

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

May 25, 2022

SENT VIA ELECTRONIC MAIL

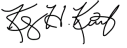
Mr. Mark Trogon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogon:

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 information on the timeliness of Medicaid eligibility determinations. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact John Furnari, Program/Policy Analyst, at John.Furnari@dhhs.nc.gov.

Sincerely,

DocuSigned by:

D7816E4CBA6F4A8...
Kody H. Kinsley
Secretary

cc: Mark Collins Joyce Jones Lisa Wilks Jessica Meed
Theresa Matula Katherine Restrepo Amy Jo Johnson Luke MacDonald
Nathan Babcock reports@ncleg.gov

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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SECRETARY

May 25, 2022

SENT VIA ELECTRONIC MAIL

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 620, Legislative Office Building
Raleigh, NC 27603

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

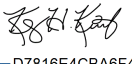
The Honorable Larry Potts, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

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SECRETARY

May 25, 2022

SENT VIA ELECTRONIC MAIL

The Honorable Jim Perry, Chair
Joint Legislative Oversight Committee on
Medicaid and NC Health Choice
North Carolina General Assembly
Room 311, Legislative Office Building
Raleigh, NC 27603

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

Dear Chairmen:

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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

May 25, 2022

Table of Contents

I. Introduction.....	3
II. Eligibility Determination Timeliness	3
(1) Annual Statewide Percentage of Applications Processed in Timely Manner	3
(2) Statewide Monthly Average Number of Days to Process Applications.....	4
(3) Annual Percentage of Applications Processed on Time by County.....	5
(4) Average Number of Days per Month to Process Applications by County.....	5
(5) and (6) Number of Months Each County Met/Failed Timely Processing Standards	5
(7) Corrective Actions.....	5
(8) DHHS Assistance to County DSS Offices	6
III. Conclusion.....	7
IV. Appendices.....	8
Appendix A: Session Law 2017-57, SECTION 11H.21.....	8
Appendix B: 42 CFR § 435.912 Timely Determination of Eligibility.....	9
Appendix C: N.C.G.S. Chapter 108A, Article 2, Part 10.....	10
Appendix D: Annual Timely Processing by County	14
Appendix E: Average Time to Process Applications by County by Month.....	18

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.

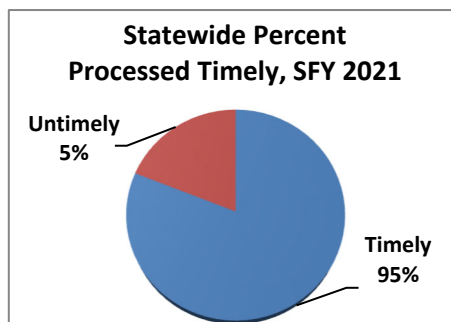
To address timeliness concerns, the NCGA passed legislation (see *Appendix C*) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable improvement in county timeliness in SFY 2016, further improvement continued through SFY 2020 and the counties are now in a steady pattern.

II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2021 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 95%. This remains the same



as SFY 2020. The percentage of Medicaid applications processed timely in SFY 2019 was 94% and SFY 2018 was 93%.

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

The statewide percent of applications processed on time (PPT) averaged 95% overall at the end of the fiscal year, with some slight fluctuations in the monthly total PPT figures.

The statewide monthly average number of days to process all Medicaid applications ranged from 22 to 29 days, with an annual average of 26 days. The data has been sub-divided by Medicaid Aid for Disabled applicants (MAD) and Other Medicaid (Other) applications below:

- The statewide monthly average number of days to process MAD applications ranged from 47 to 56 days, with an annual average of 53 days.
- The Other applications ranged from 18-26 days, with an annual average of 23 days.

Statewide Processing Time, SFY 2021						
MONTH-YEAR	MAD APT	MAD PPT	OTHER APT	OTHER PPT	TOTAL APT	TOTAL PPT
Jul-20	47	96	18	97	22	97
Aug-20	47	96	21	96	23	96
Sep-20	51	96	22	95	25	95
Oct-20	53	96	24	95	27	95
Nov-20	54	96	22	95	26	95
Dec-20	55	96	23	96	27	96
Jan-21	54	96	25	94	29	94
Feb-21	56	95	26	94	29	94
Mar-21	55	95	23	94	27	94
Apr-21	53	95	23	94	27	94
May-21	53	95	21	95	26	95
Jun-21	54	96	22	96	27	96
SFY 2021 Average	53	96	23	95	26	95

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 88-99%. This is a slight improvement from SFY 2020, when the annual percentage of applications processed on time by county DSS offices ranged from 87-99%. In total, 97 counties met the overall timeliness standards for SFY 2021. For a complete list of percentages by county for SFY 2021 please see the *Appendix D* column titled Total-PPT (Percent Processed Timely), highlighted in yellow.

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

The average number of days per month to process applications by county ranged from 8 to 97 days. This overall average has remained essentially the same for the past few SFYs. 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-seven counties met the timeliness processing standards for 8 or more months. Timeliness for SFY 2021 remains essentially the same as SFY 2020. This year, 68 counties met the timely processing standards every month, up from 63 in SFY 2020. 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

NC General Statute §108A-70.41 (see *Appendix C*), directed DHHS 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 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 12 counties identified by the North Carolina Association of County Directors of Social Services (NCACDSS) to identify issues and validate the results.

DHHS now uses 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 are required for any county that fails to meet standards for 3 consecutive months or for any 5 months out of a period of 12 consecutive months. The DHB Operational Support Team (OST) monitors county performance and provides technical assistance for eligibility and business process issues through on-site visits and other methods.

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

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

In SFY 2021, 2 county DSS offices required a joint corrective action plan and other support due to failing to meet certain timeliness thresholds. Monthly timeliness report cards, OST monitoring, and technical assistance brought this figure down from 6 counties in SFY 2018.

(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 (on-hold due to a the COVID PHE);
 - Quarterly regional director meetings, as requested; and
 - Specialized workgroups that include County Directors (through NCACDSS).
- Deployment of the DHB Operational Support Team (OST) to provide eligibility policy and technical support to the counties, including:
 - Virtual visits to provide consultation and monitoring of performance reports;
 - Review of county processes and workflows;
 - Answering specific eligibility policy questions from counties;
 - Webinars and policy training;
 - Lean events for business process improvement, as requested by counties; and
 - Identification of 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 various 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.

IV. Appendices

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 2021								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	94	48	95	19	95	22	11	1
Alexander	88	54	88	26	88	30	7	5
Alleghany	98	45	97	18	97	22	12	0
Anson	86	58	92	30	91	35	10	2
Ashe	97	57	97	31	97	35	12	0
Avery	98	45	95	26	96	28	12	0
Beaufort	97	61	97	21	97	28	12	0
Bertie	95	58	95	33	95	38	12	0
Bladen	93	44	96	17	95	22	11	1
Brunswick	98	50	97	15	97	20	12	0
Buncombe	97	47	95	22	95	26	12	0
Burke	97	51	92	28	93	32	11	1
Cabarrus	98	47	97	20	97	24	12	0
Caldwell	97	55	96	18	96	24	12	0
Camden	91	58	89	26	90	31	4	8
Carteret	98	48	98	22	98	25	12	0
Caswell	97	42	94	22	95	25	11	1
Catawba	97	45	97	19	97	23	12	0
Chatham	93	47	92	27	92	29	12	0
Cherokee	96	53	98	18	97	24	12	0
Chowan	83	65	91	29	90	34	6	6
Clay	100	14	97	17	97	17	12	0
Cleveland	96	44	98	16	98	20	12	0
Columbus	96	47	98	12	98	19	11	1
Craven	98	45	95	18	95	22	12	0
Cumberland	94	58	94	21	94	26	11	1
Currituck	97	59	98	27	98	30	12	0
Dare	99	60	97	25	98	30	12	0
Davidson	97	40	95	19	95	22	12	0
Davie	94	56	96	20	95	24	10	2
Duplin	98	48	97	23	97	26	12	0
Durham	95	62	96	28	96	32	12	0
Edgecombe	96	55	95	34	96	39	12	0
Forsyth	96	50	97	14	97	18	12	0
Franklin	98	45	97	26	97	29	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2021								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	98	58	98	18	98	24	12	0
Gates	96	44	93	25	94	27	9	3
Graham	99	40	98	16	98	21	12	0
Granville	97	45	96	30	96	32	12	0
Greene	100	27	98	11	98	14	12	0
Guilford	93	63	93	27	93	32	11	1
Halifax	92	60	95	27	95	33	9	3
Harnett	98	47	98	16	98	20	12	0
Haywood	98	55	96	18	96	24	12	0
Henderson	98	41	97	17	97	20	12	0
Hertford	97	47	91	28	92	31	9	3
Hoke	95	45	96	18	96	22	12	0
Hyde	100	19	92	29	93	28	9	3
Iredell	97	46	95	23	95	25	12	0
Jackson	98	54	98	16	98	23	12	0
Johnston	98	45	98	23	98	26	12	0
Jones	98	21	96	23	96	22	10	2
Lee	95	60	93	23	94	29	12	0
Lenoir	94	47	96	17	96	21	9	3
Lincoln	98	56	98	21	98	28	12	0
Macon	99	45	97	24	98	27	12	0
Madison	97	45	97	20	97	24	12	0
Martin	92	53	94	20	93	25	12	0
McDowell	99	34	97	19	97	22	12	0
Mecklenburg	93	63	91	27	91	30	9	3
Mitchell	98	38	98	23	98	27	12	0
Montgomery	98	39	98	17	98	22	12	0
Moore	97	58	96	25	96	29	12	0
Nash	94	61	95	24	95	28	11	1
New Hanover	96	41	98	18	98	21	12	0
Northampton	95	58	95	42	95	45	11	1
Onslow	93	52	95	23	95	26	10	2
Orange	99	54	99	19	99	24	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2021								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	98	62	96	24	97	29	11	1
Pasquotank	94	54	96	22	95	27	12	0
Pender	94	58	92	31	92	34	12	0
Perquimans	97	69	93	34	93	39	10	2
Person	98	38	96	19	96	22	12	0
Pitt	93	75	94	28	94	34	10	2
Polk	92	48	89	30	89	33	8	4
Randolph	98	47	97	20	98	23	12	0
Richmond	93	65	95	17	95	25	12	0
Robeson	97	43	97	22	97	24	12	0
Rockingham	97	62	96	23	97	31	12	0
Rowan	96	58	96	21	96	26	12	0
Rutherford	98	40	96	20	96	23	12	0
Sampson	99	44	98	21	98	25	12	0
Scotland	94	39	94	17	94	21	10	2
Stanly	98	42	97	25	97	27	12	0
Stokes	99	51	98	22	99	28	12	0
Surry	97	43	97	22	97	25	12	0
Swain	93	58	97	19	96	29	12	0
Transylvania	97	50	98	19	98	25	12	0
Tyrrell	100	62	99	33	99	37	12	0
Union	94	48	95	25	95	26	10	2
Vance	96	58	95	23	95	31	12	0
Wake	94	52	95	21	95	23	12	0
Warren	98	54	96	24	96	31	12	0
Washington	95	37	95	21	95	23	11	1
Watauga	98	56	95	29	95	32	12	0
Wayne	86	64	96	18	94	24	11	1
Wilkes	99	46	98	21	98	25	12	0
Wilson	97	42	95	23	96	26	12	0
Yadkin	95	63	94	29	94	34	11	1
Yancey	93	46	95	24	95	28	11	1

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 2021												
COUNTY	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Alamance	16	19	22	22	22	25	23	22	23	23	26	21
Alexander	19	25	29	31	33	35	28	36	39	26	27	27
Alleghany	18	8	19	24	17	26	24	26	26	28	34	28
Anson	34	28	34	30	35	31	44	38	43	39	38	32
Ashe	34	36	40	35	33	34	42	37	33	26	27	35
Avery	31	29	21	27	29	31	23	34	29	29	24	25
Beaufort	26	26	26	28	29	27	26	25	31	33	29	34
Bertie	26	33	39	43	36	39	47	44	47	38	35	45
Bladen	18	17	22	22	20	24	18	23	25	29	24	23
Brunswick	15	21	20	21	16	19	20	23	19	22	28	22
Buncombe	21	21	25	28	26	25	24	30	33	26	26	26
Burke	27	27	32	30	34	36	37	35	35	33	27	33
Cabarrus	16	25	20	23	20	25	25	29	28	26	27	26
Caldwell	21	19	18	23	24	27	30	30	27	23	20	22
Camden	20	27	31	35	28	25	35	39	37	33	39	33
Carteret	20	22	25	27	23	23	26	28	27	28	28	30
Caswell	18	24	26	22	25	23	26	35	25	21	20	25
Catawba	19	19	22	24	21	24	24	26	23	26	24	28
Chatham	23	27	28	26	33	32	31	33	28	27	26	30
Cherokee	22	22	25	28	22	30	22	22	23	22	25	21
Chowan	28	37	34	29	47	34	38	31	34	25	34	30
Clay	14	14	19	20	12	15	20	14	22	22	22	21
Cleveland	21	16	18	20	19	22	22	23	22	26	20	24
Columbus	15	14	15	20	17	18	20	25	22	23	21	26
Craven	18	19	20	25	22	25	23	21	24	24	25	22
Cumberland	22	24	27	29	25	25	27	26	28	29	26	27
Currituck	25	28	28	31	32	30	36	37	34	33	24	29
Dare	26	29	28	34	33	27	29	33	32	28	31	37
Davidson	17	19	21	23	21	21	26	25	25	24	23	22
Davie	24	20	21	20	25	25	25	32	29	26	21	21
Duplin	19	24	32	27	29	25	28	24	30	29	31	36
Durham	32	28	30	30	32	31	31	33	35	32	34	37
Edgecombe	37	37	41	38	43	40	32	41	37	40	38	38
Forsyth	13	13	17	17	18	17	21	24	21	21	19	18
Franklin	24	24	25	29	32	32	31	31	33	28	27	27

Average Processing Time (Days), SFY 2021												
COUNTY	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Gaston	17	17	22	20	23	25	30	28	28	28	29	30
Gates	30	27	25	28	29	26	29	28	26	22	27	32
Graham	18	15	11	22	22	25	16	22	22	28	44	20
Granville	27	32	33	35	32	36	33	29	27	31	31	31
Greene	10	17	11	11	11	19	14	15	13	15	18	13
Guilford	27	29	34	32	32	29	36	35	31	32	29	29
Halifax	30	30	30	32	37	40	31	35	33	34	35	31
Harnett	16	19	20	21	19	20	20	24	24	20	21	22
Haywood	25	20	25	23	24	25	23	23	25	25	27	32
Henderson	18	17	17	21	18	18	20	23	25	23	22	25
Hertford	22	21	25	23	27	27	29	29	45	62	32	50
Hoke	19	14	29	30	31	24	18	21	17	17	21	26
Hyde	17	41	26	30	19	33	28	31	25	33	24	39
Iredell	24	20	23	28	24	26	28	27	24	27	26	27
Jackson	18	19	26	20	21	23	22	24	32	27	24	23
Johnston	22	24	27	25	27	26	28	28	28	28	27	32
Jones	15	16	18	29	22	22	21	25	36	18	27	10
Lee	22	26	26	32	33	34	29	30	29	29	27	33
Lenoir	23	21	19	17	17	19	21	27	23	23	22	18
Lincoln	26	24	25	32	29	28	30	29	30	29	29	27
Macon	21	24	25	29	26	29	27	30	29	28	29	30
Madison	21	22	20	23	18	22	24	22	30	31	26	31
Martin	21	24	26	22	18	22	27	24	34	29	36	27
McDowell	19	21	25	22	21	27	25	23	23	16	19	22
Mecklenburg	24	29	28	31	31	31	37	35	25	29	30	29
Mitchell	26	24	28	25	31	36	25	23	27	25	23	24
Montgomery	19	20	19	22	18	21	22	25	29	31	27	28
Moore	34	25	23	32	29	30	30	30	29	33	28	26
Nash	28	28	29	29	28	31	32	29	27	28	28	33
New Hanover	19	24	19	24	22	21	21	25	20	21	16	19
Northampton	33	30	34	27	25	34	27	26	33	37	29	40
Onslow	22	23	24	25	27	31	31	30	28	29	27	29
Orange	23	22	23	26	20	22	23	29	25	26	22	30

Average Processing Time (Days), SFY 2021												
COUNTY	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Pamlico	30	26	27	25	29	33	32	30	24	26	33	39
Pasquotank	21	21	20	25	28	25	24	30	31	30	34	32
Pender	30	33	30	33	39	35	37	38	36	35	34	36
Perquimans	31	37	35	61	45	37	43	37	35	39	28	36
Person	16	22	21	23	20	23	27	24	23	20	22	31
Pitt	29	35	37	34	31	45	33	33	33	32	33	34
Polk	28	29	97	34	30	19	22	31	33	27	26	23
Randolph	18	20	19	20	26	24	25	28	25	27	24	25
Richmond	23	23	22	27	25	22	22	24	27	31	29	33
Robeson	19	21	26	24	25	27	26	27	28	26	26	26
Rockingham	25	31	28	31	29	30	33	36	32	33	30	26
Rowan	27	23	24	26	24	27	26	29	28	29	28	27
Rutherford	20	19	21	21	24	26	29	27	23	27	25	30
Sampson	38	24	22	22	22	27	25	28	22	20	22	19
Scotland	10	16	18	23	21	19	24	32	25	26	20	27
Stanly	21	25	22	27	33	32	31	34	31	30	22	34
Stokes	28	24	24	30	25	25	30	30	33	35	30	29
Surry	20	24	24	29	30	26	28	27	25	26	22	26
Swain	20	21	28	31	32	25	24	35	31	40	45	45
Transylvania	25	23	24	23	23	21	28	24	30	30	20	24
Tyrrell	32	32	31	33	44	38	43	52	59	31	26	38
Union	22	24	23	26	24	29	30	32	29	25	24	27
Vance	28	28	38	32	32	31	34	35	32	33	28	30
Wake	20	22	22	26	24	24	27	26	23	23	20	21
Warren	24	17	27	39	28	36	34	31	36	32	29	31
Washington	17	20	16	21	31	17	27	40	18	27	22	15
Watauga	26	28	30	36	33	31	35	43	30	27	27	25
Wayne	16	24	23	26	27	24	23	33	31	23	23	21
Wilkes	18	25	26	27	27	24	27	28	24	28	27	26
Wilson	19	27	28	30	28	30	26	28	26	24	21	25
Yadkin	31	27	35	38	31	30	32	35	41	42	38	37
Yancey	25	29	25	29	27	27	25	29	32	35	32	21