Monthly Directors Report

Department of Social Services
700 E Parker Rd.
Morganton, NC 28655

January 5, 2026
Board of Commissioners
110 N. Green St.
Morganton, NC 28655

Subject: Monthly Update for the Department of Social Services

Dear Board of Commissioners,

Please see below for an executive update on key policies and administrative metrics impacting the Burke County Department of Social Services. This report will be presented to you monthly and will track key performance indicators, policy progression, and identify potential emerging issues.

Thank you for your leadership and support. Please let us know if you have any questions or concerns.

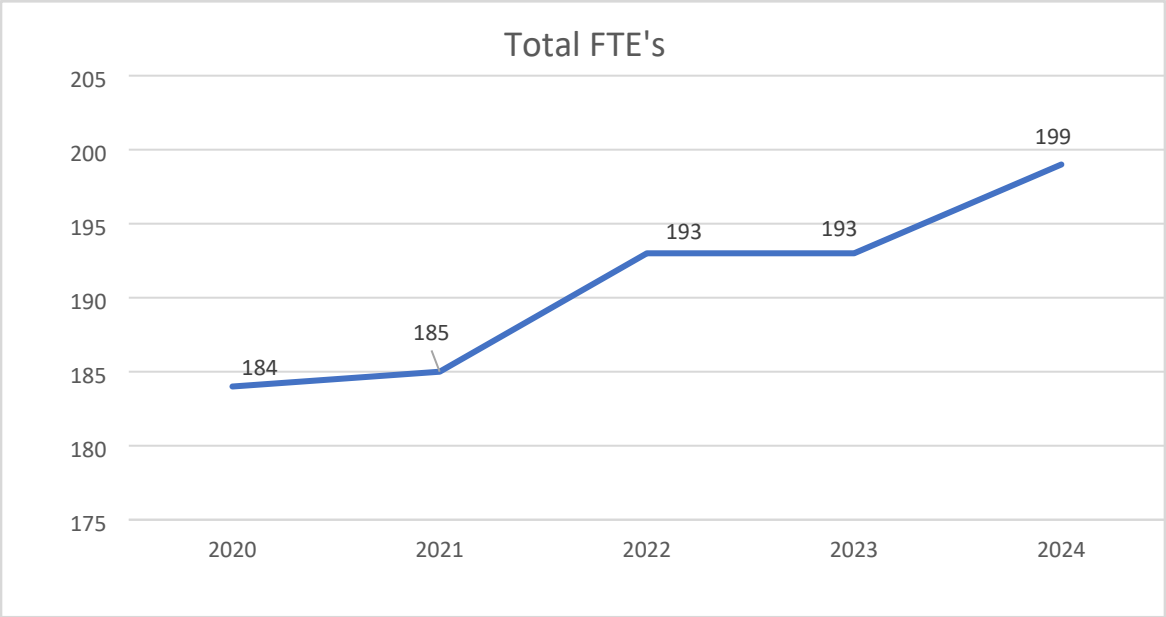
Regards,

Korey Fisher-Wellman
Director of Social Services, Burke County

CC: Brian Epley
County Manager

Personnel Analysis:

The Burke County Department of Social Services has an FTE allocation of 199 positions. This has grown over the past several years, specifically following a staffing analysis completed in 2019 that recommended 44 additional positions. The agency added 6 FTEs in 2023 following the passing of Medicaid Expansion in December 2023. The county employs 15 part-time employees, including one Income Maintenance Caseworker, 1 foster care worker who helps with home studies, 1 CPS social worker who provides support with out-of-county requests, 2 cps clerical staff, and 10 after-hours placement support specialists who help to provide support when children are in the building overnight.



Of the 199 active FTEs in the department, currently, we have 13 full time vacancies – which represents 6.5% vacancy rate. During the month of November, DSS experienced 1 separation, and had a total of 5 new hires, all of which were for full-time positions.

Over the past several months, the agency has made measurable progress in stabilizing the workforce and strengthening staff retention within Child Welfare. In partnership with Human Resources, agency leadership implemented a series of targeted initiatives focused on addressing turnover, improving onboarding, and enhancing overall employee support.

As part of these efforts, the agency successfully filled two critical Child Welfare leadership positions: a Training and Onboarding Supervisor and a Quality Assurance Supervisor. These roles were intentionally created to strengthen the onboarding process for new staff, provide ongoing training and professional development, and support continuous quality improvement efforts across the division.

In addition, the agency launched an enhanced recruitment strategy aimed at attracting experienced Child Protective Services (CPS) professionals. This includes the implementation of a sign-on bonus for applicants with at least one year of directly related DSS experience who do not require pre-service training. This targeted approach allows the agency to more quickly bring skilled professionals into frontline roles while reducing training timelines and costs.

To further respond to service demands and staffing pressures, the agency has taken strategic steps to maximize and realign existing resources. Over the past few months, three positions were reclassified to better align with current workload and operational needs. These reclassifications resulted in the creation of:

- An additional CPS Social Worker position,
- A CPS Supervisor position to enhance supervisory coverage and staff support, and
- A Visitation Coach role within Foster Care to strengthen services for children and families.

Collectively, these investments reflect a comprehensive approach to workforce stabilization that emphasizes targeted recruitment, enhanced training and onboarding, strategic restructuring, and improved supervisory support. Agency leadership remains committed to monitoring staffing trends, workload data, and service demands to ensure continued progress in performance, practice quality, employee satisfaction, and retention.

Open Positions:

Position Title	Position #:	Status
IMC III Lead worker	51901	
IMC II	51382	Interviews
IMC II	51820	Interviews
IMC II	51898	
IMC II	51785	
Social Worker IAT	51775	
Social Worker IAT	51776	Interviews
Social Worker IAT	51905	
Social Worker IAT	51341	
Social Worker III	51460	
Social Worker III	51827	
Training Supervisor	51908	
Administrative Officer II	51667	

Economic Services Updates:

Update on Federal Medicaid and SNAP Policy Changes

Over the past several months, significant federal policy developments have occurred that directly affect the administration of **Medicaid** and the **Supplemental Nutrition Assistance Program (SNAP)**. These changes stem from major federal legislation and introduce new administrative requirements, increased workload complexity, and potential long-term fiscal implications for state and county operations. These developments are occurring while local departments of social services continue to manage high caseloads and workforce stabilization efforts, underscoring the importance of adaptability and advance planning.

Federal Legislative Update: One Big Beautiful Bill Act (HR1)

In July 2025, Congress passed the **One Big Beautiful Bill Act (HR1)**, a comprehensive reform package that includes substantial changes to Medicaid and SNAP. Several provisions became effective October 1, 2025, with additional changes scheduled to phase in over the coming years. These reforms carry direct operational implications for county DSS agencies.

Medicaid Changes (Effective October 1, 2025)

Key Medicaid provisions now in effect include:

- **Provider tax reduction:** The allowable provider tax cap is scheduled to decrease from 6% to 3.5% by 2031, impacting Medicaid financing and long-term sustainability statewide.
- **New federal work requirements:** Adults ages 19–64 must now verify at least 80 hours per month of qualifying work, education, or volunteer activity.
- **More frequent eligibility redeterminations:** Medicaid eligibility reviews are now required every six months rather than annually, effectively doubling the review cycle.
- **Additional phased-in changes:** Modifications to certain optional benefits and provider reimbursement structures will be implemented over time.

Taken together, these changes significantly increase eligibility verification, documentation, compliance monitoring, and overall administrative workload for county DSS staff.

SNAP Policy Changes Under HR1

HR1 also introduces major structural and funding changes to SNAP, including:

- **State cost-sharing for benefit errors (beginning in 2027):** Based on North Carolina's current payment error rate, the state would fall into the 15% cost-sharing tier, with an estimated annual cost of approximately $420 million.
- **Reduction in federal administrative funding:** The federal share of SNAP administrative costs is reduced from 50% to 25%, increasing the financial burden on states and counties.
- **Expanded work requirements:** Additional populations will be subject to work participation rules, while several existing exemptions are narrowed.

These changes are expected to increase case complexity, verification requirements, and long-term administrative demands at the county level.

Local and County-Level Implications

The implementation of HR1 presents both immediate and long-term challenges for county departments of social services.

Short-Term Impacts

- Increased staff time devoted to eligibility verification, documentation, and client education.
- Higher administrative demands as new policies are implemented and staff adapt to revised requirements.

Long-Term Implications

- Sustained increases in Medicaid eligibility workload due to six-month redeterminations and ongoing work requirement monitoring.
- Reduced federal funding for SNAP administration, potentially shifting additional financial responsibility to counties.
- Expanded oversight, documentation, and quality-control responsibilities across both Medicaid and SNAP programs.

Agency leadership will continue to monitor federal guidance, state implementation plans, workload data, and fiscal impacts to ensure compliance while maintaining service continuity for vulnerable populations.

MEDICAID

												MOU MEASURE	90	90	95		
	AGED OR DISABLED ADULT ACTIVE PARTICIPANTS Does not include MXP or FP cases	ADULT ACTIVE CASES *Does not include MXP or FP cases	FAMILY AND CHILDREN ACTIVE PARTICIPANTS	FAMILY AND CHILDREN ACTIVE CASES	TOTAL MEDICAID APPLICATIONS TAKEN	TOTAL MEDICAID REVIEWS	TOTAL MEDICAID REVIEWS WITHOUT WAIVERS	CAP REFERRALS	LTC REFERRALS	TOTAL MEDICAID RECIPIENTS	TOTAL NEMT TRIPS	REPORT CARD MAD	REPORT CARD OTHER	RECERT COMPLETION TIMELINESS RATE	Straight Through Processing	Total
NOV	5405	7584	22,655	14304	688	363	1746	9	10	28,062	573	97%	97%		100%	97%
DEC	5415	7567	22936	14554	582	1485	2246	10	11	28,351	582	100%	97%		100%	96%
JAN	5412	7612	23126	14845	565	2090	2900	5	9	28,538	651	96%	96%		100%	96%
FEB	5391	7,608	23436	14,952	352	2223	2580	1	7	28,561	683	93%	95%		100%	95%
MAR	5356	7,618	23247	15,012	411	855	2969	11	13	28603	735	100%	95%		100%	95%
APR	5389	7,752	23481	15,037	380	1571	*	4	12	28,870	683	96%	95%		100%	95%
MAY	5351	7,658	23365	15,147	382	*	*	3	9	28,716	713	93%	97%		100%	97%
JUN	5338	7,683	23515	15,235	346	1540	n/a	0	17	28,851	698	96%	94%		100%	95%
JUL	5327	7,734	23,544	15,333	382	1435	n/a	2	18	28,873	*	93%	95%		100%	95%
AUG	5283	7,753	23448	15,418	325	1386	n/a	1	12	28,731	823	100%	96%		100%	96%
SEP	5289	7,744	23471	15,459	378	1586	n/a	2	16	28,740	756	100%	94%		100%	94%
OCT	5311	7,747	23422	16,290	398	1606	n/a	1	16	28,733	638	100%	98%		100%	98%
NOV	5342	7,755	23,381	15,465	472	1825		2	12	28,723	624	100%	96%		100%	97%

	FOOD AND NUTRITION SERVICES							
			MOU MEASURE	95%	95%	95%		
	ACTIVE RECIPIENTS	ACTIVE CASES	APPLICATIONS TAKEN	APP TIMELINESS RATE-REGULAR	APP TIMELINESS RATE-EXPEDITE	RECERT TIMELINESS RATE	RECERTS COMPLETED	FNS EBT BENEFITS
NOV	11,981	6206	394	100.00%	97.81	67%	739	2,962,954.00
DEC	12,193	6312	346	97.62%	98.15%	100%	356	2,016,823.00
JAN	12,108	6275	585	99.31%	99.77%	100%	525	1,973,378.00
FEB	11,951	6236	449	97.18%	100%	98.75%	561	1,963,605.00
MAR	11,907	6183	499	97.21%	100%	98.48%	526	1,965,566.00
APR	11,396	5959	591	97.24%	100.00%	97.77%	720	1,871,687.00
MAY	11,002	5732	576	98.11%	99.15%	99.13%	692	1,808,941.00
JUN	10,804	5,597	598	97.69%	92.73%	98.19%	553	1,783,246.00
JUL	10,715	5,556	594	96.83%	96.84%	98.74%	548	1,760,696.00
AUG	10,783	5602	558	99.52%	99.31%	98.86%	528	1,778,789.00
SEP	10,794	5605	580	99.13%	97.98%	99.41%	509	1,752,253.00
OCT	10,695	5568	512	99..07%	99.02%	98.65%	445	1,797,705.00
NOV	10,418	5445	417	99.15%	98.81%	99.70%	336	1,759,731.00

Social Work Updates

Child Welfare
290 active cases in CPS
30 active Family In-Home cases
190 Children experiencing foster care

- 6 entries into foster care during October
- 4 exits

18 young adults in our 18 to 21 program

Transition to the Statewide Foster Care Plan

North Carolina has implemented a significant system change in the administration of foster care services by transitioning from regionally managed systems under Local Management Entities/Managed Care Organizations (LME/MCOs) to a single, statewide foster care plan administered by Healthy Blue. This transition represents a major shift in how services are coordinated, authorized, and delivered for children and families involved in the foster care system.

Background and Rationale

Under the previous model, foster care services were managed through multiple LME/MCOs across the state. While this approach allowed for regional oversight, it also resulted in variation in processes, service access, and care coordination across counties. Children who moved between placements or county lines often experienced disruptions in services, delays in authorizations, and inconsistencies in care management.

The move to a statewide foster care plan was designed to address these challenges by creating a more uniform system of care. By consolidating foster care services under a single managed care entity, the state aims to improve continuity, streamline administrative processes, and ensure more consistent access to services regardless of geographic location.

Expected Benefits

The statewide foster care plan is anticipated to offer several long-term benefits for children, families, counties, and providers:

- **Consistency across counties:** Children and families receive the same benefit structure, care coordination model, and service expectations statewide, reducing regional variation.
- **Improved continuity of care:** Transitions between placements or counties are expected to occur with fewer disruptions to services and authorizations.
- **Enhanced care coordination:** A single statewide plan simplifies communication between DSS agencies, providers, and care managers, supporting more integrated service delivery.
- **Reduced administrative complexity over time:** Standardized policies, procedures, and billing processes are expected to improve efficiency and reduce duplicative administrative work.
- **Stronger accountability and oversight:** Centralized data and reporting support improved monitoring of outcomes, service utilization, and system performance.

Collectively, these improvements are intended to strengthen permanency efforts, improve outcomes for children and families, and support more effective use of public resources.

Short-Term Challenges and Transition Considerations

As with any large-scale system change, the transition to the statewide foster care plan presents short-term operational challenges. Counties and providers are adjusting to new processes related to authorizations, billing, care management roles, and communication pathways. Staff training and workflow adjustments are ongoing as the system continues to stabilize.

In the short term, DSS staff may experience increased administrative demands as they navigate new requirements, assist families and providers with system changes, and coordinate care during the transition period. Providers may also require time to adapt to new contracting and reimbursement processes.

Agency leadership will continue to work closely with state partners and Healthy Blue to identify issues, provide staff support, and ensure continuity of services for children and families during this transition. Ongoing monitoring and communication will remain a priority as the statewide foster care plan continues to be implemented and refined.

Adult Services Update

The Adult Services Division continues to respond to a high volume of complex and sensitive cases that safeguard the safety, dignity, and well-being of older and disabled adults in our community.

Guardianship
We are currently serving 69 adult wards through public guardianship services. An additional 16 are managed by contracted providers, allowing us to extend our capacity and ensure proper oversight for individuals who have been deemed legally incompetent and require court-appointed

protection. In November, we received two new guardianship referrals, reflecting sustained demand in this area.

Special Assistance In-Home (SAIH)
We are serving 53 clients through the SAIH program, significantly exceeding the state-recommended caseload of 25 to 30 per social worker. This caseload is currently being managed by one SAIH social worker, highlighting the program's high demand and the strain on available staffing resources. SAIH remains essential in helping individuals with limited income remain safely in their homes and avoid institutionalization.

Community Alternatives Program for Disabled Adults (CAP/DA)
As of the end of November, 133 individuals are actively enrolled in CAP/DA services, with a capacity to serve up to 188 or more, depending on the speed of state-level referral processing. CAP/DA plays a vital role in supporting individuals who might otherwise require nursing home placement, enabling them to remain safe in their homes while receiving necessary care and support.

Adult Protective Services (APS)
In November, we received 38 new APS reports, of which 23 were screened in for formal investigation. The outcomes of these investigations included:

- 2 substantiated cases (confirmed abuse, neglect, or exploitation),
- 5 cases opened for ongoing protective services

In addition to investigations, APS staff also conducted 6 outreach assessments, made 6 service referrals, and handled 2 guardianship referrals connected to adult protection concerns. These figures highlight both the vulnerability of adults in our county and the essential work our team does daily to assess risk, coordinate services, and intervene when necessary.

Conclusion
This month's data underscores the growing demand and complexity across all areas of adult services. Continued pressure on programs like SAIH, guardianship, and APS reinforces the importance of sustained investment in staffing, training, and infrastructure to ensure that we can effectively protect and support some of the most vulnerable members of our community.