NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
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BARBARA B. BLUM
Commissioner

[An informational letter informs local districts of potential developments in the Social Services field, or of actual or potential developments in collateral fields of interest]

INFORMATIONAL LETTER

TRANSMITTAL NO.: 79 INF-8 [Division of Adult] Residential Care

TO: Commissioners of Social Services

DATE: March 28, 1979

SUBJECT: Financial Management Procedures For Individual Clients

SUGGESTED DISTRIBUTION: Directors of Income Maintenance, Medical Assistance, Social Services, Accounting

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I. Purpose

The purpose of this ~~directive~~ letter is to outline the responsibility of local districts in the use of financial management procedures. Financial Management issues are the concern of and impact various local district sections including accounting, income maintenance, medical assistance and services. The development of this letter ~~directive~~ is a combined effort of the four sections' state staff to correlate essential material in one release for the use of all. Various issues have been addressed separately in previous releases. This release summarizes rather than addresses each item in detail. It is recognized that depending on size of caseloads, and the local districts organizational and staffing pattern, the specific delegation of responsibilities and procedural details will vary. This letter will focus on the joint responsibilities and provide some general guidelines for districts to insure the provision of effective financial management services. It is up to the local districts to work out the details of implementation and monitoring of the various procedures.

FILING REFERENCES

Previous INFs/ADMs	Dept. Regs.	Social Services Law and Other Legal References	Bulletin/Chapter Reference	Miscellaneous References
75 ADM 120	457	131	Bul. 195	
77 ADM 71	381	309	Bul. 194	
	487.4	MH 77	Bul. 193	
	485.2	MH 78	Bul. 187	
		SSL 87		

II. BACKGROUND

Problems resulting from mismanaged financial resources, often coupled with limited funds, are ones with which local social service districts have long been involved. Such are not new concerns nor do they relate to any one client or age group. Local district activities aimed at resolving these problems have occurred basically at two levels. The first is in the area of education and training for management of household budgets. These Home Management Services are often provided by staff Home Economists and for the most part have been aimed at ADC families who are in need of very involved financial counseling.

The second level is one of direct financial management services provided by district staff, often for an elderly client or an impaired adult. That these problems are steadily increasing may in part be attributed to the numbers of people being released to the community, hence deprived of institutional supports, as well as to the increase in number of elderly persons in the general population, persons who are becoming older, frailer and poorer, with diminished capacities for self care and self determination. When the need for direct financial management help becomes evident, the local district has the responsibility to see that such services are provided. It is this second level, i.e. of direct activity by the local district, which is the subject of this letter.

Local social service districts are attempting to help meet these problems using both informal and formal procedures. In all situations it is important that the least restrictive method possible be utilized and that, to the extent practical, the recipient be involved in deciding how to deal with the problem. Generally, informal methods should be tested before a determination is made to utilize more structured procedures. The decision that help with financial problems is needed should be based on a social study which: (1) defines the problem; (2) identifies available resources, and (3) establishes specific areas of agency responsibility including the caseworkers' role and the role of other agency staff. The local district has a responsibility to monitor and document the use of either informal or formal procedures both in the case record and as required by the local accounting unit.

III. PROGRAM IMPLICATIONS

A. General

Due to varying local district staffing patterns, no single financial management services model is being suggested. It is necessary to place the responsibility for providing financial management services in the section of the local district where the problems can best be addressed. Essentially this means that the financial management role will not always be assumed by the Services Division, but may at times be the responsibility of Medical Assistance (MA) or Income Maintenance (IM), based upon the extent of the need and the unit's staffing capacity to provide the needed services. However, whatever model is adopted, the local district should develop a written plan and procedures to insure that all units understand their respective roles.

The client's initial agency contact is more frequently with MA or IM rather than Service staff, which puts such workers in the position of making the initial identification of service needs. Medical Assistance workers in their personal interview with client at the time of application or recertification

have a responsibility to observe those symptoms/indicators of the need for services, including the need for help with financial management, to make known the services available and to make appropriate referrals for those whose needs are beyond the scope of the MA program. Identification of service needs will also be made by MA workers through their contact with health care providers, such as hosptial and clinic social workers. In these situations, the MA worker must establish the needed linkages between client and Service staff.

Income Maintenance workers are frequently made aware of the client financial management needs because of evidence of mismanaged cash and the need for emergency assistance. In these situations the IM worker has a responsibility to make an on-the-spot assessment of the client's inability to manage his/her affairs because of physical and/or mental impairment. There is an obligation to refer to Services those individuals whose needs are beyond the scope of the IM program.

Accounting staff will seldom have direct client contact, but do have a definite responsibility in establishing acceptable procedures, providing consultation to staff assigned to provide client services and monitoring the procedures to insure compliance and effectiveness.

B. Financial Management vs. Case Management Definitions:

Financial Management means the supervision and disbursement of a person's funds by a DSS staff member in a manner and according to procedures recognized and established by the Department and the local social service district.

Case Management means those activities necessary for initiating and continuing the provision of services on a case by case basis. This is based on social study, determination of service goal and developing the service plan.

By definition, financial management is more limited in scope than case management. Case Management may and often does include financial management.

The provision of either financial management, or case management which includes financial management procedures, is both based on a social study and the development of a service plan.

For the social service district to insure the provision of financial management services to best meet client's needs, there must be effective coordination of skills and responsibilities and clearly defined roles of each division: Income Maintenance, Medical Assistance and Services.

C. Designation of Financial Managers and Case Managers

In determining the need for providing help with financial management, using either formal or informal methods, and in exercising the responsibilities inherent to these procedures, there must be an appropriate designation of a financial manager or the more inclusive role of case manager. The locus of

the management role will be determined by the nature of the client's problems and the local district's organizational and staffing pattern. As previously noted, the designation might be from Medical Assistance, Income Maintenance or Service staff. The Medical Assistance worker responsible for the placement of a person in a health facility may be the person best qualified to assume the role of financial manager which will be all the help that is needed. For persons under treatment in an appropriate community treatment center, such as an Association for Retarded Children facility, where they are provided the needed supportive services, the financial manager role may be appropriately placed with the Income Maintenance worker. However, financial problems are frequently not isolated but are associated with other problems and as such the Service worker may be designated the case manager with responsibilities including that of financial management.

Generally speaking, then the case manager role, which includes that of financial manager, will be an appropriate responsibility of the Service Division except for:

(1) Persons residing in Residential Health Care facilities for whom the MA worker is appropriately designated financial manager.

(2) Persons receiving supportive services from other community resources and the primary responsibility of DSS is related to money disbursement. In these situations the IM or MA worker assumes the responsibility of financial manager.

D. Role of the Client, the Family and other Community Resources.

It is important to involve the client to the greatest extent possible in decision making and planning for the needed services, and that the least restrictive financial management procedure possible be utilized. Likewise, as in all service delivery, it is important whenever possible to enlist the help of responsible family members, if such persons are available, to function as financial managers.

Similarly, there should be appropriate use of other community agencies in fulfilling financial management responsibilities. Where other community agencies, for example the Office of Aging and the core agency in the Office of Mental Health's Community Support System, are providing case management services, in most situations they may also fulfill the role of financial manager.

IV. RECOMMENDED ACTION

A. General

Identified and discussed in this ~~directive~~ letter are informal financial management procedures as well as those formally established by the NYS Department of Social Services, the Social Security Administration and in the Mental Hygiene Law, Sections 77 and 78. These three sources provide procedures with distinct features relating to an identifiable client group which must be understood to be best utilized for persons needing such help.

While the major emphasis of this ~~directive~~ letter relates to persons living in the community, the district has certain responsibilities especially as to the personal allowances, of adults in residential care programs, and health care facilities. Procedures relating to the personal allowances will be addressed in paragraph 2, C, page 9.

The appropriate procedure to be used will in general depend upon the source of available monies and the extent of need of the client. DSS procedures will usually be used when funding - ADC, HR, and HAA - is through that agency. When the main source of income is Social Security (Title II - RSDI) and Supplemental Security Income (Title XVI-SSI), the Representative Payee procedure will generally be used. When there are additional resources, (property, savings, private pensions), the need for establishing a conservatorship or committee under Mental Hygiene Law should be considered in conjunction with local district legal staff.

B. Informal - Financial Management Techniques

Some marginally competent persons may retain control of their income and assets if ~~acceptable~~ supervision and guidance is provided. This may be only developing a plan of expenditure and periodically verifying the individual's ability to follow the plan. Problems may be less acute if arrangements are made for social security checks to be deposited directly in the bank or to have someone on hand when checks arrive to accompany the adult at risk while the check is cashed, rent and utilities paid and groceries purchased. In these situations the services of relatives, neighbors, and friends can well provide the help needed for the adult to remain in the community. Many local districts are arranging financial management help through this source.

When these resources are not available or appropriate, such help may be provided by the case manager, the case aide, the homemaker or the housekeeper as part of the service plan. Such workers can assist with shopping and paying bills, thus enabling frail adults to retain some control over their monies while seeing that essential needs are met. When such services are to be provided, it must be clearly designated in the service plan and ~~to the extent possible~~ be with the understanding and approval of the client. It is the responsibility of the case manager to monitor and document in the case record all financial management activities including an accounting of monies received and disbursed.

This can be a time consuming process requiring patience, understanding and ingenuity on both the part of the case manager and the homemaker. There will, however, be those persons for whom the use of such procedures does not provide the degree of help and protection needed; persons whose physical and mental limitations (often a combination of both) make necessary a more precise control of funds if they are to remain in the community receiving the benefits of resources and entitlements due them. For such persons more formalized procedures will be necessary.

C. Formal Agency Established Procedures

1. Department of Social Services Methods of Payment (Soc. Serv. Regs. 381)

a. Restricted Payments

It is the general policy for Public Assistance (PA) grants to be made by issuance of an unrestricted money payment. However, when the inability to manage money has been clearly demonstrated, the local agency should consider use of various types of restricted money payments. Types of restricted payments and the conditions under which they can be used are specified by Department Regulations.

Vendor restricted payments (VR) are those where the local district makes direct payment or issues a two-party check to a vendor for the furnishing of shelter, food or other goods or services normally provided for under a recipient's cash grant. The specific conditions under which VR payments may be used are dependent upon the category of assistance being provided.

(1) Aid to Dependent Children Program (ADC)

A vendor restricted payment may be used only when the client has demonstrated his/her inability to handle cash and when the granting of power of attorney by the recipient or the appointment of a committee by the court is not practical. The inability of the client to handle cash should be documented in the case record and might include, but is not limited to, the client's failure to pay shelter costs, arrears in utilities bills, or otherwise failing to provide for the best interest of the child(ren).

Federal law establishes a limitation on the portion of the ADC caseload on whose behalf restricted payments may be made. Federal reimbursement is denied for that portion of the caseload having restricted payments which is in excess of this limit. State reimbursement is also tied to this limitation. This limitation specifies restricted payments made on behalf of an ADC recipient shall not be made to more than 20 percent of the number of persons in cases that receive federal participating unrestricted grants only, plus the unduplicated number of children for whom ADC-FC payments were made during the month. This limit was recently raised from 10 to 20 percent, which has resulted in this limitation currently impacting the use of VR payments in only a few of the larger social services districts.

(2) Home Relief Program (HR)

In the HR program, the use of restricted payments are permissible under situations where:

- a client has demonstrated an inability to manage funds; or

- less expensive or more easily controlled alternative methods of payments are not available; or

- a client requests restricted payments.

These criteria specifically permit the use of vendor restricted payments at the agency discretion when local staff feel it will serve as a tool in effective case management, or where they feel its use will avoid duplicate payments for rent, utilities and other items of need. There is no limitation on HR reimbursement relative to the use of VR payments. Accordingly, local districts can freely use VR payments whenever any of the above three criteria is deemed to exist.

b. Protective Payments

Protective payments means the issuance of the grant for an ADC recipient to an individual other than the eligible relative. Payment to a protective payee shall only be made with the participation and consent of the recipient or his/her eligible relative whenever such participation and consent can normally be obtained. It is also possible to use protective payment when this participation and consent cannot be obtained based on the district's documentation of its appropriateness. For all protective payments, the payments may be made to:

- an interested individual concerned with the welfare of the child or relative in ADC;

- a staff member of a private agency, a public social services agency, or any other appropriate organization;

- a staff member of a social services district;

- the superintendent, or his designee, of a public institution for mental diseases or a public institution for the mentally retarded, provided:

    - no other suitable protective payee can be found; and

    - there are appropriate staff available to assist the superintendent in carrying out the protective payment function.

When the protective payee is selected from the staff of the social services district, selection shall be made preferably from the staff providing protective services. Such staff shall be utilized for this purpose only to the extent that the social services district has adequate staff for this purpose, with additional staff to be employed as needed to provide for the carrying out of these protective payee services. Under no circumstances can protective payment be made to the following local district staff members:

1) the local social services commissioner;

2) an executive member of the local commissioner's staff;

3) a person who determines the financial eligibility for the ADC family;

4) special investigations or resource staff;

5) staff handling fiscal processes related to the recipient.

Additionally, protective payments may not be made to landlords, grocers, or other vendors of goods or services dealing directly with the recipient, except for the superintendent (or his designee) of an institution as specified above.

c. Emergency Assistance

When the need for emergency assistance is the result of the client's inability to manage resources, a referral to the Service Division is to be made to evaluate the need for help in financial management. Based on the social study, such help might be provided through either informal techniques described in Section B or the formal procedures described in this and following sections.

d. Accounting Procedures

The methods of payment as discussed here and in subsequent paragraphs demand precise accounting procedures which will protect the client's interests as well as insure agency compliance with established procedures. See Section 5, Accounting Procedures, page 10.

2. Social Security Procedures - Representative Payee

Local districts are familiar with the representative payee procedure and many are both initiating the process of securing designation of a representative payee and serving in this capacity. It is most frequently used by the local districts for persons in Adult Residential Care or Residential health care facilities and for those adults living in the community who require protective services.

a. Definition: A representative payee is a person approved by the Social Security Administration to receive benefits on behalf of an eligible person when there is positive legal, medical or other acceptable evidence presented which establishes that the beneficiary is unable to manage his assets or protect his interests by reason of physical or mental impairment.

There has been some confusion about "other acceptable evidence". When medical or legal evidence is not available, "other acceptable evidence" has been interpreted to mean evidence as obtained from social agencies, professional and lay persons regarding the persons incapacity. Thus such evidence, i.e. facts and information obtained in a district's assessment of a case, can serve as a basis for a determination by the Social Security Administration District Office. This interpretation of Social Security policies is addressed in their Program Guide #77-4 dated 5/12/77.

b. Designation of Representative Payee

Every effort should be made to involve a reliable legal guardian, spouse, relative, other appropriate agency, or friend to act as the representative payee. If no such persons can be found to accept this responsibility, the local DSS should make application to the Social Security Administration District Office requesting that the local Social Service Commissioner or the Director of Social Services be designated. Such action may appropriately be initiated by staff of MA, IM or the Services Divisions.

The appointment of a representative payee means that the client does not receive a social security check and/or SSI check. It is sent to the representative payee who has the responsibility of disbursing the monies for the recipient's needs. It is important that the recipient be informed not only of the change and the reasons the check does not come directly but that if possible (s)he participate in the selection of the persons to be designated as representative payee. It is also important that there be a definite, clearly established assignment of the responsibility made to appropriate agency staff of MA, IM, or Service divisions.

In many districts the Commissioner of Social Services will be named the Representative Payee. The case manager, acting as the agent of the Commissioner, will be responsible for determining with the recipient when possible which bills should be forwarded to the worker and how the money should be allocated. Disbursements must protect the health and welfare of the recipient. Such items as rent, food and utilities are usually met first, with remaining monies given the recipient. There will be those persons who will also need some help and direction from the worker in relation to incidental expenditures.

c. Persons in Adult Residential Care Programs and Residential Health Care Facilities

Adult Residential Care Programs means: Not for Profit Homes for Adults, Proprietary Homes for Adults, Family-Type Homes for Adults, Special Homes, Public Homes, Residences for Adults and Shelters for Adults as defined in Social Services Regs. 485.2. For the SSI recipient, the operators of these facilities have a responsibility to provide for the safe keeping of the individual's personal allowance and the procedures are set forth in Department Regulations 487.4 and 77 ADM 71.

Residential Health Care Facilities means: Skilled Nursing Homes and Health Related Facilities. Procedures concerning the operator's responsibilities in relation to the individual's Personal Incidental Allowance are set forth in Parts 730 and 740 of the Hospital Code and in 75 ADM 120.

Although the local social services district may be designated the representative payee for residents of such facilities, the facility operator may also be named to serve in this capacity. When the agency initiates the action to have the recipient placed in such care and the operator is appointed as representative payee, there is a responsibility to insure proper care and expenditure of funds - especially in relation to the personal allowance. There should be a designation of monitoring responsibilities to appropriate staff with accounting procedures established by the fiscal unit.

For persons in Adult Residential Care Programs or Residential Health Care Facilities for whom the district is serving as a representative payee, their incidental allowances should be issued as non-restricted check with the balance applied toward the cost of care. (See Accounting Procedure)

Local district staff sometimes become aware of clients placed in the above facilities who have a relative or friend acting as a representative payee who does not disburse the patients' money appropriately. In cases such as this, it is the responsibility of such staff to initiate procedures to have the representative payee changed to the facility, to another responsible person, or to the district.

d. Persons Living in the Community

Persons living in the community and needing the protection of a representative payee may need help in other areas besides financial management. They may need a full range of protective services. Such persons will usually be the appropriate responsibility of the Service Division for ongoing case management. There will also be those persons for whom financial management services will provide all the help needed from DSS, since other needed supportive services are provided through other community resources.

It is important that DSS recognize the need for locating a responsible person to serve in this capacity and initiate the necessary action through the Social Security office to have a representative payee selected. Where no one else is willing or available to serve in this capacity, the local district should seek the designation. When a duly appointed representative payee is not discharging his responsibilities in the best interests of the client, it is the responsibility of the agency to take steps to have the appointment terminated and a replacement located in need continues.

e. Retroactive Payments

There will be those situations where the agency in its capacity of representative payee will have a responsibility to manage retroactive SSI and Social Security payments that are in amounts which put the recipient's resources over the eligibility levels for MA and HR. Regardless of where the representative payee responsibility rests (Services, Income Maintenance, Medical Assistance), it continues to be the agency's responsibility to see that such funds are used in the best interests of the client.

Retroactive payments are to be deposited in accounts from which disbursements are made for the client's needs. To the extent possible, the client should be involved in decision making on expenditures. Under no circumstances should the agency close the case because of excess resources unless it has been clearly established that the client is now able to manage his financial affairs without help, or another person has been appointed representative payee.

f. Accounting Procedures

See Accounting Procedures Section #5. Periodic reports will be required by the Social Security Administration and records must be kept which establish how the social security benefits were spent, the social security funds on hand at a certain time, and any other known source of income.

3. Conservatorship

a. General

The Conservatorship procedure is established in Mental Hygiene Law, Sect. 77 and generally is appropriate when the client has assets and resources other than SSI, Social Security and Public Assistance. The law does not establish any minimum income or set an estate value that a person must have to make this an appropriate procedure, but it is recognized that there must be sufficient assets to conserve (over and above SSI check) to make it necessary to seek a Conservatorship. Social Service Law (Sect. 309) requires that in appropriate cases the local district initiate a proceeding for the appointment of a conservator.

Consultation with the district's legal staff is an initial step once the need for help in this area has been established. Preparatory to this consultation, the worker needs detailed social information as to the person's level of functioning, the reasons for seeking the conservatorship, information on available assets and resources including the availability of family to help. The worker must attempt to involve the client who, if physically able, should appear at the hearing. When legal staff concur that the conservatorship is a suitable procedure to be sought, detailed documentation must be prepared so that the content of the petition meets the requirement of the law. Although this information data gathering is the service worker's responsibility, the actual compilation and filing of the petition is the responsibility of the legal staff.

b. Medical Assistance

Medical Assistance staff have clients who are patients in long-term care facilities who are unable to handle the liquidation of non-exempt real property. In these situations the need for the appointment of a Conservator should be considered and in appropriate cases the local district should initiate the necessary proceedings.

c. Accounting

See General Accounting Procedures Section #5. An additional report on asset movement for each conservatorship case is required by the courts. Information shown on DSS 926 Record of Assistance Granted could be used in preparation of this report.

4. Incompetency Proceedings

a. General

Mental Hygiene Law Section 78 establishes that a person who is incompetent to manage himself or his affairs or is a patient in a mental health institution, may have a committee of one or more persons appointed by the court which will have custody of the person or property of the incompetent or both. Prior to the appointment of a committee, it is required by the court to consider whether the interests sought to be protected could be better served by the appointment of a conservator, and as such the result is that committees are used less frequently. When used, it does mean that financial management of the affairs of the person declared incompetent is assumed by the Committee. The decision to initiate the proceeding would based on consultation with the district legal staff who would implement the action.

The local district's responsibilities, if it is designated as the committee, will include financial management as determined by the court and should be planned and exercised in cooperation with the legal staff. The Commissioner will usually be designated as the committee. The delegation of associated activities to specific staff will be determined by the local districts.

b. Accounting

See Accounting Procedure Section #5. Every committe of Property files annually in January an inventory, account and affadivit. (MH 78.23)

5. Accounting Procedures

Section 87 of the Social Services Law states, "When a county commissioner shall receive any money ... to be used for some particular person ..., he shall deposit it with the county treasurer, who shall keep such money in a special account (trust account) to be drawn on by the county commissioner for the person ... designated." Provision is also made for a town social services official as well as a city commissioner of social services.

Therefore, any moneys received by a local DSS for a case under a representative payee, protective payee or conservatorship situation must be deposited with the county fiscal officer in a Trust Account. If it is agreeable with the county fiscal officer, a series of sub-T53 accounts for each type of financial management should be established (e.g. a T-53 P for protective payee cases, a T-53 R for representative payee cases, and a T-53 C for conservatorship cases).

Transactions made under these financial management situations must maintain a high degree of accountability. Accountability assures protection for the clients, in that they know their bills are being paid. Accountability also protects the integrity of the workers involved in these cases.

The case manager is the ultimate source of responsibility for the well being of the client. Therefore, to protect the case manager, an authorization system should be established to document any payment made on behalf of the client. Since a payment made under a financial management situation is not an assistance grant, an Authorization of Grant (DSS-638) need not be issued.

The following are suggested methods for executing transactions under financial management situations:

a. Payment of monthly bills (e.g. rent, heat, light, etc.)

Some type of authorization document should be submitted to the Accounting Department which gives the Accounting supervisor the authority to draw a check on the client's account for the purpose stated. If an agency does not have a specialized document for this purpose, an Authorization of Grant (DSS-638) could be utilized. This authorization enables the accounting supervisor to issue payments to the particular vendor from the trust account on behalf of the recipient.

b. Payment of groceries, sundry items, etc.

In a situation in which the financial manager has no prior knowledge of the amount to be expended, such as for groceries, shoes, etc., the use of a DSS-701 Order for Supplies or Services would be appropriate. Instructions on the use of DSS-701 are contained in Book 10, Chapter 1011.

Utilization of an imprest voucher petty cash system could also be used for this type of expenditure in an emergency situation. An imprest system is that system under which cash (in the form of currency, or checking account or both) is disbursed and from time to time replenished to its original amount through reimbursements (deposits) equal to the sums expended. Petty cash could be issued to the case manager or homemaker. A receipt showing proof of purchase would be returned to the Accounting Department (with any unused moneys). The Accounting Department would then approach the County Fiscal Officer for reimbursement from the individuals sub-T53 account.

It should be noted that accounting for all cash receipts and disbursements must be made in accordance with guidelines issued by Audit and Control.

Some type of record must be kept of the payments made on behalf of each recipient. We suggest that a DSS-926 Record of Assistance Granted or local equivalent form be set up for each recipient to record the flow of cash in each case. Another suggestion for this record is to use the authorization of grant form DSS-638. Some type of case file should be maintained to file the receipts of expenditures. This receipt file would be used to document each of the expenditures posted to the PA 16. (DSS 638)

D. Written Policy and Procedures

Each local district should review the financial management procedures currently in use by the agency and develop new procedures if necessary to improve on overall provision of this service. Appropriate policies and procedures should be presented in writing.

E. Fair Hearings

An opportunity for a fair hearing shall be provided on any issue relating to financial management procedures in accordance with department regulations on fair hearings. (SS. Regs. Sect. 358)

V. OTHER

Training programs related to financial management are currently being planned by State Staff. These programs will relate to the responsibilities of Accounting, Income Maintenance, Medical Assistance and Service workers. Attendance of staff from all sections is encouraged. It is expected that the local districts will follow up on these sessions with in-service training as needed at a local level.

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