

November 25, 2025

The Alamance County Social Services Board met for its regular monthly meeting on this date. The meeting was held at HSC Building (1st Floor) 319 N. Graham Hopedale Rd., Burlington NC with the following in attendance were: Mr. Timothy Britt, DSS Board Chair; Mrs. Tyronna Hooker, DSS Board Vice-Chair; Dr. Darrell Warner, DSS Board Member; Ms. Candy Snyder, DSS Board Member; Ms. Candice J. Gobble, DSS Director; Ms. Virginia Hunker, DSS Business Officer; Ms. Lynette Wellons, Assistant Director of Services; Ms. Danae Pickard, Economic Services Division Director; Ms. Jamie Hamlett, DSS Attorney; Ms. Jamie Hatfield, Economic Services Program Manager; and Ms. Sherry Hook, Alamance County Assistant County Manager were present.

Mr. Timothy Britt, DSS Board Chair, opened the meeting.

Public Comment:

None

Consent Agenda: Timothy Britt, DSS Board Chair

October 2025 items on the consent agenda approved. Ms. Candy Snyder, DSS Board Member, made the motion to approve and was seconded by Dr. Darrell Warner, DSS Board Member.

December Board Meeting Schedule:

DSS Board members voted to move December Board Meeting from December 23, 2025, to **Thursday, December 18, 2025, at 11:30am**. The meeting will be held in Professional Board Room at HSC Building.

Staff Reports:

Fiscal: Virginia Hunker

	OCTOBER 2025	% OF BUDGET	PRIOR YTD	% OF BUDGET
REVENUES	\$4,232,954.00	30%	\$3,351,338.00	27%
EXPENDITURES	\$7,502,055.00	29%	\$6,988,856.00	30%

Ms. Virginia Hunker we are on target and trending where we need to be. October Revenues and Expenditures were distributed for review.

Fraud: See report –

Unit	October 2025	October 2024	Current YTD	Prior Fiscal Year
Fraud	\$16,111.76	\$24,787.08	\$152,297.12	\$160,872.44

The program integrity unit established a 10-year disqualification from the FNS program for dual participation related to misrepresentation of residence.

Services: Lynette Wellons, Assistant Director of Services-

Ms. Wellons reported the following:

Child Welfare has rolled out PATH NC (Intake and Assessments) on November 3, 2025. Alamance County Child Welfare staff were the last to roll in this new tool. We currently have many tickets pending in the system for this new tool with the State, The State has real time access to handle any disputes with services in the form of tickets. We have received an influx of intakes that require 24-hr. (immediate action).

As a reminder, Blue Cross/Blue Shield (Healthy Blue) will launch the Children and Families Specialty Plan (CFSP) – a comprehensive Medicaid Managed Care health plan. The plan is designed to ensure timely and consistent access to quality services, including medical and physical healthcare, while maintaining continuity of service delivery for children and families across the State of NC on December 1, 2025. We have met many challenges with the new provider. We have provided a list of high-risk cases as it relates to foster children. We are meeting with BC/BS today to discuss high risk cases. We are anticipating 5 or 6 of these children may need to be housed at DSS “Blue Cottage” if we are not able to find placement. Attorney Hamlett added we did send list of high-risk cases to DHHS Attorney for guidance and were told “why did you send this list to DHHS”?

VAYA will no longer be the service provider for foster children in NC. This will be a huge change for Alamance Co. DSS.

Foster Children Christmas is coming.

Adult Persons Under Guardianship Christmas is approaching. If you would like to adopt a family, please inform Carmen Morrow. There are 39 PUG’s left to be adopted for Christmas.

Question: Do you anticipate the “bugs” to be worked out soon for PATH NC?

We have been told the State is working on the “critical” issues at this point. We have submitted all issues and are waiting for the tickets to be handled. There was no timeframe given other than “critical” issues will be handled first.

Question: How is morale of staff with the changes?

Overall feedback has been good with the new system. They are happy with some of the changes. We have created a new way of staffing cases. We have closed over 100 cases within the new system. With the state caseload of 10 per SW, we are now down to 15 cases per SW, which is a huge change.

Question: What about VAYA funds?

Director Gobble reported VAYA plans to recoup all funds November 30, 2025. We did meet with the County Attorney and VAYA – very disappointed with VAYA at this meeting. The motives were about profit. There is a difference in funds, so we are still discussing.

Director Gobble added BC/BS will not add any funds. The plan is to take back to BC/BS Leadership regarding Medicaid dollars. We are aware the other counties have met with VAYA and have not heard any comments from those meetings yet.

Question: Is there any legal standing?

No – they are not responsible for the Medicaid Foster Children anymore.

Question: Have the other counties given the money back to VAYA?

We are not sure. We will give up the money effective November 30, 2025. There is no transition plan for Adult Services due to VAYA will continue to serve this Medicaid population.

Child Support – (Statistical Report Information) – see report.

Unit	October 2025	October 2024	Current YTD	Prior Fiscal Year
Child Support	\$928,539.54	\$932,220.00	\$3,669,318.57	\$3,670,607.96

No report.

Economic Support: Danae Pickard, Economic Services Division Director

Ms. Pickard reported the following:

The Government Shutdown is currently over. FNS benefits have been issued whole. SNAP is currently funded through the next fiscal year. The Crisis Closet has been fully stocked by Alamance Co. DSS staff as well as Alamance County staff. The closet is overflowing with items to help families, when needed.

Latest updates and changes in SNAP Work Requirements – with the new H.R.1 signed into law on July 4, 2025, eliminated several exemptions from the ABAWD (Able Bodied Adults Without Dependents). As a result, some individuals who were previously exempt, including veterans and young adults who were in foster care on their 18th birthday, are now subject to the work requirement unless they qualify for another exemption. In addition, H.R.1 increased the age range for the ABAWD Work Rules time limit to 18 through 64 and eliminated exemptions for people that live in households with older children (14-17).

Starting December 1, 2025, an individual will generally be subject to the ABAWD the Work Rules and the three-month time limit if all the following are true:

- They are between 18 and age 64

- They do not live in a household with someone under age 14
- They are considered physically and mentally able to work.

Some are still exempt from these requirements under federal law. You may be exempt if you are pregnant, receive disability benefits, have a physical or mental health condition that affects your ability to work at least 20 hours per week, or if you are a caretaker for someone who is disabled.

If you are subject to the work requirements, federal rules require you to work or participate in certain approved work activities for a total of 80 hours per month. This can include paid work, unpaid work, work in exchange for goods or services, volunteer work, participation in an approved work or training program, or a combination of these activities that add up to 80 hours per month. By early 2026, all 100 NC counties will have a qualifying Job NC Program that will satisfy these requirements for qualifying FNS participants.

If you have seen any messaging regarding FNS participants need to reapply for benefits – we are not sure where this messaging is coming from. We have not received any word from DHHS regarding what is circulating. The recertification process continues to be the same – every 6 months and 12 months for those who receive social security.

Child Care was able to pull 80 children off the childcare waiting list for childcare services. The Child Care unit recently held a childcare meeting with recent providers.

As of right now, there is only enough Energy funding for the LIEAP Phase I recipients (population of age 60 or older or disabled persons) from last year with auto payments to receive. The state reports they are ready to open the eligibility as normal, if additional funding is allocated.

Operations – Director Candice J. Gobble

Administrative Support/Personnel: Candice J. Gobble

Director Gobble announced we have not filled the HR Director position. We continue to work through the HR process.

Director's Report – Candice J. Gobble, Director–

Director Gobble reported there has been a change in coding for Child Welfare cases. We are awaiting how services will be coded to pull down funding.

New Business: Long-Term Care Medicaid

Ms. Danae Pickard introduced Jamie Hatfield, Economic Services Program Manager for Adult Medicaid.

Ms. Hatfield presented the following:

Long-Term Care is extended care in a hospital or medical facility. Medicaid helps pay the cost of care for an eligible individual. LTC Medicaid is for those aged 65 or older, blind or disabled individuals of any age or couples who have been in a hospital or nursing facility for 30 days or longer.

CPI for LTC:

- Continuous period of institutionalization (CPI) is related to LTC budgeting. It is defined as 30 consecutive days in a medical facility or combination of two or more medical facilities.
- The CPI begins on the date the individual enters a medical facility from home or an adult care home and remains for at least 30 days.

Level of Care:

- Level of Care (LOC) refers to the medical and personal care a person needs.
- To qualify for LTC Medicaid, the applicant must be determined to require institutional level care.
- The FL-2 (also called Medicaid Level of Care Assessment Form) is a medical form completed by a licensed physician describing someone's diagnosis, medications, and care needed. This form is required prior to admission.

Financial Requirements:

- Determine whose income to count
 - The applicant does not have a spouse
 - The applicant is married but the spouse remains in a private living arrangement or in a separate LTC facility, or they share a LTC room, but only one spouse requests Medicaid to pay for cost of care.

Income:

- RSDI
- VA Pension/Retirement
- Private Disability
- Income from Trust or Annuity
- Alimony/Child Support
- Unemployment
- Wages
- Tips
- Commissions
- Self-Employment

Patient Monthly Liability:

- Determine gross monthly income
- Subtract personal needs allowance (\$70 for individual and \$140 for married couple)
- Deduct any unmet medical needs

- Subtract community spouse allowance, if applicable
- PML – Income remaining after the above deductions. (Income remaining after making these deductions must be less than the facility's Medicaid reimbursement rate.

Ms. Hatfield reviewed three examples of cases:

Example 1: *Mr. Jones resides in a nursing facility with a daily rate of \$302, which totals approximately \$9,362 per month. After calculating his allowable deductions, his PML is determined to be \$1,290. He is responsible for paying this amount directly to the facility each month. Medicaid pays the remaining balance of the facility's monthly rate of \$8,072.*

Income:

SSA = \$1200

Pension = \$300

Total = \$1,500

Deductions:

Personal Needs Allowance = \$70

Unmet Medical Need = \$140

Calculation:

\$1,500

- \$70

- \$140

\$1,290 PML

Example 2: *Ms. Duke resides in a nursing facility with a daily rate of \$323, which totals approximately \$10,013 per month. After calculating his allowable deductions, her PML is determined to be \$830. She is responsible for paying this amount directly to the facility each month. Medicaid pays the remaining balance of the facility's month rate of \$9,183.*

Income:

SSA = \$900

Deductions:

Personal Needs Allowance = \$70

Calculation:

\$900

- \$70

Total = \$830 PML

Example 3: Ms. Long resides in a nursing facility with a daily rate of \$313, which totals approximately \$9,703 per month. After calculating his allowable deductions, her PML is determined to be \$286. She is responsible for paying this amount directly to the facility each month. Medicaid pays the remaining balance of the facility's monthly rate of \$9,417.

Income:

SSA = \$2,200

Husband Pension = \$800

Total = \$3000

Determine Spouse Allowance:

MMMNA = \$2,644

Spouse's Income = \$800

Total = \$1,844 protected income

Deductions:

PNA = \$70

Community Spouse Allowance = \$1,844

Total = \$1,914

Calculation:

\$2,200

-\$70 (PNA)

-\$1844 (CSA)

Total = \$286 (PML)

Question: How do you calculate the rate for spouse?

Community Gross Income calculation is how we determine the rate for spouses.

Ms. Hatfield added during the Holidays is when we see an uptick in adult cases for Medicaid.

Financial Resources: These are three types of resources considered when determining Medicaid Eligibility.

1. **Real Property:** This includes land and all buildings or dwellings which are permanently affixed to the land. Verify with the county tax office.
2. **Liquid Assets:** This includes cash, bank accounts, certificates of deposits as well as any item that can be converted into cash, such as cash value of life insurance policy.
3. **Personal Property:** This includes all personal effects and household goods as well as any type of motor vehicles, boats, trailers or farm equipment. These can be verified by county tax office.

Verifying Resources: Medicaid reviews all financial activity for the 5 years prior to the application date to determine whether the applicant gave away or sold assets for less than fair market value.

What is reviewed:

- Bank statements
- Property transfers
- Vehicle transfers
- Cash gifts
- Large or irregular withdrawals
- Trusts, annuities, life estate changes
- Financial transactions involving family or friends

Verifying resources is one of the most challenging parts of Adult Medicaid. We do have access to an asset system that helps with balance amounts, but we do have to reach out to family members regarding additional information.

Transfer of Assets: Transfers of real or personal property, or any asset for less than the current market value must be reviewed to determine if a sanction should be imposed.

A sanction is a penalty period during which some services related to institutional coverage will not be paid by Medicaid.

TOA Examples include:

- Gifting money to family
- Selling a house or car for less than it's worth
- Adding someone's name to the deed without proper compensation
- Paying informal caregivers
- Moving money into a non-exempt trust
- Large cash withdrawals than cannot be explained

Reviewing Verifications: Once the information is obtained, the caseworker must determine if a transfer occurred and whether a sanction should be imposed.

During the evaluation some questions to consider:

- Has the applicant consulted or hired an attorney for estate planning purposes?
- Does the individual stand to gain in any way from the transfer?
- Is there evidence of regular donations/gifts to charities or family members?
- Did the applicant attempt to dispose of the asset for its current market value?
- After the transfer occurred, was there a traumatic onset of disability or diagnosis of a previously undetected condition?

Ms. Hatfield reported there is a team at the State level that monitors these applications. But it's one team for all 100 counties.

Transfer Sanction:

When a transfer occurs, the caseworker must:

- Determine the uncompensated value of transfer
- Determine the length of sanction period
- Determine the start date

Question: What if client disagrees? Is there an appeal process?

Yes – there is a local appeal process. The local appeals process can go up to State process. The State has the ultimate decision.

Alamance County DSS Adult Medicaid Team:

- 2 Full Time Medicaid Caseworkers
 - Complete applications
 - Program Changes
 - Recertifications
- 1 Part Time Contract Worker
 - Assist with program changes

Average Monthly Workload:

- 18 Applications (These do not include PACE applications) -
- 15 program changes
- 35 recertifications
- Determination process is 45 days
- alamancecountylongtermcare.com - email used for communication purposes for all LTC applications

LTC Medicaid is one of the most complex programs due to the 60-month lookback, TOA Evaluations, FL2 requirements and PML calculations.

Some additional complex issues include:

- Frequent delays obtaining verifications
- Multiple third parties involved (facilities, POA, A/R)
- Detailed financial statements
- Communication with facilities and families
- Complex transfer reviews & sanction determinations
- Limited staffing (IMC II requirements)
- in the home (ongoing treatments, etc.)

Announcements:

None

Adjournment -

The next board meeting is 11:30 am **Thursday, December 18, 2025**, at DSS – Professional Board Room located on the 1st Floor at 319 N. Graham Hopedale Rd., Burlington NC.

There being no further business, the meeting was adjourned at 1:19pm. Motion was made by Dr. Darrell Warner, DSS Board Member and seconded by Candy Snyder, DSS Board Member, to adjourn the meeting.

Respectfully Submitted:

Carmen L. Morrow

Date Approved: _____