



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

January 22, 2020

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

NC General Statute §108A-70.43, requires the Department of Health and Human Services, NC Medicaid, to submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division, an annual report for the prior fiscal year containing the following information: the annual statewide percentage of Medicaid applications processed in a timely manner; the statewide average number of days to process Medicaid applications for each month; the annual percentage of Medicaid applications processed in a timely manner by each county department of social services; the average number of days to process Medicaid applications for each month for each county department of social services; the number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of Chapter 108A of the General Statutes; a description of all corrective action activities conducted by DHHS and county departments of social services in accordance with NCGS 108A-70.36; and a description of how DHHS plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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TEL 919-855-4800 • FAX 919-715-4645

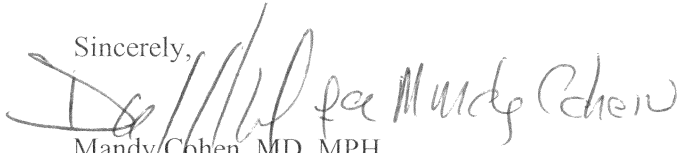
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Should you have any questions regarding this report, please contact Dave Richard, Deputy Secretary for NC Medicaid, at Dave.Richard@dhhs.nc.gov or 919-855-4100.

Sincerely,

A handwritten signature in black ink, appearing to read "Mandy Cohen". The signature is fluid and cursive, with the first name "Mandy" and last name "Cohen" clearly distinguishable.

Mandy Cohen, MD, MPH
Secretary

cc:	Kody Kinsley	Susan G. Perry	Dave Richard	Ben Money
	Tara Myers	Rob Kindsvatter	Marjorie Donaldson	Zack Wortman
	Matt Gross	Hattie Gawande	Joyce Jones	Lisa Wilks
	Katherine Restrepo	Jared Simmons	Deborah Landry	Luke MacDonald
	Erin Matteson	Theresa Matula	Mark Collins	Jessica Meed
	reports@ncleg.net			



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The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Medicaid and NC Health Choice
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

The Honorable Ralph Hise, Chair
Joint Legislative Oversight Committee on
Medicaid and NC Health Choice
North Carolina General Assembly
Room 300-A, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

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January 22, 2020

SENT VIA ELECTRONIC MAIL

Mr. Mark Trogdon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

NC General Statute §108A-70.43, requires the Department of Health and Human Services, NC Medicaid, to submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division, an annual report for the prior fiscal year containing the following information: the annual statewide percentage of Medicaid applications processed in a timely manner; the statewide average number of days to process Medicaid applications for each month; the annual percentage of Medicaid applications processed in a timely manner by each county department of social services; the average number of days to process Medicaid applications for each month for each county department of social services; the number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of Chapter 108A of the General Statutes; a description of all corrective action activities conducted by DHHS and county departments of social services in accordance with NCGS 108A-70.36; and a description of how DHHS plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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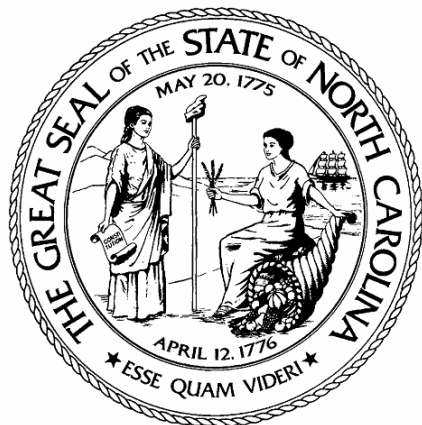
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Medicaid Eligibility Determination Timeliness

**NC General Statute §108A-70.43, as amended by
Session Law 2017-57, Section 11H.21**



Report to the

**Joint Legislative Oversight Committee on
Medicaid and NC Health Choice**

and

**Joint Legislative Oversight Committee on
Health and Human Services**

and

Fiscal Research Division

By

NC Department of Health and Human Services

January 22, 2020

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I. Introduction

Session Law 2017-57, Section 11H.21. (see *Appendix A*), requires the Department of Health and Human Services (DHHS) report on Medicaid eligibility determination timeliness by county Department of Social Services (DSS) offices to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by November 1 of each year for the prior fiscal year.

Federal regulations (see *Appendix B*) establish standards for eligibility determination timeliness, the maximum period of time in which applicants are entitled to a determination of eligibility for Medicaid. Under these regulations, applicants who apply for Medicaid based on a disability (known as Medicaid Aid to the Disabled or MAD applicants) must receive a determination within **90 calendar days** of the date of application. All other applicants must receive a determination within **45 calendar days** of the date of application. In North Carolina, eligibility determinations are conducted at each of the 100 county DSS offices.

In April 2016, the North Carolina General Assembly's (NCGA) Program Evaluation Division (PED) released a report stating that in SFYs 2014 and 2015 there was a decline in the timeliness of NC Medicaid eligibility determinations due to challenges related to the North Carolina Families Accessing Services through Technology (NC FAST) system and the implementation of the Affordable Care Act. In January 2017, the Office of the State Auditor (OSA) released a report entitled "North Carolina Medicaid Program Recipient Eligibility Determination," which addressed the accuracy of Medicaid eligibility determinations in a sample of 10 counties. The report included a timeliness component, which revealed a timeliness error rate range from 0.8% to 26% for applications.

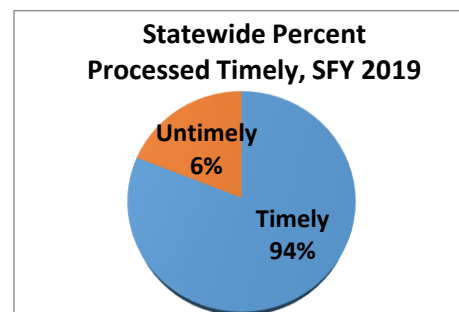
To address timeliness concerns, the NCGA passed legislation (see *Appendix C*) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable improvement in county timeliness in SFY 2016, and further improvement has continued through SFY 2019.

II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2019 based on data from NC FAST.

(1) Annual Statewide Percentage of Applications Processed in Timely Manner

The annual statewide percentage of Medicaid applications processed in a timely manner was 94%. This is an increase from 93% in SFY 2018, a 1% improvement. The percentage of Medicaid applications processed timely in SFY 2017 was 81%.



(2) Statewide Monthly Average Number of Days to Process Applications

The statewide percent of applications processed on time (PPT) decreased from 95% at the beginning of the fiscal year to 94% by its end due to fluctuations in the monthly Total PPT figures.

The statewide monthly average number of days to process all Medicaid applications ranged from 27 to 37 days, with an annual average of 30 days. This data has been sub-divided by MAD and Other Medicaid (Other) applications below:

- The statewide monthly average number of days to process MAD applications ranged from 47 to 53 days, with an annual average of 50 days.
 - The Other applications ranged from 24-34 days, with an annual average of 27 days.

Statewide Processing Time, SFY 2019						
MONTHYEAR	MAD APT	MAD PPT	OTHER APT	OTHER PPT	TOTAL APT	TOTAL PPT
Jul-18	50	95	26	94	29	95
Aug-18	47	95	25	95	29	95
Sep-18	50	95	28	93	30	93
Oct-18	50	95	26	94	29	94
Nov-18	51	94	24	95	27	95
Dec-18	52	93	26	94	30	94
Jan-19	52	93	29	92	32	92
Feb-19	53	93	29	90	32	91
Mar-19	49	94	26	93	29	94
Apr-19	50	94	34	94	37	94
May-19	49	95	27	95	30	95
Jun-19	49	95	26	95	30	95
SFY 2018 Average	50	94	27	94	30	94

Legend

MAD – Medicaid Aid to the Disabled applicants
 Other – All other applicants
 PPT – Percent Processed Timely
 APT – Average Processing Time (Days)

(3) Annual Percentage of Applications Processed on Time by County

The annual percentage of applications processed on time by county DSS offices ranged from – 82-99%, with 98 counties meeting overall timeliness standards. This is an improvement from SFY 2018, when the annual percentage of applications processed on time by county DSS offices ranged from – 81-98%. For a complete list of percentages by county for SFY 2019 please see the *Appendix D* column titled Total-PPT (Percent Processed Timely), highlighted in yellow.

(4) Monthly Average Number of Days to Process Applications by County

The monthly average number of days to process applications by county ranged from 7 to 92 days. This is an improvement from SFY 2018, which ranged from 13-75days. The monthly average of days to process by count in SFY 2017 ranged from 13-96. For a complete list of averages by county by month please see *Appendix E*.

(5) and (6) Number of Months Each County Met/Failed Timely Processing Standards

Ninety-eight counties met the timeliness processing standards for 8 or more months as compared to ninety-five in SFY 2018. Timeliness for SFY 2019 is vastly improved from SFY 2018. This year, sixty-two counties met the timely processing standards every month, up from forty-four in SFY 2018. For a complete list by county please see the *Appendix D* columns titled Months Standard Passed/Failed, highlighted in green and red.

(7) Corrective Actions

Under the new § 108A-70.41 (see *Appendix C*), DHHS was directed to enter into a joint corrective action plan with county DSS offices that fail to meet certain thresholds for timeliness. Per Session Law 2016-94, Section 12H.17(f), this section became effective January 1, 2017.

Since July 2017, DHHS has produced monthly report cards to provide the Average Processing Time (APT) and Percent Processed Timely (PPT) by county for MAD and Other applications, which includes all applications subject to the 45-day processing time. DHHS had developed an initial version of the report card in January, but counties identified concerns with the methodology for calculating certain metrics in the report card. DHHS worked with a group of twelve counties identified by the North Carolina Association of County Directors of Social Services (NCACDSS) to identify issues and validate the results. DHHS is now using the report cards to monitor county compliance each month and determine those counties that need a corrective action plan or other assistance and support. Corrective action plans will be required for any county that fails to meet standards for three consecutive months or for any five months out of a period of twelve consecutive months starting July 2017.

In preparation for implementation and as ongoing support, DHHS worked with county directors and other staff to provide assistance as noted below. The DHHS Operational Support Team (OST) representatives monitor county performance and provide technical assistance for eligibility and business process issues through on-site visits and other methods.

DHHS is currently using the report card reports to monitor the county DSS application timeliness performance each month. Two county DSS offices required a joint corrective action plan and other support due to failing to meet these certain timeliness thresholds. The use of monthly report cards, OST monitoring and technical assistance has helped bring this figure down from six counties in SFY 2018.

To provide support and during the joint corrective action plan with the county DSS, DHHS:

- Set an initial meeting with the county DSS Director, their designees and appropriate state staff to draft a plan together;
- Scheduled necessary training; and
- Scheduled follow up sessions as needed to ensure plan is on schedule.

(8) DHHS Assistance to County DSS Offices

DHHS is committed to assisting county DSS offices in meeting the processing standards for Medicaid applications. Current efforts to provide support and technical assistance include:

- Collaboration between DHHS and DSS County directors, including:
 - Monthly NCACDSS (North Carolina Association of County Directors of Social Services) committee meetings and executive leadership meetings;
 - The annual Social Services Institute, including DHHS delivering workshops related to eligibility policy and NC FAST;
 - Quarterly regional director meetings, as requested; and
 - Specialized workgroups that include County Directors (through NCACDSS).
- Utilization of a DHHS Operational Support Team (OST) to provide eligibility policy and technical support to the counties, including:
 - On-site visits to provide consultation and monitoring of performance reports;
 - Review of county processes and work flows;
 - Regularly answering specific eligibility policy questions from counties; Webinars and policy training;
 - Lean events for business process improvement, as requested by counties; and
 - Identifying specific OST representatives to support Medicaid program issues, including application timeliness.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, including:
 - Regular communication regarding the functionality and processes available through the NC FAST system;
 - Training on system performance and navigation through virtual classroom and courses available on a learning gateway;
 - Basic navigation training, including competency scoring to inform local management for use in staff development;

- Regular updates on collaboration with county directors and other DHHS leadership staff;
- A helpdesk to report and resolve issues with NC FAST performance or functionality;
- A helpdesk for Medicaid applications approaching the due date; and
- A mechanism to elicit county feedback to aid in prioritization of issue resolution and functionality deployment.

III. Conclusion

DHHS employs staff and processes at varying levels to provide technical and policy support as county departments of social services work to meet State and Federal application processing standards. Primary support and tracking mechanisms include OST on-site and off-site technical and policy support, DHHS monitoring of monthly report cards, DHHS collaboration with NCACDSS, proficiency training and testing modules at NC FAST, and a streamlined Help Desk process. With these efforts, DHHS expects to see the improvement in Medicaid eligibility determination timeliness maintained. DHHS will continue to provide the guidance and support necessary to assist the county departments of social services in their efforts to successfully meet timeliness standards on a continuous basis.

Appendix A: Session Law 2017-57, SECTION 11H.21.

SECTION 11H.21. Part 10 of Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

"§ 108A-70.43. Reporting.

No later than November 1 of each year, the Department of Health and Human Services, Division of Medical Assistance (DHHS), shall submit a report for the prior fiscal year to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division containing the following information:

- (1) The annual statewide percentage of Medicaid applications processed in a timely manner for the fiscal year.
- (2) The statewide average number of days to process Medicaid applications for each month in the fiscal year.
- (3) The annual percentage of Medicaid applications processed in a timely manner by each county department of social services for the fiscal year.
- (4) The average number of days to process Medicaid applications for each month for each county department of social services.
- (5) The number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (6) The number of months during the fiscal year that each county department of social services failed to meet the timely processing standards in Part 10 of Article 2 of Chapter 108A-70.38.
- (7) A description of all corrective action activities conducted by DHHS and county departments of social services in accordance with G.S. 108A-70.36.
- (8) A description of how the Department plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year."

Appendix B: 42 CFR § 435.912 Timely Determination of Eligibility.

- (a) For purposes of this section—
 - (1) “Timeliness standards” refer to the maximum period of time in which every applicant is entitled to a determination of eligibility, subject to the exceptions in paragraph (e) of this section.
 - (2) “Performance standards” are overall standards for determining eligibility in an efficient and timely manner across a pool of applicants, and include standards for accuracy and consumer satisfaction, but do not include standards for an individual applicant's determination of eligibility.
- (b) Consistent with guidance issued by the Secretary, the agency must establish in its State plan timeliness and performance standards for, promptly and without undue delay—
 - (1) Determining eligibility for Medicaid for individuals who submit applications to the single State agency or its designee.
 - (2) Determining potential eligibility for, and transferring individuals' electronic accounts to, other insurance affordability programs pursuant to §435.1200(e) of this part.
 - (3) Determining eligibility for Medicaid for individuals whose accounts are transferred from other insurance affordability programs, including at initial application as well as at a regularly-scheduled renewal or due to a change in circumstances.
- (c)
 - (1) The timeliness and performance standards adopted by the agency under paragraph (b) of this section must cover the period from the date of application or transfer from another insurance affordability program to the date the agency notifies the applicant of its decision or the date the agency transfers the individual to another insurance affordability program in accordance with §435.1200(e) of this part, and must comply with the requirements of paragraph (c)(2) of this section, subject to additional guidance issued by the Secretary to promote accountability and consistency of high quality consumer experience among States and between insurance affordability programs.
 - (2) Timeliness and performance standards included in the State plan must account for—
 - (i) The capabilities and cost of generally available systems and technologies;
 - (ii) The general availability of electronic data matching and ease of connections to electronic sources of authoritative information to determine and verify eligibility;
 - (iii) The demonstrated performance and timeliness experience of State Medicaid, CHIP and other insurance affordability programs, as reflected in data reported to the Secretary or otherwise available; and
 - (iv) The needs of applicants, including applicant preferences for mode of application (such as through an internet Web site, telephone, mail, in-person, or other commonly available electronic means), as well as the relative complexity of adjudicating the eligibility determination based on household, income or other relevant information.
 - (3) Except as provided in paragraph (e) of this section, the determination of eligibility for any applicant may not exceed—
 - (i) Ninety days for applicants who apply for Medicaid on the basis of disability; and
 - (ii) Forty-five days for all other applicants.
- (d) The agency must inform applicants of the timeliness standards adopted in accordance with this section.
- (e) The agency must determine eligibility within the standards except in unusual circumstances, for example—
 - (1) When the agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
 - (2) When there is an administrative or other emergency beyond the agency's control.
- (f) The agency must document the reasons for delay in the applicant's case record.
- (g) The agency must not use the time standards—
 - (1) As a waiting period before determining eligibility; or
 - (2) As a reason for denying eligibility (because it has not determined eligibility within the time standards).

Appendix C: N.C.G.S. Chapter 108A, Article 2, Part 10

Chapter 108A. Social Services. Article 2. Programs of Public Assistance Part 10. Medicaid Eligibility Decision Processing Timeliness.

§ 108A-70.36. Applicability.

If a federally recognized Native American tribe within the State has assumed responsibility for the Medicaid program pursuant to G.S. 108A-25(e), then this Part applies to the tribe in the same manner as it applies to county departments of social services. (2016-94, s. 12H.17(b).)

§ 108A-70.37. Timely decision standards.

The county department of social services shall render a decision on an individual's application for Medicaid within 45 calendar days from the date of application, except for applications in which a disability determination has already been made or is needed. For those applications, the county department of social services shall render a decision on an individual's eligibility within 90 calendar days from the date of application. (2016-94, s. 12H.17(b).)

§ 108A-70.38. Timely processing standards.

(a) The Department shall require counties to comply with timely processing standards. The timely processing standards are the average processing time standards and the percentage processed timely standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40. The Department shall monitor county department of social services' compliance with these standards in accordance with this Part.

(b) For purposes of this Part, processing time is the number of days between the date of application and the date of disposition of the application, except in cases where an eligibility determination is dependent upon receipt of information related to one or more of the following:

- (1) Medical expenses sufficient to meet a deductible.
- (2) The applicant's need for institutionalization.
- (3) The applicant's plan of care for the home- and community-based waivers.
- (4) The disability decision made by the Disability Determination Services Section of the Division of Vocational Rehabilitation of the Department.
- (5) Medical records needed to determine emergency dates for nonqualified aliens.
- (6) The applicant's application or other information from the federally facilitated marketplace.
- (7) The applicant's application or other information in connection with an application for a Low-Income Subsidy for Medicare prescription drug coverage.

In these cases, processing time shall exclude the number of days between the date when the county determines all eligibility criteria other than the criteria in subdivisions (1) through (7) of this subsection and the date when the county receives the information related to the criteria in subdivisions (1) through (7) of this subsection.

(c) Processing times for the following types of cases shall be excluded from the calculation of the average processing time and percent processed timely:

- (1) Newborns who are automatically enrolled based on their mother's eligibility.
- (2) Applications for individuals who are presumptively eligible for Medicaid.
- (3) Active cases in which an individual who is eligible for one program is transferred to another program, regardless of whether the transfer occurs between allowable or nonallowable program categories.
- (4) Cases in which an individual transfer from an open case to another case, including establishing a new administrative case for the individual.
- (5) Actions to post eligibility to a terminated or denied case within one year of the termination or denial.
- (6) Cases that are reopened because they were terminated in error or because reopening of the terminated case is allowed by policy.
- (7) Cases in which the eligibility decision was appealed, and the decision was reversed or remanded.

(d) The Department may, in its discretion, exclude days, other than those required by subsection (b) of this section, from the calculation of processing time under this section if the Department determines that the delay was caused by circumstances outside the control of county departments of social services. The Department also may, in its discretion, exclude types of cases, other than those described in subsection (c) of this section, from the calculation of processing time. When the Department exercises its discretion pursuant to this subsection, the Department's determination regarding circumstances outside the control of county departments of social services and the Department's decision to exclude types of cases shall be applied uniformly to all county departments of social services. (2016-94, s. 12H.17(b).)

§ 108A-70.39. Average processing time standards.

(a) Average processing time is calculated by finding the processing time for each case that received a disposition during a given month and finding the average of those processing times.

(b) The standard for average processing time is 90 days for cases in which the individual has applied for the Medicaid Aid to the Disabled category (M-AD) and 45 days for all other cases. (2016-94, s. 12H.17(b).)

§ 108A-70.40. Percentage processed timely standards.

(a) Percentage processed timely is the percentage of cases that received a timely disposition in a given month. The percentage processed timely is calculated by expressing the number of cases during a given month with a processing time equal to or less than the standard set in G.S. 108A-70.37 as a percentage of the total cases receiving a disposition during that month. When the deadline for meeting the timely decision standard in G.S. 108A-70.37 falls on a weekend or holiday, an application that receives a disposition on the first workday following the deadline shall be considered timely for purposes of calculating the percentage processed timely.

(b) The Department is authorized to adopt rules to establish a percentage standard for each county department of social services that will be the percentage processed timely standard for that county department of social services. Until the Department adopts rules establishing percentage standards for each county, the percentage processed timely standards are those established in 10A NCAC 23C .0203 as of April 2016. (2016-94, s. 12H.17(b).)

§ 108A-70.41. Corrective action.

(a) If for any three consecutive months or for any five months out of a period of 12 consecutive months a county department of social services fails to meet either the average processing time standard or the percentage processed timely standard or both standards, the Department and the county department of social services shall enter into a joint corrective action plan to improve the timely processing of applications.

(b) A joint corrective action plan entered into pursuant to this section shall specifically identify the following components:

- (1) The duration of the joint corrective action plan, not to exceed 12 months. If a county department of social services shows measurable progress in meeting the performance requirements in the joint corrective action plan, then the duration of the joint corrective action plan may be extended by six months, but in no case shall a joint corrective action plan exceed 18 months.
- (2) A plan for improving timely processing of applications that specifically describes the actions to be taken by the county department of social services and the Department.
- (3) The performance requirements for the county department of social services that constitute successful completion of the joint corrective action plan.
- (4) Acknowledgement that failure to successfully complete the joint corrective action plan will result in temporary assumption of Medicaid eligibility administration by the Department, in accordance with G.S. 108A-70.42. (2016-94, s. 12H.17(b).)

§ 108A-70.42. Temporary assumption of Medicaid eligibility administration.

(a) If a county department of social services fails to successfully complete its joint corrective action plan, the Department shall give the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) at least 90 days' notice that the Department intends to temporarily assume Medicaid eligibility administration, in accordance with subsection (b) of this section. The notice shall include the following information:

- (1) The date on which the Department intends to temporarily assume administration of Medicaid eligibility decisions.
- (2) The performance requirements in the joint corrective action plan that the county department of social services failed to meet.
- (3) Notice of the county department of social services' right to appeal the decision to the Office of Administrative Hearings, pursuant to Article 3 of Chapter 150B of the General Statutes.

(b) Notwithstanding any provision of law to the contrary, if a county department of social services fails to successfully complete its joint corrective action plan, the Department shall temporarily assume Medicaid eligibility administration for the county upon giving notice as required by subsection (a) of this

section. During a period of temporary assumption of Medicaid eligibility administration, the following shall occur:

- (1) The Department shall administer the Medicaid eligibility function in the county. Administration by the Department may include direct operation by the Department, including supervision of county Medicaid eligibility workers, or contracts for operation to the extent permitted by federal law and regulations.
 - (2) The county department of social services is divested of Medicaid administration authority.
 - (3) The Department shall direct and oversee the expenditure of all funding for the administration of Medicaid eligibility in the county.
 - (4) The county shall continue to pay the nonfederal share of the cost of Medicaid eligibility administration and shall not withdraw funds previously obligated or appropriated for Medicaid eligibility administration.
 - (5) The county shall pay the nonfederal share of additional costs incurred to ensure compliance with the timely processing standards required by this Part.
 - (6) The Department shall work with the county department of social services to develop a plan for the county department of social services to resume Medicaid eligibility administration and perform Medicaid eligibility determinations in a timely manner.
 - (7) The Department shall inform the county board of commissioners, the county manager, the county director of social services, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) of key activities and any ongoing concerns during the temporary assumption of Medicaid eligibility administration.
- (c) Upon the Department's determination that Medicaid eligibility determinations can be performed in a timely manner based on the standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40 by the county department of social services, the Department shall notify the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) that temporary assumption of Medicaid eligibility administration will be terminated and the effective date of termination. Upon termination, the county department of social services resumes its full authority to administer Medicaid eligibility determinations. (2016-94, s. 12H.17(b).)

Appendix D: Annual Timely Processing by County

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2019								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	98	42	97	27	97	30	12	0
Alexander	92	50	93	21	93	26	10	2
Alleghany	96	48	96	25	96	28	11	1
Anson	96	49	93	21	94	27	12	0
Ashe	96	43	96	31	96	33	11	1
Avery	96	40	95	20	95	24	11	1
Beaufort	96	55	97	21	97	29	11	1
Bertie	97	50	95	31	95	36	12	0
Bladen	90	60	93	22	93	30	12	0
Brunswick	97	47	97	18	97	21	12	0
Buncombe	94	51	96	28	95	31	12	0
Burke	98	51	95	23	96	28	12	0
Cabarrus	94	54	93	30	93	34	12	0
Caldwell	94	58	94	25	94	30	9	3
Camden	94	57	91	24	91	30	9	3
Carteret	99	34	97	25	97	27	12	0
Caswell	97	38	97	18	97	22	12	0
Catawba	98	41	97	21	97	23	12	0
Chatham	95	43	95	26	95	28	12	0
Cherokee	96	44	95	25	96	28	11	1
Chowan	95	59	93	30	93	35	11	1
Clay	97	31	97	20	97	20	12	0
Cleveland	97	30	97	19	97	22	12	0
Columbus	94	47	93	22	93	29	10	2
Craven	97	37	94	19	95	22	12	0
Cumberland	90	52	95	24	94	28	10	2
Currituck	98	55	96	33	96	35	12	0
Dare	97	51	98	19	98	25	12	0
Davidson	97	42	96	21	96	24	12	0
Davie	94	50	90	33	90	36	10	2
Duplin	96	47	95	24	95	28	12	0
Durham	93	66	95	30	94	34	11	1
Edgecombe	97	39	94	31	95	33	11	1
Forsyth	95	46	96	18	96	22	12	0
Franklin	97	52	95	32	95	35	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2019								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	97	43	97	23	97	26	12	0
Gates	98	30	95	23	96	24	11	1
Graham	92	49	94	25	94	27	9	3
Granville	77	72	83	38	82	44	1	11
Greene	98	22	97	15	97	17	12	0
Guilford	92	50	95	22	95	26	11	1
Halifax	93	56	95	28	95	33	11	1
Harnett	96	43	97	24	97	26	11	1
Haywood	97	46	95	24	95	28	12	0
Henderson	96	49	96	23	96	26	12	0
Hertford	98	31	95	27	96	28	12	0
Hoke	97	41	94	28	94	30	11	1
Hyde	100	28	97	21	97	23	12	0
Iredell	95	45	93	29	93	31	12	0
Jackson	98	48	97	23	97	27	12	0
Johnston	99	38	99	26	99	27	12	0
Jones	97	24	96	12	96	15	11	1
Lee	94	49	96	23	95	28	12	0
Lenoir	97	33	95	20	95	23	12	0
Lincoln	99	47	98	22	98	28	12	0
Macon	98	57	97	24	97	28	12	0
Madison	97	56	96	32	96	37	11	1
Martin	92	53	91	26	91	30	10	2
McDowell	98	31	97	19	97	21	12	0
Mecklenburg	84	74	86	39	86	43	2	10
Mitchell	100	22	97	21	97	21	12	0
Montgomery	100	36	97	26	97	28	12	0
Moore	97	46	96	24	96	26	12	0
Nash	98	45	97	25	97	28	12	0
New Hanover	97	44	96	26	96	29	12	0
Northampton	95	61	89	33	90	38	10	2
Onslow	96	45	94	25	95	27	12	0
Orange	99	51	98	26	98	30	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2019								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	99	63	95	24	96	32	12	0
Pasquotank	95	58	94	35	94	39	12	0
Pender	92	66	90	33	90	39	11	1
Perquimans	98	38	97	26	97	28	12	0
Person	96	51	96	29	96	33	12	0
Pitt	94	57	93	29	93	33	11	1
Polk	93	49	93	25	93	29	11	1
Randolph	98	49	96	26	97	28	12	0
Richmond	95	48	94	21	94	26	12	0
Robeson	98	44	95	22	96	26	12	0
Rockingham	95	63	95	28	95	35	11	1
Rowan	96	49	92	30	93	33	8	4
Rutherford	97	32	96	27	96	27	12	0
Sampson	98	50	95	23	95	27	12	0
Scotland	98	25	95	24	96	24	12	0
Stanly	98	35	97	21	97	22	12	0
Stokes	99	47	98	25	98	28	12	0
Surry	97	44	97	21	97	25	12	0
Swain	96	69	95	29	95	35	11	1
Transylvania	98	41	96	23	96	25	12	0
Tyrrell	100	58	95	33	96	37	12	0
Union	93	43	93	30	93	31	11	1
Vance	97	53	95	21	96	29	12	0
Wake	91	59	92	29	92	32	11	1
Warren	96	37	86	28	88	30	8	4
Washington	97	30	96	21	96	22	11	1
Watauga	94	53	95	35	95	37	11	1
Wayne	93	50	94	18	94	23	12	0
Wilkes	95	60	95	25	95	30	11	1
Wilson	97	29	95	23	95	24	12	0
Yadkin	97	51	96	28	96	31	12	0
Yancey	96	28	95	22	95	24	12	0

Legend

MAD – Medicaid Aid to the Disabled applicants
Other – All other applicants
PPT – Percent Processed Timely
APT – Average Processing Time (Days)

Appendix E: Average Time to Process Applications by County by Month

Average Processing Time (Days), SFY 2019												
COUNTY	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Alamance	31	29	32	29	28	29	32	32	29	28	28	29
Alexander	22	27	30	27	23	24	25	26	23	26	29	30
Alleghany	21	29	23	24	29	30	24	35	38	32	27	27
Anson	24	19	25	24	27	29	28	25	31	34	33	35
Ashe	31	29	32	30	32	36	38	33	33	35	30	36
Avery	32	27	16	19	38	25	26	21	20	18	23	28
Beaufort	26	29	32	34	28	26	29	29	26	28	31	26
Bertie	50	36	36	34	34	39	32	31	34	39	35	30
Bladen	30	30	34	30	30	21	27	32	29	29	31	31
Brunswick	24	22	32	21	17	18	21	19	18	20	22	20
Buncombe	32	30	31	31	29	30	32	34	31	31	32	31
Burke	26	25	24	27	29	32	31	29	27	30	26	27
Cabarrus	34	32	33	31	30	32	34	35	35	37	33	36
Caldwell	30	28	27	27	29	30	33	29	30	30	31	34
Camden	28	22	31	22	23	31	30	34	33	35	31	36
Carteret	26	26	35	30	21	23	27	29	24	25	29	27
Caswell	18	20	22	20	23	19	24	25	24	21	22	19
Catawba	22	20	25	24	18	21	26	25	23	25	27	26
Chatham	27	27	31	27	22	27	30	31	28	27	29	31
Cherokee	29	27	24	22	25	25	32	34	32	32	28	25
Chowan	34	32	31	30	34	37	41	34	34	38	33	37
Clay	24	21	19	23	17	21	23	20	28	14	22	18
Cleveland	21	22	20	19	19	22	22	21	23	23	23	26
Columbus	29	28	37	30	28	25	27	28	27	29	29	27
Craven	23	23	29	23	19	21	24	22	17	20	21	22
Cumberland	28	26	30	27	29	34	31	28	24	25	26	25
Currituck	34	35	37	32	34	38	37	37	37	36	35	36
Dare	29	27	22	20	21	22	27	28	20	22	27	28
Davidson	29	22	24	24	25	25	25	26	23	22	21	23
Davie	38	33	38	27	34	34	36	34	39	35	35	39
Duplin	26	23	26	29	26	30	30	28	30	27	28	31
Durham	35	33	34	32	33	33	33	33	34	40	36	36
Edgecombe	28	29	34	30	33	36	34	33	31	33	36	37
Forsyth	20	19	20	22	21	24	26	25	21	22	22	26
Franklin	37	32	36	34	35	37	35	34	35	33	36	32

Average Processing Time (Days), SFY 2019												
COUNTY	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Gaston	27	25	27	27	23	26	28	26	25	25	25	28
Gates	18	18	20	22	26	20	31	23	28	32	21	33
Graham	19	22	41	23	22	24	50	25	37	27	35	16
Granville	46	43	40	36	49	46	41	50	45	45	44	39
Greene	18	13	17	17	17	20	16	13	17	18	17	16
Guilford	25	24	27	24	22	28	30	29	24	25	27	25
Halifax	38	33	35	34	34	33	37	37	32	28	29	32
Harnett	24	25	30	23	25	26	30	29	29	26	25	25
Haywood	26	24	28	31	27	29	29	28	27	29	30	28
Henderson	27	24	28	26	22	29	27	29	24	27	28	25
Hertford	25	28	23	27	25	24	27	33	30	29	32	33
Hoke	26	27	28	29	28	32	31	31	31	32	35	35
Hyde	18	27	25	23	16	19	28	21	28	17	24	24
Iredell	31	31	30	30	32	32	34	32	26	30	27	29
Jackson	25	28	30	25	31	23	28	29	21	29	26	28
Johnston	26	28	29	27	24	24	28	28	29	27	28	27
Jones	19	13	18	11	16	22	17	16	7	7	18	14
Lee	33	30	30	25	28	25	27	27	26	28	28	28
Lenoir	23	24	25	23	19	26	25	27	22	27	19	20
Lincoln	29	25	28	25	24	28	27	33	29	30	30	25
Macon	22	24	25	27	26	29	28	25	30	32	35	30
Madison	37	34	35	36	35	36	33	38	35	64	29	29
Martin	31	35	28	24	26	22	40	33	30	37	34	28
McDowell	28	18	24	19	18	22	22	23	20	19	21	16
Mecklenburg	38	37	40	39	38	38	44	43	36	92	34	34
Mitchell	19	24	20	20	15	20	26	20	16	21	27	22
Montgomery	34	25	34	29	25	29	28	25	21	30	28	25
Moore	26	25	30	24	26	25	28	30	24	29	27	28
Nash	25	23	38	26	26	31	31	30	27	28	28	26
New Hanover	31	25	37	31	26	23	30	29	23	28	31	29
Northampton	38	36	40	31	40	36	38	36	39	41	36	48
Onslow	27	27	31	26	23	26	27	28	27	29	30	28
Orange	25	28	28	29	32	32	32	31	28	31	30	32

Average Processing Time (Days), SFY 2019												
COUNTY	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Pamlico	31	33	56	29	37	37	20	34	25	33	40	27
Pasquotank	45	39	44	40	37	37	42	38	37	35	35	38
Pender	36	36	44	48	33	37	44	49	39	40	31	30
Perquimans	25	27	32	26	30	26	30	29	26	32	23	34
Person	30	27	33	32	29	34	36	33	32	37	40	34
Pitt	34	33	35	33	32	30	34	33	31	33	36	34
Polk	27	27	32	29	21	31	36	29	26	27	29	27
Randolph	26	28	30	26	26	31	29	29	28	31	30	29
Richmond	31	23	23	27	26	24	28	29	22	25	24	26
Robeson	24	26	32	24	23	26	25	26	26	26	28	28
Rockingham	31	33	33	35	33	36	39	37	36	34	35	33
Rowan	38	36	37	33	36	33	33	33	28	30	30	31
Rutherford	29	26	25	21	26	27	28	29	27	32	30	28
Sampson	28	26	35	30	24	24	22	27	23	29	29	28
Scotland	26	23	23	25	28	23	26	25	21	19	22	29
Stanly	28	21	26	25	20	21	25	22	19	19	23	19
Stokes	32	27	28	28	27	28	26	29	29	30	29	29
Surry	27	23	23	23	23	25	26	23	28	28	25	26
Swain	41	31	37	33	30	32	34	34	36	43	31	44
Transylvania	30	32	27	23	24	24	30	26	23	24	27	21
Tyrrell	42	17	19	37	27	35	42	42	31	43	42	40
Union	25	24	26	67	23	27	30	33	27	33	30	31
Vance	31	27	29	30	29	32	28	35	27	30	26	30
Wake	33	31	30	27	26	30	34	34	33	35	34	34
Warren	21	26	29	30	35	32	35	28	23	27	35	35
Washington	19	22	15	24	20	15	28	26	20	28	25	18
Watauga	35	34	38	34	34	38	38	39	37	40	37	39
Wayne	21	21	27	22	20	21	27	26	27	24	23	23
Wilkes	30	30	29	29	29	30	32	30	28	29	29	31
Wilson	24	23	27	24	20	23	28	21	23	24	25	22
Yadkin	29	35	33	31	29	31	33	35	29	40	28	27
Yancey	31	19	20	21	23	22	24	20	20	25	27	28