

Medicaid Eligibility Determination Accuracy

Session Law 2017-57 Sec. 11H.22.(b)



Legislative Report to

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

By

NC Department of Health and Human Services

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I. Introduction

Session Law 2017-57, Section 11H.22.(b) (see Appendix A), requires the Department of Health and Human Services Division of Medical Assistance (the Department) to submit a report on Medicaid and NC Health Choice progress made regarding the accuracy of county Medicaid eligibility determinations in response to the State Auditor's January 2017 Performance Audit entitled "North Carolina Medicaid Program Recipient Eligibility Determination," to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by Nov. 1, 2017.

Executive leadership meetings were held in March 2017 to address strategies to provide more effective oversight and technical assistance to counties, to improve quality assurance measurements for county and Department responsibilities, and to provide techniques to strengthen the implementation process.

II. Support Improvement in the Accuracy of Medicaid Eligibility Determination

The Department is responsible for the administration of the Medicaid and NC Health Choice programs, including the eligibility determination process, and is working to improve the accuracy of Medicaid eligibility determinations.

A. Identification of stakeholders, including the county department of social services, the Department has engaged to address issues surrounding the accuracy of Medicaid eligibility determinations by county departments of social services.

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

- Collaboration between DHHS DSS County directors for:
 - 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; and
 - Quarterly regional director meetings, as requested.
- 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;
 - Cluster meetings, including meetings held in August 2017, with counties across the state that focused on timeliness and accuracy issues as well as other eligibility policy topics.
 - Regularly answering specific eligibility policy questions from counties;
 - Creating webinars and policy training;

- Leading Lean events for business process improvement, as requested by counties; and
- Identifying specific OST representatives to support Medicaid program issues.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, which includes:
 - Regular communication on 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 for reporting and resolving issues with NC FAST performance or functionality; and
 - A mechanism to elicit county feedback to aid in prioritization of issue resolution and functionality deployment.

B. Opportunities identified by the Department and stakeholders to address accuracy in Medicaid determinations.

DHHS and stakeholders have identified a number of specific opportunities for action:

1. Conduct second party reviews on a sample of Medicaid and NC Health Choice cases to evaluate the eligibility determination accuracy of each county caseworker. As described further below, this was implemented in April 2016.
2. Provide formal Medicaid and NC Health Choice policy training to county caseworkers, including testing on those training modules to determine understanding and retention on the topic. As described further below, formal training has been developed and placed in the Learning Gateway over the past two years with the policy testing to be implemented by December 2017.
3. Explore and implement enhancements to be added to the new eligibility system (NC FAST) to eliminate any or some manual processes when determining eligibility such as earned/unearned income budgeting calculations. As described further below, to be implemented by December 2017.
4. Review other current manual eligibility determination processes to verify eligibility requirements such as real property through register of deeds offices. As described further below, this was implemented March 2017.
5. Mandate that information be entered into NC FAST to document applicant or beneficiary verifications used to determine Medicaid and NC Health Choice eligibility. As described further below, this will be implemented by December 2017.

6. Ensure cluster meetings by the Operational Support Team staff will continue to be held across the state focusing on Medicaid and NC Health Choice eligibility policy training.
 7. Partner with county departments of social services to use Lean or other business process reengineering methods to streamline operational procedures to enhance efficiencies in timely and accurate Medicaid application processing. As described further below, this is currently being implemented.
 8. Provide counties with options of a document management system to allow transparency of county-to-county verifications used to determine Medicaid and NC Health Choice eligibility. As described further below, plans are to pilot by 2nd quarter of 2018.
 9. Conduct an assessment of other states to determine training techniques, focusing on state supervised/county administered states.
 10. Establish, with county department of social services directors, optimal staffing levels for accurate and timely Medicaid eligibility determination. As described further below, recommendations will be provided by 1st quarter of 2018.
- C. *Any steps the Department has taken, or plans to take, to assist county departments of social services with improving accuracy in Medicaid eligibility determinations, including a time line for implementation of each planned actions.*

The Department is committed to guiding county departments of social services teams to improve accuracy in the Medicaid eligibility determination process. The following steps have been taken or are planned to address issues as follows:

1. Second party reviews by county departments of social services were implemented **effective April 2016**. The Department required county departments of social services to conduct second party reviews on applications and reenrollment eligibility determinations for Medicaid and NC Health Choice. Those reviews are conducted monthly with quarterly reporting to the Department on errors discovered during the review process. County departments of social services are required to provide data detailing the types of errors discovered and explain their corrective action plan to resolve the errors and eliminate future ones. The Department will analyze the review data and determine where additional Medicaid policy could be clarified; what additional enhancements within NC FAST eligibility system could be made to reduce errors; and what eligibility verification sources could be automated to eliminate inefficiency. The Department began steps to implement these changes by collaborating with stakeholders on identified findings.

The Department also analyzed and refined the second party review process to obtain consistent error reporting among county departments of social services **effective April 1, 2017**. Each county was provided a minimum number of files to review based on Medicaid population size and used a sample second party review tool to identify policy

areas that must be addressed in determining Medicaid eligibility. The Department is evaluating the statistical data from the refined requirements.

2. The Department worked closely with the Division of Social Services Operational Support Team (OST) to provide Medicaid and NC Health Choice formal policy training through the NC FAST Learning Gateway portal. The Department coordinated with OST to clarify Medicaid and NC Health Choice policy with new Medicaid training modules for county departments of social services staff, including a testing component on topics covered in the trainings. The testing component will be available by the **end of calendar year 2017**. The Department will validate county access and test scores in the NC FAST Learning Gateway testing portal. This feature will provide the Department with data to show that transfer of learning (based on score) occurred for the implementation of accurate Medicaid eligibility determinations. If scores indicate county teams need additional training, the Department and OST will work closely with the county departments of social services to determine the best training reinforcement approach.
3. NC FAST will implement a programming change in the eligibility system to eliminate manual calculation of income. Additional field will allow all paystubs or pay periods to allow monthly income to be automatically calculated based on one step by county teams. This enhancement will eliminate manual budgeting to determine countable income for Medicaid eligibility. **Release is scheduled by the end of calendar year 2017.**
4. The Department has collaborated with the state register of deeds (ROD) office to verify all 100 counties in North Carolina have an electronic ROD portal. ROD shared with the Department that all 100 counties were automated over the last year or so. This new portal will eliminate trips to ROD offices, thereby improving efficiency and accuracy. County caseworkers must now access the ROD portal to verify real property listed in any county for an applicant or beneficiary when determining Medicaid eligibility determination. **This was effective March 2017.**
5. The Department Policy Governance Board (Division of Social Services, Division of Aging and Adult Services, Division of Child Development and Early Education, and Division of Medical Assistance) has approved documentation to be entered in the NC FAST eligibility system by county caseworkers. This documentation will allow the applicant/beneficiary to “tell their story once” when they need assistance for eligibility benefits. The Policy Governance Board designated areas in NC FAST to document clearly why the individual is applying for benefits and what verification was provided to determine eligibility. **This NC FAST documentation will be effective December 2017.**
6. To further ensure that Medicaid and NC Health Choice policies are conducted and understood at the county level, the Department required county staff to attend regularly scheduled OST cluster meetings on Medicaid and NC Health Choice. The training will include processes and procedures to be successful in monitoring accurate eligibility determination. The Department provided the agenda, policy presentations and sign-in attendance sheets. **The most recent cluster meetings were held in July/August 2017.**

7. Through OST, Department individuals certified in Lean methodology continue to lead county departments of social services teams through the lean process. Lean is a process that identifies and eliminates non-essential activities for creating an efficient organization. Identifying these activities opens additional time that can be used to evaluate timely and accurate Medicaid and NC Health Choice eligibility determinations. The first OST lean facilitation, “Wake Human Services Work Assignment Project,” was held in late 2015. To date, a total of 27 projects have been completed statewide ranging from streamlining intake processes to enhancing Medicaid application and reenrollment processes. Many other county departments of social services are open to using the lean methodology. The state has suggested additional county departments of social services invest in the process specifically to improve Medicaid eligibility determinations.
8. NC FAST shared the NC FAST Document Management/Repository Project with the Department and county departments of social services directors at the monthly Executive Advisory Committee meeting. This secure document management/repository system will store verifications used to determine Medicaid and NC Health Choice eligibility, creating transparency especially during county transfers. An overall framework for use with NC FAST has been established and the project continues with validating requirement, and configuring, developing, and integrating a solution. **Initial pilot completion is scheduled for the second quarter of 2018.**
9. The Department collaborated with the Centers for Medicare and Medicaid Services (CMS) to receive information on other states who are state supervised and county administered. CMS will also provide other states’ Medicaid policy training strategies. The Department will review and consider additional strategies when this information is received.
10. The Department monitored factors that significantly affected county workloads in Medicaid. These ongoing factors shape program administration in today’s health care environment. Examples include: 1) more applicant data collected by county staff using NC FAST than was collected prior to July 2013 or that is available in the 20-30-year legacy system; 2) additional channels to apply for Medicaid; 3) federal Modified Adjusted Gross Income (MAGI) eligibility requirements; 4) annual Affordable Care Act health plan open enrollment; and 5) additional SSI case requirements. The Department is holding meetings with county departments of social services directors to define optimal staffing levels for accurate and timely determination of Medicaid eligibility.

This has led to 11 counties are participating in the Economic Programs Working Group on Staffing Guidelines to develop an hours-based staffing guideline for Medicaid programs. The working group is using an observation methodology: Eligibility workers are timed completing applications, recertifications, and changes of circumstance from start to finish. Counties time cases spanning a range of complexity (e.g., household size, disability determination required) to reflect the diversity of applicants. Results from all participating counties will be pooled and used to determine the typical time range for a set of 100 applications, reenrollment, or changes of circumstance.

The work group is six weeks into the project, with data collection slated for completion by October 2017. Initial draft timelines will be reviewed by the work group and **final recommendations are drafted by end of calendar year 2017**. Final guidelines are planned for release to counties in early 2018 to serve as a benchmark for application processing times. Counties with slower processing times may work with the Department to determine areas of potential improvement. Guidelines also may be used within corrective action plans.

11. The Department continues to collaborate with the Eastern Band of Cherokee Indians to support Tribe-operated administrative services for Medicaid-SNAP-NC Health Choice program. While the Tribe has not assumed responsibility for these programs as of this date, the Department and the Tribe continue to work together in advance of the implementation.

D. Any changes to legislation or needs for funding identified by the Department to assist with improving accuracy in Medicaid determination.

The Department continues to look for improvements in processes and procedures to support activities that promote accuracy in Medicaid and NC Health Choice eligibility determination. The Department recommends medical assistance programs be included along with child welfare and all other social services programs in the current social services reform efforts. This will enable DHHS, OSBM, and stakeholders to think comprehensively about driving improvements across our social services system.

III. Conclusion

The Department is committed to assisting county departments of social services offices with improving the quality and accuracy of Medicaid determinations. This support and technical assistance includes:

- A. Collaboration among the Department, departments of social services leadership, county directors and other staff at:
 1. Monthly (North Carolina Association of County Directors of Social Services committee and executive leadership meetings.
 2. Annual Social Services Institute conference, including Department-delivered workshops on eligibility policy and NC FAST.
 3. Quarterly regional directors' meetings, as requested.
- B. Use of the Department OST to provide eligibility policy and technical support to the counties, including:

1. Onsite visits for consultation and monitoring of performance reports.
 2. Review of county processes and work flows.
 3. Cluster meetings with groups of counties to review pertinent issues and eligibility policy reminders.
 4. Answering specific eligibility policy questions from counties.
 5. Targeted webinars and policy training.
 6. Lean events for business process improvement, as requested.
- C. Provision of an eligibility and case maintenance system for all public assistance programs, including Medicaid, through NC FAST. This includes:
1. Regular communication on functionality and processes available through NC FAST.
 2. System performance and navigation training through virtual classroom and courses available on a learning gateway.
 3. Regular updates on results of with county directors and other Department leadership collaboration.
 4. Helpdesk to report and resolve issues with NC FAST performance or functionality.
 5. Mechanism to elicit county feedback to help prioritize issue resolution and functionality deployment.

The Department will continue to work with county departments of social services to take steps to improve the accuracy of Medicaid eligibility determinations as provided in this report.

Appendix A. Session Law 2016-94, Section 11H.22. (a)

SUPPORT IMPROVEMENT IN THE ACCURACY OF MEDICAID ELIGIBILITY DETERMINATIONS

SECTION 11H.22. (a) G.S. 108A-25(b) reads as rewritten:

"(b) The program of medical assistance is established as a program of public assistance and shall be administered by the Department of Health and Human Services in accordance with G.S. 108A-54. Medicaid eligibility administration may be delegated to the county departments of social services under rules adopted by the Department of Health and Human Services."

SECTION 11H.22. (b) No later than November 1, 2017, the Department of Health and Human Services (Department) shall report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice on progress made regarding the accuracy of county Medicaid eligibility determinations in response to the State Auditor's January 2017 Performance Audit entitled "North Carolina Medicaid Program Recipient Eligibility Determination." The Department's report shall include the following information:

- (1) An identification of stakeholders, including the county departments of social services, the Department has engaged to address issues surrounding the accuracy of Medicaid eligibility determinations by county departments of social services.
- (2) Opportunities identified by the Department and stakeholders to address accuracy in Medicaid determinations.
- (3) Any steps the Department has taken, or plans to take, to assist county departments of social services with improving accuracy in Medicaid eligibility determinations, including a time line for implementation of each planned action.
- (4) Any changes to legislation or needs for funding identified by the Department to assist with improving accuracy in Medicaid determinations.

SECTION 11H.22. (c) Article 2 of Chapter 108A of the General Statutes is amended by adding a new Part to read:

"Part 11. Medicaid Eligibility Determinations Accuracy and Quality Assurance

"§ 108A-70.45. 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.

"§ 108A-70.46. Audit of county Medicaid determinations. Beginning January 1, 2019, the

Department of Health and Human Services, Division of Central Management and Support, shall, on an annual basis, audit all county departments of social services for compliance with the accuracy standards adopted under G.S. 108A-70.47 for Medicaid eligibility determinations made within a 12-month period. This annual audit shall also include an evaluation of compliance with the quality assurance standards under G.S. 108A-70.48 by the county department of social services. Audits shall be conducted for initial Medicaid eligibility determination applications as well as Medicaid reenrollment determinations.

"§ 108A-70.47. Medicaid eligibility determination processing accuracy standards.

(a) The Department shall require county departments of social services to comply with accuracy standards set forth in rule for the processing of Medicaid eligibility determinations. The Department shall set the following standards:

- (1) Accuracy standards with regards to errors that caused an ineligible Medicaid recipient to be approved for Medicaid benefits.
- (2) Accuracy standards with regards to errors that caused the denial of benefits to an applicant that should have been approved for Medicaid benefits.
- (3) Accuracy standards with regards to errors made during the eligibility determination process that did not change the outcome of the eligibility determination.

(b) Standards under this section shall be developed by the Department in consultation with the State Auditor.

"§ 108A-70.48. Quality assurance.

The Department shall require county departments of social services to comply with quality assurance minimum standards set forth in rule. The quality assurance standards shall be based upon best practices and shall be developed by the Department in consultation with the State Auditor.

"§ 108A-70.49. Corrective action.

(a) If the Department's annual audit under G.S. 108A-70.46 results in a determination that a county department of social services fails to meet any of the standards adopted under G.S. 108A-70.47 or G.S. 108A-70.48, the Department and the county department of social services shall enter a joint corrective action plan to improve the accurate 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 24 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 36 months.

- (2) A plan for improving the accurate 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) Acknowledgment 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-70.50.

"§ 108A-70.50. 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 determinations.
- (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 the authority to administer Medicaid eligibility determinations.
- (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 accuracy and quality assurance 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 more accurately.
- (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 accurately and with proper quality assurance by the county department of social services based on the standards adopted under G.S. 108A-70.47 and G.S. 108A-70.48, 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.

"§ 108A-70.51. Reporting.

Beginning with the calendar year 2020, no later than March 1 of each year, the Department shall submit a report to the Joint Legislative Committee on Medicaid and NC Health Choice,

the Fiscal Research Division, and the State Auditor that contains the following information about the prior calendar year:

- (1) The annual statewide percentage of county departments of social services that met the accuracy standards adopted under G.S. 108A-70.47 in the prior fiscal year.
- (2) The annual statewide percentage of county departments of social services that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year.
- (3) The annual audit result for each standard adopted under G.S. 108A-70.47 for each county of department services.
- (4) The number of years in the preceding five-year period that each county department of social services failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.
- (5) A description of all corrective action activities conducted by the Department and county departments of social services in accordance with G.S. 108A-70.49.
- (6) For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement

compared to the previous fiscal year, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications."

SECTION 11H.22.(d) G.S. 150B-23(a5) reads as rewritten:

"(a5) A county that appeals a decision of the Department of Health and Human Services to temporarily assume Medicaid eligibility administration in accordance with ~~G.S. 108A-70.37~~ G.S. 108A-70.42 or G.S. 108A-70.50 may commence a contested case under this Article in the same manner as any other petitioner. The case shall be conducted in the same manner as other contested cases under this Article."

SECTION 11H.22.(e) The Department of Health and Human Services, Division of Central Management and Support (Department), shall collaborate with the State Auditor to develop a plan of implementation of the annual audits under this section. The plan must include the following information:

- (1) Accuracy standards and quality assurance standards to be implemented.
- (2) The audit schedule that includes all counties.
- (3) The audit methodology to be utilized, including any information that may vary based upon county size or other factors.
- (4) Details illustrating that the audit methodology is statistically sound, including the statistically significant number of cases to be reviewed in each county.
- (5) Anticipated costs of implementing the plan.
- (6) A certification from the State Auditor that the Department's plan for the annual audits has the approval of the State Auditor.

No later than March 1, 2018, the Department shall submit a copy of the plan to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice with any proposed recommendations, suggested legislation, or funding requests.

SECTION 11H.22.(f) Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

"§ 108A-25.1A. Responsibility for errors.

- (a) A county department of social services shall be financially responsible for the erroneous issuance of Medicaid benefits and Medicaid claims payments resulting when the county department of social services takes any action that requires payment of Medicaid claims

for an ineligible individual, for ineligible dates, or in an amount that includes a recipient's liability and for which the State cannot claim federal participation.

- (b) Notwithstanding subsection (a) of this section, a county department of social services shall not be financially responsible for the erroneous issuance of Medicaid benefits and Medicaid claims payments resulting from a failure or error attributable solely to the State.

- (c) The amounts to be charged back to a county department of social services for erroneous payments of claims shall be the State and federal shares of all erroneous payments, not to exceed the lesser of the amount of actual error or claims payment."

SECTION 11H.22.(g) The Department of Health and Human Services (Department) shall design and implement a training and certification program for caseworkers utilizing North Carolina Families Accessing Services Through Technology (NC FAST). The training and certification program shall be available on a statewide basis, and the Department shall provide training to caseworkers at county departments of social services at a location within reasonable travel distance from the county departments of social services multiples times per year. No later than 18 months after the Department has implemented the training and certification program, the Department shall require all caseworkers inputting data or making determinations for eligibility for State programs through NC FAST to be certified. A certification may last no longer than three years before an individual is required to be recertified. The Department may adopt and amend rules to implement this training and certification program.

SECTION 11H.22.(h) No later than 18 months after the Department has implemented the training and certification program under subsection (g) of this section, the Department shall include in its audits required under G.S. 108A-70.46 a verification that all county departments of social services follow the certification program requirements for individuals involved in the Medicaid eligibility determination process.

SECTION 11H.22.(i) No later than March 1, 2018, the Department shall submit to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, and the Fiscal Research Division a report on the implementation of the training and certification program required under this section. The report shall include the following:

- (1) A detailed outline of what the training and certification program will entail, including how many hours of training will be required for certification, how frequently recertification will be required, and how often training will be provided by the Department to the county departments of social services.
- (2) A plan of implementation of the training and certification program, including a specific time line of implementation.
- (3) Anticipated costs to the Department, as well as any costs to the county department of social services, of implementing the training and certification program. This should include an identification of any additional resources required by the Department or a county department of social services to implement the training and certification program.
- (4) Any other information the Department can provide regarding the training and certification program development.

SECTION 11H.22.(j) The Department of Health and Human Services may adopt and amend rules to implement this section.

SECTION 11H.22.(k) Subsection (f) of this section is effective when it becomes law and applies to errors identified on or after that date. The remainder of this section is effective when it becomes law.