult Day Health

- Wait List total –
- Last person served (called in on what date) –
- Average Attrition –

Budget Total - \$ _____

Current Spent - Units = _____ Cost= \$ _____

Current Projected Spending – Units = _____ Cost= \$ _____

Total Balance– \$ _____ (subtract Current Spent and Projected spending from Budget)

Attrition Average per Month- \$ _____

- X 6 months (12/1/23 – 5/31/24) = \$ _____ (multiply average monthly attrition by number of remaining months in budget season)

Projected Balance 5/30/24 - \$ _____ (subtract remaining attrition total from Total Balance)

Over / Under

Action Plan -

How many people would we need to add in each program to spend funds?

HCCBG

Level I

Level II

Level III

ADC

ADH

SSBG

IHA

ADS

How does this impact caseload and rotation of assessments?

How much time do we need to implement adding this number of people?

Where do we need to move money from and to?

How over do we need to be in our final projection – adding people will increase attrition?

How does this help waiting lists? Are there enough people on ADS lists to spend?

What combination plans can we do to be most efficient?

- Extra hours
- Leveling
- New Clients/ wait list reduction
- Moving people from SSBG to HCCBG – is this an option at end of year to balance funding?

Can our providers meet the service needs we are requesting?

Final Funding movement plan:

PTRC Budget revision will include a price correction.

HCCBG Only

- ADC
- ADH

- IHA I
- IHA II
- IHA III

Wait list updates

- Review issues with current process
 - o Individualized to one person's system and difficult for others to read
 - o Does not manage priority well
 - o Does not help maintain contact documentation well
 - o Does not promote keeping names listed as current adults ready for services
 - o Does not capture changes in status throughout time between initial referral and beginning of service
- Review new procedure and logs
 - o Documentation into log
 - o Follow up process – making contact
 - o Expectation for contact before removing names
 - o Documentation of names removed
 - o Priority cases
 - o Removal
 - o Updates every 6 months – PTRC form implementation – who does work - RN/ OT for staff
 - o Plan for storing CRF when removed versus served
 - o New form annually or running log?

- Comments/ additional suggestions

- Test adding individuals to log and making common changes

- Update based on feedback and schedule training with OS Staff/ IHA /ADS staff - Teams

Budget Balancing Options:

Overspent

- Do not add new clients as client services close (holding slots) to allow attrition to reduce spending.
- Move clients to another funding source (SSBG or HCCBG).
 - o Must assure the client is eligible for the other funding source.
 - HCCBG can always move to SSBG. SSBG cannot always move to HCCBG.
 - Swap clients with high attrition to the overspent program and low attrition clients to the underspent program.
- Move funding into the overspent program. Try not to do this beyond March.
 - o Requires Commission on Aging board approval.
 - o Requires a Budget Packet revision.
 - o Requires Contract addendums for all impacted agencies.
- Cut services to clients
 - o Must notify DHHS/ DSS upline
 - o Must notify Commission on Aging
 - o Last resort - try to do over long periods of time and not cut 100% of services from any client.

Always notify the Commission on Aging when you are overspent (especially if considering service cuts as a solution. Additional funding – if other providers are releasing funds to Guilford County – you can propose to the Commission on Aging to receive those funds to balance spending.

Underspent

- Add new clients as client services close.
- Leveling clients to underspent programs (especially from overspent programs)
- Adding additional hours to clients in need.
- Add new clients
 - o Total funding underspent / rate in ARMS/ number of units for the remainder of the FY for 1 client = number of people you must add to balance spending. Remember to calculate the number of units by a realistic start date. The closer to the end of the FY the higher the number of new clients you will have to add to spend funds.
 - $\$26,000 / \$26.00 / 100 \text{ units} = 10 \text{ people}$
 - o Remember to consider staffing issues when adding large numbers of new clients. You must also consider availability of services with contracted agencies, adding too many new people at once floods the market and not all services are delivered timely, not spending the funds.
- Move funding to overspent programs (try to keep IHA funds with other IHA programs and ADS with ADS)



12/05/2024

Vershon Ward
336-641-7605
Fax: 336-641-5405

Caring Hands

EXAMPLE

<u>CLIENT NAME ADDRESS & PHONE#</u>	<u>LEVEL OF CARE</u>	<u>HOURS PER WEEK</u>	<u>RATE</u>	<u>FUNDING SOURCE</u>	<u>STARTING DATE</u>
1. Cl't's name Cl't's Address Cl't's phone #	I, II, or III	Depends on level	HCCBG or SSBG	01/00/2000	

Schedule

Monday-Thursday 10:00am-12:00pm

Social Worker: Name
Ph. # 336-641-0000

NOTE: Please contact client's social worker for ALL client schedule changes.



RN PHYSICAL HEALTH STATUS: IHA

Client's Address:	Client's Name:
Client's Telephone Number:	Nurses' Signature Date:
RECOMMENDED LEVEL:	

Medication Assessment

A. Administration: (check appropriate response)

<input type="checkbox"/>	No prescribed medications for client/family
<input type="checkbox"/>	Able to take medication in prescribed doses at proper times
<input type="checkbox"/>	can prepare and take medication with reminder
<input type="checkbox"/>	Can take medication if assisted with preparation
<input type="checkbox"/>	Unable to take medication correctly without assistance
<input type="checkbox"/>	Refuses to take medication appropriately
<input type="checkbox"/>	Other

Blood Pressure	
Temperature	
Pulse	
Respiration	
O2	

If client needs assistance with medications, is he/she receiving assistance needed

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	------------	--------------------------	-----------

If Yes: From Whom

--

B. Medication List

Medication	Note Compliance Problems and/or side effects

C. Name of Physician(s)

Name of Physician(S)	Phone Number	Last Visit

D. Check if any of the following are occurring; then describe (family member affected, date of onset, severity, etc.)

<input type="checkbox"/>	Falls	
<input type="checkbox"/>	Sleep Disturbances	
<input type="checkbox"/>	Visual Changes/Limitations	
<input type="checkbox"/>	Pain	
<input type="checkbox"/>	Fatigue	
<input type="checkbox"/>	Forgetfulness	
<input type="checkbox"/>	Smell of Urine or Feces	
<input type="checkbox"/>	Wetness	
<input type="checkbox"/>	Dried Stool or Soiling	
<input type="checkbox"/>	Sores	
<input type="checkbox"/>	Bruises	
<input type="checkbox"/>	Burns	
<input type="checkbox"/>	Shortness of Breath	
<input type="checkbox"/>	Rapid Weight Loss or Gain	
<input type="checkbox"/>	Changes in Ability to Walk/Transfer	
<input type="checkbox"/>	Hearing Disability	
<input type="checkbox"/>	Speech Impairment	
<input type="checkbox"/>	Other	
Current Diagnosis of Clients Physical Health		
Client/Family Definition of Health Status		
Is Client receiving treatment for health problems as needed? (Explain)		

ACTIVITIES OF DAILY LIVING and INSTRUMENTAL ACTIVITIES OF DAILY LIVING

ADL'S	Assessment Needed (Check)		Assisted By (Check, if applies)				Comments	Need Met?	
	Independent	Some Assist	Totally Dependent	Family	Friend	Agency		Equipment	Yes
Bathing								X	
Dressing								X	
Grooming								X	
Toileting								X	
Transfer: from Bed								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	
								X	

IADL'S									
Shopping								X	
Housekeeping								X	
Laundry								X	
Using Transportation								X	
Meal Preparation								X	
Money Management								X	
Telephone Use								X	

Client's/Family's Major Concerns _____

IN-HOME AIDE SERVICE PLAN

The purpose of this plan is to have a working understanding between the In-Home Aide Services recipient/family, the case manager and others about the specific tasks to be done and when the services will be provided. Changes in the plan may be requested by any of the parties involved by contacting the case manager.

Name:	Recipient/Family	Case Manager	In-Home Aide Agency
Phone #:			
Address:	1203 Maple Street Greensboro, NC 27405		

Tasks of Aide (Write in tasks From Tables in Appendix A)	How often Performed	Tasks of Aide (Write in tasks From Tables in Appendix A)	How often Performed
1. Assist with personal care and grooming (dressing & Lotion)	4x/week	7. Laundry: Wash/dry/fold/put away	1x/week
2. Living room: Dust, sweep, vacuum	4x/week	8. Prepare light meal/snack	As needed
3. Bathroom: Sweep/mop, clean sink, toilet, tub	4x/week	9. Take out trash	4x/week
4. Kitchen: Sweep/mop, clean countertops, wash/dry/put away dishes	4x/week	10. Bring in mail	4x/week
5. Bedroom: Make bed, dust, vacuum	4x/week	11. Observe, record, report changes	As needed
6. Bedroom: Change linens	1x/week	12.	

Circle level of service provided to the client: HM I HM/PC II HM/PC III

Client outcome goal (s): _____

Preferred time for client to receive service (Circle): Morning Evening

Specific service schedule (Write in days of week, hours/day and time of day) _____

Safety measures or activity restrictions _____

Beginning date for service: _____ Yearly review date: _____ Expected end date (if short term) _____

Conditions for continuing or discontinuing service: **Depending on availability of funding, staffing and level of need.**

Client Emergency Contact: _____ Emergency Contact Phone #: _____

Signatures:

Client or Responsible Person						
Date						
Case Manager						
Date						

CHANGES IN PLAN

Initials	Date	Initials	Date	Initials	Date
/		/		/	
/		/		/	
/		/		/	

**IN HOME AIDE
EMERGENCY PLAN**

THE DEPARTMENT OF SOCIAL SERVICES WILL NOT PROVIDE EMERGENCY CARE.

POSSIBLE EMERGENCY OR CRISIS SITUATION	
	Excessive pain
	Unusual bleeding
	Respiratory distress
	Unusual patient actions
	Temperature above 101
	Other:

**Names and addresses of persons to be notified in emergency or crisis situations.
Please notify the appropriate person.**

PRIMARY CARE PERSON	OTHER RESPONSIBLE PARTY
Name:	Name:
Relationship:	Relationship:
Where can be reached:	Where can be reached:
Phone #:	Phone #:
Other information:	Other information:

**WHEN PATIENT EXHIBITS ANY DISTRESS SYMPTONS, CONTACT SHOULD BE MADE WITH
THE PRIMARY CARE PERSON WHO IS RESPONSIBLE FOR CALLING INTO EMERGENCY
MEDICAL TRANSPORTATION (911)**

PHYSICIAN:
Address:
Phone#:

IN-HOME CARE STAFF		
Aide:	Case Manager:	
	Phone #:	
Aide Supervisor:	Nurse:	Agency:
Phone #:	Phone #:	

Inter-Unit Nursing Referral

(02/18)

I Date: _____ Case number _____ Current billing codes: _____
Case name: _____ Race: _____
Primary recipient: _____ I.D. #: _____
Address: _____ Phone: _____
Directions to home (if needed): _____
Family composition: Adults: _____ Children: _____ Ages (if needed): _____
Referred by worker: _____ Unit: _____ Room #: _____ Ext. #: _____

II Referred to: (Nurse) _____ Unit: In-Home Aide
Type of request (check all that applies):
SW URGENCY to consult with RN: _____ **Immediate** (same day or by next day) _____ **High** (within 3 days)
_____ **Medium** (within 7 days) _____ **Low** (within 14 days)
Walk-in: _____ **Phone:** _____ **SW Consultation:** _____ **Home Visit:** _____ **Other:** _____
Service code (if known): _____
Date and time service needed: _____ Length of time needed: _____
Reason for service request and information needed for completion: (client summary here)
Please make any referrals if services are desired and/or an APS report if needed.
Reply requested: Yes No Signature of client or worker: _____
By date: _____

III Referral received by: _____ Date: _____
Request disposition: Accepted Changed Denied
Disposition reason: _____
Service rendered to: _____ Date: _____
Outcome: _____ Signature of RN: _____

Referral Instructions:

- I. Guidelines
 - A. Persons 18 years and older without minor children may be referred to the RN in IHA-Adult Services Division.
 - B. Nursing services are limited to RN's availability. In-Home social worker activity takes priority.
 - C. Due to liability, RN cannot make diagnoses, change bandages or administer medications.
 - D. If services are rendered prior to form submission, please submit after services are rendered.
- II. Fill in information necessary for the RN to provide services in order to complete your request. Remember, you have the benefit of first-hand information – the RN will provide appropriate services/information as needed.

Distribution:

CC: IHA SW Supervisor
Referring SW's Supervisor
Client's record

PATIENT'S NAME:

RACE/SEX:

NOTES:
N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
GUILFORD COUNTY DEPARTMENT OF AGING & ADULT SERVICES

Date:	Time:
--------------	--------------

--

Nurse Signature: _____

Inter-Unit Referral

I Date: APS Screen Out: I&R call: DHHS Internal Referral:

Reason for APS screen out: (check all that apply)

Adult not disabled/incapacitated: ___

No allegation of abuse, neglect, exploitation:

Adult not in need of protective services: _____

Name of Screening Supervisor :

Adult's name:

Race:

Gender: M/F

Date of birth:

Age:

Physical description of adult:

Address:

Phone: 336-520-4656

Directions to home (if needed):

Other's living in the home:

Names of adults:

Names of children:

Reporter/contact person:

Name of worker completing form:

Ext. #:

II Referred to: Unit AOS: ___ Univ. On Call: ___ SW (if known): ___

Type of request: _____ Service code: ___

Safety Concerns (from APS report): _____

Detailed summary of adult's current situation:

Services requested: (check all that apply)

Mental health: ___

Transportation: ___

Medicaid: ___

Rep payee: ___

Food assistance: ___

Family Justice Center: _____

Housing: ___

Other: _____

IV Screening Outcome:

Screened in for 199 _____ Assigned to _____

Screen out for 199 _____

Other recommendation for services:

Univeral Intake follow up _____ What programs: _____

Referral to Outside Agency _____ What Agency: _____

No Action _____

Notify APS if 199 was a result of Screened out APS _____

V. Case outcome:

Inter-Unit Referral

I Date: APS Screen Out: I&R call: DHHS Internal Referral:

Reason for APS screen out: (check all that apply)

Adult not disabled/incapacitated: ____

No allegation of abuse, neglect, exploitation:

Adult not in need of protective services: _____

Name of Screening Supervisor :

Adult's name: Race: Gender: M/F

Date of birth: Age:

Physical description of adult:

Address:

Phone: 336-520-4656

Directions to home (if needed):

Other's living in the home:

Names of adults:

Names of children:

Reporter/contact person:

Name of worker completing form: Ext. #:

II Referred to: Unit AOS: ____ Univ. On Call: ____ SW (if known): ____

Type of request: _____ Service code: ____

Safety Concerns (from APS report): _____

Detailed summary of adult's current situation:

Services requested: (check all that apply)

Mental health: ____ Transportation: Medicaid:

Rep payee: ____ Food assistance: __ Family Justice Center: _____

Housing: ____ Other: _____

BUDGET FORM

DATE: _____

NAME CASE NO.

Monthly Income (from all sources)

Social Security/SSI _____

Retirement/VA/RR _____

Other _____

Other resources (e.g., food stamps, subsidized housing,
property, Medicare, Medicaid)

Monthly Expenses

Rent/Mortgage _____

Food/Supplies _____

Utilities _____

Heat _____

Water/Sewer _____

Transportation _____

Clothes/Laundry _____

Insurance (type) _____

Medical _____

Phone _____

Weekly Allowance _____

Monthly Allowance _____

Other Expenses _____

TOTAL _____

Reserve/Savings _____

NORTH CAROLINA BOARD OF FUNERAL SERVICE
STANDARD CREMATION AUTHORIZATION FORM

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
THE PROCESS IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Name of Individual for which cremation is being arranged ("Decedent")

Date of Birth

Date of Death

Time of Death

Age

Place of Death: _____ Hospice (Yes or No): _____

Medical Examiner's Authorization Required (Yes or No): _____ Death Due to an Infectious Disease (Yes or No): _____

Individual Confirming Identity of Decedent:

(Typed / Printed Name)

(Signature)

A. The undersigned (hereinafter referred to as "Authorizing Agent(s)") hereby certify, warrant, and represent that I/we have the full legal right and authority to authorize and arrange for the cremation and final disposition of _____ (hereinafter referred to as "Decedent"); Authorizing Agent(s) is (are) not aware of any living person who has a superior right to that of Authorizing Agent(s) as set forth in G.S. 90-210.124; or, if there is another living person who does have a superior right to that of Authorizing Agent(s), Authorizing Agent(s) represent that Authorizing Agent(s) has (have) made all reasonable efforts to contact such person, has (have) been unable to do so, and has (have) no reason to believe that such person(s) would object to the cremation of Decedent.

Name(s) of person(s) attempted to be contacted:

B. If Authorizing Agent(s) is/are aware of any other living person(s) with equal right to that of Authorizing Agent(s), Authorizing Agent(s) hereby certify, warrant, and represent that Authorizing Agent(s) has (have) either disclosed the location of all living persons with equal right to that of Authorizing Agent(s), as set forth in G.S. 90-210.124, or does (do) not know the location of any other living person with an equal right to that of Authorizing Agent(s).

C. If Decedent's cremation involves a licensed funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2):

I / We hereby request and authorize: TRIAD CREMATION AND FUNERAL SERVICE, LLC
(hereinafter referred to as "Funeral Provider") whose address is:

2110 SERVOMATION DR. GREENSBORO, NC 27407

to take possession of Decedent's human remains and make arrangements for cremation at:

TRIAD CREMATION AND FUNERAL SERVICE, LLC

a crematory licensee (hereinafter referred to as "Crematory Licensee") whose address is:

2110 SERVOMATION DR. GREENSBORO, NC 27407

in accordance with and subject to: (a) the terms and conditions set forth in this Authorization; (b) any applicable state or local laws, rules, and regulations; and (c) the rules and regulations of said Funeral Provider and/or Crematory Licensee.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections A through C above.

Initials of Authorizing Agent(s)

N. Pursuant to G.S. 90-210.125(c), a crematory licensee shall have the legal right to cremate human remains upon the receipt of a cremation authorization form signed by an authorizing agent. There shall be no liability for a crematory licensee that cremates human remains pursuant to such authorization, or that releases or disposes of the cremated remains pursuant to such authorization, except for such crematory licensee's gross negligence, provided that the crematory licensee performs such functions in compliance with the provisions of NC General Statutes Chapter 90, Article 13F. There shall be no liability for a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) or licensee thereof that causes a crematory licensee to cremate human remains pursuant to such authorization, except for gross negligence, provided that the funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) and licensee thereof and crematory license perform their respective functions in compliance with the provisions of G.S. 90-210.125.

O. If this Standard Cremation Authorization Form is being executed on a preneed basis:

1. By placing his or her initials in the appropriate line, Authorizing Agent indicates his or her election of said option:

I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem such a change to be appropriate.

I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements or continuing to honor my wishes for cremation and purchasing services and merchandise if they deem such a change to be appropriate.

NON-APPLICABLE

(Name(s) of Survivors)

2. Authorizing Agent may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. Funeral Provider and/or Crematory Licensee shall observe these religious practices except where they interfere with: (i) cremation in a licensed crematory as specified under G.S. 90-210.123 or (ii) the required documentation and record keeping.

NON-APPLICABLE

(Religious practices which conflict with Article 13 of Chapter 90 of the North Carolina General Statutes)

By executing this Standard Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Sections C or D and Section I, if that information is unknown to Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce Crematory Licensee to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION OR AND FINAL DISPOSITION

Authorizing Agent:

(Typed / Printed Name)

(Signature)

Date of Signature: _____

Time of Signature: _____

Relationship to decedent: _____

DSS REPRESENTATIVE

Phone: _____

336-641-3380

1203 MAPLE STREET

GREENSBORO

NC

27405

Address:

(Street)

(City)

(State)

(Zip)

N. Pursuant to G.S. 90-210.125(c), a crematory licensee shall have the legal right to cremate human remains upon the receipt of a cremation authorization form signed by an authorizing agent. There shall be no liability for a crematory licensee that cremates human remains pursuant to such authorization, or that releases or disposes of the cremated remains pursuant to such authorization, except for such crematory licensee's gross negligence, provided that the crematory licensee performs such functions in compliance with the provisions of NC General Statutes Chapter 90, Article 13F. There shall be no liability for a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) or licensee thereof that causes a crematory licensee to cremate human remains pursuant to such authorization, except for gross negligence, provided that the funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) and licensee thereof and crematory license perform their respective functions in compliance with the provisions of G.S. 90-210.125.

O. If this Standard Cremation Authorization Form is being executed on a preneed basis:

1. By placing his or her initials in the appropriate line, Authorizing Agent indicates his or her election of said option:

I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem such a change to be appropriate.

I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements or continuing to honor my wishes for cremation and purchasing services and merchandise if they deem such a change to be appropriate.

NON-APPLICABLE

(Name{s} of Survivors)

2. Authorizing Agent may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. Funeral Provider and/or Crematory Licensee shall observe these religious practices except where they interfere with: (i) cremation in a licensed crematory as specified under G.S. 90-210.123 or (ii) the required documentation and record keeping.

NON-APPLICABLE

(Religious practices which conflict with Article 13 of Chapter 90 of the North Carolina General Statutes)

By executing this Standard Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Sections C or D and Section I, if that information is unknown to Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce Crematory Licensee to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION OR AND FINAL DISPOSITION

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: DSS REPRESENTATIVE Phone: 336-641-3380

1203 MAPLE STREET GREENSBORO NC 27405
Address: (Street) (City) (State) (Zip)

Authorizing Agent: NON-APPLICABLE / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Authorizing Agent: NON-APPLICABLE / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Authorizing Agent: NON-APPLICABLE / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

NOTICE FOR PRENEED CREMATION ARRANGEMENTS:

Per G.S. 90-210.126, "[a]ny person, on a preneed basis, may authorize the person's own cremation and the final disposition of the person's cremated remains by executing, as authorizing agent, a cremation authorization form on a preneed basis and having the form signed by two witnesses."

WITNESSES

Two (2) witnesses are required if this Standard Cremation Authorization Form was executed on a preneed basis. Witnesses are not required by law if this Standard Cremation Authorization Form was executed on an at-need bases. However, some funeral providers and/or crematory licensees may require two (2) witnesses if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

Witness: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Witness: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

NOTARY

A notary is not required by law. However, some funeral providers and/or crematory licensees may require a notary if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

STATE OF _____, COUNTY OF _____

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed the foregoing Standard Cremation Authorization Form.

_____, Notary Public / _____
Notary's typed or printed name Signature of Notary

My commission expires: _____

(Official Seal)

REPRESENTATIONS OF FUNERAL DIRECTOR / FUNERAL SERVICE LICENSEE

(To be completed AT-NEED)

By executing this Standard Cremation Authorization Form as a funeral director or funeral service licensee and an agent / employee of Funeral Provider, I warrant to the best of my knowledge that (1) Funeral Provider was responsible for making arrangements with Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this Standard Cremation Authorization Form with Authorizing Agent (s); (2) that no employee of Funeral Provider has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; (3) that the human remains delivered to Crematory Licensee and represented as the human remains specified on this form are in fact the human remains that were identified to Funeral Provider as Decedent; and (4) that Funeral Provider obtained all necessary permits authorizing the cremation of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this Standard Cremation Authorization Form in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Funeral Director or Funeral Service Licensee: _____
(Typed / Printed Name) (License No.)

(Signature) (Date of Signature)

REPRESENTATIONS OF CREMATORY LICENSEE

(To be completed AT-NEED by crematory licensee when no funeral provider involved)

By executing this Standard Cremation Authorization Form as an agent / employee of Crematory Licensee, I warrant to the best of my knowledge that (1) Crematory Licensee was responsible for making arrangements with Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this Standard Cremation Authorization Form with Authorizing Agent(s); (2) that no employee of Crematory Licensee has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; and (3) that Crematory Licensee obtained all necessary permits authorizing the cremation of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this Standard Cremation Authorization Form in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Representative of Crematory Licensee: _____
(Typed / Printed Name)

(Signature) (Date of Signature)

FOR CREMATORY LICENSEE USE ONLY

Cremation approved by: _____

Date: _____ Special Instructions: _____

Sharon Barlow, Director, Social Services



Anita Ramachandran, Interim Director, Public Health

Once completed & signed, please email/fax to:

Email: hhicks@guilfordcountync.gov

Fax: 336-641-5405

STATEMENT OF PAYMENT ACCEPTANCE

In accepting ~~\$450.00~~ from the Guilford County Department of Health and Human Services, I am acknowledging that the cremation expense for _____ is paid in full, and no additional charges will be required of the family or any other responsible party.

MORGUE PICK-UP

The body of _____ was picked up from the _____ morgue on _____
(Decedent Name) (Hospital)
_____ by **Triad Cremation & Funeral Services.**
(Date) (Crematorium/Funeral Home)

MEDICAL EXAMINER

The body of _____ was _____ wasn't _____ a Medical Examiner's Case.
(Decedent Name)

Signature of Triad Cremation and Funeral Services Staff

Date

Sharon Barlow, Director, Social Services



Anita Ramachandran, Interim Director, Public Health

Date: _____

Clerk of Superior Court
Estates Division
PO Box 3008
Greensboro, NC 27402

To Whom It May Concern,

Guilford County DHHS/Division of Social Services is making a claim against the estate of _____, in the amount of \$450.00. Guilford County DHHS/DSS paid the cremation fee to Triad Cremation & Funeral Services (invoice is enclosed).

Date of Birth: _____ Date of Death: _____

Next of Kin: _____

**If a reimbursement becomes available, please make the check out to:
Guilford County DHHS/Division of Social Services

**Please send the check to:
Guilford County DHHS/Division of Social Services
PO Box 3388
Greensboro, NC 27402
Attn: Finance

Please reach out if you have any questions.

Respectfully,





AGING AND ADULT SERVICES UNCLAIMED BODY REFERRAL

Please email/fax completed referral to:

Email: hhicks@guilfordcountync.gov

Fax: (336) 641-5405

Office: (336) 641-6015

Date of Referral: _____ Jurisdiction: Not in the Jurisdiction/Statutory Authority of Medical Examiner

Category: Unclaimed (Unable to find next of kin or others) Abandoned (By next of kin or others)

Residency Status: U.S. Citizen Migrant Agricultural (Ag) Worker Minor of Migrant Ag Worker

Referring Hospital/Contact: _____

Decedent's Name: _____
First Middle Last

Decedent's Address & County of Residence: _____

Date of Birth (if known): _____ Adult Minor Minor-DHHS Custody
(N.C. Gen. Stat. 130A-415(g))

Date of Death: _____ Time of Death: _____ am pm County of Death: _____

10 days from date of death has lapsed constituting waiver (N.C. Gen. Stat. 130A-420(b1) (Unclaimed)

5 days from date of notice has lapsed constituting waiver (N.C. Gen. Stat. 130A-420(b1) (Abandoned)

Commission of Anatomy has declined/not requested Date of Declination: _____

Deceased has not made an anatomical gift (N.C. Gen. Stat. §§ 130A-412.3 et seq, 415(f) and 90-602)

Death Certificate Date Received: _____ Date of Death Certificate: _____

Probable Cause of Death: _____

Location of Death: _____

Current Address/Location of Body: _____
(Per 10A NCAC 39B.0102(d) and (e))

Date of Birth: _____ Social Security Number: _____

Referring Hospital/Contact's Description of Diligent Efforts to Locate Next of Kin:

Letters to Next of Kin/Neighbors/Others: Identify Names, Relation to Decedent, Addresses:
(You can attach copies of those letters in lieu of listing)
N.C. Gen. Stat. 130A-415(a)

Phone Calls to Next of Kin, Neighbors/Others: Identify Names and Phone Numbers:
N.C. Gen. Stat. 130A-415(a)

Triad Cremation & Funeral Service

2110 Servomation Road Greensboro, NC 27407

Phone: (336) 275-1005 Fax: (336) 275-1009

Guilford Co. DHHS/DSS Information Sheet

First: _____ Middle: _____ Last: _____ Suffix: _____

Maiden: _____ Nickname: _____ Age: _____ Sex: _____

Date of Birth: _____ Birthplace: _____ Race: _____

Date of Death: _____ Time: _____ County of Death: _____

Place of Death: _____ SS#: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ City Limits: _____

Marital Status: _____

Surviving Spouse: _____ Phone # _____

Father's Name: _____

Mother's Name (Maiden): _____

Armed Forces: _____ Decedent's Usual Occupation: _____

Kind of business: _____ Decedent's Education: _____

Hispanic origin: _____

Informant's Name: _____ Relationship: _____

Mailing Address: _____

Phone#: _____ Cell#: _____ Fax#: _____

Next of Kin/Contact information: _____

Addendum #6: (Bid 20256) Clarification on Question
Integrated Data System and Aging and Adult Case Management Software

1. Will there be any external users of the CMS system ex: citizens, providers? If yes, how many provider users need access. If citizens need to be able to create accounts, can you provide any more details like how many citizens served a year, applications/ year, etc.?

RESPONSE: We do not have a finalized timeline. We anticipate the CMS to take approximately 9-12 months for full implementation to the Aging and Adult Division and the IDS to take 12-18 months for the phase one implementation.”

2. **CLARIFICATION:** External users are not within the scope of this RFP. We hope to have a user (client) portal and connections with external partners and providers in future phases. We do not have a count of those accounts at this time.

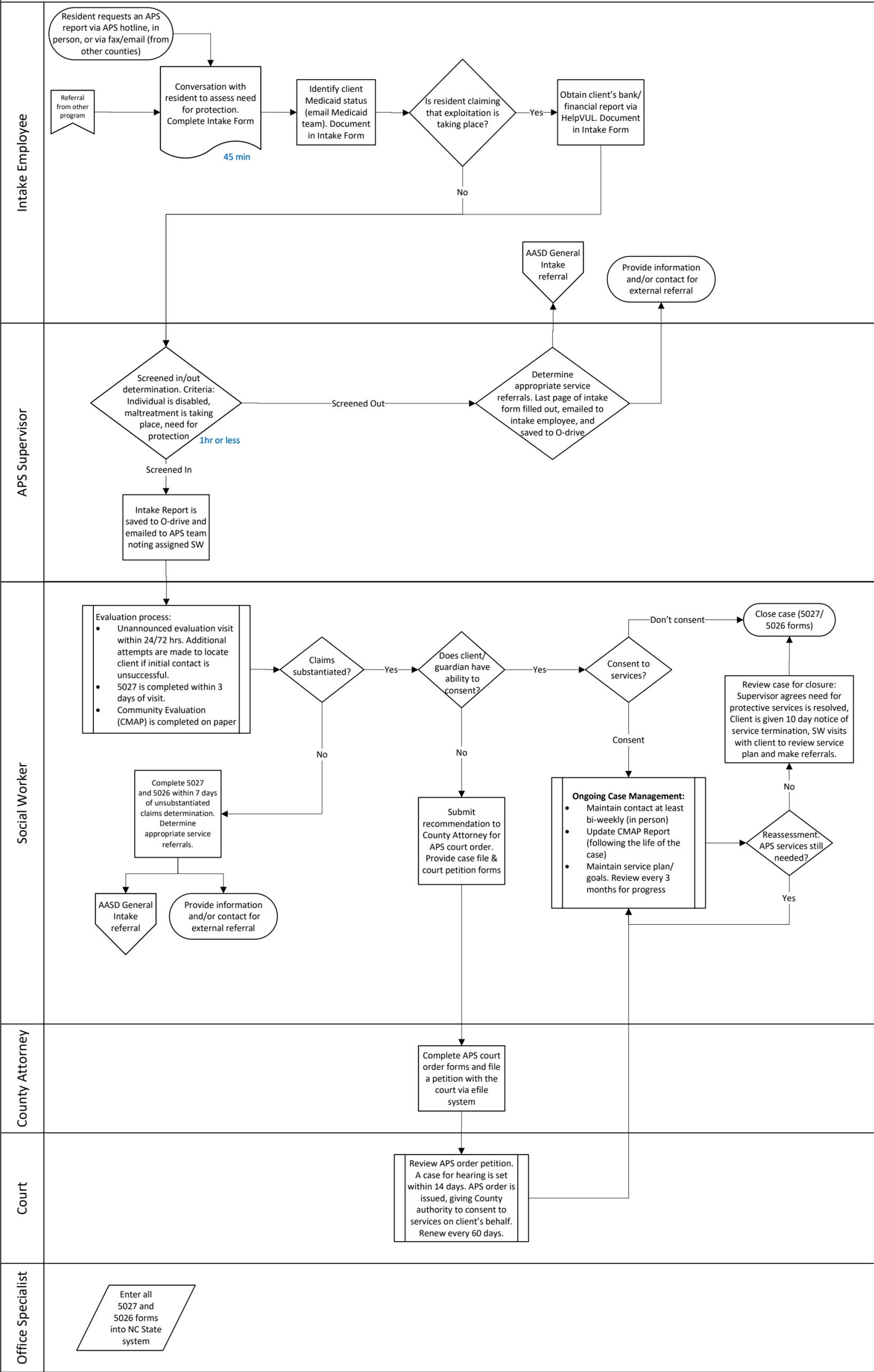
Exhibit A

Adult and Aging Services Division - Business Process Maps

Validated as of September 2024

APS (Including Intake)

Last Updated: 8/16/24



Parking Lot/Notes

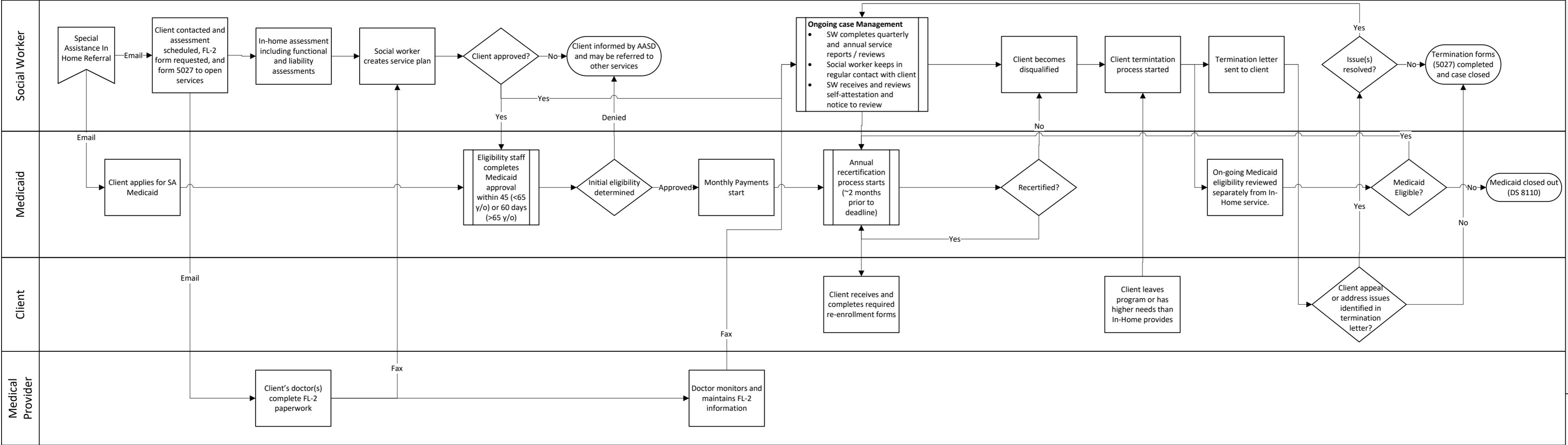
- Intake reports can be found online and faxed/ emailed from other counties, given via walk-in, or info can be taken over the phone (APS Hotline 336-641-3137) (most frequent).
- Intake form is sometimes printed and scanned, but most often completed electronically
- SW must respond immediately (within 24hrs if there's immediate danger / 72hrs). Continue attempt to locate adult for 30 (abuse/neglect) or 45 days (exploitation).
- Teams: APS Log excel sheet logs SW case assignment, referrals made, response times. Input by intake

Wish list:

- Exploitation case: System prompt SW to check bank statements & medical records
- Ability to search by name and flag certain individuals
- Assignment logic is input into system, system auto-assigns cases with ability to override assignment.
- System provides report for weekly supervisor review (flagging checklist items)
- System auto-generates template referrals
- System notifies SW when deadlines approaching
- Reports are flagged for deletion after requirement to keep file has been exceeded
- Move to electronic CMAP report (17pgs on paper following the life of the case.)

Special Assistance In-Home (SA In-Home)

Last Updated: 8/9/24



Parking Lot/Notes

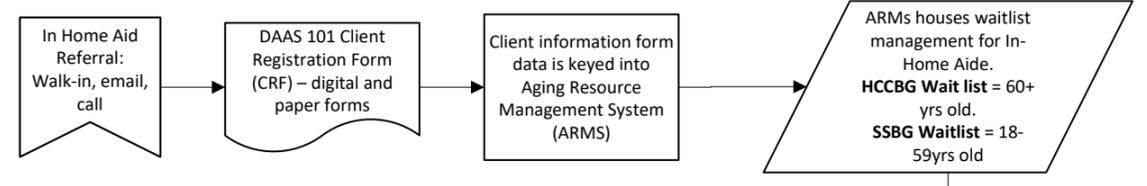
Needs Assessment covers:
 - food and household needs
 - medical services
 - functional assessment
 - other potential services

Provides Medicaid-eligible clients with a Special Assistance payment that will supplement their income in order to safely remain in their homes. Must meet eligibility requirements.

In Home Aide

Last Updated: 8/5/24

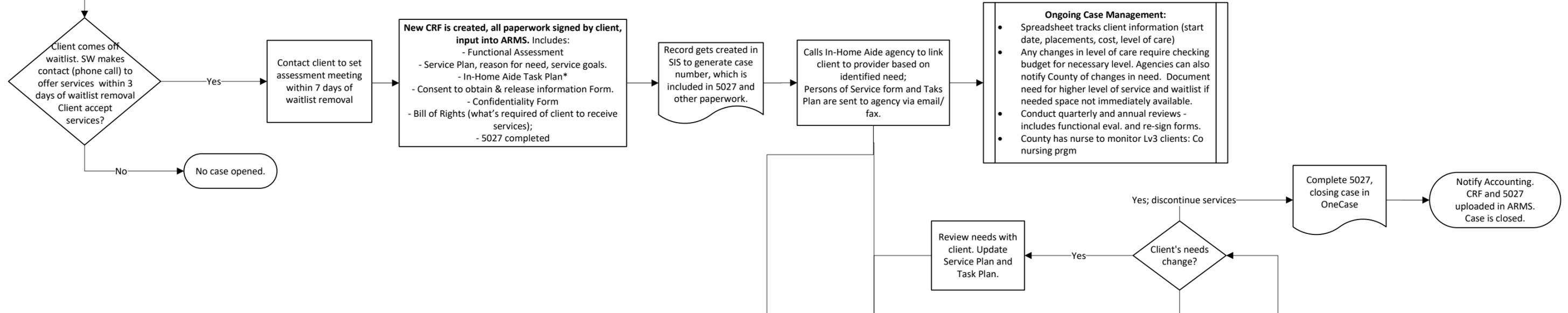
Universal Intake Employee



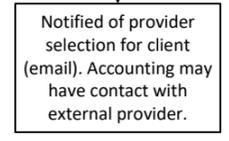
Program Supervisor



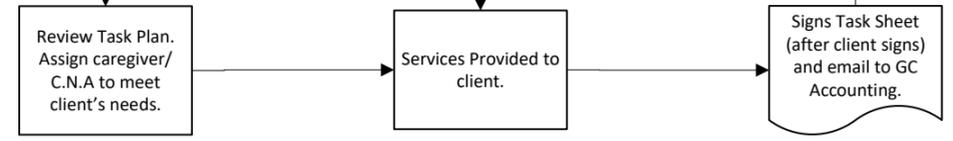
Social Worker



Budget/ Accounting & Business Ops



In Home Aide Vendor



NOTES:

Program contracts with community home care provide in-home services when there is a need for housekeeping and personal care services (bathing, washing, toileting) that assists clients/customers remaining in their homes.

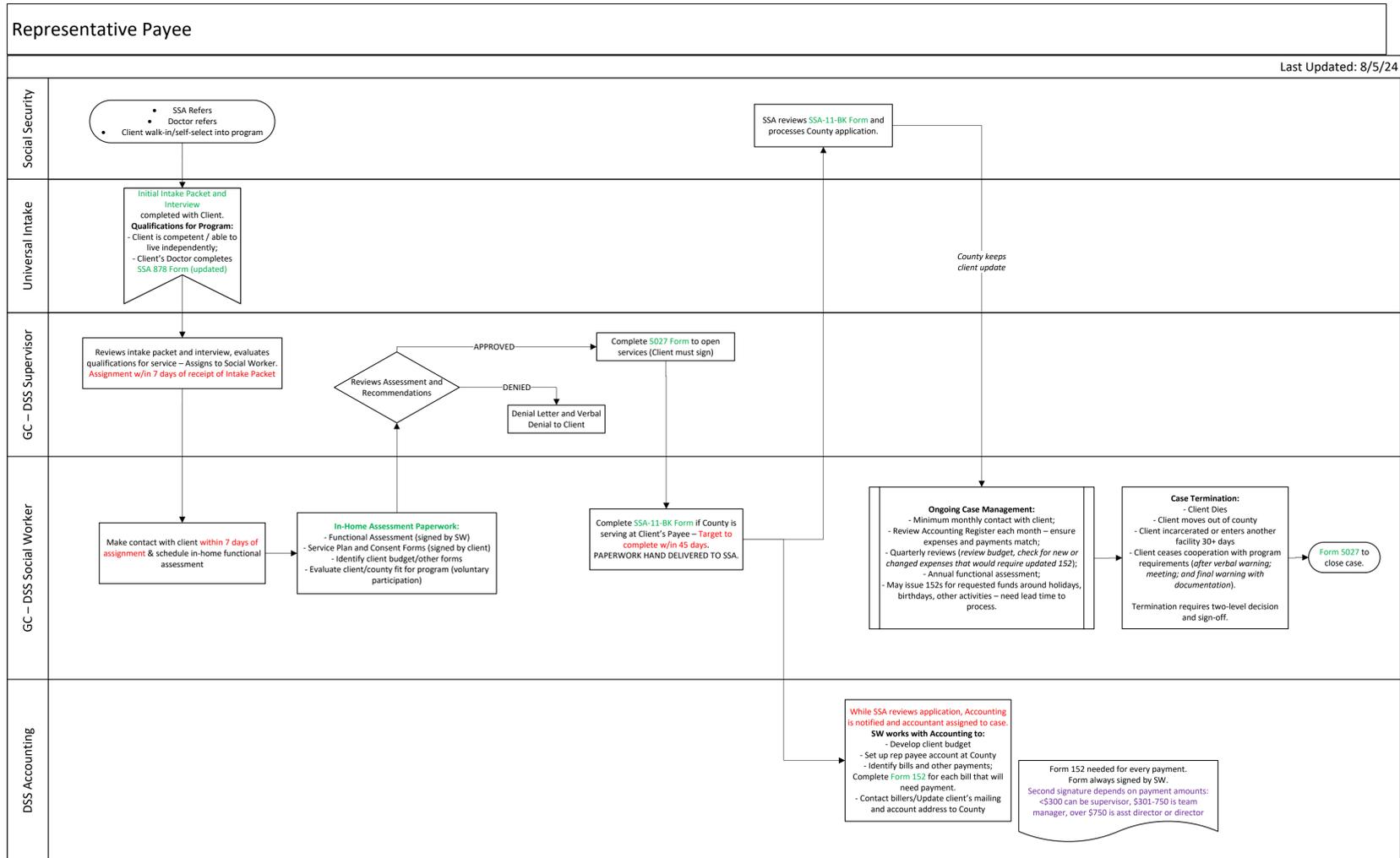
- Medicaid - level 1 (home mgmt) only; Medicaid levels 2 and 3 services fully
- Hospice - any level w/ SSBG; no HCCBG
- VA aid & attendant = no in-home aid
- Community Alternative Program - through temporary/time limited; cannot have IA
- Quarterly reports maintained (and signed) recorded in One Case. Include new funding assessments and ensure funds are available for level of care if needed.

Internal Tracking Documents:

- Spreadsheet #1: List of clients, when annual quarterly reports are due
- Spreadsheet #2 tracks: Funding available vs budget
- Spreadsheet #3: Hours
- Spreadsheet #4: Key data for management

Future State/Wishlist:

- Electronic files and pre-populated forms for information.
- Ability to track client placements and needs useful to generate expended vs actual hours at end reconciliation; calculate attrition rate by client start/end dates
- Electronic signatures and document management especially for task plan updates (version control)
- Automatic creation of case summaries from input (AI summary?)

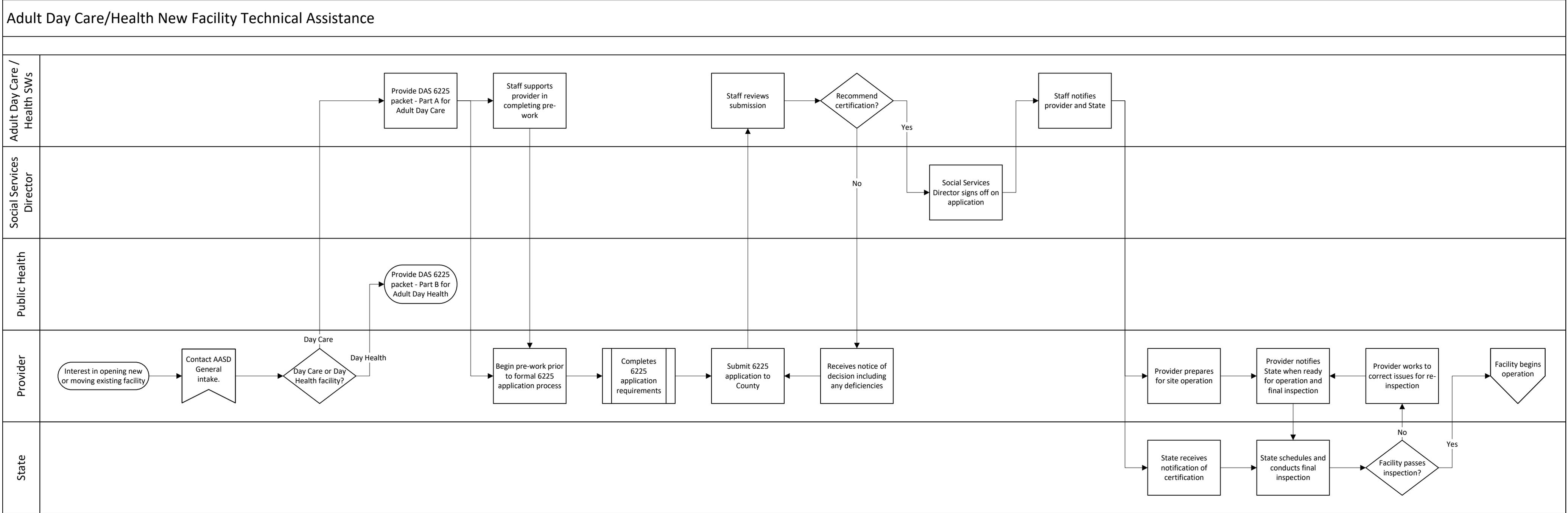


NOTES:
Program is all voluntary, clients can choose another provider that isn't DSS (DSS is the default)
 - If client has another rep-payee in mind, or needs suggestions, team has a provider list that they can share.
 - DSS has the benefit of additional social work and case management with rep-payee.

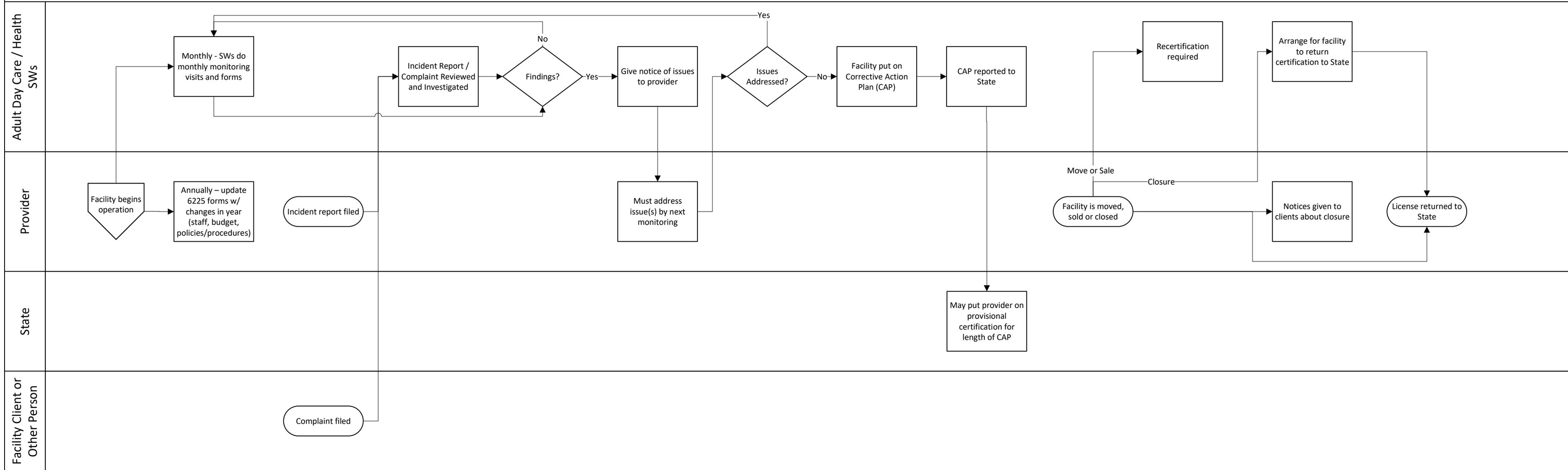
While SSA reviews and processes County application (SSA-11-BK Form):
 - County can be denied from submitting any applications if in suspension b/c funds not returned to SSA per SSA records until funds returned.
 - Funds can be from ANY agency program.
 - May be incorrect records - always hand deliver returned funds, get receipt.
 - County will follow up w/ clients on any delays/issues/rejections.

Future State / Wishlist:
 - Electronic forms in the system
 - Ability to sign electronic forms (especially in client interactions - easier to sign during contact, rather than after)
 - Electronic transmission of intake packets to Social Work Supervisor (currently, forms are on paper)
 - Intake and Termination checklists including details of SSA / SSI funds return steps.
 - Standard letter templates (currently shared at the SW level)
 - Ability to cross reference monthly accounting registers with list of active 152s
 - System reminders for holidays, birthdays, and other significant dates (built-in lead time for 152 processing)
 - System signing awareness based on 152 amounts (<\$300 can be supervisor, \$301-750 is team manager, over \$750 is asst director or director)

assistance for providers interested in opening new facility or moving existing facility.

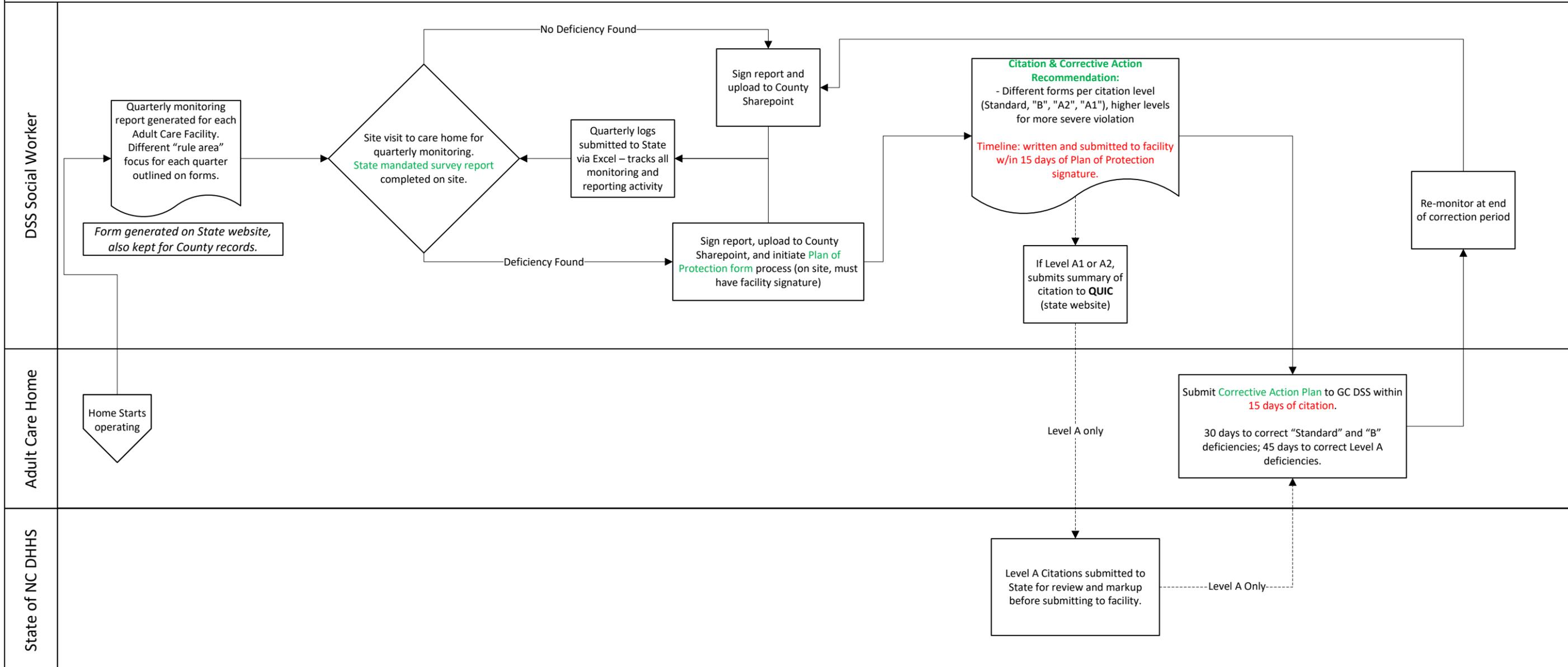


Adult Day Care/Health Facility Monitoring



Adult Care Homes (Monitoring)

Last Updated: 8/5/24



Core Function:
Responsible for monitoring adult Assisted Living facilities to ensure licensure compliance, investigation of licensure related complaints. Assisted living = family care home (2-6 beds) and facilities (7+ beds).

State requires quarterly monitoring and site visits, but GC is moving to monthly visits/monitoring for homes that need more oversight.

Additional Functions:

- Investigating Complaints
- Assisting community toward licensure of new adult care homes.

Termination:

- If Facility closes;
- If State terminates/does not renew license - State will notify facility and county w/ timeline.

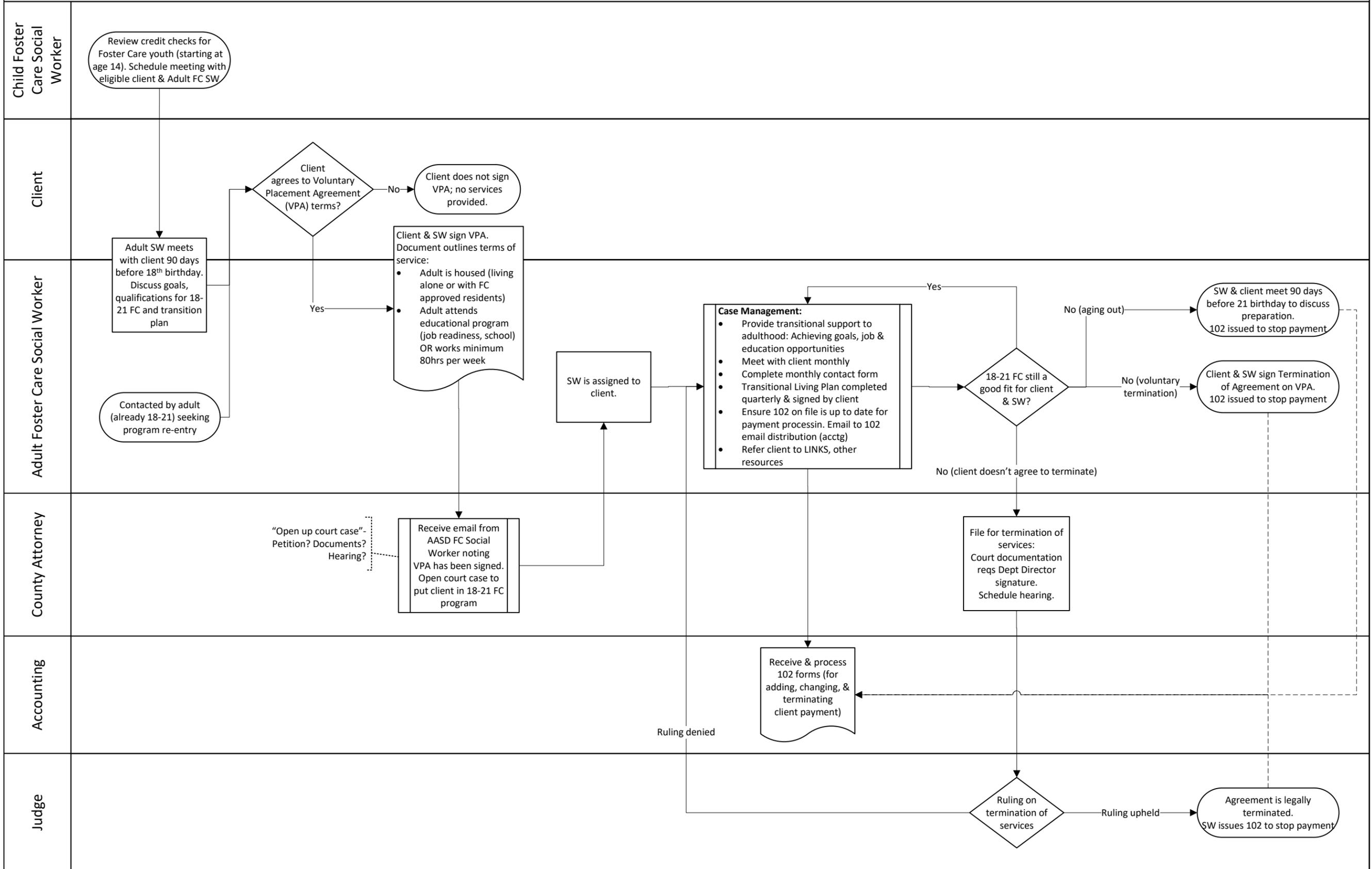
Facility will notify residents, family members, and County with closure timeline. Facility and county are responsible for placing residents in new location. County must do last walkthrough of facility to ensure no residents and no belongings left, notify State + County staff via email (likely also fill out "closure" monitoring report for County records)

New Facilities:

- County provides technical assistance and initial review for new providers (same as day health / care);
- Staff submits letter to State verifying assistance provided and review completed;
- Monitoring starts when facility is licensed - usually monitor sooner than quarter;
- State requires new facilities to have residents w/in 6 months to keep license

18-21 Foster Care

Last updated: 8/2/24



Notes

LINKS- Acronym for ____?

-Most notes reference LINKS as voluntary program teaching independent living skills (all clients invited to participate).

-Medicaid & free tuition to state schools part of LINKS or 18-21 FC?

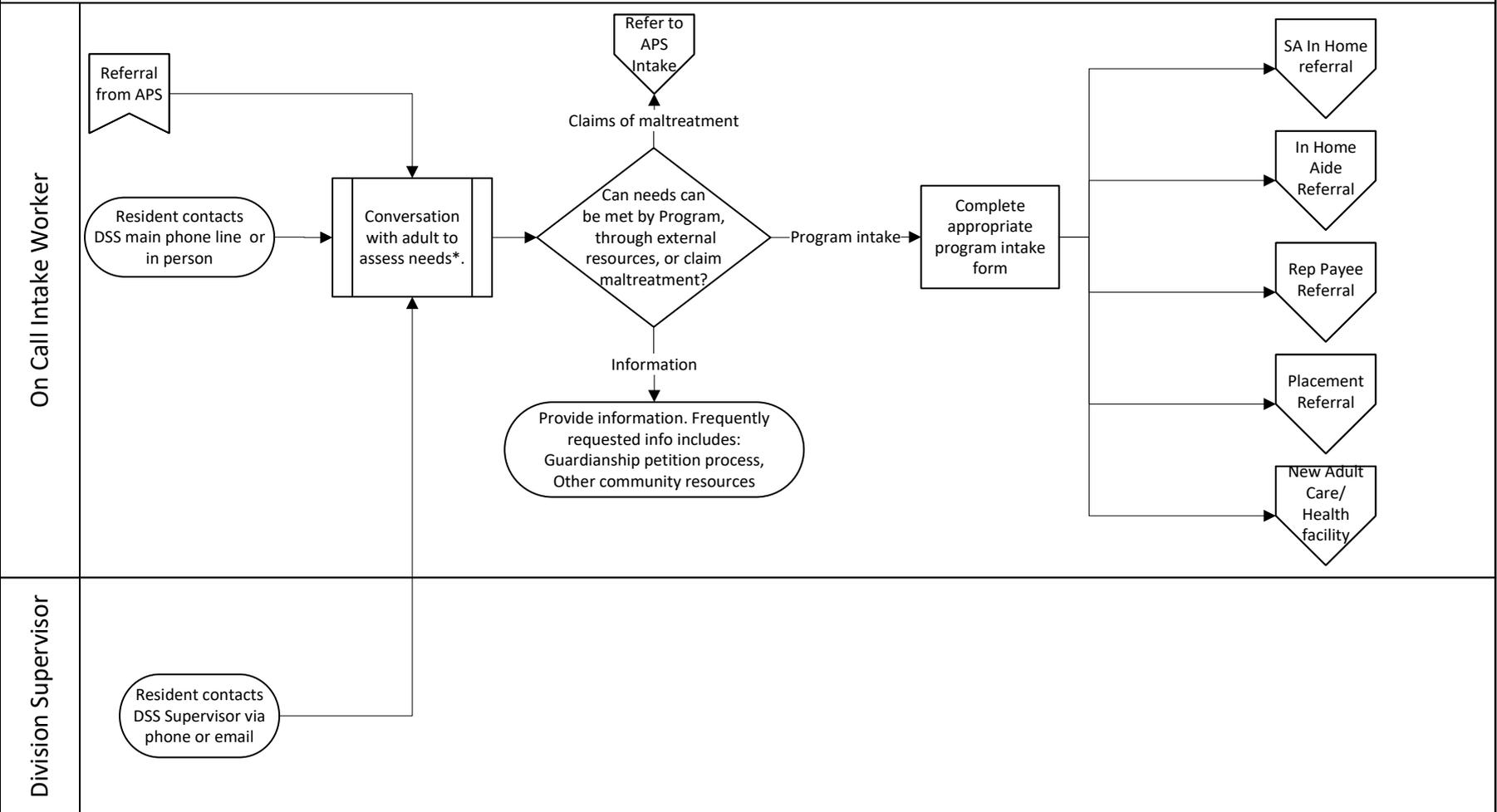
-Some notes refer to intake being done via LINKS coordinator;
"LINKS will flag and connect Foster Care 18-21 with other AASD services based on case needs"

Documentation & case management maintained in NC FAST system- program is considered Children's Services at the State level

Acronyms
 FC= Foster Care
 CSD= Children's Services Dept
 VPA= Voluntary Placement Agreement

General Intake

Last Updated: 8/16/24



Parking Lot/Notes

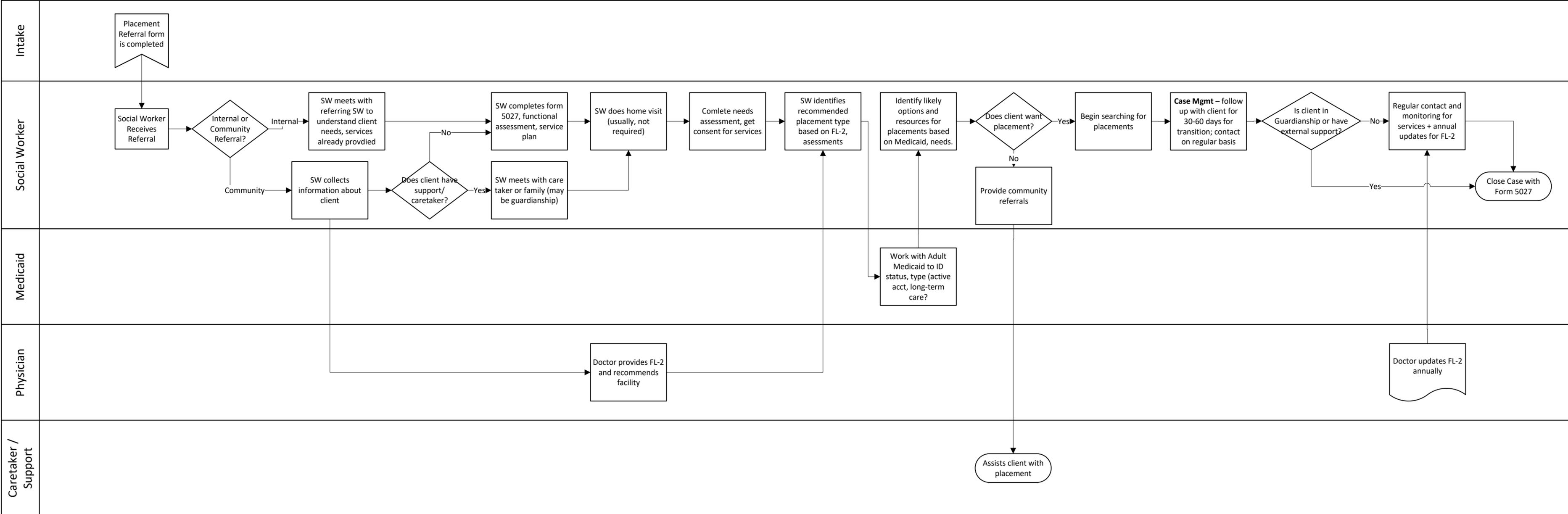
GC DSS Phone# 336-641-3000

*Safety risk: if client indicates there is a safety risk, intake worker assesses the level of risk to determine what the precautions should be (additional SW on visit, police, etc.)

Placement

Last Updated: 7/16/24

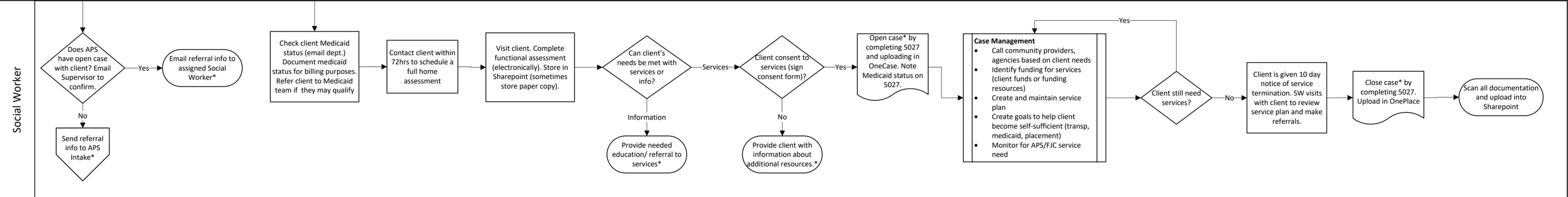
Parking Lot/Notes



Parking Lot/Notes

Adult Resource Team

Last Updated: 7/24/24



Parking Lot/Notes

Not a continuous program. Aim to stabilize clients within 6 months.

If client has full Medicaid benefits, bill Medicaid MAX services. 8040, 8021 (Day sheet purposes)

If client doesn't have Medicaid, bill individual family and adjustment services – Considered 330

***Update EMS/ FD referral source on client's program status (APS/ FJC referral, open/ close case, etc.) through email.**

Future State:

Report that collects ~50 information fields

Mobile friendly

Check referral and existing case status

- Reduce duplicates to ART
- Check history of referrals/DSS engagement such as APS

Auto notify EMS that case status updates (open, close)

Pt record sharing from EMS - need data use agreement b/t depts

Automatically fill / transfer form data from other existing records

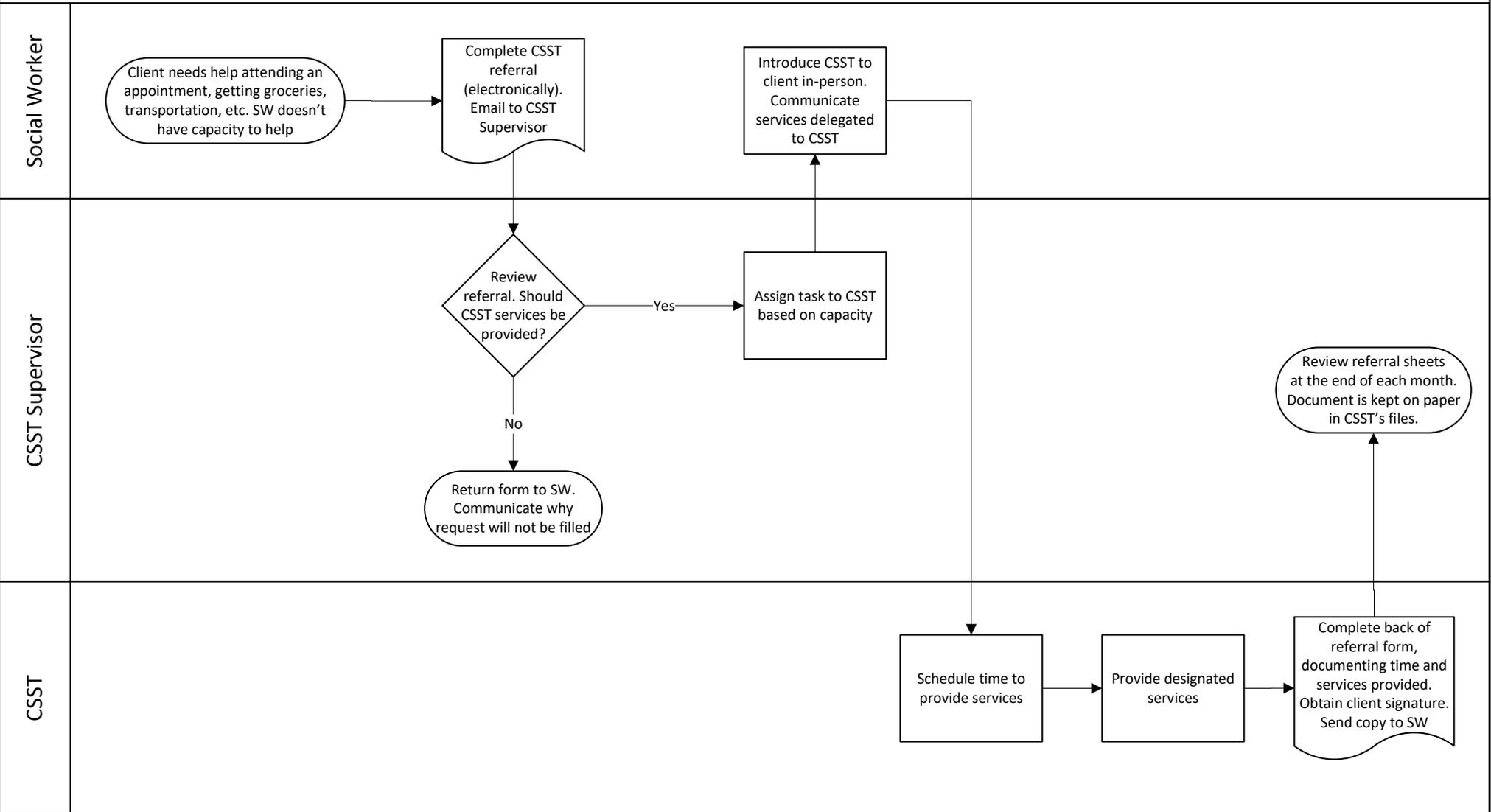
Electronic signatures

Ability for ES to add case notes

Directly integrate w/ ES pt records and fire RMS?

Community Social Services Tech

Last Updated 8/7/24



- CSST's have access to OneCase, but don't use it
- Referral form is initially filled out electronically, then printed for CSST to complete back/ obtain signatures.
- If we move away from paper norms, CSST's will need a queue/ backlog tracker. Paper forms help them visualize requests/ workload.

Exhibit B

Requirements for the Provision of Services by County Departments of Social Services

Division of Aging and Adult Services Manual

**Developed in Conjunction with
NC Division of Social Services
NC Division of Child Development and
NC Division of Services for the Blind**

Effective Date: November 1, 2007

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I. Statement of Philosophy and Purpose

A. Legal Philosophy and Purpose

North Carolina's program of social services consists of an array of core and supportive services that may be provided alone or in various combinations best suited to addressing the particular levels of need of adults, children and families. The social services program is designed to address the following broad goals and priorities:

- Ensure that children and adults are protected from abuse, neglect, exploitation;
- Enable citizens to maintain or achieve maximum self-sufficiency and personal independence through employment if possible;
- Strengthen family life in order to nurture children so that they may become productive, healthy and responsible adults;
- Assist disabled and dependent adults, while ensuring they live in the most independent setting feasible with the least possible intrusion from public agencies; and
- Ensure that every family and individual has sufficient economic resources to obtain the basic necessities of life.

County departments of social services form a statewide network of agencies with primary responsibility for the delivery of services necessary to assist individuals and families in meeting these goals.

Services may be provided under a number of specific Federal, State, County or combined funding sources. Some services are defined exclusively for provision with certain funding sources. Other services are uniformly defined and may be provided with more than one funding source. A list of current services and applicable funding sources can be located in the Services Information System (SIS) Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

Efforts have been made to create uniform policies governing the general requirements for the provision of services. However, there are additional specific requirements applicable to certain funding sources that must be met in order that reimbursement may be received from these sources.

This manual outlines *general* requirements for service delivery. Procedures addressed in this manual are not all inclusive. *Specific* requirements imposed by Federal regulations or State law on the provision of services under certain funding sources are addressed in specific service manuals. In order to assure that all service, funding and reporting requirements are met, this manual should be used in concert with the SIS Manual

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>; the appropriate chapters of the Family Services Manual <http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>; Division of Aging and Adult Services Manual; the Fiscal Manual <http://info.dhhs.state.nc.us/olm/manuals/ooc/fsc/man/>; Child Care Subsidy Services Manual, <http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/>; administrative letters <http://www.ncdhhs.gov/aging/admltrs/admltrs.htm>; and Medicaid Bulletins <http://www.dhhs.state.nc.us/DMA/bulletin.htm>.

B. Services Impacted

The Requirements for the Provision of Services by County Departments of Social Services replaces Volume VI, Chapter II (Conditions for the Provision of Social Services) of the Family Services Manual, and as such applies to the delivery of all social services provided by county departments of social services.

II. Application for Social Services

A. Application Requirements

The application for services shall be made through a form provided by the Department of Health and Human Services or an equivalent form. [NCAC 71R .0405]

All applicants for social services must initiate entry into the social services system via a written application except that no application shall be required for the following:

Evaluation of the need for protective services for adults;

<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/>

Guardianship services for adults; <http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/>

Protective services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Foster care services for children;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

Employment program services;

<http://info.dhhs.state.nc.us/olm/manuals/manuals.aspx?dc=dss>

[10A NCAC 71R 0401]

In all circumstances other than those listed above, an application must be signed and dated by the applicant or the applicant's representative, or in instances where the applicant executes his/her signature by making a mark (x), the application shall include a signature of a witness.

[10A NCAC 71R .0405]

When an individual makes an application for services, it is expected that the individual will sign the application. In some instances, the application may be signed by a member of the applicant's family or by some other representative of the applicant. If there is no one else that can sign, the applicant's representative may be agency staff, if necessary, to obtain the service for the client. Agency staff should document why no other family member or representative could sign for the services.

Although a signed application is not required for adult protective service evaluations, guardianship services for adults or child protective services, there are other documentation

requirements prior to the initiation of services. See Part D (Application Documentation Requirements) of this section for additional State policy.

While the DSS-5027 or an equivalent form approved by the appropriate State agency is considered the application form, the DSS-5027 has multiple uses. See <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.htm#P68.815> for a discussion of the uses of the DSS 5027.

B. Opportunity to Apply

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date. [10A NCAC 71R .0402]

Application for social services may be made by:

An adult or emancipated minor on his/her own behalf or on behalf of others in his/her family;

A parent, custodian or guardian acting on behalf of a minor;

Someone for the applicant if the applicant is believed to be incompetent or incapacitated; or

Agency staff on behalf of an individual in the event of an emergency, or when there is some urgency to provide services, or if arranging for the individual to make application would create a barrier to the receipt of services.

[10A NCAC 71R .0403]

Each individual for whom services are requested should have a separate application (DSS-5027 or an equivalent form approved by the appropriate State agency). The same person may sign all the applications as needed, for example a parent may sign on behalf of all family members who are not able to sign for themselves.

C. Methods for Making Application

When the application is made through a mailed or electronically transmitted request for service(s), the agency shall transfer the information to the application form and maintain the written request in the service record. [10 A NCAC 71R .0405]

An applicant or his/her representative may sign the application in the agency office, in the client or representative's home or any other designated location.

If there is insufficient information provided through a mailed or electronically submitted written request, agency staff should call or visit the applicant to complete the information. The applicant needs to sign the application when it has been completed.

D. Application Documentation Requirements

The application form must include at a minimum:

Identification of the individual for whom the service(s) is (are) requested;

Identification of the specific service(s) requested for both initial requests and additional requests;

Date of the request;

Signature of the applicant or his/her representative, the date of the signature and for situations where the person making the application executes his/her signature by making a mark (X), the signature of a witness;

Signature of the social worker determining eligibility and date that determination was made; and

Documentation that the application is voluntary and that the individual has been informed of the following rights and responsibilities associated with applications for social services:

The right to request and obtain a fair hearing if his/her application is not acted on by the rules of this Subchapter [see 10A NCAC 71R .0402] or if (s)he disagrees with the agency's action in response to his/her application for services;

The right to confidentiality and that the information given to the agency will be confidential and not be released without written consent except for information necessary to establish eligibility, information that may be revealed in the course of agency audits and monitoring and as otherwise required by law; and

His/her responsibilities to provide accurate and complete information necessary to determine eligibility and, if requested, to provide documentation of such information; to notify the agency within five days of any change in address, employment, income, living arrangement or family size; and that failure to provide accurate and complete information may subject him/her to prosecution.

[10 A NCAC 71R .0405]

The date of the application is when the applicant signs the application, the date of request for guardianship for adults or the date of the report for Adult Protective Services or Children's Protective Services.

[10 A NCAC 71R .0405]

When an applicant executes his/her signature by making a mark (X), the worker may serve as a witness if there is no other family member, friend or other staff available. The worker should document in the record that no other person was available to serve as a witness.

The signature of the worker and the date the eligibility decision was made are necessary for determining prompt service provision, appeals and fair hearings procedures and fiscal accountability.

E. Exceptions to Application Documentation Requirements

When a signature of the applicant or his/her representative is not obtained because obtaining the signature would create a barrier to the receipt of the service, the social worker shall document the request indicating the service(s) requested, the date of the request and the circumstances that prevented the worker from obtaining the signature.
[10 A NCAC 71R .0405]

The social worker must sign and date the application to indicate the date eligibility was determined.
[10 A NCAC 71R .0405]

In the case of applications for Health Support Services-Family Planning Component, the signature of the applicant is always required and must not be waived.
[10 A NCAC 71R .0405]

For purposes of Protective Services for Adults-Evaluation and Protective Services for Children, the DSS copy of the accepted report of abuse, neglect or exploitation should be maintained in the case record in addition to the DSS 5027 (or an equivalent form approved by the appropriate State agency).

III. Citizenship and Residency Requirements

A. U.S. Citizenship

The Personal Responsibility Work Opportunity Reconciliation Act of 1996 provides that U.S. Citizens and qualified aliens are eligible for a broader range of public benefits than are nonqualified aliens [Federal PL 104-193]. The Act states that a nonqualified alien is not eligible for Federal, State or Local Public Benefits except in some specific situations. See http://www.ssa.gov/OP_Home/comp2/F104-193.html for guidance.

Resources that will provide policy and guidance for specific issues about citizenship are:

Adult Medicaid Manual, Section MA-2504

[<http://info.dhhs.state.nc.us/olm/manuals/dma/abd/man/index.htm>];

Child Care Subsidies Manual, Chapter 4

[<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>];

Special Assistance for Adults Manual, Section 3240

[<http://info.dhhs.state.nc.us/olm/manuals/doa/sa/man/index.htm>];

DSS Administrative Letter No. Adult and Family Services 03-2002

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/adm/aps_032002.htm#P10_0];

Personal Responsibility Work Opportunity Reconciliation Act of 1996 - PL104-193

[http://www.ssa.gov/OP_Home/comp2/F104-193.html];

Work First Manual, Section 111

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-95/man/index.htm>]; and

Work First User Manual, Section WF-500

[<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-96/man/index.htm>].

B. State Residence

An individual must first meet the U.S. citizenship requirements outlined above.

[Federal PL 104-193]

In order to apply for social services, individuals must be residents of North Carolina.

[10A NCAC 71R .0404]

Unless otherwise defined by federal regulation, a resident of North Carolina is defined as:

A person who is living in North Carolina at the time of application with the intent to remain permanently or for an indefinite period;

**A person who enters North Carolina seeking employment or with a job commitment; or
[NCGS 108A-24 (6)]**

**A child living in North Carolina on other than a temporary basis.
[10A NCAC 71R .0403]**

No requirements as to the duration of the residence should be imposed as a condition to the receipt of services.

Notwithstanding state residence as an eligibility criterion, there are times that county departments are required or allowed to provide services to adults and children who do not meet this definition of resident, e.g., in protective services cases, in some adult placement circumstances, under the terms of the Interstate Compacts, in response to court orders, etc. Whenever services are provided in accordance with State program policy, costs should be reimbursable regardless of a client's status as a state resident.

C. County Residence

Legal residence in a county determines which county is responsible for social services required by the person.

Except as modified below, a person has legal residence in the county in which (s)he resides:

A legal residence continues until a new one is acquired, either within or outside this State. When a new legal residence is acquired, all former legal residences terminate.

If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, (s)he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located.

A minor has the legal residence of the parent or other relative with whom (s)he resides. If a minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility or similar institution or facility, (s)he has the legal residence of the person with whom (s)he resides.

Any other minor has the legal residence of the mother, or if her residence is not known, then the legal residence of his/her father. If his/her mothers or father's residence is not known, the minor is a legal resident of the county in which (s)he is found.

[NCGS 153A-257]

If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect or dependency case, any one of the county departments of social services may refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question.

[NCGS 153A-257]

Legal residence in a county determines which county is responsible for the provision of services required by an individual to the extent of the availability of services and the individual's eligibility for services; however, there are exceptions to which county is responsible for provision of services that are dictated by specific service policies.

No requirements as to the duration of residence may be imposed as a condition to the receipt of services.

If a person is in a hospital, mental institution, nursing home, confinement facility, or similar institution or facility, his/her legal residence is generally considered the county in which he/she last had legal residence.

An individual may make application for services at any county department of social services.

The county that assumes case management responsibilities is responsible for the cost of providing the services it authorizes for the individual.

When a county DSS has custody or guardianship of a child or guardianship of an adult, that county retains responsibility for service provision and case management regardless of where the individual resides. Additional guidance may be found in the following manuals:

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS-6510 III.B.3.b. (Receiving and Screening Reports)

[http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510-01.htm#P25_1981],

Family Services Manual Chapter VII: Protective Services for Adults Manual, Section AFS 6510, Appendix, U. (Adult Protective Services Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/doa/aps/man/AFSs6510xU.pdf>],

Family Services Manual Chapter VIII: Guardianship, Section III. A.5. (Inter-County Cooperation) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-11.htm#P1207_111272], and

Family Services Manual Chapter VIII: Guardianship, Section II.D.1. (Venue) [http://info.dhhs.state.nc.us/olm/manuals/doa/gs/man/APSc8-05.htm#P471_32676].

For additional guidance involving adults, see the following manuals:

Family Services Manual, Volume V, Chapter IX: Adult Care Home Case Management Services, Section 9040, IX [http://info.dhhs.state.nc.us/olm/manuals/doa/achcm/man/ACHCM-08.htm#P729_91750] and

Family Services Manual, Volume V, Chapter III: Adult Placement Services, Section 5 (5520), A.2.b. (Residency Requirements) [<http://www.dhhs.state.nc.us/aging/manual/ncfast/AdultServices.pdf>].

For additional guidance involving minors, see the following manuals:

Chapter V: Cross County Issues and Chapter VIII: Protective Services, Conflict of Interest, Section 1410 [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/index.htm#TopOfPage>] and

Chapter VIII: Protective Services, Conflict of Interest, Section 1410 (Reciprocal County Protocol) [<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1410.htm#TopOfPage>].

For additional guidance about applying for child care subsidies, see Child Care Subsidy Services, Chapter 4: Application, Eligibility Determination and Documentation Child Care [<http://info.dhhs.state.nc.us/olm/manuals/dcd/ccs/man/CCSc4-01.htm#TopOfPage>].

IV. Eligibility Determination and Redetermination

A. Eligibility Determination Process

An eligibility determination means a decision pursuant to an application for social services which is based on information necessary to determine whether an individual meets the conditions of eligibility for the service(s) requested. Conditions of eligibility include:

basic eligibility criteria applicable to the program or funding source under which the service is made available; and

conditions of need specified in the target population for the services requested.

[10A NCAC 71R .0601]

The individual making application shall provide information which will enable the agency to reach an eligibility decision. Failure on the part of the individual making application to provide such information or to cooperate with the agency in determining eligibility are grounds for delay in processing an application and reaching an eligibility decision or for denial of services.

[10A NCAC 71R .0601]

An individual may apply for social services and have his/her application acted upon no more than 30 calendar days from the application date.

[10A NCAC 71R .0402]

The agency has 30 calendar days from the date the applicant signed the application to make an eligibility decision on the service(s) requested. If the application is received through the mail the beginning date is the date the agency received the request.

Acceptable grounds for a delay beyond the thirty (30) calendar days occurs when the applicant delays in providing necessary information to reach an eligibility decision. The social worker should document the reasons for the delay.

B. Basis for Establishing Eligibility for Services

Eligibility for services is established on the basis of:

a signed, dated application, if required;

the agency's determination that the individual meets the conditions of eligibility;

availability of the service in the county in which the individual has legal residence; and

availability of the service to the individual's category of eligibility.

[10A NCAC 71R .0602]

Each service may have additional eligibility requirements, such as specified target populations and income requirements. Refer to the program manual that governs the specific requested service to see if there are additional eligibility requirements. For services funded with Social Services Block Grant (SSBG) funds, see section XI of this manual.

C. Basis for Denial, Modification and/or Termination

Reasons for the denial of an application for services and reasons for the termination of services include the following:

the individual has failed to cooperate with the agency in determining (or redetermining) eligibility;

the individual cannot be located to allow for determination (or redetermination) of eligibility;

the individual has been determined to be not eligible for the services requested on the basis that (s)he does not meet (or because of changing circumstances, no longer meets) the conditions of eligibility for the program funding sources under which the service is provided or the definition of the target population for receipt of the service;

the service is not available in the county in which the individual has legal residence;

the service will not be available in sufficient time to ensure its prompt provision;

the agency has exhausted its funds for the provision of the service for that program year;

the individual has notified the agency that (s)he no longer wants or needs the service;

the agency has determined that the individual is no longer able to avail himself/herself of the service because (s)he has moved to another county or is in an institution;

the individual has failed to utilize the service or to cooperate in service delivery;

the individual is residing in a facility or institution and the funding source prohibits provision of the service to clients in facilities or institutions; or

the individual fails to meet any other conditions set forth in Chapters 70 and 71 of 10A NCAC governing the delivery of the service. [10A NCAC 71R .0603]

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required as set forth in [10A NCAC 71R.0603]

Termination and modification should involve a discussion with the client/family prior to his/her receipt of a written notice. This discussion should be documented in the record.

D. Documentation of Eligibility Decision

The agency shall document information pertinent to meeting conditions of eligibility in the individual's service record.

The agency shall document the eligibility decision, the date of the decision and the service worker/case manager making the decision on the application form.

The agency shall document the beginning and ending date for all services provided with regard to income.

For all services provided without regard to income, except for child care services, the agency shall document the beginning date, which is the eligibility date. [10A NCAC 71R .0605]

If eligibility documentation is in the narrative recording, the date of the narrative should be noted in the comments section on the DSS-5027 or an equivalent form approved by the appropriate State agency. See SIS Manual <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>.

The date of the worker's signature should be the date of the eligibility decision unless the DSS 5027 is auto-generated by the DSS 5104.

Document the eligibility decision in Section B.8 of the DSS 5027; document the period of time covered by the eligibility decision in Section C of the DSS 5027.

For additional information about documentation of the period of time covered for child care services, see the Child Care Subsidy Manual. <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/index.htm>

E. Redetermination of Eligibility

Redetermination of eligibility and need must be made at least every twelve months for services available with regard to income.

The agency shall make a redetermination of eligibility and need for the following services every 12 months:

- **child care services;**
- **transportation; and**
- **health support – abortion and sterilization components which are federally funded.**

Requirements and procedures for a redetermination are the same as those for eligibility determination for services provided with regard to income.

Eligibility for services provided without regard to income is based on need, and services shall continue until determined no longer appropriate.

The agency shall make a redetermination of eligibility and need when there is new information provided to the agency about changes in the client's circumstances that affect his/her eligibility. [10A NCAC 71R .0604]

Some programs have specific documentation requirements at the time of redetermination. Refer to program specific manuals for these requirements.
<http://info.dhhs.state.nc.us/olm/manuals/default.aspx>

V. Notices of Action for Service Applications

A. Notification Requirements

The agency must document the basis for denial or termination of services on the notice to the client, except in cases where notice is not required. [10A NCAC 71 R .0603]

Except as otherwise provided by applicable program specific federal regulations, the county department of social services does not need to provide notification of action to the client when:

the agency is terminating services based on factual information confirming the death of the client;

the provision of protective services to children or protective services-evaluation to adults is initiated or terminated;

the county department of social services has applied for services in behalf of an individual for whom they have custody or guardianship for adults;

the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

When notice is required, all notices of action shall be documented in the record and at a minimum contain a clear statement of:

the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

B. Notification Time Frames

The agency shall ensure that the notice of the eligibility decision on the applicant's request for service(s) is delivered to the client or mailed and postmarked no later than 15 calendar days after the eligibility decision is made or within 30 calendar days of the date of application, whichever comes first.

For additional services requested after the initial application, but while the recipient is still receiving service(s), the agency shall deliver notice to the client or mail and postmark the notice no later than 15 calendar days after the date the mailed request is received in the agency.

[10A NCAC 71R .0801]

Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

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the county department of social services has applied for services in behalf of an individual who is incompetent incapacitated; or

the service is terminated at the end of a period of eligibility and the recipient has not requested that the services be continued [10A NCAC 67A .0202]

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the specific service(s) requested/provided and the individual(s) for whom each service is requested/provided;

the action which was or is to be taken;

the reasons for which the action was or is to be taken;

the regulations supporting this action;

the right to both a local and state level hearing and the method to obtain these hearings;

the right to be represented at these hearings by a personal representative, including an attorney obtained at the client's expense; and

the right upon timely request to continue services pending an appeal hearing and decision in cases involving termination or modification of assistance.

[NCGS 108A-79]

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Termination or modification of service (except when exempt from notice) becomes effective ten (10) work days after the notice of action is mailed or given to the recipient. However, the following exceptions may take effect on the date the notice of action is mailed or given to the recipient:

the modification is beneficial to the recipient or

federal regulations permit immediate termination or modification upon mailing or delivering notice and the Social Services Commission or the Department of Health and Human Services promulgates regulations adopting the federal regulations. In this case the recipient shall have no right to continued assistance pending a hearing.

[NCGS 108A-79]

Notice of termination may be given or sent on the day of termination, in the following circumstances:

the agency receives a clear written statement, signed by the recipient or his/her representative requesting that the services be terminated because they are no longer needed or wanted;

the recipient has been admitted to an institution and is no longer able to avail himself/herself to the service(s);

the recipient has moved to another county or state.

[10A NCAC 71R .0801]

VI. Prompt Provision of Services

When an individual's eligibility for a service is established in accordance with 10A NCAC 71R .0602, the service must be provided as follows:

Initial service(s) requested must be provided within fifteen (15) calendar days of the date the notice of eligibility is given or sent to the client.

For additional service(s) requested during an ongoing period of eligibility, the service must be provided within thirty (30) calendar days of the date the request was received by the agency.

When a requested service cannot be provided within timeframes above, the application for the service must be denied unless, for services funded with Social Services Block Grant (Title XX) funds administered by the Division of Social Services, the agency has adopted a local waiting list policy that provides otherwise as follows:

Local waiting list policies must be in writing and must be approved by the county board of social services.

Local waiting list policies must designate whether the waiting list is used for purposes of meeting prompt provision requirements or to respond to inquiries about services or both.

Local waiting list policies must assure that all individuals are treated equitably in terms of the manner in which they are advised of the upcoming availability of services.

Local waiting list policies must ensure that an individual's name does not remain on the waiting list indefinitely without the individual being notified of the status of his/her request and the anticipated availability of the service. To this extent, the waiting list policy must designate a reasonable time period, not to exceed 90 days, that an individual's name can remain on the waiting list prior to providing the service or notifying the individual that the service cannot be provided. [10A NCAC 71R .0803]

Provision of the service means the delivery of the service by agency staff, arranging for delivery of the service by agency staff or delivery of the service by another provider who is authorized by the agency to provide the service.

A county may decide not to maintain a waiting list, but instead choose to keep an inquiry list. The purpose of the inquiry list is to keep a list of names and contact information for individuals that expressed an interest in a particular program or service provided by the

county Department of Social Services. The inquiry list is an informal process and not subject to the same requirements for the maintenance of a waiting list. Best practice approach suggests that the agency utilizing inquiry lists needs to consider some important basic principles. When deciding whether to use a waiting list or inquiry list consider the following:

Prospective clients need to have the most current information in order to make informed decisions. It is important that individuals on an inquiry list know when a service or program will not be available to them due to limited funding or discontinuance of the service.

The agency may also provide alternative approaches or referrals to other services.

It is recommended that people on an inquiry list be contacted every ninety days to update them on the current availability of the service(s) in which they have an interest and/or to determine if they have an interest in remaining on the list.

It is also recommended that local policies and procedures governing the agency's use of inquiry lists be in writing and approved by the county board of social services.

VII. Policies and Procedures Governing Quarterly Reviews

The agency shall review and document the client's situation and service plan at least quarterly from the date of application except for clients whose only service(s) is (are):

transportation; <http://www.ncdhhs.gov/aging/transp.htm>

child care; <http://ncchildcare.dhhs.state.nc.us/general/home.asp>

foster care; <http://www.ncdhhs.gov/dss/fostercare/index.htm>

adoptions; and <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-50/man/>

housing and home improvement <http://www.dhhs.state.nc.us/aging/services/himprove.htm>

The agency shall conduct the review in the month it is due. The month the quarterly review is due is determined by the month in which the application was made.

The agency must label and date the quarterly review in the record.

[10A NCAC 71R .0606]

An annual re-assessment may take the place of the fourth quarterly review at the end of each twelve months of service provision.

The quarterly review includes an assessment of the client's progress since the last review, need for continued service or additional services and any significant changes in the client's situation/functional domains.

If possible, the review should be done with a face-to-face visit with the client.

If a face-to-face visit is not possible, collateral sources knowledgeable of the client's situation may be contacted to complete the quarterly review. Documentation should indicate the reasons the review was not done with the client.

The quarterly review is a minimum requirement. Reviews may occur more frequently than quarterly if needed.

VIII. Policies and Procedures Governing Appeals and Fair Hearings

A. Requirement to Provide Information to the Client

Each applicant or recipient shall be notified in writing (except when exempt from notice) of his/her right to appeal upon denial of his/her application for assistance and at the time of any subsequent action on his/her case. [NCGS 108A-79]

The client copy of the DSS-5027 <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/dss5027.pdf> contains information that advises the applicant/recipient of his/her right to a fair hearing. It includes procedures on how to obtain a fair hearing and documents that the information was provided to the applicant/recipient. (If another form is used, the agency is responsible for documenting that the same information contained on the DSS-5027 is provided to each applicant/recipient. See Notices Section)

B. Time Frames and Documentation of Requests

Failure to notify the agency before the end of the 60th day constitutes a waiver of the right to a hearing, except that for good cause shown, the county department of social services may permit an appeal notwithstanding the waiver. The waiver shall not affect the right to reapply for the service(s). [NCGS 108A-79]

The applicant /recipient may give notice of appeal verbally or in writing. The request should be documented in the record and referenced on the form developed by the local Department of Social Services.

The request for appeal should be made within sixty (60) calendar days from the effective date of the action.

In the case of approval or denial, the effective date of the action is the date the notice is sent or given to the client.

In the case of a termination or modification, the effective date of the action is the date the service(s) will be terminated or modified as specified on the notice of action.

For purposes of counting elapsed days to establish the period during which an appeal can be made, day one is the first day after the effective date of the action.

C. Right to Continued Service Provision Pending a Fair Hearing

If a recipient appeals a termination or modification of a service(s) (other than the lack of public funds to pay for the service(s)), (s)he has the right to continue to receive the service(s) at the present level pending the local hearing decision, providing the appeal is made prior to the effective date of the termination or modification (i.e., at least ten (10) work days after the notice is sent).

The individual may waive his/her right to continue to receive the service(s) during the period prior to the hearing. If so, it must be documented in the record. [G.S. 108A-79]

The client should be notified at the time (s)he requests continued service(s) that (s)he may be required to pay the cost of the service should (s)he lose the appeal.

D. Client Access to Records

The applicant/recipient shall have adequate opportunity prior to and during the hearing to review all documents and records that will be used at the hearing, including the right to have access to information in his/her case file.

**Provisions for the client's access to his/her service record shall be made in accordance with policies governing confidentiality and access to client records.
[NCGS 108A-79; 10A NCAC 69; NCGS 108A-73; and NCGS 108A-80]**

E. Procedures for Fair Hearings

For purposes of services appeals and fair hearings, the policies and procedures set forth in the Office of Administrative Hearings (OAH) must be followed <http://www.oah.state.nc.us/>.

For additional guidance see the Handbook on Public Assistance
<http://www.ncdhhs.gov/dss/county/docs/handbookonpublicassistanceappeals.pdf>

IX. Services Fraud

A. Obtaining Property by False Pretenses

If any person shall knowingly and designedly by means of any kind of false pretense whatsoever, whether the false pretense is of a past or subsisting fact or of a future fulfillment or event, obtain or attempt to obtain from any person within this State any money, goods, property, services, chose in action, or other thing of value with intent to cheat or defraud any person of such money, goods, property, services, chose in action or other thing of value, such person shall be guilty of a felony: Provided, that if, on the trial of anyone indicted for such crime, it shall be proved that he obtained the property in such manner as to amount to larceny or embezzlement, the jury shall have submitted to them such other felony proved; and no person tried for such felony shall be liable to be afterwards prosecuted for larceny or embezzlement upon the same facts: Provided, further, that it shall be sufficient in any indictment for obtaining or attempting to obtain any such money, goods, property, services, chose in action, or other thing of value by false pretenses to allege that the party accused did the act with intent to defraud, without alleging an intent to defraud any particular person, and without alleging any ownership of the money, goods, property, services, chose in action or other thing of value; and upon the trial of any such indictment, it shall not be necessary to prove either an intent to defraud any particular person or that the person to whom the false pretense was made was the person defrauded, but it shall be sufficient to allege and prove that the party accused made the false pretense charged with an intent to defraud. If the value of the money, goods, property, services, chose in action, or other thing of value is one hundred thousand dollars (\$100,000) or more, a violation of this section is a Class C felony. If the value of the money, goods, property, services, chose in action, or other thing of value is less than one hundred thousand dollars (\$100,000), a violation of this section is a Class H felony.

Evidence of non-fulfillment of a contract obligation standing alone shall not establish the essential element of intent to defraud.

For purposes of this section, "person" means person, association, consortium, corporation, body politic, partnership, or other group, entity, or organization. (33 Hen. VIII, c. 1, ss. 1, 2; 30 Geo. II, c. 24, s. 1; 1811, c. 814, s. 2, P.R.; R.C., c. 34, s. 67; Code, s. 1025; Rev., s. 3432; C.S., s. 4277; 1975, c. 783; 1979, c. 760, s. 5; 1979, 2nd Sess., c. 1316, s. 47; 1981, c. 63, s. 1; c. 179, s. 14; 1997-443, s. 19.25(I.) [NCGS 14-100]

In situations where there is evidence that leads an agency to believe that an individual has been fraudulent in providing information used to establish eligibility for the receipt of services, the agency may take steps to seek recovery for the cost of the services provided to the individual.

The Attorney General has given the following guidance that may be helpful. Elements of civil fraud, for purposes of the services program are:

The material misrepresentation or concealment of a past or existing fact; which representation is definite and specific; made with knowledge that is false; or made recklessly and as a positive assertion, without knowledge of its truth; or which concealment is done with knowledge that there is an affirmative duty to reveal; and with intent that the misrepresentation or concealment is reasonably acted upon to his/her detriment by the person (agency) sought to be defrauded.

Consultation among the agency director, agency attorney, and district attorney may be helpful in establishing a clear understanding of what constitutes fraud in the services program; how to evaluate evidence and make recommendations; and ensure that proceedings are handled in an equitable manner.

When there is evidence of fraud, the agency director and the county board of social services would examine the situation and, based on evaluation of the evidence, determine the manner in which to proceed.

Recommendations for action should be made in consultation with the agency attorney, particularly in determining the most appropriate means by which recovery is to be sought.

Decisions should be made on an equitable basis.

Discretion should be exercised in making a decision to seek prosecution under criminal statutes as the means to recover.

The agency may seek voluntary repayment from the client; or may seek recovery through court action, under civil or criminal proceedings, or both.

Both civil and criminal proceedings can be initiated; however, the agency can collect repayment only once.

X. Policies and Procedures Governing Record Keeping

A. Requirements to Establish and Maintain Service Records

An agency must open and maintain a service record for each individual for whom an application for social services is made and for each recipient of protective services.

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in 10A NCAC 69.

The service record must be updated and documented as necessary to reflect changes in a client's circumstances and to keep all information in the record current.

All changes must be documented in the service record. These include the addition of a service to a client's service plan, termination of service, redetermination of eligibility, changes in the recipient's circumstances that affect his/her need for or use of services, and any action taken by the agency that affects the client's receipt of a service and termination of the recipient's service. [10A NCAC 71R .0303]

In order to comply with the budgeting, planning and reimbursement requirements of G.S. Chapter 108A and 45 CFR 228.17, each county department of social services shall complete all forms specified and approved by the Department of Health & Human Services. [10A NCAC 67A .0107]

For certain services (e.g., adoptions, protective services), confidentiality requirements are such that separate case files must be maintained.

Service records include basic data, information necessary for determining eligibility and need for the services, providing case management and complying with documentation requirements set forth in policies governing the program funding source for the specific service(s).

An individual's case file may be maintained separately, maintained in a separate section or may be grouped in a family record provided appropriate documentation of eligibility and service provision is maintained for each individual, and provided confidentiality requirements can be accommodated.

Documentation is required in order to establish a record of changes for the client in the service system, to establish a record for fiscal accountability and to document agency action related to appeals, fair hearings and other legal proceedings.

If changes are documented in the quarterly review, additional documentation is not required. There may be additional service specific documentation requirements for updating recipient service records <http://info.dhhs.state.nc.us/olm/manuals/>.

B. Eligibility Documentation Forms

Use of the Department of Health and Human Services specified and approved forms is required. [10A NCAC 67 .0107]

The Division of Social Services, the Division of Child Development, the Division of Services for the Blind and the Division of Aging and Adult Services make available standardized forms that are designed to address documentation requirements applicable to all of the service programs and funding sources outlined in this Chapter. Standardized forms issued by the Divisions will assure compliance with Federal regulations and State law when the forms are used in accordance with eligibility and service policies and when completed in accordance with form instructions.

C. Narrative Recording

Narrative case recording includes any report, social work assessment or study that is prepared by the social worker or received by the social worker. Such may include summaries of an individual's adjustment and utilization of care outside his/her own home, information prepared for court, summaries prepared for purposes of consultation, etc. Regardless of whether the narrative is in the form of a summary report or in the form of general case dictation, recording should include only that information which contributes to a valid basis for reliable conclusions about the client and his/her situation. Such information should be objective, without prejudice and pertinent to the delivery of services and achievement of goals. Case recording is to help the worker assess the direction of service and provides a basis for the worker's self-evaluation. Additionally, case recording incorporates the worker's reflective thinking and professional judgment about the client and his/her use of services and resources.

Narrative recording serves the following purposes:

supportive documentation of the client's need/lack of need for services;

documentation of the completion of the quarterly review;

assistance to staff in the provision of quality service to an individual client and in identifying unmet needs and gaps in resources;

meeting the needs of supervision and supporting administrative planning; and

achieving more effective practice.

In general, the form and scope of narrative recording is determined by local agency policy. Where there are specific recording requirements with respect to certain services, those are set forth in the specific manuals governing provision of those services. For purposes of optional narrative recording, any locally developed form(s) or procedures may be used.

D. Confidentiality of Records

Recipient service records shall be treated in accordance with policies governing confidentiality and access to client records as set forth in [10A NCAC 69].

Federal Law 42 CFR 431.300 requires states to provide safeguards to restrict the use or disclosure of information concerning Medicaid applicants.

It is unlawful for any person to obtain or disclose any information concerning individuals applying for or receiving public assistance or social services that may be directly or indirectly derived from the client's records. [NCGS 108A-80]

Federal Law 45 CFR 164-512 provides for some exemptions related to confidentiality and the release of information in situations of Adult and Child Protective Services and Guardianship. <http://hipaa.dhhs.state.nc.us/index.html> In addition to these requirements there are service specific confidentiality rules. The service record should be physically safeguarded and agencies need to establish and implement policies that keep service records confidential and safe from unauthorized access.

Become familiar with and follow your agency's release of information protocols. Consult with a supervisor or manager before releasing any information.

E. Retention of Records

Records Retention and Disposition Schedule: County Department of Social Services provides policy and guidelines for record retention. [http:// www.ah.dcr.state.nc.us/records/default.htm].

XI. Social Services Block Grant

A. Social Services Block Grant

Services funded by the Social Services Block Grant shall be provided directly by the Department of Health and Human Services, its divisions or their local counterparts; or services shall be purchased from public or private providers by contracting in accordance with federal, state, and local regulations governing such purchases.

[10A NCAC 71R .0104]

Every two years North Carolina develops a Social Services Block Grant Plan. It is available for public review and comment before it is submitted to the United States Department of Health and Human Services. The current SSBG Plan can be found at <http://www.dhhs.state.nc.us/dss/publications/index.htm>

The North Carolina SSBG Plan requires local match funds for all SSBG funded services:

12.5% Local Match - State In-Home Fund (In-Home Services, including In Home Aide Services, Home Delivered Meals, Housing and Home Improvement Services and Preparation and Delivery of Meals);

25% Local Match – In-Home Services once a county’s State In-Home Fund allocation is exhausted; and

25% Local Match - All other SSBG funded services reimbursement is based on the actual cost of a service rather than an established unit rate.

The Department of Health and Human Services is the single designated agency in North Carolina for administering the Social Services Block Grant. All divisions receiving SSBG funding are also charged with administrative responsibilities to assure that SSBG funds are utilized in a manner consistent with the general approach applicable to their other services.

B. SSBG Services Supported by the Social Services Block Grant

Services which may be reimbursed with SSBG funds are:

Adjustment Services for the Blind and Visually Impaired*

Adoption Services*

Adult Placement Services*

Child Care Services*

Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services

Requirements for the Provision of Services by
County Departments of Social Services
Effective Date: 11/01/2007
Last Update: 7/11/2008

Community Living Services
Day Care Services for Adults
Delinquency Prevention Services
Employment and Training Support Services
Family Planning Services*
Family Preservation Services
Family Support Services
Foster Care Services for Adults*
Foster Care Services for Children*
Health Support Services* (sterilization component is optional)
Home Health Services (includes Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and/or Nutrition Care)
Housing and Home Improvement Services
Individual and Family Adjustment Services*
In-Home Aide Services*
In-Home Aide Services for the Blind*
Intensive Family Preservation Services
Personal and Family Counseling
Preparation and Delivery of Meals
Problem Pregnancy Services
Protective Services for Adults*
Protective Services for Children*
Residential Treatment for the Emotionally Disturbed
Respite Care Services
Transportation Services
Youth Services
(*indicates mandated services and are addressed below)

Mandated services shall be made available in each county. All other services specified above shall be considered optional for purposes of the SSBG. [10A NCAC 71R .0101 and .0103]

C. SSBG Requirements

In order for an individual to be eligible to receive services funded under the Social Services Block Grant (Title XX), it must be established that (s)he is eligible on the basis of need as specified in the target population for the services requested except that for purposes of providing child care services, transportation services or the federally funded sterilization resource item of health support services, eligibility must also be determined on the basis of his/her income maintenance or income eligible status. [10A NCAC 71R .0501]

Services Without Regard to Income

Individuals are eligible for the following services on the basis of need for the service and without regard to their income:

- Adjustment Services for the Blind and Visually Impaired;**
- Adoption Services;**
- Adult Placement Services;**
- Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services;**
- Child Care Services, when needed to support child protective services, child welfare services and for children receiving foster care services;**
- Community Living Services;**
- Day Care Services for Adults;**
- Delinquency Prevention Services;**
- Employment and Training Support Services;**
- Family Planning Services;**
- Family Preservation Services;**
- Family Support Services;**
- Foster Care Services for Adults;**
- Foster Care Services for Children;**
- Health Support (excluding the optional voluntary sterilization component);**
- Home Health Services (including Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services and Nutrition Care);**
- Housing and Home Improvement Services;**
- Individual and Family Adjustment Services;**

In-Home Aide Services;
Intensive Family Preservation Services;
Personal and Family Counseling
Preparation and Delivery of Meals;
Problem Pregnancy Services;
Protective Services for Adults;
Protective Services for Children;
Residential Treatment for the Emotionally Disturbed;
Respite Care Services;
Transportation Services provided by the North Carolina Commission of Indian Affairs;
and Youth Services.

Documentation of need and how the individual meets the target population is required in the service record.

Services With Regard to Income

The delivery of the following SSBG services are restricted to individuals who are eligible based on either income maintenance status or income eligible status:

In-Home Aide Services for the Blind,
Child Care Services,
Transportation Services, or
The Federally Funded Sterilization Resource Item of Health Support Services

For an individual to be eligible on the basis of income maintenance status, it must be established that the individual is:

a current applicant/recipient of Work First Family Assistance, Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level) as defined in G.S. 108A-24; or a person whose needs were taken into account in determining the needs of Work First Family Assistance recipients;

a current recipient of Supplemental Security Income (SSI);

an individual who receives regular Optional State Supplementation payments from the State, known as State/County Special Assistance for Adults in North Carolina; or

a child with respect to whom foster care maintenance payments or adoption assistance payments are made under Public Law 96-272.

An individual whose eligibility is based on income maintenance status is eligible for any service funded under the Social Services Block Grant (Title XX) that is available in the county in which he lives. [10A NCAC 71R .0502]

Individuals who are receiving or are eligible to receive certain public assistance payments are considered “categorically eligible” for services provided either with regard to income or without regard to income. These individuals may be approved for any SSBG service regardless of the amount of the public assistance payments, as long as the need for the service is established for an individual to be categorically eligible for SSBG services, (s)he is receiving or is eligible to receive one of the following incomes:

Supplemental Security Income (SSI);

Work First Family Assistance (WFFA), Benefit Diversion or Work First Services for Low Income Families (below 200% of Federal poverty level);

State/County Special Assistance for Adults in North Carolina; or

Public Law 96-272 Foster Care Maintenance or Adoption Assistance

The amount of the monthly assistance is not relevant to an individual’s eligibility for SSBG services.

Individuals other than those eligible on the basis of income maintenance status may be determined eligible on the basis of that individual’s income unit’s monthly gross income.

To determine income eligibility, it is necessary to determine: the number of individuals who reside in the same household who are financially obligated to one another (the income unit); and the amount of the gross monthly income available to them.

The following are defined as separate income units for purposes of determining eligibility and fees:

Biological or adoptive parents and their minor children;

A minor parent and his or her children;

Each adult, whether related or unrelated, other than spouses;

Children living with adults other than their biological or adoptive parents;

Minors who are emancipated through a court proceeding, marriage or participation in the armed services.

Sources of income which shall be considered for purposes of computing family monthly gross income are:

Gross earned wages or salary (earnings received for work performed as an employee, including wages, salary, commissions, tips, piece-rate payments and bonuses earned, before any deductions are made for taxes, bonds, pensions, union dues);

Adjusted gross income from taxable self-employment income;

Social Security benefits (includes Social Security pension, survivors/ benefits and permanent disability insurance payments);

Dividends; interest (on savings or bonds; income from estates or trusts; royalties; and adjusted gross rental income on houses, stores ore other property;

Pensions and annuities paid directly by an employer or union or through an insurance company;

Workers' compensation for injuries incurred at work;

Unemployment insurance benefits;

Alimony (includes direct and indirect payments, such as rent and utility payments);

Child support, direct or indirect;

Pension paid to veterans or survivors of deceased veterans;

On-the-Job (JOT) payments;

Job Training Partnership Act (TAP) payments made to an adult;

AmeriCorps stipend (living allowance);

Armed Forces pay (only the amounts taxable, such as base pay);

Work release payments;

Cherokee Tribal Per Capita Income paid to adult family members;

Work-study payments, if the income is from a program not administered under Title IV of the Higher Education Act or the Bureau of Indians Affairs; and

Recurring cash contributions paid directly to the parent. [10A NCAC 71R .0503]

The service record should document receipt of one of the income types listed above as well as information regarding the individual's need for the service.

The Federal Poverty Guidelines can be accessed at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

Exhibit C

Guilford County
HIPAA: Business Associate Addendum

This Business Associate Addendum is hereby made, entered into, and effective as of the effective date of this contract, by and between GUILFORD COUNTY, on behalf of the GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH (“Covered Entity”) and _____ (“Business Associate”), and collectively referred to as the “Parties.”

Definitions

Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in 45 CFR 160.103 and 164.501.

- A. Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- B. Privacy Rule. “Privacy Rule” shall mean the standards for privacy of individual identifiable health information at 45 CFR part 160 and part 164, subparts A and E.
- C. Protected Health Information. “Protected Health Information” shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by the Business Associate from or on behalf of the Covered Entity.
- D. Required by Law. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.
- E. Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- F. Data Aggregation. “Data Aggregation” shall mean, with respect to Protected Health Information created or received by the Business Associate in its capacity as the business associate of the Covered Entity, the combining of such Protected Health Information by the Business Associate with the Protected Health Information received by the Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
- G. Designated Record Set. “Designated Record Set” shall mean a group of records maintained by or for the Covered Entity that is (i) the medical records and billing records about individuals maintained by or for the Covered Entity, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals. As used herein the term “Record” means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the Covered Entity.
- H. Electronic Media. “Electronic Media” shall mean the mode of electronic transmissions. It includes the Internet, extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks and those transmissions that are physically moved from one location to another using magnetic tape, disk or compact disk media.

Recitals

- A. The U.S. Department of Health and Human Services has issued regulations on “Privacy Standards for Individually Identifiable Health Information,” implementing the Health Insurance Portability and Accountability Act of 1996 (the “Privacy Standards”).

- B. Covered Entity is a service provider. The U.S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), governing the privacy of Individually Identifiable Health Information obtained, created or maintained by certain entities, including health care providers.
- C. Business Associate either 1) performs certain functions for, or on behalf of the Covered Entity involving the disclosure of Protected Covered Entity Health Information (“PHI”) by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity; or 2) provides legal, actuarial, accounting, consulting, data aggregation, management, accreditation, administrative or financial services for the Covered Entity involving the disclosure of Protected Health Information (“PHI”) by the Covered Entity or another business associate of the Covered Entity.
- D. The parties of this Addendum agree to enter into this agreement to protect PHI, and to amend any agreements between them, whether oral or written, with the execution of this Addendum.

In consideration of the mutual promises and agreements below and in order to comply with all legal requirements for the protection of this information, the parties agree as follows:

General Provisions

- A. Effect. This Addendum supplements, modifies and amends any and all agreements, whether oral or written, between the parties involving the disclosure of PHI by the Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of the Covered Entity. The terms and provisions of the Addendum shall supercede any other conflicting or inconsistent terms and provisions in any agreements between the parties, including all exhibits or other attachments thereto and all documents incorporated therein by reference. Without limitation of the foregoing, any limitation or exclusion of damages provisions shall not be applicable to this Addendum.
- B. Amendment. Business Associate and the Covered Entity agree to amend this Addendum to the extent necessary to allow either party to comply with the Privacy Standards, the Standards for Electronic Transactions (45 CFR Parts 160 and 162) and the Security Standards (45 CFR Part 142) (collectively, the “Standards”) promulgated or to be promulgated by the Secretary or other regulations or statutes. Business Associate agrees that it will fully comply with all such Standards and that it will agree to amend this Addendum to incorporate any material required by the Standards.

Obligations of Business Associate

- A. Use and Disclosure of Protected Health Information. Business Associate may use and disclose Protected Health Information only as required to satisfy its obligations under the Agreement(s), as permitted herein, or required by law, but shall not otherwise use or disclose any Protected Health Information. Business Associate shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, use or disclose Protected Health Information received from the Covered Entity in any manner that would constitute a violation of the Privacy Standards if so used or disclosed by the Covered Entity, except that Business Associate may use or disclose Protected Health Information (i) for Business Associate's proper management and administrative services, (ii) to carry out the legal responsibilities of Business Associate or (iii) to provide data aggregation services relating to the health care operations of the Covered Entity if required under the Agreement(s). Business Associate hereby acknowledges that, as between Business Associate and the Covered Entity, all Protected Health Information shall be and remain the sole property of the Covered Entity, including any and all forms thereof developed by Business Associate in the course of its fulfillment of its obligations pursuant to this Addendum. Business Associate further represents that, to the extent Business Associate requests that the Covered Entity disclose Protected Health Information to Business Associate, such a request is only for the minimum necessary Protected Health Information for the accomplishment of Business Associate's purpose.

- B. Safeguards Against Misuse of Information. Business Associate agrees that it will use all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Addendum.
- C. Reporting of Disclosures of Protected Health Information. Business Associate shall, within thirty (30) business days of becoming aware of any use or disclosure of Protected Health Information in violation of this Addendum by Business Associate, its officers, directors, employees, contractors or agents or by a third party to which Business Associate disclosed Protected Health Information, report any such disclosure to the Covered Entity.
- D. Agreements by Third Parties. Business Associate shall obtain and maintain an agreement with each agent or subcontractor that has or will have access to Protected Health Information, which is received from, or created or received by Business Associate on behalf of the Covered Entity, pursuant to which agreement such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Business Associate pursuant to this Addendum with respect to such Protected Health Information.
- E. Accounting of Disclosures. Within ten (10) business days of notice by the Covered Entity to Business Associate that it has received a request for an accounting of disclosures of Protected Health Information, other than related to the treatment of the patient, the processing of payments related to such treatment, or the operation of a Covered Entity or its Business Associate and not relating to disclosures made earlier than six (6) years prior to the date on which the accounting was requested, Business Associate shall make available to the Covered Entity such information as is in Business Associate's possession and is required for the Covered Entity to make the accounting required by 45 C.F.R. §164.528. At a minimum, Business Associate shall provide the Covered Entity with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall within ten (10) business days forward such request to the Covered Entity. Business Associate hereby agrees to implement an appropriate record keeping process to enable it to comply with the requirements of this Section.
- F. Availability of Books and Records. Business Associate hereby agrees to make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, the Covered Entity available to the Secretary for purposes of determining the Covered Entity's and Business Associate's compliance with the Privacy Standards.
- G. Indemnification. Each Party ("the Indemnifying Party") hereby agrees to indemnify and hold the other Party harmless from and against any and all liability and costs, including reasonable attorneys' fees, created by a breach of this Addendum by the Indemnifying Party, its agents or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the Agreement(s).
- H. Insurance. Business Associate shall obtain and maintain during the term of this Addendum liability insurance covering claims based on a violation of the Standards or any applicable state law or regulation concerning the privacy of patient information and claims based on its obligations pursuant to this Addendum in an amount not less than \$1,000,000 per claim. Such insurance shall be in the form of occurrence-based coverage. A copy of such policy or a certificate evidencing the policy shall be provided to the other Party upon written request. The Parties acknowledge and agree that Business Associate currently has a Cyber Liability policy with limits of not less than \$1,000,000 per occurrence, and is partially self-insured.
- I. Notice of Request for Data. Business Associate agrees to notify the Covered Entity within ten (10) business days of Business Associate's receipt of any written request or subpoena for Protected Health Information. To the extent that the Covered Entity decides to assume responsibility for challenging the

validity of such request, Business Associate agrees to reasonably cooperate with the Covered Entity in such challenge.

- J. Injunction. Business Associate hereby agrees that the Covered Entity will suffer irreparable damage upon Business Associate's breach of this Addendum and that such damages shall be difficult to quantify. Business Associate hereby agrees that the Covered Entity may file an action for an injunction to enforce the terms of this Addendum against Business Associate, in addition to any other remedy the Covered Entity may have.

Term and Termination

- A. Term. This Addendum shall become effective on the Effective Date and, unless otherwise terminated as provided herein, shall have a term that shall run concurrently with that of the last expiration date or termination of the Agreement(s).
- B. Termination Upon Breach of Provisions Applicable to Protected Health Information. Any other provision of the Agreement(s) notwithstanding, this Addendum and the Agreement(s) may be terminated by either Party upon twenty (20) business days written notice to the other Party in the event that the other Party breaches any provision contained in this Addendum and such breach is not cured within such twenty (20) day period; provided, however, that in the event that termination of this Addendum and the Agreement(s) is not feasible, in the Covered Entity's sole discretion, Business Associate hereby acknowledges that the Covered Entity shall have the right to report the breach to the Secretary, notwithstanding any other provision of this Addendum or any Agreement(s) to the contrary.
- C. Return or Destruction of Protected Health Information upon Termination. Upon termination of this Addendum, Business Associate shall either return or destroy all Protected Health Information received from the Covered Entity or created or received by Business Associate on behalf of the Covered Entity and which Business Associate still maintains in any form. Business Associate shall not retain any copies of such Protected Health Information. Notwithstanding the foregoing, to the extent that the Covered Entity agrees that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of this Addendum shall survive such termination and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected Health Information.
- D. The Covered Entity's Right of Cure. At the expense of Business Associate, the Covered Entity shall have the right to cure any breach of Business Associate's obligations under this Addendum. The Covered Entity shall give Business Associate notice of its election to cure any such breach and Business Associate shall cooperate fully in the efforts by the Covered Entity to cure Business Associate's breach. All requests for payment for such services of the Covered Entity shall be paid within thirty (30) days.
- E. Transition Assistance. Following the termination of this Addendum and the Agreement(s) for any reason, Business Associate agrees to provide reasonable transition services for the benefit of the Covered Entity.

(The remainder of this page has been intentionally left blank)

GUILFORD COUNTY, NORTH CAROLINA

Request for Integrated Data System & Aging & Adult Case Mgt. Software
Provider QUALIFICATIONS

Information about the Supplier

- I. Firm Name _____
- II. Legal Name (if different) _____
- III. Years in Business _____
- IV. Number of years providing similar services _____
- V. Contact Person _____
- VI. Full Mailing Address _____
- VII. Telephone Number _____
- VIII. Fax Number _____
- IX. Email address of contact person _____
- X. Number of full time employees _____
- XI. Name and experience of proposed point of contact for this project

[Empty rectangular box for providing name and experience of proposed point of contact]



COST PROPOSAL FORM

In accordance with the attached instructions, terms, conditions, and Scope of Services we submit the following proposal to Guilford County.

TOTAL PROPOSED COST

Integrated Data System \$ _____

Case Management System \$ _____

Respondents can respond to one or both tasks as outlined in the Scope of Work (Integrated Data System and/or Case Management System. Should there be any discrepancy between this Cost Proposal Form and the submission of pricing entered in the Items portion of Guilford County's Vendor Self Service automated bidding system, the online submission of pricing shall prevail and control.

I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Date: _____

Authorized Signature:

Miriam Kanna _____

Name

_____ Title

_____ Firm Name

ADDENDUM ACKNOWLEDGEMENT

Integrated Data System and Aging & Adult Case Management Software
Title of Project

20256
Bid Number

Receipt of the following Addendum is acknowledged:

Addendum no. _____ Date _____

Signature: Lauren K. Schmidt Date: March 17, 2025

Title Vice President, Sales

CaseWorthy, Inc.
Name of Firm

ADDENDUM ACKNOWLEDGEMENT

Integrated Data System and Aging & Adult Case Management Software

Title of Project

20256

Bid Number

Receipt of the following Addendum is acknowledged:

Addendum no. _____ Date _____

Signature: Lauren K. Schmidt Date: March 17, 2025

Title Vice President, Sales

CaseWorthy, Inc.

Name of Firm

Tab 1

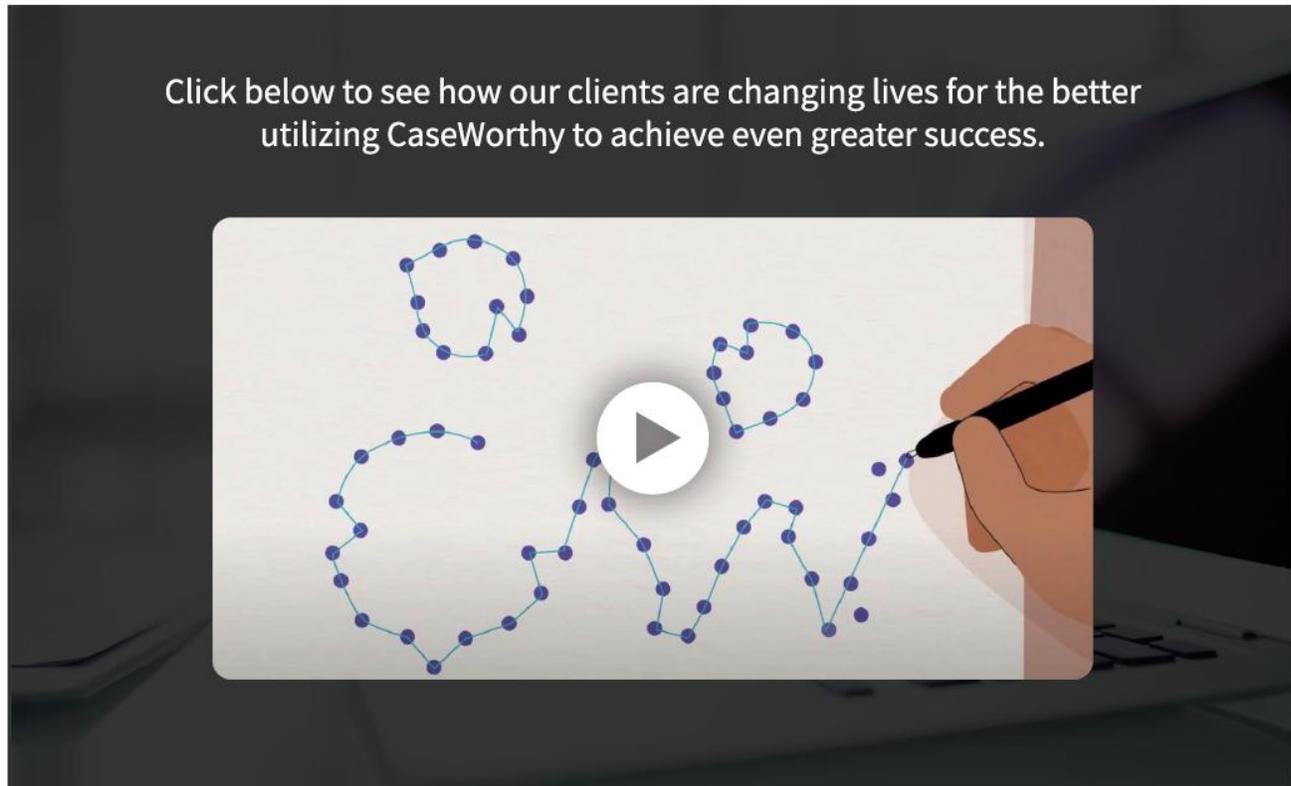


Guilford County Integrated Data System and Aging and Adult Case Management Software

20256

March 18, 2025

BUILD FOR THE WAY YOU WORK



Our Goal

At CaseWorthy, our mission is to help human services organizations achieve greater efficiency and effectiveness in their everyday work. We believe in building strong, collaborative partnerships, and we look forward to forging such an alliance with Guilford County to create impactful, tailored solutions together.

Our technology serves as a secure, unified platform designed to seamlessly integrate and connect your data and systems. This connectivity ensures that you and your partners have timely access to the critical information needed to make informed decisions and deliver better outcomes. By automating and simplifying daily processes, our software enables organizations like Guilford County to focus on what matters most serving the community and enriching lives.

With CaseWorthy's comprehensive platform, Guilford County will have the capacity to more effectively serve its residents by streamlining communication across departments, tracking client progress through multiple programs, and supporting a holistic approach to care. Our intuitive system simplifies staff training and offers a best-in-class reporting platform that generates accurate, real-time data for informed decision-making.



We are excited about the opportunity to support Guilford County in achieving its goals, enhancing service delivery, and making a meaningful, lasting impact in the community.

WHAT'S INCLUDED



Workflows

Automate and standardize work processes, such as intakes, in a simple, step by step format.



Dashboards

Configure the desktop around the way employees work, based on their roles within your agency. You have full control and can easily manage what's being displayed on each dashboard.



Operational Reports

Allow you to drill down into the real-time details you need to know about your clients, programs, and services – who's enrolled or exited, program outcomes, KPIs, retention rates, and more.



Forms

Modify and update forms in real-time; add data fields and signatures, assign case managers, setup conditional fields and more.



Role-Based Security Settings

You control who can see and access specific information, depending on their roles within your agency.



Rules Integration

Our rules engine applies conditional logic to forms, workflow steps, queries, eligibility determinations, alerts, and notifications. Set up rules and conditions to establish when certain information or prompts should be displayed, when alerts should be sent, to determine program eligibility and specific workflow steps and more.



Data Encryption

256-bit encryption whether the data is at rest or in transit.



Back-Ups

On-site and off-site back ups are performed daily to independent and separate storage devices.



Hosted Service

CaseWorthy is hosted on Microsoft Azure. Security is foundational for Azure. Azure offers multi-layered security provided across physical data centers, infrastructure, and operations with cyber security experts actively monitoring to protect your business assets and data.



Go Live

Upon becoming a CaseWorthy client, AASD will have access to dedicated resources committed to ensuring successful implementation and seamless execution of the CaseWorthy software. Our experienced Implementation Team will collaborate closely with AASD to configure the system to meet your specific needs. Following the go-live phase, AASD will be supported by a dedicated Account Manager to provide ongoing assistance and guidance.

Below, you'll find our comprehensive software and services proposal. Please know that we prioritize transparency and value sharing our advancements with our clients. When we develop new features or enhancements, we integrate them into the platform without unexpected price increases or additional fees. Our focus is on delivering value, supporting your mission, and helping you achieve your goals.

Pricing

The proposal below is designed to ensure a successful implementation and seamless go-live experience. Our configuration approach is based on our current understanding of your needs in the RFP, and we are committed to working closely with you to refine and adjust as necessary. Professional Service hours are only billed as rendered.

We understand that certain expected services may still need to be fully scoped, and we welcome the opportunity to discuss budget considerations and explore options that best fit your organization's goals. Please note that the bulleted items outlined are not final and may shift based on the evolving needs of the project. Our team is dedicated to maintaining flexibility and collaboration to deliver the most effective solution possible.



			Year 1	Year 2	Year 3	Year 4	Year 5	Total
Annual Fees								
Platform Licenses								
CORE - Total Named Active Users	125	\$920	\$115,000	\$120,750	\$126,788	\$133,127	\$139,783	\$635,448
CORE - Data Engineer License	2	\$3,000	\$6,000	\$6,300	\$6,615	\$6,946	\$7,293	\$33,154
CORE - Viewer License	10	\$150	\$1,500	\$1,575	\$1,654	\$1,736	\$1,823	\$8,288
Add-Ons								
CORE - Advanced Support (tier 2 support)	1	\$10,000	\$10,000	\$10,500	\$11,025	\$11,576	\$12,155	\$55,256
Client Web Portal	1	\$10,000	\$10,000	\$10,500	\$11,025	\$11,576	\$12,155	\$55,256
Provider Web Portal	1	\$10,000	\$10,000	\$10,500	\$11,025	\$11,576	\$12,155	\$55,256
ARMS (NC) - HCBG Integration	1	\$1,500	\$1,500	\$1,575	\$1,654	\$1,736	\$1,823	\$8,288
Single Sign-On (SSO)	1	\$3,000	\$3,000	\$3,150	\$3,308	\$3,473	\$3,647	\$16,577
Training								
System Administrator LMS Access	1	\$3,000	\$3,000	\$3,150	\$3,308	\$3,473	\$3,647	\$16,577
Total Annual Fees			\$160,000	\$168,000	\$176,400	\$185,220	\$194,481	\$884,101
Activation Fees								
CORE - Activation	1	\$4,000	\$4,000	-	-	-	-	\$4,000
In-Home Care Provider Set-up (Sub-Contractors)	10	\$1,500	\$15,000	-	-	-	-	\$15,000
Total Activation Fees			\$19,000	\$0	\$0	\$0	\$0	\$19,000

Professional & Engineered Services	Hours	Rate						
Professional Services								
Configuration of System	1271	\$200	\$254,200	-	-	-	-	\$254,200
Data Conversion	60	\$200	\$12,000	-	-	-	-	\$12,000
SSO (Single Sign On)	1	\$165	\$165	-	-	-	-	\$165
Needs Analysis/Discovery	208	\$200	\$41,600	-	-	-	-	\$41,600
Super User Training	150	\$200	\$30,000	-	-	-	-	\$30,000
Project Management	250	\$200	\$50,000	-	-	-	-	\$50,000
Engineered Services								
CORE - Engineered Services Discovery	10	\$225	\$2,250	-	-	-	-	\$2,250
CORE - Training	1	\$1,800	\$1,800	-	-	-	-	\$1,800
Total Services Fees			\$392,015	\$0	\$0	\$0	\$0	\$392,015
Total Investment			\$571,015	\$168,000	\$176,400	\$185,220	\$194,481	\$1,295,116

Items to be included in professional services/set-up included but may not be limited to*:

- Demographics
- Program Enrollment
- Services
- Case Manager Assignments
- Contacts and Family Members
- CaseWorthy Referrals (includes Referral Analytic)
- CaseWorthy Document Upload
- Single Case Note Template
- CaseWorthy Presenting Issues
- CaseWorthy Appointments
- CaseWorthy Client Alerts
- 5- Additional form up to 10 questions
- 5 - Additional form Up to 25 questions
- Follow-Ups
- Case Note/E-mail Templates with Queries



- 5 - Additional Role
- Workflow
- Additional Dashboard
- Simple Service Plans
- Outcomes/Outcome Matrix
- Task Management/Planned Encounters - First Task
- Task Management/Planned Encounters - Each Additional 10 Tasks
- Program Eligibility
- CommHUB
- Medications
- 5 - PDF Mapping
- State Unit in Aging Admin Role
- 2 - Dashboard Query
- Staff Scheduler Calendar
- Data Sharing
- Incident Management
- E-mail or text to send upon form save (i.e. for appointment confirmation)
- Indirect Services
- Commlink
- Client Portal Configuration
- Custom Assessment to avoid assessment manager in Commlink or portal
- Provider Notes
- Provider Services
- Form Masking
- Search Report
- Search Report and Analytic Report
- Enhanced Task Management
- Adult Resource Team and program configuration
- Facility Monitoring
- Testing Deliverables
- Training Deliverables
- Provider Portal Configuration
- Needs Analysis/Discovery
- Super User Training
- Project Management

**Bulleted items are not final and subject to change based on project need.*

*** CaseWorthy is able to provide Guilford County with a dedicated SQL Database Server if this is what is preferred. It requires 44 hours of Engineering services set-up as well as a recurring cost. Year 1 is \$64,050.*

STATE OF ~~NORTH CAROLINA~~ New York
COUNTY OF ~~QUITMAN~~ Saratoga

AFFIDAVIT

I, Tyler Blake (the individual attesting below), being duly authorized by and on behalf of
Case Worthy, Inc. (the responding entity hereinafter "Employer") after first being duly sworn hereby
swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. Mark "Yes" or "No":

- a. YES ; or,
- b. NO

4. Employer's subcontractors comply with E-Verify, and if Employer is awarded a contract for this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

This 27th day of February, 2025.

Tyler Blake

Signature of Affiant

Print or Type Name: Tyler Blake State of
~~New York~~ County of ~~Quitman~~ Saratoga

Signed and sworn to (or affirmed) before me, this the 27th
day of February, 2025.

My Commission Expires:

May 01, 2028 _____
Christa Mangill
Notary Public

(Affix Official/Notarial Seal)



Tab 2



Guilford County Integrated Data System and Aging and Adult Case Management Software

20256

March 18, 2025

Introduction

CaseWorthy is prepared to be the primary Case Management tool and IDS for Guilford County Department of Health and Human Services (DHHS). CaseWorthy's heritage and customer base place it in a uniquely qualified position to understand the needs of AASD's requirements, in order to effectively partner together and deliver the best-in-class solution.

CaseWorthy has been an industry leader in data management solutions in the human services sector since 2008. Our case management platform is purpose-built to meet the unique needs of agencies serving vulnerable populations. CaseWorthy solutions support the provision of comprehensive, data driven, and personalized services for individuals, families, and communities. CaseWorthy currently serves over 700 private and government customers who deliver human services primarily in the United States and Canada. Our platform of products meets needs across the spectrum of human services, and CaseWorthy brings a wealth of experience supporting statewide government agencies



Our team here at CaseWorthy is deliberately staffed with subject matter experts with experience in these provided services but who work with clients every day to ensure our software is the best ideal solution for their complex needs. Our mission is to serve as a technology beacon that empowers organizations to enrich lives - to help you better serve your clients!

The proposal and the attached response to your business requirements highlights

how the CaseWorthy application can be extended to support your immediate and long-term goals. CaseWorthy wants to be the tool that helps foster efficient and effective processes for your staff and team to better assist your clients. We want to help your team revolutionize how AASD can change quality of life for some of its most vulnerable residents and we believe the purpose-built capabilities of our system are uniquely qualified to do so. The alignment with the mission and goals of AASD is at the heart of why CaseWorthy successfully serves its customers and is what makes it the premier case management solution.

Overview

CaseWorthy is a leading provider of comprehensive, configurable, and scalable case management and data integration solutions. With extensive experience in implementing



integrated data systems (IDS) and case management systems (CMS) for large government entities, CaseWorthy is well-positioned to meet the needs of Guilford County's Department of Health and Human Services (DHHS) - Division of Social Services (DSS) for Aging and Adult Services.

Our solution is designed to streamline intake, case management, and reporting, while supporting integrated service delivery across departments and community partners. By leveraging human-centered design principles and a client-centric approach, CaseWorthy fosters collaboration, enhances data-driven decision-making, and improves client outcomes.

With a robust and configurable platform, CaseWorthy can assist Guilford County in achieving its objective of a unified, person-centered approach to care. By enabling data interoperability, our solution not only supports the immediate needs of Aging and Adult Services but also lays the groundwork for future expansions across all of DHHS-DSS and other County Departments. The scalability of CaseWorthy ensures that as Guilford County's data integration needs grow, our system can adapt and expand accordingly.

CaseWorthy is equipped to facilitate comprehensive case intake, ongoing case management, and detailed reporting. The platform's workflow management capabilities streamline referral tracking, assessments, service coordination, and follow-ups, ensuring that timelines and compliance requirements are consistently met. Our system supports situational awareness for case workers and decision-makers, providing them with a holistic view of a client's needs, risks, and service history.



To support the County's long-term goal of a comprehensive Integrated Data System (IDS) capable of predictive modeling and in-depth analytics, CaseWorthy integrates with existing systems and external partners. Our platform can capture, link, and analyze large datasets, enabling data-driven decision-making and insights that inform policy-making and program development. The IDS component of our solution supports community-wide needs assessments, identifies service gaps, and facilitates targeted interventions to improve client outcomes.

CaseWorthy's approach to data security aligns with the County's commitment to regulatory compliance and confidentiality. The platform offers secure role-based access, data partitioning for compliance with privacy regulations, and advanced encryption to safeguard sensitive information. Our data-sharing capabilities are designed to support cross-departmental collaboration, enabling authorized users to access relevant client information while maintaining strict data governance.



In addition to fulfilling the technical requirements, CaseWorthy recognizes the value of human-centered design principles. We prioritize stakeholder engagement and incorporate feedback from individuals with lived experiences to ensure our system is user-friendly and effective in real-world applications.

CaseWorthy has a proven track record of successful implementations for organizations comparable to Guilford County. Our experience in delivering integrated service solutions to diverse communities equips us to support Guilford County’s vision of streamlined service delivery, enhanced client engagement, and comprehensive data integration. By selecting CaseWorthy, Guilford County will have a partner committed to both immediate success and long-term strategic growth, ensuring that the system becomes an integral part of the County’s culture and operational excellence.



CaseWorthy is excited about the opportunity to partner with Guilford County to achieve its current goals and contribute to the broader vision of enhanced service delivery for the county and its residents. We have a deep understanding of the challenges faced by community-based organizations (CBOs) and the populations they serve, and our proven, stable, and scalable platform is designed to streamline service coordination, eliminate data silos, enhance collaboration, and demonstrate the impact of investment—all critical to Guilford County’s objectives.

As a trusted partner, we bring extensive resources, expertise, and a commitment to innovation, ensuring that Guilford County has the right purpose-built technology foundation to empower residents, improve access to essential services, and drive data-informed decision-making. Our shared vision of holistic, person-centered care positions CaseWorthy as the ideal solution to help Guilford County bridge gaps, coordinate care, and create lasting, positive impacts in the community.

With a team of professionals experienced in both human services and technology, we are dedicated to working alongside Guilford County to ease adoption, increase user efficiency, and incorporate customer feedback to drive continuous product enhancements. Our collaborative approach ensures that the solution not only meets immediate needs but also supports Guilford County’s long-term integrated service and data-sharing goals.

We are thrilled at the prospect of partnering with Guilford County to work together to create the best IDS and CMS for the county. If there are any questions, please do not hesitate to contact Melissa Meisenheimer at mmeisenheimer@caseworthy.com or by phone at 803-989-3532. Thank you for considering CaseWorthy.

Tab 6



Guilford County Integrated Data System and Aging and Adult Case Management Software

20256

March 18, 2025



opportunities. Our outreach efforts will include sending emails and calling known businesses.

2. **Partnership with MWBE Organizations:** CaseWorthy has successfully collaborated with MWBE organizations in past projects, leveraging their unique expertise to enhance project outcomes.
3. **Clear Communication:** We will ensure that all bid opportunities, RFPs, and subcontracting needs are communicated clearly and widely to MWBEs. By providing accessible, detailed information about our project requirements, timelines, and submission processes, we aim to create a fair and transparent bidding environment.

A firm may submit a Self-Performance Affidavit, points will be awarded in the following manner: 1) if a firm is a WBE or MBE NC HUB certified firm, 10 points will be awarded, and 2) if a firm is not a WBE or MBE NC HUB firm, 0 points will be awarded. (0-10 Points).

CaseWorthy is a self-performing organization for the implementation of its software solution due to the specialized and proprietary nature of our platform. Based on this size of project, our in-house team of experts can handle all aspects of project implementation, including configuration, training, and ongoing support. This approach ensures consistency, maintains quality control, and leverages our deep expertise with the CaseWorthy platform to maximize the project's success.

While CaseWorthy is not a certified WBE or MBE NC HUB firm, we remain committed to diversity and inclusion in our business practices. If Guilford County chooses to contract with subcontractors to support the implementation, CaseWorthy will actively support and collaborate with those partners to enhance project outcomes, expand capacity, and strengthen community impact.

Our Values Guide Our Work



Data-Informed Excellence

We value the balance between intuition and data, using information to recognize and drive improvements.



Sustainable Prosperity

We prioritize prosperity with a focus on longevity and strength, leveraging technology and software to ensure lasting success.



Commitment to Adaptability

Embracing adaptability as a guiding principle, we navigate challenges with agility, seize opportunities with confidence, and consistently deliver exceptional results in a dynamic world.



Holistic Wellbeing and Social Impact

We are committed to the whole person, supporting health, human services, and social services to promote well-being and empowerment.



Empowerment for Self-actualization

To enable individuals to live their best lives by fostering self-actualization, powering social impact, and promoting empowerment.

FORM #4
SELF PERFORMANCE
AFFIDAVIT B
Attach To Bid/Proposal

Affidavit of Caseworthy, Inc.
(Name of Bidder/Proposer)

I hereby certify that it is our intent to perform 100% of the work required for the contract:

Guilford County Aging Services RFP
(Name of Project)

In making this certification, the Bidder/Proposer states that the Bidder/Proposer does not customarily subcontract elements of this type of project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and

The Bidder/Proposer agrees to provide any additional information or documentation requested by the owner in support of the above statement. The Bidder/Proposer agrees to make a Good Faith Effort to utilize minority suppliers where possible.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder/Proposer to the commitments herein contained.

Date: 2/28/25 Name of Authorized Officer: Tyler Blake

Signature: [Signature]

Title: Director of Legal

GLENDA DEVORE
NOTARY PUBLIC, STATE OF NEW YORK
REGISTRATION NO. 01DE6412059
QUALIFIED IN SARATOGA COUNTY
COMMISSION EXPIRES DEC 14, 2028

SEAL

State of New York, County of Saratoga

Subscribed and sworn to before me this 28th day of Feb 20, 25

Notary Public Glenda Devore

My commission expires 12-14-28

NON-COLLUSION AFFIDAVIT

STATE OF ~~North Carolina~~ New York

COUNTY OF (Saratoga)) SS.

I, Tyler Blake, of 33 Lakeparkte Way, Saratoga NY, In the County of Saratoga and the State of New York, of full age, being duly sworn according to law on my oath depose and say that:

I am Director of Legal & Compliance, of the firm of Case Worthy, Inc., making the Proposal for the above- named authority.

My submission of a response to this event certifies that I agree to the non-collusion agreement contained below:

1. The submitter of this document is acting as an agent for their company who is the respondent that has submitted the attached bid response.
2. The undersigned person is fully informed concerning the preparation and contents of the attached response and of all pertinent circumstances related to it and is authorized to sign this affidavit. This affidavit is given under penalty of perjury as provided by law.
3. Such bid response is genuine and is not collusive or sham in anyway whatsoever.
4. Neither the person responding nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including the signer of this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm or person to submit collusive or sham response in connection with the contract for which the attached response has been submitted or to refrain from responding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other responder, firm or person to fix the price, or cost to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the Board of County Commissioners, Guilford County or any person interested in the proposed contract.
5. The price or prices quoted in the attached response are fair and proper and are not derived by any collusion, conspiracy, connivance or lawful agreement and on the part of the respondent or any of its agents, representatives, owners, employees, or parties in interest.

Case Worthy, Inc.

(Name of Contractor)

<u>[Signature]</u>	<u>Tyler Blake</u>	<u>Dir. of Legal</u>	<u>2/27/2025</u>
Signature	(Type or Print Name)	Title	Date

Subscribed and sworn to before me on this 27th day of February, 2025.

<u>[Signature]</u>	<u>Alexis Vazquez</u>
Signature	(Type or Print Name)

Notary Public of the State of New York My

Commission expires May 01, 2028



REQUEST FOR PROPOSAL

Section 3 – Tab 4

Guilford County Integrated Data System and Aging and Adult Case Management Software

Guilford County, NC

20256
03-18-2025





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Tab 4: Proposed Services to be Provided

The Provider shall present, in detail, features and capabilities of their proposed services to be provided as outlined under Section 3.0 – Work Requirements and General Conditions. The Provider should state what implementation services will be provided, processes, control points and time frames for the on-going services. In addition, please describe all the services that their company provides. If other ancillary services are available that may be deemed pertinent to the process, please describe them in full detail.

Introduction

Guilford County’s vision for an integrated data system and Aging and Adult Case Management software aligns seamlessly with CaseWorthy’s mission to break down data silos and enhance service coordination. Our platform empowers agencies to centralize client data, streamline workflows, and improve decision-making through real-time insights. By integrating multiple systems into a single source of truth, CaseWorthy ensures that Aging and Adult Services can efficiently track client needs, manage care plans, and report on outcomes—ultimately enhancing service delivery and improving quality of life for older adults in Guilford County.

The following response outlines the features and capabilities of CaseWorthy’s proposed services in alignment with Section 3.0 – Work Requirements and General Conditions. This includes a detailed overview of our implementation services, key processes, control points, and timelines for ongoing service delivery. Additionally, we provide a comprehensive description of all services offered by our company, including any ancillary services that may enhance or complement the proposed solution.

Work Requirements and General Conditions

Integrated Data System

3.1.1 Interoperability

CaseWorthy is designed to be a fully interoperable platform that facilitates seamless data exchange between existing and future systems, ensuring compliance with mandated requirements and industry best practices.

- **Integration with Existing & Future Systems (e.g., NC FAST):** CaseWorthy supports secure API integrations, batch data transfers, and real-time data synchronization to coordinate with systems like NC FAST. Our flexible architecture allows for seamless connectivity, ensuring data consistency and compliance with state-mandated reporting requirements.
- **Collaboration with External Partners:** CaseWorthy enables secure data sharing and coordinated service delivery with outside partners, including Senior Resources of Guilford County, adult day care providers, behavioral health organizations, and housing partners. Role-based access controls ensure that each entity can securely access relevant data while maintaining compliance with confidentiality standards.
- **Technical & Operational Infrastructure Compliance:** CaseWorthy’s cloud-based infrastructure is designed to align with government operational frameworks, supporting HIPAA, and other regulatory requirements. Our platform incorporates audit logging, data encryption, and permission-based access to ensure secure and compliant data management.
- **Public Sector Data Sharing & Compliance:** We recognize the distinct legal and ethical considerations of public-sector data sharing. CaseWorthy is built with configurable compliance tools, ensuring



adherence to federal, state, and local regulations governing data security, privacy, and interoperability. Our team has extensive experience working with government agencies and healthcare organizations, delivering solutions that balance data accessibility with strict regulatory compliance.

With CaseWorthy, Guilford County can confidently implement a system that integrates across agencies, safeguards sensitive data, and enhances service coordination while meeting all legal and ethical standards.

CORE

CaseWorthy, is proposing use of its CORE Data Platform to meet Integrated Data System requirements, offering Guilford County unparalleled interoperability with not only its own data and existing partners, but any future partnerships. CORE enables CaseWorthy customers to utilize the flexibility and scalability of Microsoft Fabric's data lakehouses. As with all CaseWorthy Products, CORE is HIPAA and SOC 2 compliant ensuring that Guilford County and your partners' data remains safe and secure.

CORE delivers:

- **Secure Data Centralization:** CORE establishes a centralized data hub that seamlessly integrates with CaseWorthy and other critical data sources, breaking down information silos.
- **Self-Service Insights with Power BI:** CORE empowers your staff to build custom dashboards, reports, and visualizations tailored to their specific needs. This fosters data-driven decision-making across all levels.
- **API Access:** For advanced use cases or specialized integrations, data within CORE can be accessed through programmatic APIs.
- **Data Utilization:** Seamlessly combine data from CaseWorthy and external sources into CORE for analysis, visualization, and the foundation of future AI applications.

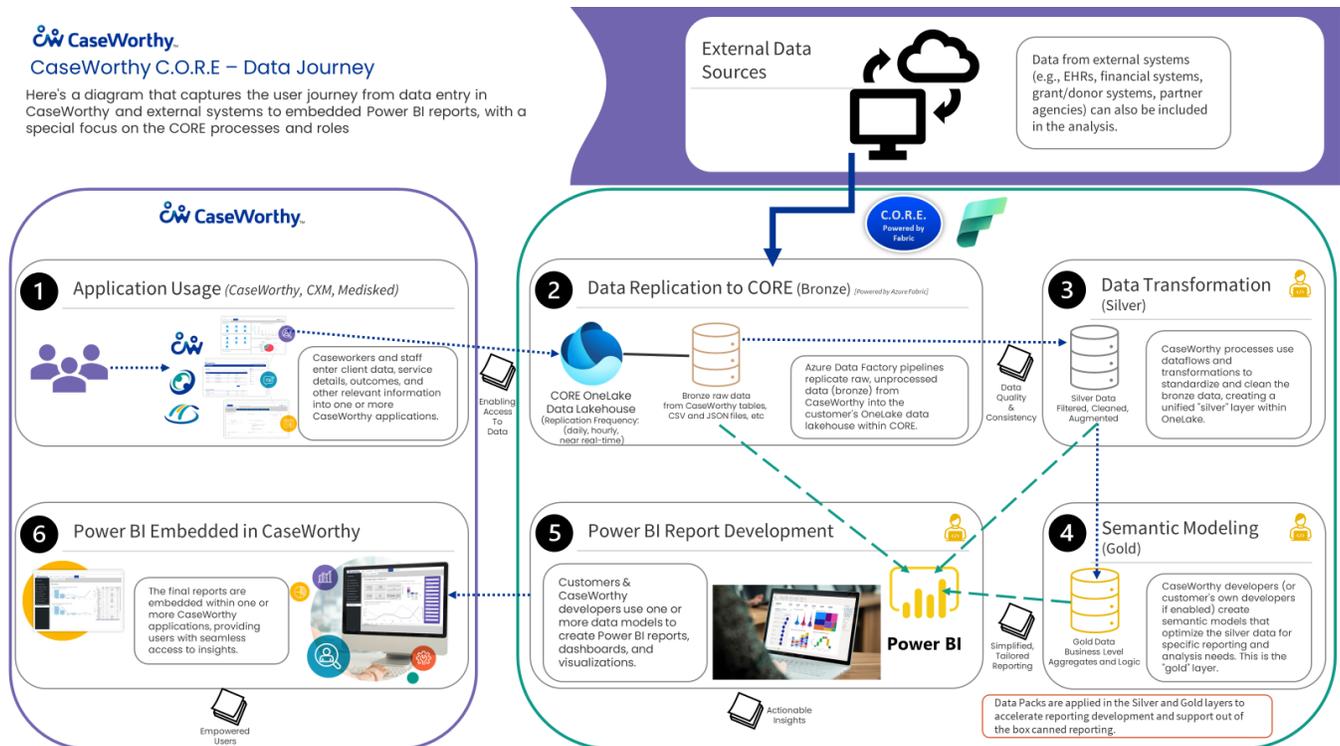
CORE brings together all of an organization's data — from within its CaseWorthy application as well as other data sources — for the sake of powerful and user-friendly reporting resources. CORE will make it possible for organizations to gather intelligence in a powerful new way, as previously segregated data is brought together for more complete analysis and insights.

CORE delivers robust reporting capabilities by piping each organization's relevant CaseWorthy data into a workspace in Microsoft's Fabric application. After performing data transformations to clean and de-duplicate the raw data from CaseWorthy, the data can be streamed into Power BI for data visualization and reporting tools. The Power BI reports are then embedded into the organization's CaseWorthy application so that relevant viewers can see and act upon the insights delivered through CORE.

CaseWorthy.

CaseWorthy C.O.R.E – Data Journey

Here's a diagram that captures the user journey from data entry in CaseWorthy and external systems to embedded Power BI reports, with a special focus on the CORE processes and roles



The Case Worthy Case Management system also offers multiple options for integrations focus on coordination of services at the client level.

CaseWorthy Capabilities:

RESTful APIs: Our RESTful API framework provides a secure, standardized way to exchange data with systems that support API-level communication. This allows for bi-directional data transfer.

Data Import/Export Tools: We support multiple methods for bulk data exchanges:

- **File Transfers (FTP, SFTP):** Securely transfer files for data imports and exports.
- **BatchBuilder:** Provides flexibility for custom data mapping and transformations for more complex scenarios.

Web Service Databind: Our form element in Form apBuilder enables dynamic, real-time calls to external systems' APIs, pre-populating forms, or enriching data based on external sources.

Data ingestion and extraction: CORE leverages a variety of tools in Microsoft Fabric that enable customers to ingest data from other sources into their CORE data lake. Data can also be sent from CORE via several options, including a SQL endpoint.

CaseWorthy API Specifications:

- **API Type:** CaseWorthy primarily uses RESTful APIs for their ease of use, scalability, and broad compatibility.
- **Request/Response Formats:** CaseWorthy APIs primarily support JSON for data exchange.
- **Authentication:** We use industry-standard OAuth 2.0 for secure authorization.
- **Form API:** Our recently released Form API enables secure form-based data retrieval and input through the API, streamlining integrations and custom workflows.

Documentation and Support:



Baseline Documentation: We provide detailed documentation for the CaseWorthy Form API
Client-Specific Support: For tailored integrations our team works closely with clients to provide comprehensive technical specifications and support.

CaseWorthy has extensive experience meeting the needs of public sector entities. Some examples are provided below:

- **Real-Time Eligibility Determination:** Our APIs facilitate a seamless connection to the state's Gateway system, which stores information about state SNAP recipients. This connection powers real-time eligibility checks for the SNAP Employment and Training Program within the DFCS STEP web portal, accelerating service access for those in need.
- **Provider Workflow Automation and Data Sharing:** We've integrated CaseWorthy with the DFCS STEP portal, enabling providers to track client enrollments, service delivery, assessments, and streamlined invoice submission directly within the system. Additionally, CaseWorthy is used internally by DFCS to manage cases, review and approve invoices, and manage provider contracts year over year.

Customers are using CaseWorthy's Form API to build integrations using our baseline forms or their own custom forms. Some examples follow:

- South Carolina Department of Aging sends referral and service authorization data between CaseWorthy Enterprise and CaseWorthy's ServTracker product to facilitate provision of home delivered meals and other services to older adults.
- A large multi-state refugee service organization extracts data on case assignments, demographics, and milestones to send to an external data warehouse.

Utilizing our RESTful API based Web Service Broker, JSON transmissions for Member Enrollments & Disenrollments, Authorizations, and Program Assignments are ingested from real-time requests from a multi-county Behavioral Health & Intellectual/Developmental Disabilities Managed Care Organization. This enables care managers to be notified of individual assignment changes, updated member demographics and program information in a seamless, quick, and efficient connection directly from the MCO to case management agencies responsible for providing specialized care management.

These integrations showcase CaseWorthy's ability to support complex workflows spanning both client-facing processes and internal state agency operations. Our experience with these multi-faceted integrations positions us well to understand and address the intricate data needs of Guilford County .

3.1.2 Cloud Based Expertise

All software solutions proposed by CaseWorthy are cloud-based Software-as-a-Service (SaaS) solutions, hosted in the Microsoft Azure Cloud. Our dedicated Cloud Operations Team ensures high system uptime, availability, and performance while also providing the expertise to analyze, design, and develop data warehouse and data mart schemas that support data analytics, visualization, and reporting—including those that comply with legal requirements governing access to sensitive and individually identifying information.

CaseWorthy has extensive experience designing, developing, and deploying secure data-sharing and data-protection solutions across multiple agencies and organizations. Our platform supports interoperability while ensuring proper data governance and access controls.



Our Cloud Services team follows industry best practices in cloud architecture, integrating and implementing data services within Microsoft Azure. Additionally, we specialize in analyzing, designing, and developing integration and data extraction processes from Case Management systems, enabling seamless data exchange and operational efficiency.

To ensure compliance, CaseWorthy adheres to strict security and privacy standards, including SOC 2 and HIPAA controls, ensuring that access to sensitive data is managed appropriately and in full compliance with legal and regulatory requirements.

3.1.3 Automated Data Collection, Data Quality, and Integration Expertise

CaseWorthy provides robust capabilities for automated data collection, data quality management, and secure integration across local and state government agencies. Our platform is designed to facilitate seamless data exchange and interoperability while ensuring high data integrity.

- **Data Exchange & Integration Between Agencies:** CaseWorthy supports secure, scalable data exchange across multiple government agencies using RESTful APIs, data import/export tools, file transfers (FTP, SFTP), and batch processing. Our CORE platform consolidates data from various systems while applying merge rules and fuzzy matching to prevent duplicate records and ensure data accuracy.
- **Automated Data Collection & ETL/ELT Solutions:** CaseWorthy enables automated data collection by triggering service recording when specific activities occur, such as saving a form, completing a workflow, or checking in a client. Our BatchBuilder ETL/ELT tools support structured data imports from Excel templates and other standardized formats, ensuring efficient and reliable data integration.
- **Data Quality Validation & Completeness:** CaseWorthy enforces data validation rules at the form level to ensure quality data entry and prevent errors before submission. Additionally, the system provides data quality reports, duplicate record detection, and merge tools to enhance data accuracy and completeness.
- **Advanced AI & Machine Learning Applications:** Through the CORE platform, CaseWorthy leverages machine learning and generative AI for predictive analytics, intelligent recommendations, AI-assisted report generation, and process automation. Our AI-driven approach prioritizes data governance, explainability, and ethical AI adoption, ensuring compliance with legal and organizational standards.

With a strong commitment to secure, compliant, and high-quality data management, CaseWorthy delivers a flexible and scalable solution tailored to meet the evolving needs of government agencies at both local and state levels.

3.1.4 Software Updates and System Backups

As a software as a service (SaaS) provider, all back-up and software updates are handled by CaseWorthy. We perform full system backups nightly; with incremental back-ups taken every 10 minutes, and release software updates, including security patches and performance enhancements, every two weeks to ensure optimal performance and security.

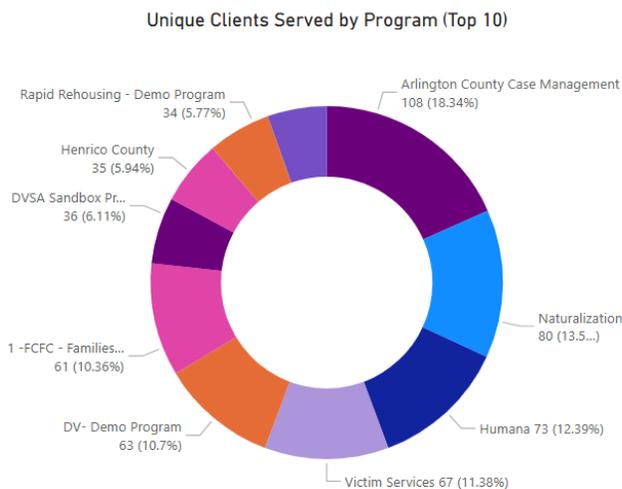
Back-Ups are stored in locally redundant Microsoft Azure Cloud data centers (multiple data centers within the US East AZ) so that in the event of a disaster, the appropriate back-up can be pulled and restored quickly and effectively.



3.1.5 Data Visualization and Reporting

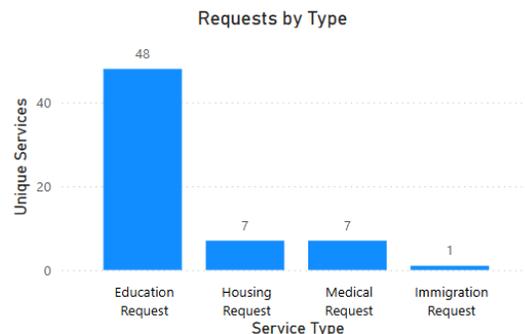
CaseWorthy provides reporting tools for all user types and experience levels. Guilford County will leverage reporting tools within CaseWorthy Enterprise as well as CaseWorthy CORE (Central Operating and Reporting Engine), as mentioned earlier in this RFP response.

CORE brings together all of an organization’s data — from within its CaseWorthy application as well as other data sources — for the sake of powerful and user-friendly reporting resources. CORE will make it possible for Guilford County to gather intelligence in a powerful new way, as previously segregated data is brought together for more complete analysis and insights. An example Power BI dashboard built with CaseWorthy data is displayed below



Services by Category

Category	Unique Service Types	Unique Services	Unique Clients Served
Class	8	197	106
Event	12	264	105
Requests	4	63	37
General Visits	1	23	20
Virtual Contacts	3	10	8
Total	28	557	122



All customers receive access to two CORE data packs relevant to their work and can add additional data packs as needed. Data packs are standardized sets of tables, views, and reports tailored to specific use cases. Guilford County will use the Case Management and Aging Services Data Pack, which encompasses all necessary data and tables for providing basic services to individuals. The Data Packs include Program, Service, Outcomes, Service Plans, and other functionalities inherent to an organization’s foundational use of CaseWorthy. Data packs not only include out-of-the-box Power BI reports, but also include structured data optimized to empower the Guilford County to build custom reports and generate insights using tables and view optimized for deep analysis.

The dashboard below provides a glimpse at a selection of the out-of-the-box reporting available in CaseWorthy.

Program Reports



Clients In Program



Clients Exited From Programs



Family Members Missing From Enrollment



Program Exit Outcomes



Program Summary



Program Outcomes



Placement Indicators



Program Retention



Program Objectives Budgeted and Attained



Clients In programs - Analytics



Program Client Mailing List



Infectious Disease Report

Service Reports



Clients Served



Services By Program



Services By Month



Service Summary



Served by County



Clients Not Served Recently



First Time Served



Services by Master Provider



Referrals Analytics



Service In/Out Fire Drill

User Reports



User Login Results



User Login



Concurrent Users



Case Load



Follow-Up



Backup Download History

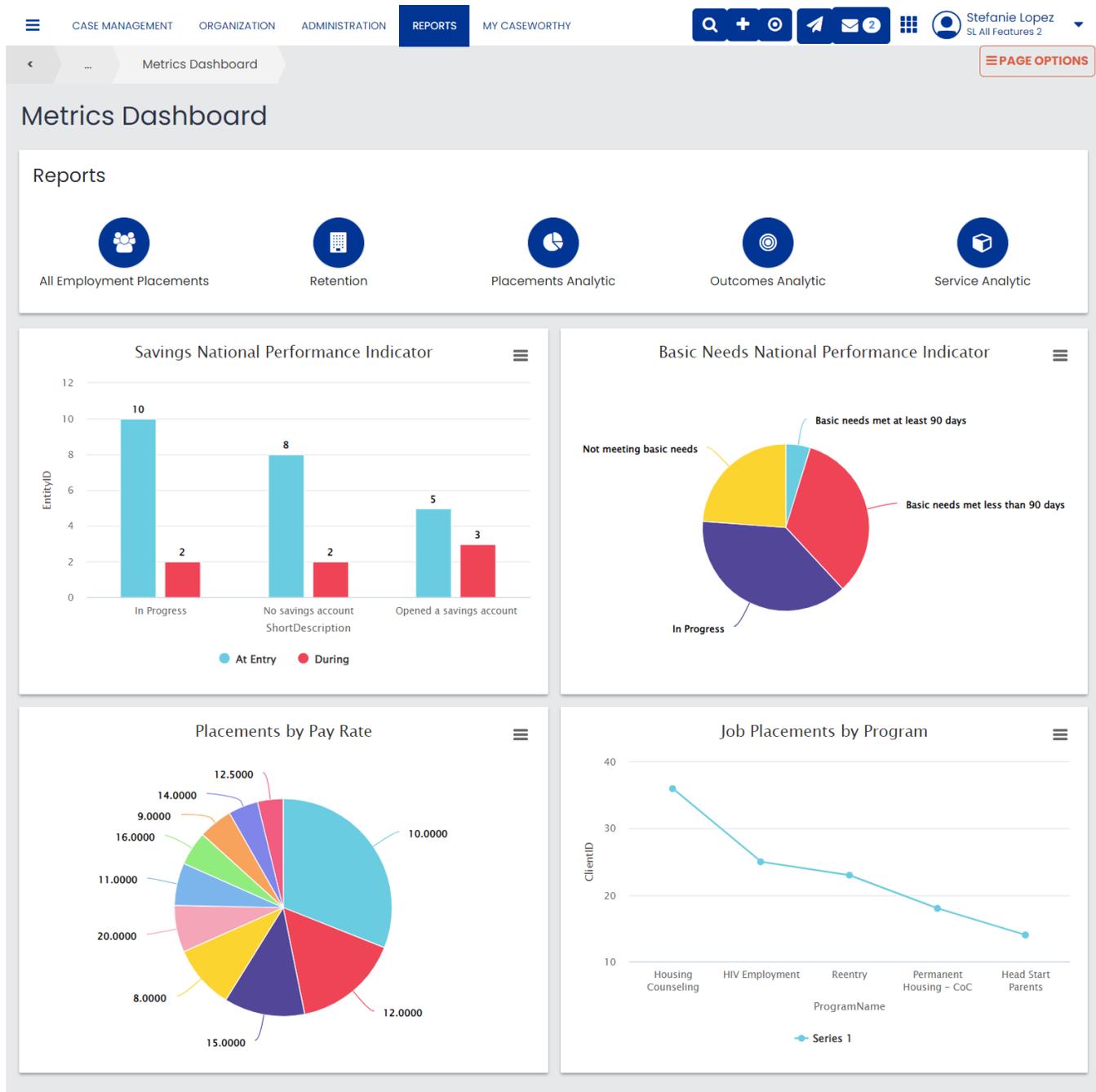
Goal Reports



Goal Outcomes

Guilford County will have several options for creating your own reports and dashboards. With a CORE data engineer license, customers can create their own Power BI reports and embed them in CaseWorthy.

CaseWorthy also offers a native query builder that does not require a CORE data engineer license. Query data can be displayed on dashboards in a variety of formats and visualizations. The dashboard below shows query data on multiple performance metrics displayed in different visualizations.



CaseWorthy also offers CaseWorthy Analytics reporting utilizing pivot tables that will provide Guilford County with the capability to create more specialized reports on each of its data points.

The example below shows the amount of assistance provided across client gender.

Service Cube Powered by CaseWorthy ApBuilder

Filters: Begin Date 01/01/2020 through 12/31/2022

Last Updated: 1/18/2023 9:18:31 AM

test

1	2	3	4	5	6	7	8	9	10	11	12	13	14
GENDER													
SERVICE TYPE DESCRIPTION	Female	Male	Total Sum of Service Total										
Electrical Repairs		12.00	12.00										
Emergency Assistance		50.00	50.00										
Food Voucher	52.00	1.00	53.00										
Rental Assistance		501.00	501.00										
Utility Assistance		200.00	200.00										
Grand Total	64.00	752.00	816.00										

Using the field selector, additional fields can be added to the rows and columns to allow the user to drill down for more detail. The report can also be filtered by any field. For example, it could be filtered by zip code to easily show data for one zip code or a subset of zip codes. Values can be shown as sum, count, distinct count, average, median, min, max, etc., and calculated fields can even be created. Views can be saved for easy access at a later date, and the report can be exported to Excel, PDF, and other formats.

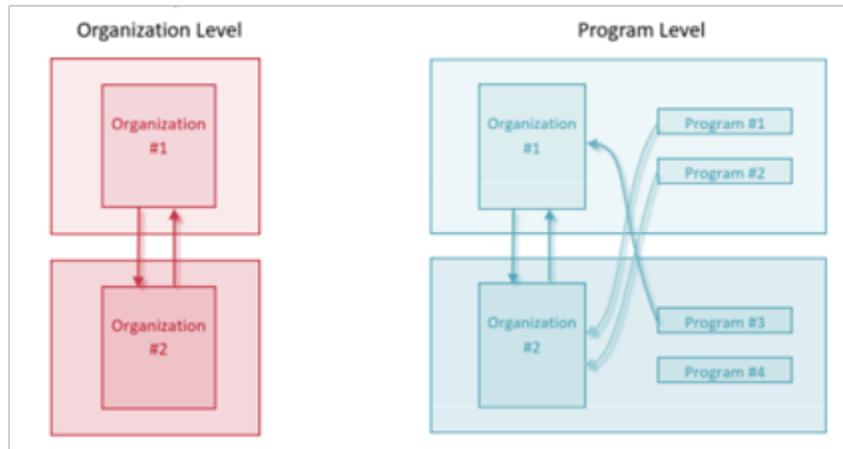
CaseWorthy can build custom queries and analytic reports for Guilford County during implementation. Guilford County will also learn how to create queries and analytic reports during system administrator training. CaseWorthy's reporting tools empower organizations to have real-time data and make data driven decisions.

3.1.6 Data Matching and Linking

CaseWorthy supports both deterministic and probabilistic data matching. There are various match based functionality features in our platforms. CaseWorthy can support weighted scores for probability and match and fuzzy linking and supports data linking across multiple systems. Data matching and linking is specifically configured to each customer's needs. CaseWorthy will need to gather specific requirements to provide an estimate for the County's data matching and linking needs.

3.1.7 Data Sharing

Within the CaseWorthy application this need is met through data-sharing features. Data sharing between organizations can be one-way or two-way, and organizations can choose to exclude projects from data sharing. Additionally, individual items on a client's record, such as services, case notes, documents, and more, can be marked as "Shared" or "Not Shared." If "Not Shared" is selected, the item will not be visible to users from other organizations, even if data sharing is established. If an organization is sharing data with another organization for a project, that organization would be able to enter data on behalf of the organization.



CaseWorthy also allows granular access control, ensuring that only authorized users within an organization or partner agency can view, enter, or edit specific data. Access is role-based, meaning that frontline staff, case managers, administrators, and external providers will only see the data relevant to their responsibilities. This prevents unnecessary exposure of sensitive client information while facilitating collaboration where appropriate.

Additionally, Guilford County has the ability to send encrypted emails directly from the CaseWorthy system by using SMTP settings. This would allow Guilford County to send encrypted referral information to external providers. included in the proposal for Guilford County is a 'provider portal'. The provider portal allows external providers to log in to a secure area of the system with only the necessary features visible to those providers. From within that portal providers can accept, send and follow up on referrals.

Lastly, included in the proposal for Guilford County is a 'provider portal'. The provider portal allows external providers to log in to a secure area of the system with only the necessary features visible to those providers. From within that portal providers can accept, send and follow up on referrals.

This comprehensive approach to data sharing empowers Guilford County to enhance interagency collaboration while upholding privacy, security, and compliance with legal and ethical data-sharing standards.

3.1.8 Consolidation and Cleaning of Data

CaseWorthy includes a standard ETL validation process as part of the standard data migration process. Validation scripts will identify data quality issues, including duplicate data. The validation scripts will identify duplicate IDs for records like clients, assessments, and case notes for example. In addition, the validation gives warnings if multiple rows in of demographics data have similar data (like matching first name, last name, and DOB). If entire rows are duplicated in the staging table that Guilford County will populate, they will be ignored and not inserted. Only 1 row will be inserted if there are duplicates.

When entering a new client into the system, CaseWorthy requires the end user to check for duplicates. This feature then searches for identical or similar demographic information that has been entered and returns any potential duplicate client records. Administrators can set the duplicate check tolerance levels based on various criteria, including First Name, Last Name, Social Security Number (SSN), Date of Birth (DOB), Gender, Phone Number, and Email Address.

If the duplicate check is bypassed and a duplicate record is inadvertently created, the system provides tools for administrators to manage and rectify the situation. The administrative tools in CaseWorthy include a merge tool that allows system administrators to permanently delete client records, merge duplicated client records, and transfer caseloads as needed. This ensures that the data remains clean and accurate, preventing any confusion or errors that might arise from having multiple records for the same client.

Besides merge and cleansing tools, you will have reporting options to view duplicated data; an example can be found below:

Duplicated Client Search Summary

Filters

Searching on this form creates a new instance of the Duplicated Client Report. Each successive search will update the results that can be viewed through the Search Results on the Duplicated Client dashboard.

This form has 4 options for finding possible duplicate clients:

- 1) Birthdate and Last Name (a match will only be returned if clients share a common Birthdate and have the same Last Name)
- 2) Social Security Number (only Valid SSNs will be considered - a match will be found only if all nine digits of the SSNs are identical)
- 3) First and Last Name (a match will only be returned if clients share the same First Name and also share the same Last Name)
- 4) Alternative Method (A unique inspection based on the first name, last name, date of birth, and gender)

Choose at least one option (choosing no options will return no results). Choose just one option for the broadest results. For the fewest results, choose all 4 options. Each additional option chosen will make the query more strict when determining potential duplicates.

Birthday and Last Name Match
 Name (First and Last) Match
 SSN Match
 Alternative Match

Refresh Requested By	Refresh Requested	Name (First and Last)	Birthday and Last Name	SSN Match	Alternative Match	Refresh ID
Sara.Nagel	5/10/2023 10:21 AM	False	False	False	False	72
Sara.Nagel	5/10/2023 10:21 AM	False	True	True	False	71
Sara.Nagel	5/20/2021 9:49 PM	True	False	False	False	70
jbloes	9/3/2020 1:56 PM	True	False	False	False	69
jbloes	9/3/2020 1:55 PM	True	False	False	False	68

Data consolidates into CaseWorthy and CORE in a number of ways such as Integrations, ETL migrations, batch builder and even manual processes where appropriate. CaseWorthy ensures consolidation and data cleansing in the following ways:

- **Data format compatibility:** Ensuring CaseWorthy supports various data formats.
- **Data quality checks:** Implementing filtering, validation, and duplicate check processes to ensure clean data.
- **Latency management:** Addressing performance bottlenecks to handle real-time data processing effectively.
- **Data Normalization & Standardization:** The system standardizes and normalizes data by converting incoming data into a consistent format, using predefined schemas and protocols, including field mapping.

Once the data from Guilford County’s legacy system is loaded into CaseWorthy, the legacy data as well as new data created by Guilford County in CaseWorthy is ingested into CORE. A data pipeline will ingest the raw data from CaseWorthy into CORE on a nightly basis. The raw data will be available in the bronze lakehouse in Guilford County’s CORE workspace. The data is in the same structure as the transactional database, CaseWorthy. The bronze lakehouse is a cloud-based backup of the data in your transactional system.

Once in the bronze lakehouse, a copy of the data is cleansed and transformed into aggregate data for reporting. That cleansed and transformed data is stored in the gold lakehouse in CORE and is organized into a semantic model for the purpose of Power BI reporting and dashboard creation.

3.1.9 System Integrity

Every transactional record in the CaseWorthy database has metadata associated with the record to define created date, created by user, last modified date, last modified by user, deleted date, deleted by user, the form that created the record and the form that last updated the record.

Change history by data field can be viewed on the “Who Changed My Client?” form. Viewing Change history tracking by data fields on the front end via this form is enabled on a form-by-form basis using the form’s application settings in the form apBuilder tool. The “Who Changed My Client Form?” will show each edit/new data entry for each enabled form. Each line will display the affected client, username making the change, data field label, old value, new value, and data and time of the change. This form can be filtered by user, entity (such as client or provider), and date of the change. Enabling change history for every form can increase latency in the system. As such, it may be beneficial to identify whether all changes in the system should be tracked in this manner.

Affected By Username	Affected Entity Name	Form Label	Old Value	New Value	Date and Time Of Change
cmckee	Mogoo, Cathy	DOB	4/19/1986 12:00:00 AM	4/19/2001 12:00:00 AM	3/29/2023 6:29 PM
JSkorich	James, TI	Citizenship Status		No Answer	3/29/2023 2:41 PM

The record level audit fields are tracked whether or not the change history is enabled for the form. To view edits to records, these fields are available to be added to any query or form that users would create. Deleted records are filtered out of any query results. To view deleted records, a user can review the items in the recycle bin for a particular form.

3.1.10 Data Integration and Deidentification

- CaseWorthy data is deidentified when it moves from the bronze lakehouse to the gold lakehouse in CORE. The bronze lakehouse is a cloud-based backup of the raw data from your CaseWorthy database. That data is accessible as such and is NOT deidentified. However, the data also undergoes transformations and customers are given a copy of the aggregate, deidentified data in the gold lakehouse, which gets pushed into Power BI reports via a semantic model.
- The data in the bronze lakehouse is not aggregated. The bronze lakehouse can be used for reporting using a number of programming languages, including SQL, Python and R. This data is a cloud-based backup of your data from CaseWorthy.
- When the data is copied into the gold lakehouse, it undergoes a series of transformations that turn the raw data into aggregate data for Power BI reporting and analysis. The data is organized into counts and

measures using fact and dimension tables that are easily pushed into Power BI dashboards and other reporting tools.

- The gold lakehouse is de-identified for the purpose of reporting. Lakehouses in CORE can be copied into separate workspaces so that if certain users need access only to de-identified data, we could create a CORE workspace with a gold lakehouse for that use case.

3.1.11 Access and Security

CaseWorthy's Software Development Lifecycle includes scheduled deployments every two weeks for features and sustained engineering (bug fix) items. Hot-fixes or emergency changes may be released on as needed basis between planned releases. Below are some key points included in our SDLC:

- The CaseWorthy Product and Technology Operations teams collaborate closely in planning and executing releases.
- The CaseWorthy Change Advisory Board carefully monitors and approves changes to the system.
- Each release cycle, lasting three weeks, adheres to a predefined calendar.
- The process involves defining the release, assessing risks, developing, testing, and obtaining necessary approvals.
- Security measures such as code reviews and change management are integrated to ensure efficiency and security.

CaseWorthy's information system flaws and vulnerabilities are managed to ensure the ongoing, regular process of identifying, assessing, reporting on, managing and remediating cyber vulnerabilities across endpoints, workloads, and systems. Any discovered information system flaws or vulnerabilities are identified, reported, managed, and remediated:

- *Vulnerability scans are conducted daily for infrastructure (including AWS, Azure, and user endpoints)*
- *CaseWorthy uses Tenable's Vulnerability Priority rating which is a dynamic value determined by the Common Vulnerability Scoring System (CVSS) score and probability of exploit*
- *A Static Application Security Testing (SAST) tool is used by developers to assess their code prior to being added to the code repository*
- *Software code is scanned weekly and reviewed with developers monthly and prior to production release*
- *Network penetration testing is conducted annually*

Flaws are either remediated within the defined Service Level Agreement (SLA) or are managed according to the CaseWorthy Risk Management Policy. The only exception to this is critical vulnerabilities which may be patched off-cycle to ensure they are remediated in accordance with their risk. Automation creates Jira tickets from any identified vulnerabilities, and these are categorized based on the vulnerability type. The Jira system then assigns those tickets to the appropriate owner of the system(s) and/or software for remediation. Vulnerabilities are also reported on a monthly basis as part of the Security and Privacy Oversight Committee meeting, including review of information system vulnerabilities, plans of action and milestones, and reviews of internal and external security assessments (e.g., risk assessments, audits, and penetration testing).

CaseWorthy's data access and security are ensured through HIPAA compliance, encryption, role-based access controls, and a comprehensive Information Security Management Program based on industry best practices and overseen by the Cybersecurity Operations department.

Role-based security is configured using the apBuilder framework based on a customer's requirements. CaseWorthy's staff will work with Guilford County to configure roles during the implementation. Guilford

County's users will be assigned configurable roles, and users can be assigned multiple roles. These roles determine which users have access to specific forms, dashboards, and workflows. The Role apBuilder also allows customization of menu items for each role group to enhance ease of navigation. Menus can be limited to relevant items for specific user groups, and menu items can be rearranged using click, drag, and drop functionality. Additionally, menu items can be configured based on the needed functionality for each role, such as changing labels, mapping to appropriate forms, dashboards, or reports, and defining menu item parameters. After go-live, Guilford County's system administrator(s) can use the Role apBuilder to modify existing roles or add new ones.

Each client record is tracked by organization and user tags, enabling sharing configurations based on programs, forms, queries, reporting, and individual field levels. Data sharing and options include:

Role-based security: Users are assigned specific roles that allow access only to information and views mapped and configured to their role within their organization.

Record Sharing: Each client record is tagged with the organization and user who created the record.

Secured organization sharing:

- Determine which organizations share data with each other.
- Establish which programs to include or exclude in the sharing agreement.
- Set timelines with start and end dates for sharing data.

CaseWorthy user types include:

- Alter Any Role (system/universal administration)
- Alter Own Role (agency administration level)
- Authenticated User (basic end user)
- Unauthenticated Public

Additionally, Guilford County will have the ability to create user categories such as:

- Case Manager
- Program Directors/Executive Leaders
- Intake Coordinator
- Providers
- Employers
- Community Health Workers
- Business Services
- Jobseekers

This list is non-exclusive, so Guilford County can create whatever user categories make the most sense for its needs. CaseWorthy's licensing subscription agreement is uniform for staff member access, meaning that all staff members require a username and password to access jobseeker and client data. There is no additional charge for each staff member, and all have the option to access all the features in the CaseWorthy system. CaseWorthy works with Guilford County to determine what roles should have access to specific features for the best user experience.

3.1.12 Staffing

The table below shows recommended staffing resources during implementation. We have found that customers are most successful when there is strong collaboration between IT and program staff in implementation, administration, and maintenance of the CaseWorthy system. As such representation from both IT and program management during implementation is key. Customers may choose to designate a single individual to play multiple roles.



Customer Resource & Recommended FTE-equivalent time.	Responsibilities by Role
<p>Project Sponsor .25-.3 FTE</p>	<p>Champion for the project from a business perspective and helps remove obstacles that might impede its overall success, and ensures the strategic significance of the project (endorses and defends the project as a valued investment of organizational resources) Ensures appropriate resources and funding for the project. Promotes support from key stakeholders. Supports broad authority for the project manager and team. Resolves appropriate conflicts. Releases payments once stage gates have been passed. Serves as final approval for any required changes</p>
<p>System Administrator Team 1.0+ FTE CaseWorthy recommends designating at least 2 system administrators to share responsibilities to ensure consistent coverage. While system Administrators may be from IT, strong understanding of program processes is key for at least one member of the System Administration team.</p>	<p>Attends system administration training sessions Attends discovery meetings, requirements review meetings, system administration CaseWorthy configuration sessions, and other meetings as needed. On average, expected frequency will be 1-2 meetings per week. Completes CaseWorthy “homework” and configuration activities as assigned Reviews CaseWorthy configuration Uses CaseWorthy apBuilders tool-set to customize forms, roles, reports, workflows, and dashboards Acts as security manager for the application Creates user-specific documentation as needed Works with CaseWorthy to resolve any functionality or usability issues as identified in the issues-tracking process</p>
<p>Integrations Resource/s Will vary based on number and scope of integrations.</p>	<p>Participate in discovery, requirements review, and build review meetings related to any integrations. Provide answers to any questions from CaseWorthy related to requirements. Coordinate with other vendors and/or contacts associated with systems with which CaseWorthy is integrating to gather</p>

	<p>information, secure cooperation, facilitate planning, etc.</p> <p>Conduct requested testing</p>
<p>Data Engineer Resource Will vary based on number and scope of integrations.</p>	<p>Participate in CORE Data Engineer Training. As needed, take advantage of training on Power BI and other Microsoft Fabric tools available through Microsoft or other vendors. Participate in discovery, requirements review, and build review meetings for any CORE reports to be built by CaseWorthy as stipulated in contract.</p> <p>Conduct requested testing of CORE reports built by CaseWorthy.</p>
<p>Data Conversion Resource (if applicable) .5 – 1.0 FTE Many customers’ system administration team also serve as data conversion resources.</p>	<p>Provides source data in the provided CaseWorthy “staging tables” format. Provides data-mapping for source data for the staging tables.</p> <p>Make recommendations for staging table and database schema customization as required. Meets with CaseWorthy IT as needed</p> <p>Conducts data-testing and validates test data.</p> <p>Provides reporting to customer with every database conversion test.</p> <p>Provides final source data for production database conversion</p>
<p>Program Subject Matter Experts .1-.25 Varies at the discretion of customer and the number of individuals participating. Also varies over the course of the implementation process – time commitment will be higher during Discovery and much lower during some other phases of implementation.</p>	<p>Participates in project kickoff, discovery meetings and requirements review meetings. Complete CaseWorthy “homework” as assigned.</p> <p>Provide input on program processes and needs during implementation process.</p> <p>May assist with reviewing CaseWorthy configuration.</p>

After Go-Live

After Go-Live, strong collaboration between IT and program administration remains key. We find that among successful county government customers, program management often takes significant responsibility for many system administration tasks such as set-up of new services, creation and editing of simple forms, reports, and dashboards etc. Program staff should have significant involvement in developing any training materials to ensure they are consistent with internal processes. Program staff may consult IT for more complicated form and workflow creation, consultation around creation of new programs, user identified issues, etc.

We recommend identifying two primary system administrators that will serve as the primary points of contact with CaseWorthy. We find that two primary points of contact is sufficient, even with up to 3,000 users. Customers with this number of users typically find it is helpful to have additional staff beyond the two

primary contacts to provide end user support and support to departments across their organization. Super users within each department who collaborate closely with the overall system administration team are also essential.

Specific roles will vary across customers but should cover the following: system administrators, integration resources responsible for managing integrations, data engineers responsible for Power BI reporting building and data ingestion, extraction, and transformation within CORE.

Key skills for IT staff for a system with requirements similar to that of the County include:

- Knowledge/Experience building Power BI dashboards and reports
- Knowledge of SQL
- Knowledge of other programming languages (Python, R -- helpful but not essential)
- Understanding of and curiosity about human services data and programs. Individuals with this skillset will be more effective in working with program staff to ensure the system meets their needs.
- Skills in delivering training and teaching others about technology. A key responsibility of Caseworthy system administrators is providing end user support. System administrators should be able to work with individuals with varying skill and confidence levels when it comes to technology.

3.1.13 Testing

Caseworthy has comprehensively tested software running in health and human services agencies across the country. Our dedicated Quality Assurance and Test department is staffed with experienced quality assurance (QA) professionals who work alongside the developers who build, develop, and enhance our software. Testing, and the entire quality assurance process, are integrated into our everyday practices. As needed, we also engage external partners to test our software on prescribed hardware for Security Testing, for instance.

Caseworthy uses state-of-the-art tools and modern techniques to produce best-in-class, defect-free software. Our approach to testing and quality management consists of the following testing phases:

- Review Business Requirements
- Review Software Requirements
- Sign-off on requirements
- Develop Test Scenario's and Perform Data Setup
- Peer Review of Testing Scenario's
- Perform Software testing – resolving defects found
- Testing Signoff to go into the release
- Pre-Production testing – (Staging Testing)
- Regression Testing
- Testing Sign-off of the Release
- Validation – User Acceptance Testing

Production Smoke Testing

We manage Test Scenarios in a Testing Library integrated with our product management software. When new features are introduced, corresponding test scenarios are added to the repository. Each release's test scenarios undergo peer review, and adjustments are made as necessary. Test scenarios are documented as tickets and include tests for both positive and negative flows, as well as any other functionalities potentially impacted by the change or new feature.

Defect Tracking/Management

CaseWorthy implements a thorough defect management process that is standardized across all platforms and designed to see all issues to resolution. We investigate issues with requirements, software design, and issues with the code itself.

Test scenarios are created by Software Testing Engineers based on application knowledge, requirements and acceptance criteria provided by the Product Owner. Types of testing include:

- *Requirements Validation:* Testers review the customer's requirements for software compatibility, ability to test the requirement, etc., asking questions such as, will this be usable or cumbersome, will it integrate well with other components. Also, verify it complies with government and security regulations.
- *Usability/User Experience (UX):* Usability testing is performed from an end-user's perspective to determine if the system is easily usable. Testing is done to determine the extent to which the software product is understood, easy to learn, easy to operate and attractive to the users under specified conditions, and that all requirements written by the User Experience team were adhered to by the development team.
- *Functional:* Functional testing refers to activities that verify a specific action or function of the code introduced for a customer's release. These tests are usually found in the code requirements documentation, although some development methodologies work from use cases or user stories. Functional tests tend to answer the question of "can the user do this" or "does this particular feature work?"
- *Integration:* The process of testing interfaces and data flows between the programs within a sub-system and between the sub-systems within a system. Integration testing means that the tester must look for bugs in the relationship and the interfaces between pairs of components and groups of components under test.
- *Accessibility:* Accessibility testing checks for compliance with standards such as the American with Disabilities Act of 1990 or Section 508. For example, we may test zooming in and out on all browsers supported, or where screen readers are used to navigate the site and be able to perform one's duties.
- *Performance:* Performance testing is executed to determine how a system or sub-system performs in terms of responsiveness and stability under a particular workload. It can also serve to investigate, measure, validate or verify other quality attributes of the system, such as scalability, reliability, and resource usage.
- *Regression:* Regression testing focuses on finding defects after a major code change has occurred. Specifically, it seeks to uncover software regressions, as degraded or lost features, including old bugs that have come back. Such regressions occur whenever software functionality that was previously working correctly stops working as intended. Caseworthy performs regression testing around our functional testing, plus performs regression as a pre-production check out before code gets moved to the production servers.
- *Security:* CaseWorthy performs tests that attempt to break the system's security, such as the access of database-held data by unauthorized users. We use third-party software that replicates a system intrusion by hackers.
- *Device:* (E.g.: IOS, Android, Chromebook, Mobile) Cross-device testing is a CaseWorthy software testing technique that checks solutions in multiple formats and on various devices, ensuring the quality and accessibility of our product no matter how a user chooses to interact.

- *Browser Compatibility:* CaseWorthy applications get tested on the most current version of Microsoft Edge, Google Chrome, Mozilla Firefox, and Apple Safari running on Microsoft Windows or Mac OS and meeting those browser and OS minimum standards.

Automation Development

Test Automation is applied with the structural sequence of our testing process, allowing us to build better quality software with less effort. Development scripts are created that automate manual tests. The goal is to reduce manual testing efforts, delivering capability faster and more affordably. These tests are run with every application release to test that any new code has not decremented existing code. We run regular automation reports to identify any failures within the release. These are investigated and resolved before a release moves to production.

Test Data Management

CaseWorthy ensures the security and privacy of all customer data throughout the testing process with stringent test data management processes. Each software testing environment houses its own data, with testers being responsible for their own data within the system. This allows the software quality and testing team to have control over the data, files, rules, and policies produced during the entire software-testing life cycle.

Release Reviews

Each application release has a Post-Mortem review to evaluate lessons learned, how to prevent defects moving to production, and any necessary improvements to prevent issues from reoccurring.

Test Environments

Test environments are created using a mix of desktops and virtual machines. The use of virtual machines and snapshots allows for rapid and flexible configuration of all required test environments. Any supported peripheral hardware is obtained from the manufacturers to support testing plus mobile devices and mobile emulators.

Test runs are created based on current test cases accounting for any required variants. Test runs are executed by QA Analysts. All defined pre-conditions are met and then each step is completed, and the expected results are verified. Each step must be validated with a result of pass, fail, or undetermined. Any variance from the expected result is captured in the step by entering actual results, problem statements, screenshots, and file attachments, as appropriate. Test run results are associated with the issue. When all test runs pass, the solution will be available in the next release of the software. If a test run fails, the issue is returned to development for resolution.

3.1.14 Support

CaseWorthy is absolutely committed to delivering unmatched service to Guilford County, NC . The Customer Support Team will be available Monday through Friday between the hours of 7:00 AM and 6:00 PM CST. Technical issues will be logged and responded to in a timely manner, and always within 24 hours of receipt (provided the issue is received within the business hours just referenced and a response during those business hours is possible within 24 hours). 24/7 support is available for issues classified as "high" that render use of the application impossible or highly impractical. Maintenance and support are always included in the user license fee. Full service-level information and response times can be found in CaseWorthy's master subscription agreement at the following link: <https://inbound.caseworthy.com/caseworthy-msa-baa>

Customers are assigned a project manager and account manager before their implementation kickoff meeting. Your account manager will be a resource to you throughout your journey with CaseWorthy while your project manager will be your primary contact during implementation. After your system is live and implementation is complete, a meeting with your system administration team, your CaseWorthy implementation team, customer support, and your account manager will be scheduled as you transition to Customer Support.

After Go-Live, your account manager will meet with your team at a regularly agreed upon cadence. Many customers prefer monthly meetings. Account managers can answer questions regarding your contract, adding new licenses, enhancement requests or any concerns related to use of the system. When needed, account managers can also connect your team with other CaseWorthy subject matter experts to address questions and provide guidance related to compliance, reporting, using new system features and more.

The Guilford County 's system administrators can also contact Customer Support with questions at any time via e-mail, phone, or our support portal. The customer support portal allows customers to submit tickets, view progress on tickets, export ticket data, and manage users.

Our account managers and leadership are always eager for feedback on our customer support processes and how we can best enable human service organizations to do their best work.

3.1.15 Training

CaseWorthy is committed to ensuring that Guilford County's project team members have a clear, shared understanding of the project scope, roles and responsibilities, schedule, tools, and techniques. To facilitate this, CaseWorthy will:

- Assist in developing an onboarding process with detailed documentation to support new project team members.
- Provide weekly sessions with the assigned Project Manager, including functionality reviews of configured system features. These sessions will be recorded for future reference.
- Deliver training materials, user guides, and instructional content to establish a strong knowledge base for all project participants.

Training & Knowledge Transfer Plan

CaseWorthy has developed a comprehensive training and knowledge transfer plan to equip both end users and County support personnel with the necessary expertise to operate and maintain the platform effectively.

1. End-User Training

- Training is designed to empower users with the knowledge and skills required to navigate the CaseWorthy platform and leverage new data sets.
- End-user training includes live instructor-led sessions, on-demand training modules, webinars, and reference materials.
- Training schedules and delivery plans will be developed in collaboration with Guilford County and submitted for County approval before training begins.

2. System Administrator & Knowledge Transfer Training

- CaseWorthy provides a structured training program for Guilford County's support personnel, enabling them to independently manage system configurations, application support, and ongoing maintenance.
- Training begins early in the implementation phase to allow system administrators to participate in the configuration process and provide input on system design.

- The CaseWorthy University Learning Management System (LMS) provides self-paced training, including on-demand courses, training videos, knowledge assessments, and optional assignments.

Training Curriculum & Course Offerings

CaseWorthy offers a structured curriculum for system administrators, available on-demand via CaseWorthy University. Each course consists of multiple video lessons, companion guides, and quizzes to ensure mastery of key concepts.

- **System Administration & Case Management:** Covers core platform functionality, including program enrollments, assessments, referrals, service requests, workflows, dashboards, and reporting.
- **Form Builder Training:** Provides training on form creation and customization, including demographic forms, assessments, and intake forms.
- **Reporting & Analytics:** Covers data extraction, reporting, search forms, and analytics tools for creating custom reports.

Participants must achieve an 80% cumulative score to receive a CaseWorthy System Administrator Certification.

Training Delivery & Materials

- CaseWorthy will provide a detailed training schedule, outlining training topics, delivery methods, and timelines for completion.
- Training will be delivered through a combination of live sessions (remote via Microsoft Teams (or in person (not scoped))), on-demand learning, and self-paced courses.
- CaseWorthy will submit all training materials, including user guides, training manuals, webinars, and reference guides, for County approval before training delivery begins.
- All training recordings, guides, and materials will be stored in a centralized knowledge repository, ensuring ongoing access for Guilford County personnel.
- System administrators will have access to weekly lab sessions for hands-on assistance, troubleshooting, and Q&A.

By providing structured onboarding, a robust training curriculum, and knowledge transfer resources, CaseWorthy ensures that Guilford County personnel can confidently operate, maintain, and optimize the system. Hundreds of resources will be at your fingertips to support your use of CaseWorthy. A screenshot of a Learning Plan from CaseWorthy University is provided below. System Administrators may share content from CaseWorthy University with users however they see fit.

CaseWorthy University

Search content in the platform

System Admin & Case Management Learning Plan

23 courses

0% Learning plan progress

0h 0m | 0h 0m

About this learning plan

Welcome to your CaseWorthy System Administration & Case Management Learning Plan!

This first set of courses is comprised of videos, guides, resources and tests to prepare CaseWorthy System Administrators in their role.

Upon successful completion of this course, System Administrators will be able to successfully configure their CaseWorthy database for utilization of baseline functionality as well as create and manage Users including their specific access within the application. Also, System Administrators will be familiar with the most frequently utilized functionalities for creating, updating, and reviewing data associated with Clients receiving case management services.

Your learning success is our goal. If questions or comments arise, your Instructor's contact information is included in each course of the learning plan for easy access.

We wish you well on this learning journey!

- 01. CW Introduction to CaseWorthy
The CaseWorthy Introduction video series includes information about the following topics: System Administrator Responsibilities and Expectations, I...
E-learning | Mandatory
- 02. CW Organizations
The CaseWorthy Organizations video series includes information about the following topics: Overview of Organizations, Organization Categories, Ad...
E-learning | Mandatory
- 03. CW Providers
The CaseWorthy Providers video series includes information about the following topics: Overview of Providers, Provider Categories, Adding a New Pr...
E-learning | Mandatory
- 04. CW Users
The CaseWorthy Users video series includes information about the following topics: Overview of Users, User Categories, Adding New Users, Users Ac...
E-learning | Mandatory

3.1.16 Management & Operations (M&O)

CaseWorthy confirms support services will begin at the start of the contract date and continue throughout the life of the contract. CaseWorthy supportive services include repairing defects, functional enhancements on CaseWorthy's platform roadmap, maintenance and operations support. While CaseWorthy releases many functional enhancements at no additional charge, some enhancements may have additional cost. Guilford County can submit enhancements requests for consideration by our Product team or contract for a statement of work for enhancements.

3.1.17 Predictive Modeling

Generative Value: Data as Your Strategic Tool

The mission of CaseWorthy technology is to provide access to tools that enable customers to realize generative value from their Case Management platform. We want to enable you to use data to predict the future, not just report on the past.

Laying the Foundation with CaseWorthy CORE

A successful AI strategy starts with clean, organized, and centralized data. CaseWorthy CORE provides this essential foundation:

- **Data Consolidation:** CORE breaks down silos, integrating data from across your organizational systems for a comprehensive AI training dataset.
- **Data Quality:** CORE's cleansing and normalization processes ensure reliable data for machine learning models.

- **Accessibility and Scalability:** CORE's architecture on the Microsoft cloud provides the storage and processing power needed for future AI development.

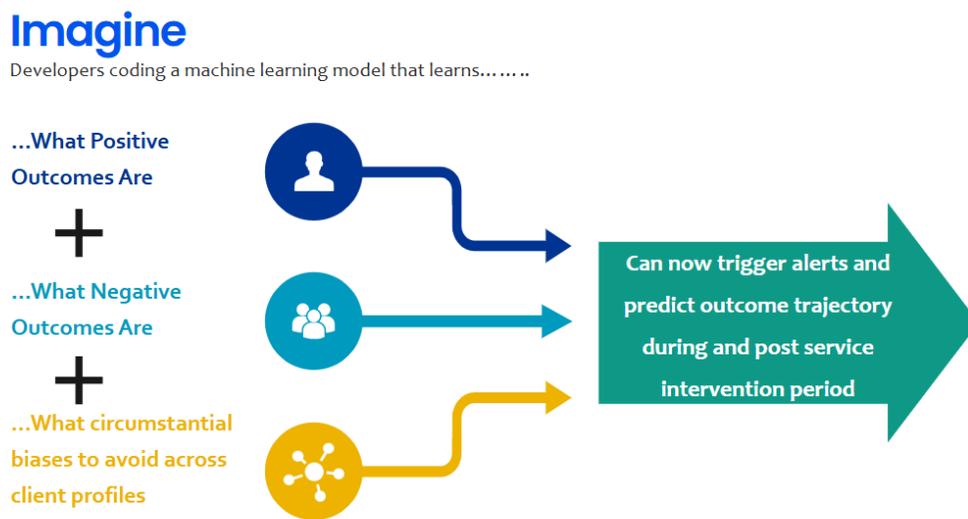
CaseWorthy recognizes the transformative potential of machine learning (ML) and generative AI for the social services sector. We're committed to providing solutions that evolve with these technologies, offering a path to unlock their value responsibly and effectively. CaseWorthy expects to release functionality that incorporates machine learning in 2025.

Potential Applications of ML and Generative AI

While the following use cases are forward-looking, CORE positions you to capitalize on them:

- **Predictive Analytics:** ML algorithms can analyze historical data to predict client needs, identify individuals at risk, and optimize resource allocation for maximum program impact.
- **Intelligent Recommendations:** AI-powered systems can suggest tailored service plans or assist caseworkers with decision-making based on client profiles and historical outcomes.
- **AI-Assisted Report Generation:** Generative AI could summarize complex data sets, draft reports, or highlight trends for funders and stakeholders, saving valuable time.
- **Process Automation:** ML can identify patterns for automating repetitive tasks, freeing staff to focus on higher-value activities.
- **Client Risk Identification:** Models can analyze factors (historical service usage, demographic data, etc.) to predict clients likely to disengage from programs or those at risk of negative outcomes. This allows for targeted interventions and improved retention.
- **Resource Optimization:** AI can predict demand for services, helping you optimize staffing, resource allocation, and program scheduling to maximize impact and avoid service bottlenecks.
- **Outcome Prediction:** By identifying patterns associated with successful outcomes, AI can help refine service delivery models, program elements, and strategies for greater client success.
- **Identifying Systemic Factors:** Predictive analytics can highlight connections between program results and external factors like socioeconomic data, helping you advocate for systemic change and address root causes of the issues you tackle.

One guiding framework for our current machine learning development efforts is displayed below:



The following visual provides additional information related to opportunities for AI that CaseWorthy has identified.

The Opportunity: AI for Enhanced Impact

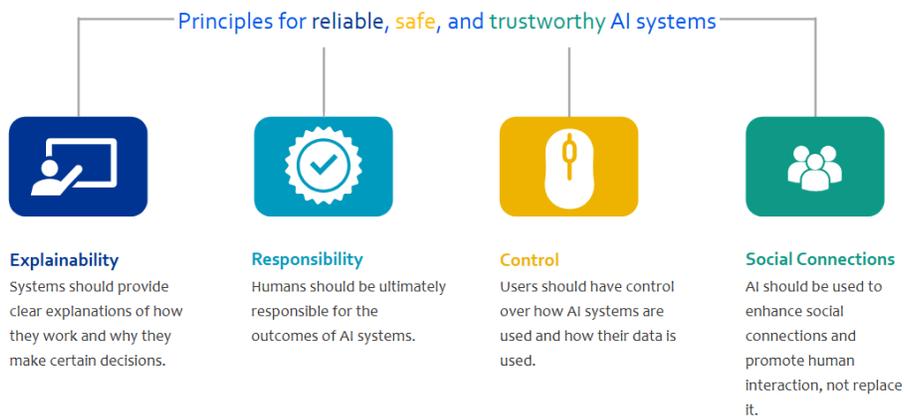


Partnership for Responsible AI

CaseWorthy understands that AI adoption must be ethical and transparent. Our approach centers on:

- **Data Governance:** Building a strong data governance framework is essential for responsible AI use and to mitigate biases.
- **Explainability:** Emphasizing AI models that provide insights into their reasoning, not just black-box predictions.
- **Collaboration:** We'll work with you to explore AI applications that align with your mission and ethical standards.

Key Principles of Human-Centered AI Design



CaseWorthy is dedicated to our own internal AI oath:

<p>Transparency and Explainability </p> <p>When CARA suggests a particular service for a client, the system will provide a clear explanation of why that service was recommended. i.e the client's needs, eligibility criteria, and available resources.</p>	<p>Fairness and Non-Discrimination </p> <p>CaseWorthy's AI algorithms will be rigorously tested to ensure they do not perpetuate or amplify existing biases in data. For example, the system will be designed to avoid recommending services based on factors like race, ethnicity, or gender, focusing instead on individual needs and circumstances.</p>	<p>Privacy and Security </p> <p>CaseWorthy adheres to strict data privacy and security standards, including HIPAA compliance. CARA only accesses data that is relevant to the specific task at hand, and all data is encrypted and protected from unauthorized access.</p>
<p>Accountability and Responsibility </p> <p>CaseWorthy will provide clear guidelines and training on the appropriate use of CARA. Case managers are ultimately responsible for the decisions they make, even when using AI-powered tools. The system will include audit trails to track AI-assisted decisions, ensuring accountability.</p>	<p>User Control and Agency </p> <p>CaseWorthy's AI tools will be designed to be collaborative. Case managers can override CARA's suggestions, provide feedback to the system, and customize settings to align with their preferences and workflows. Customers also have the right to opt out of certain AI-powered features if they choose.</p>	<p>Human Oversight </p> <p>CaseWorthy's AI tools are designed to assist, not replace, human case managers. CARA's suggestions are always reviewed by a human before any action is taken. The system also includes mechanisms for escalating complex cases or situations that require human intervention.</p>

The Path Forward:

By choosing CaseWorthy CORE, you embark on a journey where AI becomes a powerful tool for serving your community. We're not just providing technology, but a partnership to responsibly guide your AI initiatives from vision to impact. CaseWorthy believes AI-powered predictive analytics can transform program effectiveness. By harnessing the power of your data, AI can unlock insights for proactive decision-making and continuous improvement.

3.2 Department of Health and Human Services Case Management System Requirements

Department of Health and Human Services Case Management System Requirements

CaseWorthy is a client focused, relational database that includes a 360-degree view of clients, providers, programs, services, and more. Our solution, purpose-built for human services, will allow Guilford County to streamline operations while also increasing your ability to report the impact of your work.

Throughout this response, CaseWorthy will reference the term baseline. Baseline is a starting point for all CaseWorthy implementations. It has been built from years of experience partnering with human service organizations and successfully tested over time by both CaseWorthy and our customers. We consider baseline to be “out-of-the-box” features and functionality. CaseWorthy takes pride in advancing human service case management through our application. We do this by learning from our customers and creating functionality, for example: program/services framework; document check; task management; notification engine and



reporting tools. The baseline framework is continually improved upon, with ongoing enhancements and new features that will be available to Guilford County.

CaseWorthy's Enterprise solution, referred to as CaseWorthy for the remainder of the response, is set apart from other vendors as it provides tools to empower our customers to make changes as needed and continue to grow and improve their experience for their staff on the front line. Guilford County's CaseWorthy system will be configured using the apBuilder toolset. With a graphical interface leveraging drag and drop functionality, these tools allow customer system administrators to independently make changes to their database after go-live without coding knowledge.

The apBuilder toolkit has five components.

- **Roles-based:** YOU control who can see and access specific information, depending on their roles within your agency.
- **Forms:** Modify and update forms in real-time: add data fields and signatures, set up conditional fields, and more.
- **Workflows:** Automate and standardize work processes, such as intakes, in a simple, step by step format. You can create as many workflows as needed.
- **Dashboards:** Configure the desktop around the way employees work, based on their roles within your agency. You have full control and can easily manage what's being displayed on each dashboard.
- **Rules-integration:** Our rules engine applies conditional logic to forms, workflow steps, queries, eligibility determinations, alerts, and notifications.

The configurability offered through the apBuilder toolset and other CaseWorthy functionality reduces the need for customization and offers scalability as customers' needs grow and change.

CaseWorthy will take the following approach to meeting overall Case Management System requirements:

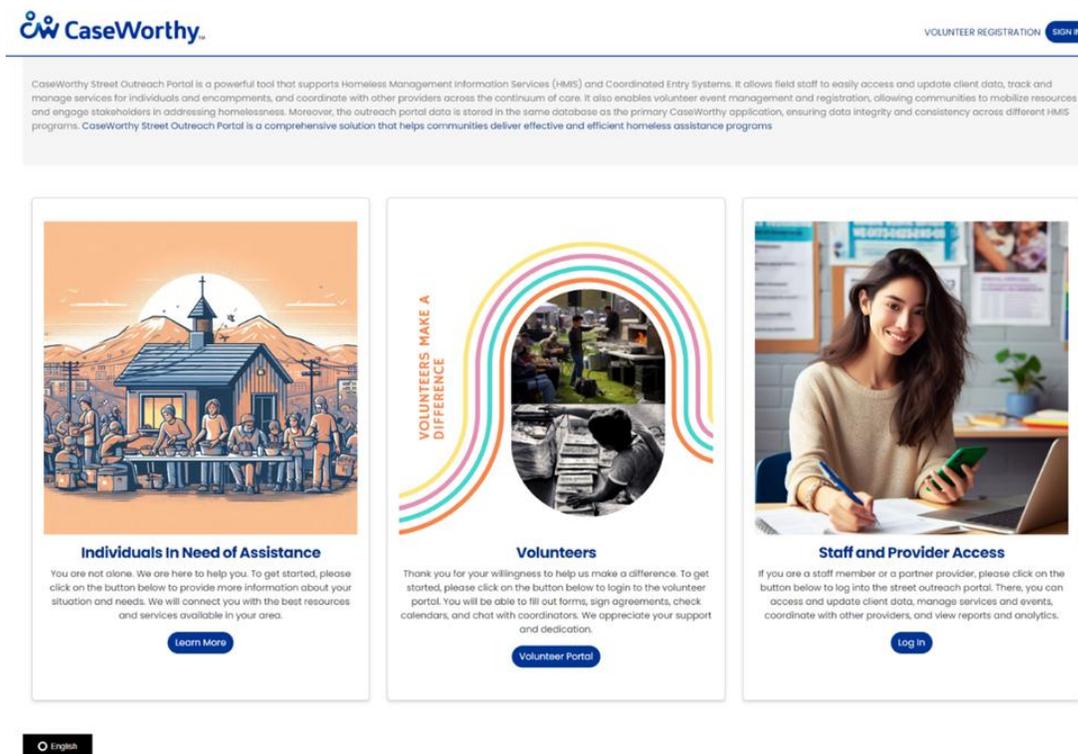
- CaseWorthy's incident management and task management frameworks will be leveraged extensively in Guilford County's implementation for meeting timelining and calendar functions to align with mandated review timelines and client check-ins and reminders across programs. These frameworks enable organizations to tailor workflows in CaseWorthy to specific processes by program providing notifications and accountability to ensure compliance with mandated timelines.
- Baseline functionality, including referrals, service plans, goals, expenses, client visits, service requests, and assessment tracking, will be leveraged to facilitate the collection and management of all necessary data, including the 17-page functional assessment report. This will ensure timely reporting, including status updates. Baseline forms will be adapted using CaseWorthy's form apBuilder to match Guilford County forms. The form and workflow apBuilder support conditional logic.
- Additionally, with CaseWorthy any data saved in the system will be auto populated across relevant sections of the functional assessment report and other reports.
- CaseWorthy offers a native tool for capturing electronic signatures and an optional integration with DocuSign.
- Clients' Medicaid status can also be tracked as well as any other required status'.

- CaseWorthy supports the collection and analysis of Community and Facility Evaluation Data through customizable data fields, assessments, and reporting tools. This allows Guilford County to track factors affecting client well-being at the community or facility level, providing insights for decision-making.
- CaseWorthy’s system includes built-in alerts and reminders to ensure compliance with mandated reporting deadlines, including Functional Assessment reports and benefit applications. These notifications help users stay on track and meet required timelines.
- CaseWorthy’s reporting and analytics tools allow for customized reporting on Functional Assessment reports and benefit application status, enabling Guilford County to monitor completion rates, track progress, and generate compliance reports as needed.

3.2.1 Intake Process

In CaseWorthy, county staff as CaseWorthy application users can add clients to the system and complete intake or intake can occur via the Client Portal.

Any form, dashboard, workflow, or report in the Guilford County CaseWorthy system can be made accessible via the portal. Items can be tailored to the intended audience (clients or providers). Guilford County will add its own branding, images, text, and even videos to the portal. The landing page can provide individuals with information about your services, the application process, and any other desired information. The portal includes video embedding, events calendar, configurability of colors and images, and overall easy-to-use user experience. An example landing page is depicted below.



CaseWorthy leverages our workflow tools for intake management. In CaseWorthy, a workflow is a series of forms connected by rules. CaseWorthy offers several out-of-the-box intake workflows. CaseWorthy utilizes

these workflows to identify a common process for intake information and then allows for specific data to be collected based on programmatic information/triggers to identify specific documentation, forms or assessments affiliated with a program as a part of a common intake process.

Intake begins with the Add Client Demographics form. The client demographics form shown below is from CaseWorthy's client portal.

After saving the client demographics form, common additional steps in the intake process include but is not limited to:

- Add family members
- Enroll client in program
- Complete assessments triggered by specific business rules related to program
- Verify eligibility
- Complete other necessary forms
- Record services
- Write a case note
- Refer to an internal or external partner
- Assign case managers

Assessments and other forms are linked to programs as part of the administrative setup so that once the program is selected, appropriate forms will present in the workflow. CaseWorthy will work with Guilford County to configure one or more intake workflows during implementation to meet your needs, removing or adding steps to the list above, as needed. Some organizations complete an intake process before determining the program in which a client will enroll. In these cases, assessments and other forms can be completed during the workflow, and an eligibility form can display the programs for which the client is eligible and the reason for ineligibility for any programs.



All steps of a workflow are simply forms that can be accessed from menus and/or dashboards. Therefore, any form can also be completed or edited outside of a workflow. Both forms and workflows contain validation rules to catch errors and promote high data quality. For example, on the baseline demographics form, the user cannot click save without selecting a veteran status for clients over the age of 18. Users with administrative access can modify baseline rules and create their own validation rules.

In addition to the workflows included in baseline, CaseWorthy's apBuilder technology will allow Guilford County the ability to configure and tailor the CaseWorthy application. These tools are used by our professional services team as well as our customers to quickly implement and manage the ongoing changes of their organization, programs, and processes. The apBuilder tools empower non-programmers to tailor and configure the desktop to meet customers' specific needs. The apBuilder technology framework is locked down by security giving system administrators flexibility in determining who has the rights to leverage these configurable tools. The framework for the apBuilder tools is a visual, drag-and-drop orientation that includes the ability to configure and define: Roles; Forms; Workflows; Queries/Reports; Dashboards; Housing and Classrooms and Rules/Eligibility Determination.

CaseWorthy also includes a client search form for finding clients outside of a workflow. Search forms are also available and/or can be configured to search for other records in the system. If it is found that a duplicate client has been entered, CaseWorthy includes robust functionality for merging and deleting client records. CaseWorthy's client administration dashboard displays some of these options below.

Guilford County's client portal will have a URL and landing page. Clients could complete intake from the landing page and receive their portal login credentials as part of the intake process. Alternatively, Guilford County could approve portal login credentials and intake could be completed by the client after they login to the portal.

In similar spirit, Guilford County's community partners will have the ability to log into the provider portal to submit and/or accept referrals as well as completing other necessary tasks.

CaseWorthy has robust functionality for tracking referrals. Internal and external referrals, their status, outcomes and other details can be recorded. The user can easily search for providers near the client's address when making a referral. Multi-referrals can also be easily created. Finally, entities can easily be notified of new referrals by e-mail or within the CaseWorthy application, and a request that they update the status of the referral can be made. CaseWorthy's referrals analytic report provides a customizable and exportable view of data on referrals.

Adult Protective Services (APS):

The CaseWorthy system is designed to support the comprehensive APS Intake Process described in the RFP. The system will manage and track all incoming communications related to potential APS cases, including protective inquiries, referrals, and informational questions. Each case will be tracked as an incident in CaseWorthy. One or multiple clients, contacts, providers, and other entities can be linked to incidents. All incoming inquiries, reports, and referrals will be logged into CaseWorthy with unique identifiers and categorized by issue type such as abuse, neglect, exploitation. The collection of the incoming items will be facilitated by a workflow that supports the entry and tracking of the 7-page Intake Report, which is included in this project's scope of work.

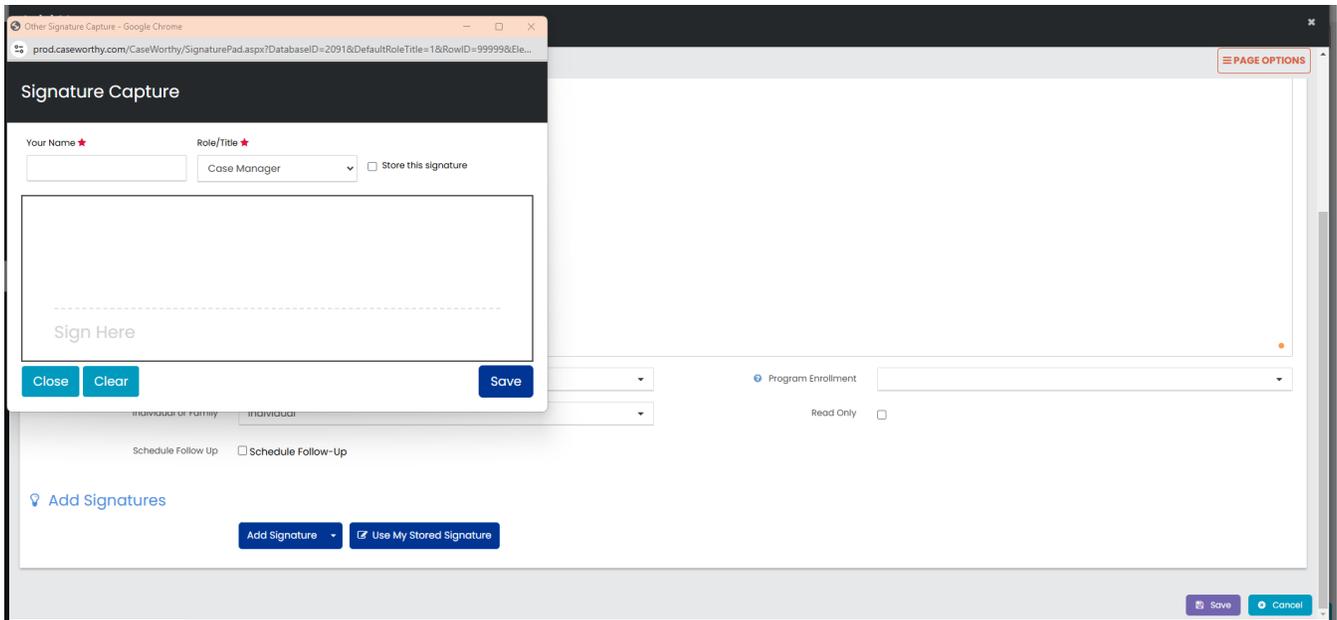
The incident tracking summary in the image below shows the different options for tracking incidents. This functionality will be tailored to meet the needs of Guilford County.

The screenshot displays the 'Incident Report Summary' interface. At the top, there are filters for 'Status' and 'Severity', an 'Add New' button, and 'PAGE OPTIONS'. Below the filters, it shows 'Total Rows: 323' and a search bar. The main area is a table with columns: Incident Date, Incident Summary, Status, Incident Author, Participants, Severity, and Incident ID. A context menu is open over the row with Incident ID 2491, listing options: Edit, Involved Participants, Documents/Attachments, Discussion Threads, Action / Resolution Summary, Outcomes, Print Incident Report, and Delete.

Incident Date	Incident Summary	Status	Incident Author	Participants	Severity	Incident ID
8/13/2024 1:51 PM	ChildCare Resources	Complaint Triage	slopez	0	High - Sensitive	2494
		Investigation	slopez	0	High - Sensitive	2493
	una queja de reparación le...	Closed	lyla2@test.com	0	Low	2492
	occurred and i didn't like it	Serious Incident	lyla2@test.com	0	High - Sensitive	2491
	mination	Appeal	lyla2@test.com	1	High - Sensitive	2490
	occurred	Open	lyla2@test.com	0	High - Non-Sensitive	2489
7/22/2024 11:40 AM	Here is info	Open	lyla2@test.com	0	Medium	2488
7/22/2024 11:38 AM	Information here	Closed	lyla2@test.com	0	Medium	2487
7/22/2024 10:01 AM	Discrimination	Open	lyla2@test.com	0	Low	2486

Once the workflow or information is submitted, the intake forms can go through a multistep approval process within the system, allowing the intake employee to submit the first screening review and then a supervisor to complete the final review. If the report is screened out, the user can then close the case, refer it to other service areas or send an email to the person that submitted the report. For cases that are screened in, the report item will be assigned to a social worker to complete the next stage of evaluation and investigation. Data can be collected on the report and post-evaluations can be completed, including the categories listed in the RFP (unsubstantiated, substantiated, etc.)

Different levels of access are assigned by role and can accommodate the intake staff, social worker, and supervisory permissions required. CaseWorthy maintains the data for an audit trail for all data entries and updates made to the report. The ability to include multimedia evidence, such as photographs, videos, or audio recordings is included in this functionality. Audio and video files will have to be downloaded to be played. CaseWorthy also supports multiple electronic signature capture which can be added to any form in the system as shown in the screenshot below.



3.2.2 Guardianship

AASD will be able to track all needed data and store the required documents for the Guardianship program. Features that will streamline Guardianship program processes include:

- **Affidavit and Petition Tracking:** CaseWorthy can track the affidavit and petition process for involuntary commitment cases. This includes uploading and storing affidavits and petitions, linking them to the client’s record, and tracking progress through the court system.
- **Court Hearing Scheduling & Post-Hearing Task Automation:** The system enables tracking of scheduled court hearings and automates follow-up tasks, ensuring that required forms (such as appointment orders) are completed, submitted, and signed as needed. Alerts and reminders can notify caseworkers of upcoming hearings and deadlines.
- **Wet Signature & Notarization Management:** CaseWorthy allows for digital storage (file upload) of all required guardianship forms. Forms that require wet signatures and notarization can be flagged in the system, ensuring case workers know which documents must be physically signed and submitted.
- **Digitized Functional Assessment Form:** The system will fully digitize the Functional Assessment Form used by Guilford County, ensuring it is integrated into ongoing case management. The assessment can be updated throughout the life of the case, allowing case workers to track changes in the client’s functional status.
- **State-Mandated Forms for Case Opening & Closing:** All necessary state-mandated forms for opening and closing guardianship cases will be built into CaseWorthy during implementation. These forms will be available for electronic completion, submission, and secure storage.
- **Representative Payee & Financial Tracking:** CaseWorthy supports financial management for clients where AASD serves as the Representative Payee. The system enables tracking of benefits such as Medicaid, SSI, and food stamps while also recording and managing financial transactions related to the client’s needs. Reports can be generated to provide visibility into benefit utilization and expenses.
- **Comprehensive Case Management Features:**
 - Robust case noting tools (voice-to-text, rich text editing, spell check, and more)
 - Calendar and appointment scheduling for clients and case workers
 - Upload and track documentation of expenses

- Automate tasks for quarterly, semi-annual, and annual status updates
- Service plan and goal maintenance
- Monitoring of medical, mental health, and dental services, including scheduling visits, tracking treatment plans, and consent management
- Coordination and tracking of interactions with community services
- Tracking petitions, hearing dates, and required forms digitally

AASD will specify the services linked to each of its programs. AASD will be able to add new services or adjust existing services linked to a program at any time. Case managers can be assigned to clients, and case manager assignments can be linked to program enrollments. AASD will be able to pull caseload reports to assist in managing caseworkers' client loads.

The necessary state and county forms will be built in AASD's CaseWorthy system during implementation. Implementation hours for building forms provided as part of the RFP have been included in the pricing estimate. Additionally, any documents that should be part of the client's file can be scanned or uploaded using CaseWorthy's document check form and will be linked to the client's case record. AASD can link document types to programs in order to track whether required client files are complete.

All data and documents added to a client's file are retained indefinitely unless the County chooses for it to be deleted or archived. Even if a client's involvement with a particular program ends, the client's record remains in AASD's CaseWorthy system and records remain available.

Created Date	Storage Location	Document Type	Verification Method	Expiration Date	View File	Case Note	File ID	Document Check ID
5/10/2023	Electronic File	Food Handling License	Scanned	5/1/2024	View File		10617	8823
5/10/2023	Electronic File	W-9	Scanned	5/9/2024	View File		10616	8822
4/26/2023	Paper File		Scanned					8812
3/27/2023	Electronic File	Protective Order	Scanned	Open	View File		10595	8804
3/2/2023	Electronic File	Proof of Identification	Scanned	Open	View File		10582	8784
2/28/2023	Electronic File	Driver's License	Copied	Open				8781
2/22/2023	Paper File	Protective Order	Copied	Open				8779
2/10/2023	Paper File		Scanned					8772
1/11/2023	Electronic File	Health Insurance Card	Scanned		View File		10564	8758

Every transactional record in the CaseWorthy database has metadata associated with the record to define created date, created by user, last modified date, last modified by user, deleted date, deleted by user, the form that created the record, and the form that last updated the record. CaseWorthy's encounter logging framework

can be used to track user activity by client. The activity log will show all forms saved by the user, the associated client name, and transaction type. CaseWorthy also offers out-of-the-box user login reports.

Change history by data field can be viewed on the “**Who Changed My Client?**” form. Change history tracking by data fields is enabled on a form-by-form basis using the form’s application settings in the form apBuilder tool. The “**Who Changed My Client?**” form will show each edit/new data entry for each enabled form. Each line will display the affected client, the username making the change, the data field label, the old value, the new value, and the date and time of the change. This form can be filtered by user, entity (such as client or provider), and date of the change. Enabling change history for every form can increase latency in the system. As such, it may be beneficial to identify whether all changes in the system should be tracked in this manner.

3.2.3 Special Assistance In-Home

AASD’s service provision process for Special Assistance In-Home will be streamlined using CaseWorthy. The system will add automation to identifying clients who should be assessed for Special Assistance In-Home. Users can be prompted to refer any client receiving Special Assistance Medicaid for an assessment. Internal referrals and task management functionality will ensure that each user has easy access to a list of clients they need to contact and activities they need to complete. CaseWorthy’s income and expense assessment can be used to track income eligibility and determine needs for income to be used.

Social workers will be able to:

- **Track, store, and review Medical Assessment Forms** completed by the client’s medical provider to confirm disability status. These forms will be securely stored (file upload) and accessible within the client record for review throughout the case management process.
- **Perform ongoing assessments** to evaluate the client’s ability to remain safely in their home and document their findings directly in the system. CaseWorthy can facilitate communication with Medicaid eligibility staff, ensuring these assessments inform the annual benefit recertification process.
- **Create, update, and maintain service plans and reports quarterly and annually**, ensuring timely recertification of benefits. CaseWorthy provides automated reminders for the required updates, reducing the risk of delays.
- **Complete and securely store all state-mandated forms for case opening and closing**, ensuring compliance with program requirements.
- **Upload files to client profiles** for centralized document management.
- **Enter progress or case notes** with robust tracking capabilities.
- **Capture assessments and Medicaid eligibility updates** to ensure continued eligibility and compliance.
- **Efficiently track client progress** using automated workflows and reporting tools.
- **Maintain all necessary documentation for compliance and reporting**, ensuring records are readily available for audits and reviews.

The required **state and county forms** will be built into AASD’s CaseWorthy system during implementation. Implementation hours for building forms that were provided as part of the RFP have been included in the pricing estimate. If electronic signatures are needed on forms, they can be emailed or texted to necessary parties via a secure link using CaseWorthy’s CommLink tool. CaseWorthy also integrates with **DocuSign** for electronic signature collection if the County prefers this method.

Additionally, any required documents can be scanned or uploaded using CaseWorthy's **document check form**, ensuring all necessary paperwork is complete before moving forward with eligibility decisions. AASD can link document types to programs to ensure compliance with documentation requirements.

All data and documents added to a client's file are retained indefinitely unless the County chooses to delete them. Even if a client's involvement with a particular program ends, their record remains in AASD's CaseWorthy system and remains accessible for future reference.

3.2.4 In-Home Aide

CaseWorthy provides a comprehensive case management system that fully supports the requirements outlined for the In-Home Aide Program. CaseWorthy ServTracker will perfectly support the needs in this program:

Client Intake, Forms, and Documentation Tracking

- CaseWorthy's referrals functionality allows users to input and track referrals into the program.
- CaseWorthy's document management module supports the storage and tracking of all critical client forms, including:
 - State Intake Forms
 - Consent to Obtain & Release Information
 - Confidentiality Form
 - Bill of Rights
 - Emergency Form
 - Consumer Contribution Forms
- Documents can be scanned, uploaded, and linked directly to client records.
- ServTracker supports electronic signatures.

State Funding Type Tracking and Eligibility Determination

- CaseWorthy allows tracking of state funding types, ensuring that social workers can easily identify which funding source a client is using.
- The system can be configured to determine service eligibility based on funding type, ensuring compliance with program requirements.
- Alerts and automated workflows can notify social workers when a client's eligibility status changes.

Coordination with In-Home Aide Agencies

- CaseWorthy supports coordination with in-home aide service agencies by enabling the generation and transmission of authorizations.
- These can be electronically sent to service providers, ensuring efficient service coordination.
- Agencies can review what specific tasks are needed to be accomplished by the homecare team.

Task Sheet Storage and Review for Payment Processing

- CaseWorthy allows secure storage and tracking of Task Sheets, which are signed by both the client and the agency's care provider after each visit.
- CaseWorthy's service tracking module ensures that completed visits and associated documents are available for review before payment processing.

Quarterly and Annual Reviews, Functional Evaluations, and Service Plan Updates

- CaseWorthy enables the creation, management, and tracking of quarterly and annual reviews, including functional evaluations and service plan updates.
- The system can automatically generate reminders for upcoming reviews to ensure timely completion.

Client Budget Tracking and Waitlist Alerts

- CaseWorthy allows tracking of client budgets, ensuring that funds allocated for services are monitored.
- If a client's service needs exceed their available budget, the system can trigger alerts to notify staff.

- The system can flag clients who exceed budget limitations and generate notifications if they need to be placed back on the waitlist through the state’s ARMS system.

Role-Based Access for Staff

CaseWorthy provides **customizable role-based access** to ensure different levels of permissions for various staff roles:

- **Office Specialists** can create and track state intake reports for ARMS system entry.
- **Social Workers** can evaluate cases, update functional evaluations, and adjust service plans.
- **Supervisory Staff** can assess budgets, approve additional funds, and oversee service coordination.

ServTracker by CaseWorthy will provide Guilford County with a comprehensive, secure, user-friendly platform. The county would also have the ability to extend ServTracker’s mobile app to staff to make entering In-home aide data easier. (not included in pricing - <https://caseworthy.com/products/enhanced-options/mobile-home-care-app/>)

3.2.5 Rep Payee

Using CaseWorthy will streamline the process of completing the Representative Payee application. Staff in the Rep Payee program will be able to submit the application packet to a supervisor for review through CaseWorthy. Supervisors will be able to see all packets for approval on their approvals forms for easy review.

Referral Type	Amount	Client	Reference Date	Date	Shut-Off Date	Service	Referral ID
Service Reque	1.00	May, Eliza	06/29/2023	06/29/2023		Case Managerer	8580
Service Request	\$15.00	Huff, LeeAnne	5/31/2023	5/31/2023		Case Management	8574

Below is a detailed breakdown of how CaseWorthy will address each step: Client Referrals & Documentation



When referrals are received from Social Security, CaseWorthy allows AASD to track and manage all referral documentation. Social Security documentation submitted by the applicant can be easily uploaded and linked to the client's case file within CaseWorthy. CaseWorthy will also track the receipt of all documentation, ensuring that no documentation is missing and that all required forms are available for processing.

Intake Process & Case Assignment

AASD will receive the application from Social Security, complete the general intake packet, and review client qualifications for the program. CaseWorthy will facilitate this process by allowing AASD staff to complete intake forms directly within the system and track each step of the intake process. Once the intake packet is complete, the system will automatically notify supervisors for review, and a caseworker will be assigned to the case.

Case Assignment Timeline: Caseworkers will be assigned within 7 days of receiving the intake packet. CaseWorthy tracks this timeline and sends automated reminders if the 7-day window is approaching without assignment. Caseworkers can be assigned manually or automatically based on workload, ensuring that assignments are handled efficiently.

State and County Forms

CaseWorthy allows the custom creation of state and county forms directly within the system. These forms will be pre-populated with client data wherever applicable to reduce data entry errors and improve efficiency. The state and county forms required to generate a complete packet will be created and linked to the client's case record as part of the system implementation. If electronic signature is needed, these forms can be sent to the client via email or text using CaseWorthy's CommLink tool, or through integration with DocuSign.

SSA 878 Form

CaseWorthy will support the SSA 878 form by allowing medical documentation to be uploaded into the system, including the SSA 878 form completed by the client's doctor. CaseWorthy can also track when this form is received and ensure that it is included as part of the client's file.

In-Home Functional Assessment & Forms

The Functional Assessment, Service Plan, Consent Forms, Budget Forms, and fit-for-program evaluation will be completed within CaseWorthy, with all forms being signed electronically by both the Social Worker and the Client. CaseWorthy will track the completion of these forms and ensure that all required signatures are obtained.

For any narrative-based entries, CaseWorthy's case note feature includes voice-to-text functionality for ease of data entry. Alternatively, audio recordings can be uploaded to a client's file and downloaded later for listening.

Supervisor Review & Approval/Denial

Once the assessment is completed, it will be submitted for supervisor review within CaseWorthy. The supervisor will be able to approve or deny the Rep Payee application directly within the system. CaseWorthy can generate notifications for the supervisor to ensure timely reviews and can track the 45-day timeline for processing.

- Approval: If approved, CaseWorthy will automatically generate Form 5027 to open services and facilitate the signing process. If the county is serving as the client's Payee, the SSA-11-BK Form will be completed automatically as well.
- Denial: If denied, the client will be notified via email or CaseWorthy's task management tool.

Accounting Team Notifications & Budget Management

Once the application is approved, the Accounting Team will be notified through CaseWorthy's task management system to facilitate the next steps. The budget management process will be handled within CaseWorthy, where the Social Worker and Accounting Team can collaborate on the client's budget. CaseWorthy can track any budget adjustments, generate alerts if any issues arise, and ensure that all financial data is retained and easily accessible.

Timeline Compliance & Notifications

- Social Worker Contact: CaseWorthy will track the timeline to ensure that the Social Worker makes contact with the client within the required 7 days of case assignment. The system will automatically generate reminders to ensure compliance with this timeline.
- Functional Assessment Scheduling: The system will track and send notifications if contact with the client is not made within 7 days of case assignment.
- Overall Timeline Management: CaseWorthy will ensure that all steps in the process are completed within the required 45-day timeline for Rep Payee Program approval and that each step is tracked and completed on time.

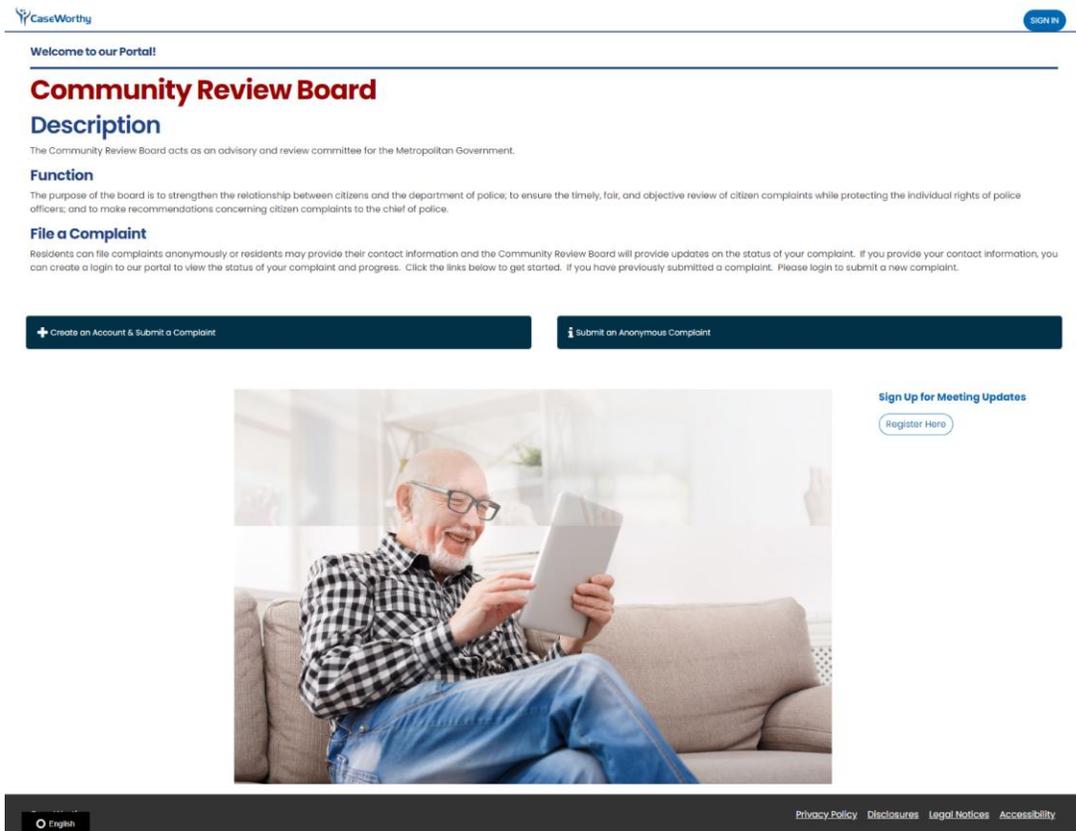
Document Retention and Access

All data and documents uploaded to the client's case file will be retained indefinitely unless the county requests deletion or archiving. This ensures that client records remain available for historical reference, even if their involvement with the Rep Payee program ends.

3.2.6 Adult Day Care / Day Health: Facility Monitoring and New Facility Technical Assistance

New Facility Technical Assistance: CaseWorthy's provider portal functionality will be leveraged to enable facilities to apply with the County. Provider portals include the same user interface and features as CaseWorthy's client portal described earlier in the response. Guilford County's CaseWorthy portal will be configured to support the completion of DAS 6225 Packet: Part A or B. CaseWorthy will enable Social Workers to assist providers with completing the DAS 6225 Packet: Part A or B, ensuring that all required pre-work is completed prior to the formal application submission. The system can track the completion of pre-work and document assistance provided by the Social Worker. Additionally, any supplemental information or documentation required for the application can be easily uploaded and attached to the provider's case record in CaseWorthy. Once the facility has completed the 6225 application, CaseWorthy will facilitate the submission of the application to DHHS-DSS for review. If the application is recommended for certification, it will be routed to the Social Services Director for final signature, with the application and approval tracked within CaseWorthy. Notifications will be sent to the provider and State once the certification is approved. Facilities will be able to login to the portal to receive their notification of decisions. Additionally, the portal can be used to manage communications with facilities via a messaging system.

The screenshot below shows a sample portal landing page:



Monitoring: Using CaseWorthy's provider management functionality, CaseWorthy will be configured to support annual, quarterly, and monthly monitoring of facilities, reporting of findings of deficiencies, and the development of Corrective Action Plans. CaseWorthy will enable the Social Worker to develop a Corrective Action Plan (CAP) within the system. CAPs can be tracked and updated, and once completed, they will be reported to the State as required. All CAPs and corrective actions will be linked to the provider's case file, ensuring clear documentation and follow-up. Forms will be configured to meet the County's data collection needs for each of these items. The County will be able to create and manage notifications/reminders of upcoming monitoring visits.

3.2.7 Unclaimed Bodies

CaseWorthy will facilitate the effective tracking and management of referrals for deceased individuals whose next of kin cannot be located or are unwilling to accept responsibility for the remains. Referrals from external agencies, such as hospitals, will be tracked through CaseWorthy's comprehensive referral management system, ensuring that no referrals are missed and all timelines are strictly adhered to. Automated reminders and alerts will ensure timely follow-up actions, and the system will track each step of the process, from referral intake to final disposition.

Diligent search documentation, including search methods, results, and follow-up actions, will be maintained within CaseWorthy through structured forms, notes, or documents scanned into the system. CaseWorthy will record each search attempt and method, providing a complete record of the search efforts. This ensures transparency and full documentation for compliance purposes.

A customizable workflow will support the review and authorization of cremation. The system will include optional approval steps for review by designated staff members before final decisions are made. CaseWorthy will also track payment for services, ensuring that all financial transactions related to cremation are recorded and easily accessed. Communication with external service providers, such as cremation services, will be facilitated through the system's messaging and notification features, ensuring that all parties involved are kept informed and all steps are compliant with required protocols.

3.2.8 Adult Placement Services

CaseWorthy includes functionality that is often used for adult placement services. The system enables organizations to track placement data, document medical assessments from the client's physician, and maintain a complete record of all associated contacts. Required documents such as medical forms, expenses, and tests can be uploaded into the system and securely stored for easy access by social workers.

Service plans can be created and tracked to monitor client progress. Once clients are placed, follow-up visits and assessments can be scheduled at the necessary intervals (e.g., quarterly or annually for long-term placements). CaseWorthy provides the ability to track transition status and document client progress throughout the placement, ensuring that clients are properly supported.

Social workers can easily coordinate with placement facilities, relay client needs, and track placement options directly through CaseWorthy, streamlining communication with external providers. Quarterly and annual reassessments for clients in long-term placements are supported by automated reminders, ensuring timely evaluations and continued appropriateness of care.

A placement history report is included to provide a record of past placements, assisting in reporting and regulatory compliance.

3.2.9 Adult Resource Team

Overview of the CaseWorthy solution for the Adult Resource Team:

CaseWorthy is fully capable of supporting the Adult Resource Team program by providing a comprehensive solution for managing referrals, assessments, service plans, documentation, and reporting.

- **Referral and Functional Assessment:** CaseWorthy enables the tracking and management of referrals, ensuring that clients are contacted within 72 hours. Social workers can schedule and document functional assessments, with a 30-day window for completion. The intake log remains active and updated, allowing Fire and EMS teams to access the most current information at any time.
- **Service Plan Management:** CaseWorthy allows social workers to create, update, and maintain comprehensive service plans that set clear goals for clients to become self-sufficient. The system tracks progress and adjusts service plans as needed to reflect the client's ongoing needs.
- **State-Mandated Forms:** All required state forms for opening and closing cases are securely stored within CaseWorthy. Social workers can complete, upload, and store these forms directly in the system, ensuring compliance with all regulatory requirements.
- **Internal and External Referrals:** Social workers can create and track both internal and external referrals, ensuring that clients are connected to the necessary services, including Adult Protective Services (APS), when applicable.

- **Reporting:** CaseWorthy can generate customized reports with up to 50 data fields, allowing supervisors, social workers, and EMS/fire staff to track client progress, program activities, and services. These reports support both internal monitoring and compliance reporting.
- **Secure Storage and Compliance:** CaseWorthy ensures that all client documentation is securely stored and easily accessible, meeting all privacy and compliance standards. User roles and permissions are configured to ensure only authorized personnel have access to sensitive data.

3.3 Information Technology Requirements for IDS and CMS systems

3.3.1 Cloud Base Solutions

CaseWorthy's system is a Software as a Service (SaaS) solution hosted in the Microsoft Azure cloud, and offers SSO access through Azure.

CaseWorthy maintains a functionally independent compliance office, and CaseWorthy is both HIPAA and SOC 2 compliant. CaseWorthy undergoes an annual HIPAA risk assessment, validated as part of its SOC 2 Type II assessment.

3.3.2 Infrastructure

The application servers communicate with a SQL Server 2019 Enterprise Always On High Availability Listener, which directs traffic to the primary server. Each customer gets its own database on the server so that the database is single tenant, but the SQL Server virtual machine is multi-tenant because it hosts multiple customer databases. Train, UAT, and Development infrastructure and networks are entirely separate from production infrastructure.

3.3.3 Architecture and Solution Design

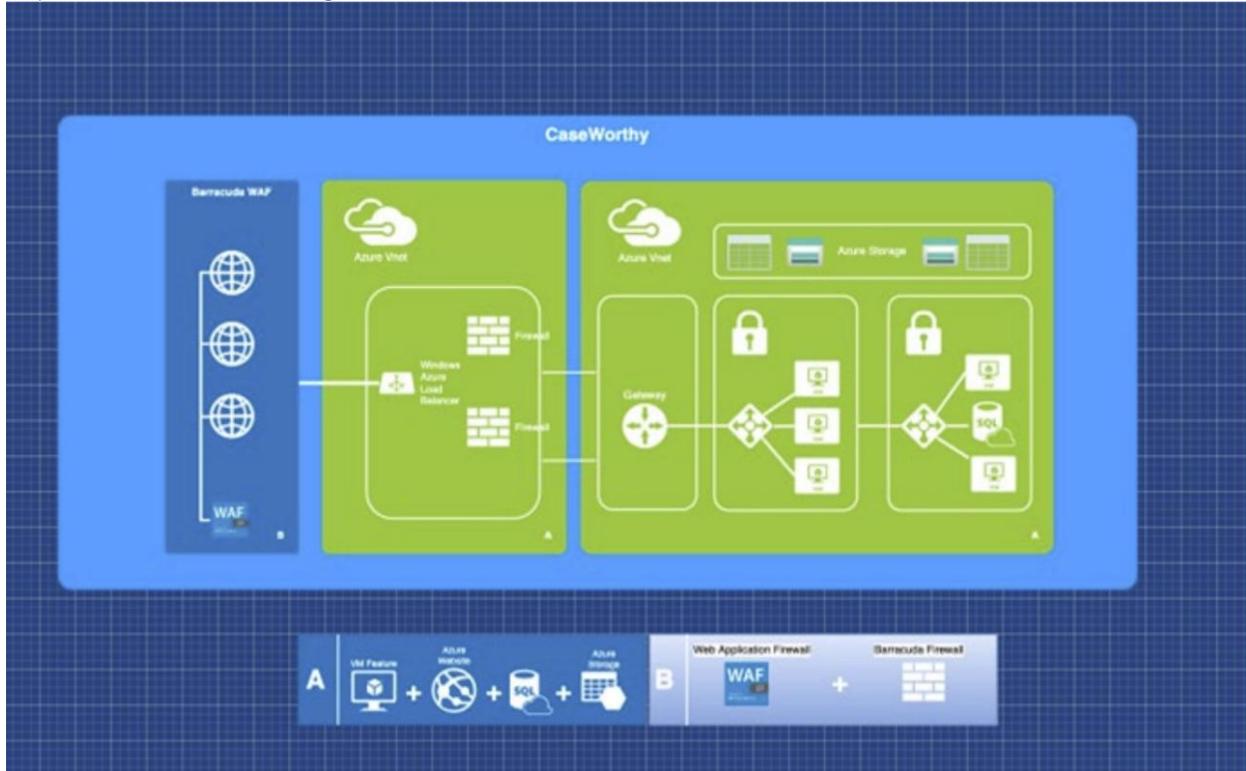
Traffic first goes to an Azure Application Gateway with WAF enabled which load balances traffic to CaseWorthy's webservers. The webservers are set up in different availability zones within Azure. The webservers communicate with a SQL Server 2019 Enterprise Always On High Availability Listener which directs traffic to whichever of two SQL Server virtual machine is the primary server at the moment. Each customer gets its own database on the server so that the database is single tenant, but the SQL Server virtual machine is multi-tenant because it hosts multiple customer databases. Train, UAT, and Development infrastructure and networks are entirely separate from production infrastructure.

As of time of writing, CaseWorthy doesn't currently have multi-region Active/Active configuration. Active/Active is currently being evaluated. In the event of a disaster, CaseWorthy is subscribed and backing up servers to the Azure Recovery Services vault which saves the backups with georedundancy. Our recovery plan, in the event of a disaster, is to restore the backups through Azure Recovery Services Vault to the West US Azure Region. Being that we use Azure Virtual machines, we can scale up VM (and other service) capacity with customer growth. As part of SOC II compliance, the Cloud team performs monthly capacity planning meetings and executes VM (or disk) resizes as necessary.

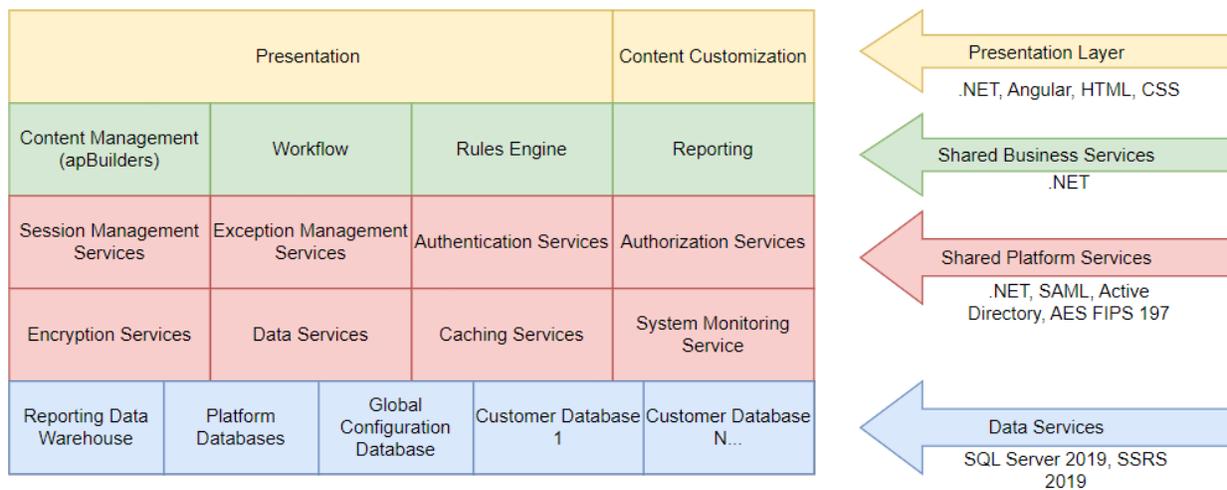
Downtime is scheduled every 2 weeks on Monday from 9 PM – 11 PM Mountain Time. During this downtime we complete the maintenance release for the application as well as implement other upgrades (such as SQL Server upgrades, new security protocols, etc.).

Unplanned outages are tracked in an Outage Log stored in SharePoint.

Conceptual Infrastructure Diagram:



Software Layer Diagram:





CaseWorthy is hosted in Microsoft's Azure cloud, which provides a reliable, scalable, and secure environment for our applications. Azure's global network of data centers ensures high availability and disaster recovery capabilities, while its compliance with various industry standards and regulations ensures data security and privacy.

As both a cloud-based SaaS provider and a Remote Work Optimized company, CaseWorthy's prevailing enterprise security architecture is based on Zero Trust networking.

Zero Trust is a strategic approach to cybersecurity that secures an organization by eliminating implicit trust and continuously validating every stage of a digital interaction. Rooted in the principle of "never trust, always verify," Zero Trust is designed to protect modern environments and enable digital transformation by using strong authentication methods, leveraging network segmentation, preventing lateral movement, providing Layer 7 threat prevention, and simplifying granular, "least access" policies as described in NIST publication 800-207, "Zero Trust Architecture".

Zero Trust was created based on the realization that traditional security models operate on the outdated assumption that everything inside an organization's network should be implicitly trusted. This implicit trust means that once on the network, users – including threat actors and malicious insiders – are free to move laterally and access or exfiltrate sensitive data due to a lack of granular security controls. If changes are made to the enterprise architecture, the enterprise security architecture will be reviewed and updated as needed and reflected in the Information Security Program documentation.

If done correctly, Zero Trust architecture results in higher overall levels of security, but also in reduced security complexity and operational overhead. CaseWorthy's Zero-Trust architecture will always consider the following:

Users

- Step one of any Zero Trust effort requires strong authentication of user identity, application of "least access" policies, and verification of user device integrity.
- Applications - applying Zero Trust to applications removes implicit trust with various components of applications when they talk to each other. A fundamental concept of Zero Trust is that applications cannot be trusted and continuous monitoring at runtime is necessary to validate their behavior.
- Infrastructure - everything infrastructure-related—routers, switches, cloud, IoT, and supply chain—must be addressed with a Zero Trust approach. Where practical and technically feasible, systems will be micro-segmented using Virtual Private Clouds (VPC) or Virtual Local Area Network (VLAN) connections.
- Data - all requests for data access are only granted to authorized users whose identity has been authenticated.

Key Security Features:

- Azure Log Analytics – Provides a centralized approach towards logging and availability of services.
 - Encryption of Data in Transit – End to End Encryption from the Client to the Servers as the data traverses across the wire.
- Encryption of Data at Rest - Data is decrypted by default to ensure it is protected in the cloud.
- Backup and Restoration – All data are backed up and always encrypted.

- Patching and Management – Patches are periodically applied manually per CaseWorthy’s Compliance requirements.

3.3.4 County Integration

It is CaseWorthy's position that we believe we are the ideal solution to in fact house the 'common intake', to address this section of the RFP our response below will assume that the systems are external and need integration.

CaseWorthy offers a flexible and robust suite of tools to integrate with external data sources, ensuring a comprehensive view of your operations and maximizing data-driven insights.

CaseWorthy Capabilities:

- *RESTful APIs:* Our RESTful API framework provides a secure, standardized way to exchange data with systems that support API-level communication. This allows for bi-directional data transfer.
- *Data Import/Export Tools:* We support multiple methods for bulk data exchanges:
 - File Transfers (FTP, SFTP): Securely transfer files for data imports and exports.
 - BatchBuilder: Provides flexibility for custom data mapping and transformations for more complex scenarios.
- *Web Service Databind:* Our form element in Form apBuilder enables dynamic, real-time calls to external systems' APIs, pre-populating forms, or enriching data based on external sources.
- *Data ingestion and extraction:* CORE leverages a variety of tools in Microsoft Fabric that enable customers to ingest data from other sources into their CORE data lake. Data can also be sent from CORE via several options, including a SQL endpoint.



CaseWorthy API Specifications:

- **API Type:** CaseWorthy primarily uses RESTful APIs for their ease of use, scalability, and broad compatibility.
- **Request/Response Formats:** CaseWorthy APIs primarily support JSON for data exchange.
- **Authentication:** We use industry-standard OAuth 2.0 for secure authorization.
- **Form API:** Our recently released Form API enables secure form-based data retrieval and input through the API, streamlining integrations and custom workflows.

Documentation and Support:

Baseline Documentation: We provide detailed documentation for the CaseWorthy Form API Client-Specific Support: For tailored integrations our team works closely with clients to provide comprehensive technical specifications and support.

Example Use Cases

CaseWorthy's flexible API framework enables powerful real-world integrations, as demonstrated by our work with the Georgia Department of Family and Children Services (DFCS). Key integration highlights include:

- **Real-Time Eligibility Determination:** Our APIs facilitate a seamless connection to the state's Gateway system, which stores information about state SNAP recipients. This connection powers

real-time eligibility checks for the SNAP Employment and Training Program within the DFCS STEP web portal, accelerating service access for those in need.

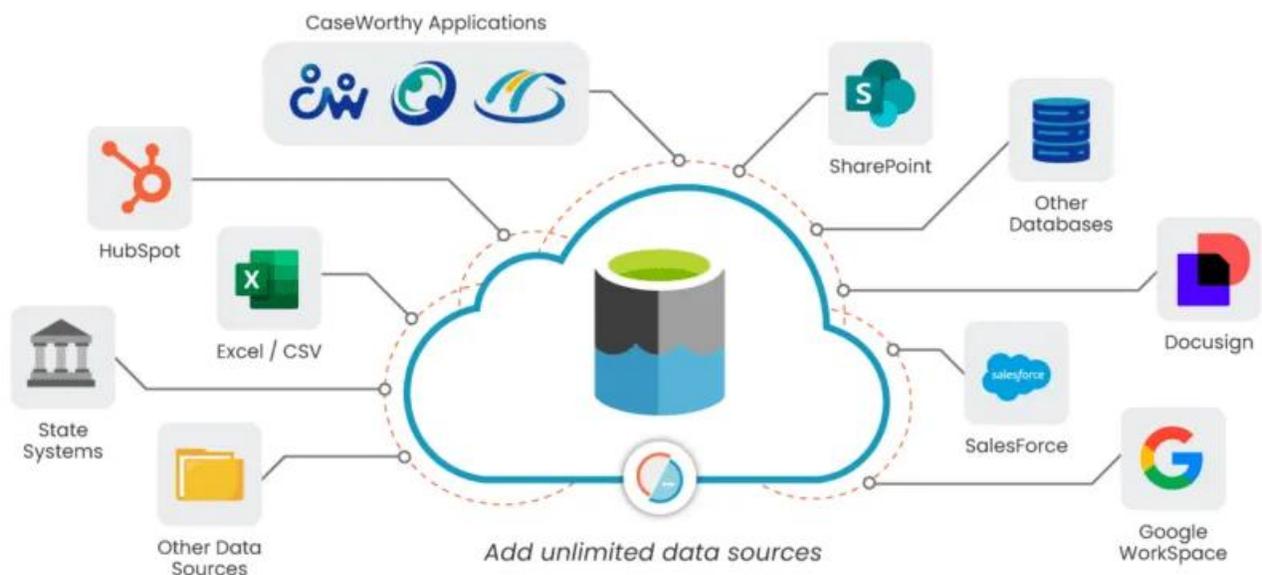
- **Provider Workflow Automation and Data Sharing:** We've integrated CaseWorthy with the DFCS STEP portal, enabling providers to track client enrollments, service delivery, assessments, and streamlined invoice submission directly within the system. Additionally, CaseWorthy is used internally by DFCS to manage cases, review and approve invoices, and manage provider contracts year over year.

Customers are using CaseWorthy's Form API to build integrations using our baseline forms or their own custom forms. Some examples follow:

- South Carolina Department of Aging sends referral and service authorization data between CaseWorthy Enterprise and CaseWorthy's ServTracker product to facilitate provision of home delivered meals and other services to older adults.
- A large multi-state refugee service organization extracts data on case assignments, demographics, and milestones to send to an external data warehouse.

Utilizing our RESTful API based Web Service Broker, JSON transmissions for Member Enrollments & Disenrollments, Authorizations, and Program Assignments are ingested from real-time requests from a multi-county Behavioral Health & Intellectual/Developmental Disabilities Managed Care Organization. This enables care managers to be notified of individual assignment changes, updated member demographics and program information in a seamless, quick, and efficient connection directly from the MCO to case management agencies responsible for providing specialized care management.

These integrations showcase CaseWorthy's ability to support complex workflows spanning both client-facing processes and internal state agency operations. Our experience with these multi-faceted integrations positions us well to understand and address the intricate integration data needs of Guilford County.



3.3.5 Provider Utilized Third-Party Software Plugin/Tools

CaseWorthy both acknowledges and confirms its compliance with Guilford County 's third-party software plugin and tools requirements.

3.3.6 Reporting and Analytics

As regular procedural standard, CaseWorthy will work with Guilford County to establish provisions and standards for reporting and analytics requirements from the operational data, including generating reports and connecting to County dashboard tools.

3.3.7 Backups

CaseWorthy has a robust backup process that Guilford County will have access to, detailed earlier in this response.

3.3.8 Environments

Provision of separate production, test, and training environments is standard CaseWorthy procedure. CaseWorthy can support a redirect for any environment using a vanity URL of Guilford's choosing; however, CaseWorthy cannot currently use a different FQDN to access the CaseWorthy application.

3.3.9 Administrative Controls

CaseWorthy currently supports Single Sign On with any SAML compliant provider. CaseWorthy also supports text-based multi factor authentication. If the County's needs are not consistent with these options, CaseWorthy can gather additional information regarding the county's needs and explore other options.

The county will have the ability to create and edit as many roles as needed, using CaseWorthy's user friendly role apBuilder that employs drag and drop functionality. Roles can be copied to facilitate easy creation of additional roles.

For auditing, every transactional record in the database has metadata associated with the record to define created date, created by user, last modified date, last modified by user, deleted date, deleted by user, the form that created the record and the form that last updated the record.

CaseWorthy's encounter logging framework can be used to track user activity by client. The activity log will show all forms saved by the user, the associated client name, and transaction type.

Change history by data field can be viewed on the "Who Changed My Client?" form. Change history tracking by data fields is enabled on a form-by-form basis using the form's application settings in the form apBuilder tool. The "Who Changed My Client Form?" will show each edit/new data entry for each enabled form. Each line will display the affected client, username making the change, data field label, old value, new value, and data and time of the change. This form can be filtered by user, entity (such as client or provider), and date of the change. Enabling change history for every form can increase latency in the system. As such, it may be beneficial to identify whether all changes in the system should be tracked in this manner.

CaseWorthy does have baseline reports that produce user utilization. Access to "Who changed my client" as well as "who viewed my client" is available. Metadata attached to each table is available if Guilford County interested as well.

CaseWorthy does have audit logs covering configuration changes within the application via the apBuilder tool and reporting available to see these said changes.

3.3.10 Access and Availability

CaseWorthy provides a 99.95% network and power uptime excluding excused downtime.

“Excused Downtime” means:

- (i) CaseWorthy’s planned downtime for pre-scheduled maintenance. CaseWorthy will use commercially reasonable efforts to schedule planned downtime at a time and manner reasonably anticipated to minimize disruptions to all of its affected customers.
- (ii) downtime for unscheduled system emergency maintenance.
- (iii) downtime caused by misuse or errors caused by Customer or Customer’s system.
- (iv) downtime due to other causes outside of the reasonable control of CaseWorthy, including without limitation malfunction or cessation of Internet services by any third-party network or ISP.

Downtime will be measured from the period CaseWorthy becomes aware, or Customer informs CaseWorthy, that Customer’s access to the Application is entirely unavailable (system down) or the Application is otherwise unable to be used by Customer for any productive purposes (other than due to one of the causes excluded above), through the time CaseWorthy resolves the issue and informs Customer that the Application is available.

3.3.11 Performance

CaseWorthy acknowledges this requirement and is compliant.

3.3.12 Service Levels

CaseWorthy provides an Issues Tracking system for reporting and recording issues. Customers are encouraged to use the issue tracking system as their primary method of requesting support. The tracking system provides customers with the ability to view the status of their tickets on demand. Customers may also contact the help desk by phone or e-mail.

CaseWorthy will respond within four hours for high errors, or those that render continued productive user of the application impossible or seriously impractical. CaseWorthy will use diligent and reasonable efforts to supply a correction or reasonable workaround to Customer as soon as feasible. This will include assigning qualified, dedicated staff to work on the Error until the Error has been resolved. Upon detecting or being notified of a High Error, CaseWorthy shall assemble the appropriate personnel to analyze the problem, identify potential solutions, and determine the best plan of action. Customer shall be permitted to participate in this process upon request. A CaseWorthy representative shall keep Customer informed of the status. After-hours support is available to CaseWorthy customers for any high error.

Medium errors are classified as Any material non-conformance of the Application with its specifications or documentation that is not a High Error, but that has a substantial adverse effect on Customer’s business operations, such as significantly decreased Customer productivity, periodic work stoppages or Application feature crashes. For any Medium Error, CaseWorthy will use diligent and reasonable efforts to supply an Error correction to Customer within a reasonable time. A CaseWorthy representative shall inform Customer of the status of the Error correction upon request.

All other errors will be classified as Low Errors. For any Low Error, CaseWorthy shall work with Customer to document the Error through mutually established standards. CaseWorthy personnel shall work to resolve Low



Errors in accordance with CaseWorthy’s normal software support procedures. Unless otherwise mutually agreed with Customer, CaseWorthy will use reasonable efforts to provide a fix for each Low Error in the next release of the applicable Application.

The County will be assigned an account manager. Account managers meet with customers regularly and can assist with questions regarding your contract, adding new licenses, enhancement requests or to escalate any concerns.

CaseWorthy seeks to provide world-class customer support and we are open to further discussion regarding the county’s specific customer service needs and how CaseWorthy can meet them.

3.3.13 Configuration Management

CaseWorthy's one-of-a-kind apBuilder technology delivers an entire development environment to Guilford County. Administrative staff can quickly take care of organizational and program changes as they're happening in real-time. Simply drag and drop to customize roles, forms, dashboards, workflows, queries, reports, and more. Computer programming knowledge is not necessary for performing these activities. The apBuilder toolkit has five components:

- **Roles-based:** YOU control who can see and access specific information, depending on their roles within your agency.
- **Forms:** Modify and update forms in real-time: add data fields and signatures, assign case managers, set up conditional fields and more.
- **Workflows:** Automate and standardize work processes, such as intakes, in a simple, step by step format. As many workflows as needed can be created.
- **Dashboards:** Configure the desktop around the way employees work, based on their roles within your agency. You have full control and can easily manage what's being displayed on each dashboard.
- **Rules-integration:** Our rules engine applies conditional logic to forms, workflow steps, queries, eligibility determinations, alerts, and notifications. Set up rules and conditions.

3.3.14 Change Management

Application feature releases are planned by the CaseWorthy Product Development and Technology Operations organizations.

It is the policy of the Technology Operations team that all changes to production environments are tracked, undergo review, and are approved before being implemented by the Change Advisory Board (CAB). All changes are documented in an internal “CAB Ticket,” which progresses through the following workflow during each release cycle.

CaseWorthy operates on a release cycle for each scheduled feature release—with a scheduled release calendar published to clients in Q1 of each year. The below sample release plan, describes key activities during each feature release cycle. Milestones that may explicitly involve client engagement are marked as such.

SDLC Status	Description	CaseWorthy (Internal)	Customer (External)	Must Happen No Later Than
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RELEASE SCHEDULED	New CAB ticket created	X		6 weeks before release
SET RELEASE SCOPE	Release payload is defined. Target release scope is documented and distributed internally and externally	X	X	6 weeks before release
IN SECURITY REVIEW	Conduct risk assessment	X		6 weeks before release
IN DEVELOPMENT	Items in the release development completed	X	Informed (Situational)	6 weeks before release through 11 days before release
DEPLOYMENT DETAILS	Release details fully populated in CAB ticket	X		11 business days before release
STAGING	Release Candidate Promotion to Staging Environment	X	Informed (Situational)	10 business days before release
PRELIMINARY VULNERABILITY SCAN	Initial scan of staging environment completed	X		9 business days before release
REGRESSION TESTING	Regression Testing	X		6 business days before release
FINAL VULNERABILITY SCAN	Final Vulnerability Scanning	X		8 days before release
VULNERABILITY REVIEW	Identified vulnerabilities reviewed and remediation plan developed. Risk assessment validated	X	Informed (Situational)	5 business days before release
CAB REVIEW	Change Advisory Board approves release. Final release payload set and communicated internally and externally	X	X	5 business days before release
RELEASE READY	Merge Staging code and SQL branches merged into master branch	X		5 business days before release
VALIDATION PROMOTION	Promote Release Candidate to VALIDATION Environment(s)	X		1 week before release

RELEASE DOCUMENTATION/DEMOS	Public release notes distributed to clients, optional release demos conducted	X	X	1 week before release
FINAL RELEASE REVIEW	Release Readiness Review Meeting	X		1 week before release
OPEN	Release ready: smoke testing passed, deployment pending	X		Day of release
IN PROGRESS	Release awareness communication sent. Release is deployed to production environments	X	X	Day of release
IN VALIDATION	Production smoke testing	X		Day of release
RESOLVED	Smoke testing passed. CAB ticket updated	X		Day of release
RELEASE DAY MARKETING	Marketing communications sent/published	X	X	Day of release
DONE	Release CAB (ticket) marked complete. SDLC requirements validated and ticket marked as done	X		Day of release

Day of Release Note: This release plan is separate from (but operates in parallel to) the Agile software development model, which sees work envisioned, planned, and assigned to iterative development sprints before the actual release activities. CaseWorthy values a user-centered design process, and frequently engages key clients to collaborate and validate solution design during the ideation, design, and development phases prior to major features being released to production environments.

CaseWorthy's software development lifecycle includes several controls to optimize security and availability, including the following requirements enforced by our source control toolset:

- All code changes must be reviewed via pull request by someone other than the developer of the change.
- All code must pass a static-code analysis scan before the pull request can be approved.

Releases are also scanned using a dynamic analysis tool and must go through CaseWorthy's change management process and be approved by the Change Advisory Board before they can ship. Finally, only members of the Cloud Operations team have access to deploy releases to production environments.

3.3.15 Recovery Time Objective (RTO) and Recovery Point Objective (RPO)

CaseWorthy maintains a comprehensive business continuity plan for all critical organization functions which comprise reasonable measures to protect employees and safe-guard assets and client

accounts. The CaseWorthy Disaster Recovery plan establishes procedures to recover CaseWorthy systems following a disruption resulting from a Disaster:

- **Notification/Activation:** CaseWorthy detects and assesses damage to data systems and activates the disaster recovery plan.
- **Recovery:** CaseWorthy begins temporary data system operations and recovers data from the original system.
- **Reconstitution:** CaseWorthy restores data system processing capabilities to normal operation.

This system is reenforced through annual testing which ensures designated personnel are knowledgeable and capable of performing the notification/activation requirements and procedures as outlined in the disaster recovery plan.

CaseWorthy can meet an RPO of hours through a combination of nightly full backups and log backups every 10 minutes. CaseWorth's current RTO does not exceed 24 hours of recovery time. CaseWorthy's engineering and security leads would be happy to meet with the county to answer questions related to our business continuity plan and identify strategies for meeting the County's needs

3.3.16 Data Security and Privacy

CaseWorthy does have a mechanism in the system to allow application administrators to specifically restrict access to the application for CaseWorthy employees. A limited number of employees do have named access to the production environment to perform certain tasks and maintain customer database functionality. We can review and restrict access to any particular database as required by the customer.

3.3.17 Data Encryption

CaseWorthy transparently encrypts data (for the user and the application) for data both when at rest and in motion. For data at rest, Azure Storage provides encryption options like Azure Storage Service Encryption (SSE) that encrypts data automatically using Microsoft-managed keys. When data is in motion, Azure uses TLS (Transport Layer Security) encryption and authentication mechanisms to secure data in transit between Azure services and client applications and protect data from interception and tampering by default.

3.3.18 Cyber Security and Incident Response

CaseWorthy has a thorough Incident Response plan which is tested no less than annually to train the Computer Security Incident Response Team (CSIRT) on how to prepare for, identify, contain, eradicate, recover, and learn from any potential security breach. This includes an Intrusion Detection System (IDS), consistent employee education, training, and awareness for information security incidents, communication plan for security incidents with all stakeholders, connections with 3rd party support should it become necessary, as well as comprehensive cyber insurance

3.3.19 Security Patching and Vulnerability

CaseWorthy has implemented a quarterly cadence of reviewing updates available for libraries consumed in our software to ensure that the codebase is up to date. CaseWorthy also runs SAST and DAST scans regularly to alert to any libraries that have known vulnerabilities that need to be addressed sooner than the next planned update. CaseWorthy utilizes OSS as part of its development strategy. These libraries are verified upon install for known

vulnerabilities, and periodically scanned to ensure vulnerabilities are identified and remediated as is appropriate.

CaseWorthy has a standard vulnerability management policy that directs updates to the environment. Minimally, these happen monthly. Tenable is also employed to scan environment(s) and alert CaseWorthy to any vulnerabilities that need to be addressed. Those are then prioritized and patched as appropriate.



More details can be found here:

LINK	DESCRIPTION
HTTPS://CASEWORTHY.COM/PRODUCTS/CASEWORTHY/	CaseWorthy Enterprise product detail
HTTPS://CASEWORTHY.COM/PRODUCTS/SERVTRACKER/	CaseWorthy ServTracker detail
HTTPS://CASEWORTHY.COM/PRODUCTS/CORE/	Explore CORE
HTTPS://CASEWORTHY.COM/SOLUTIONS/AGING-SERVICE-SOLUTIONS/	Learn more about Aging Services and how we can assist
HTTPS://CASEWORTHY.COM/RESOURCE/CASE-STUDIES/	Case Studies
HTTPS://CASEWORTHY.COM/ABOUT-CASEWORTHY/PROFESSIONAL-SERVICES/	Professional Services
HTTPS://CASEWORTHY.COM/PRODUCTS/ENHANCED-OPTIONS/WEB-PORTAL/	All about Web Portals