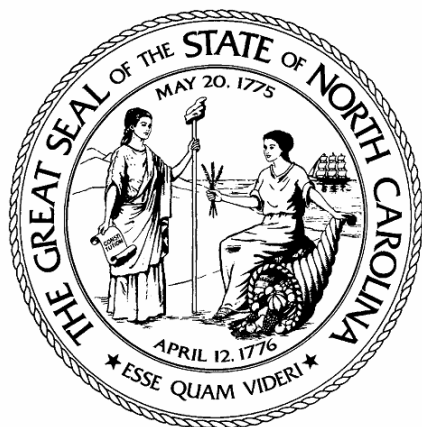


# **Medicaid Eligibility Determination Timeliness**

**Session Law 2016-94, Sec. 12H.17.(a)**



**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**

**November 1, 2016**

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## I. Introduction

Session Law 2016-94, Section 12H.17.(a) (see *Appendix A*), requires the Department of Health and Human Services (DHHS), Division of Medical Assistance (DMA) to submit a report on Medicaid eligibility determination timeliness by county Department of Social Services (DSS) offices for SFY 2016 and SFY 2017 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, 2016 and November 1, 2017, respectively.

Federal regulations (see *Appendix B*) establish standards for eligibility determination timeliness that outline 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 on the basis of 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 handled at the county level by local 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. The report found that timely processing of Medicaid applications had declined from SFY 2012, when all 100 counties met timeliness standards on an annual basis, to SFY 2015, when no counties met the standards.

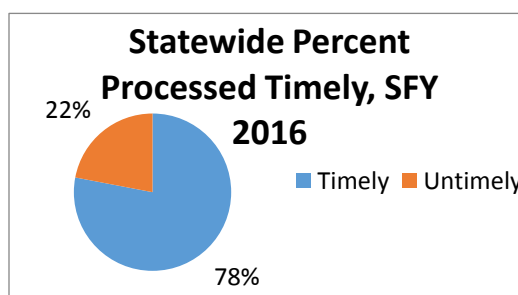
Since that report, the NCGA passed legislation (see *Appendix C*) allowing DMA greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility. DMA is working to implement this new legislation by January 2017. DMA has already seen measureable improvement in SFY 2016 and expects to see further improvement by the end of SFY 2017. This is reflected, in part, by counties working to build staff capacity to meet the increased demand, greater familiarity and proficiency in working in the NC FAST system , as well as increased functionality of the system.

## II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2016.

### (1) Statewide Annual Percentage of Applications Timely Processed

The statewide percentage of Medicaid applications timely processed was 78%. This is an increase from 61% in SFY 2015.



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

The statewide monthly average number of days to process all Medicaid applications ranged from 36 to 44 days, with an annual average of 40 days. More specifically, the statewide monthly average number of days to process MAD applications ranged from 57 to 66 days, with an annual average of 61 days, and other applications ranged from 32 to 41 days, with an annual average of 37 days.

Statewide Processing Time, SFY 2016						
Month	MAD PPT	MAD APT	OTHER PPT	OTHER APT	TOTAL PPT	TOTAL APT
JUL 2015	83	66	77	39	78	44
AUG 2015	85	63	81	34	81	39
SEP 2015	86	62	80	34	81	39
OCT 2015	87	59	79	35	80	38
NOV 2015	87	60	82	32	83	36
DEC 2015	86	61	83	32	84	36
JAN 2016	85	62	74	37	75	40
FEB 2016	86	61	71	38	73	41
MAR 2016	87	60	71	40	73	42
APR 2016	88	59	72	41	75	44
MAY 2016	88	59	76	40	78	43
JUN 2016	89	57	78	37	80	41
SFY 2016 Average	86	61	77	37	78	40

### 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 Timely Processed by County

The annual percentage of applications timely processed by county DSS offices ranged from 41-94%, and 37 counties met overall annual timeliness standards. This is a significant improvement from SFY 2015, when the annual percentage of applications timely processed by county DSS offices ranged from 38-83% and zero counties met the annual timeliness standards. For a complete list of percentages by county for SFY 2016 please see the **Appendix D** column titled Total-PPT (Percent Processed Timely), highlighted in yellow.

Timeliness standards prescribed in 10A NCAC 23C .0203 (see **Appendix F**) and referenced in the legislation (see **Appendix C**, § 108A-70.35), require compliance to be determined on a

monthly, rather than annual, basis. However, since the PED report used an annual calculation, these data provide a basis for comparison.

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

The monthly average number of days to process applications by county ranged from 14 to 115. The complexity of the cases and the increase time it takes to process a case in NC FAST are factors that are worth noting. 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**

Two counties (Ashe and Craven) met the timely processing standards every month. Thirty-three counties met the timely processing standards 6 or more months out of the year. Thirty-eight counties did not meet the timely processing standard any month. The completion of a DMA training plan for county support through cluster meetings, webinars, and dedicated state staff to county operations will help ensure these counties show continuous improvement. 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-70.36, DMA is 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) (see *Appendix C*), this section becomes effective January 1, 2017.

In order to track compliance required by the legislation, monthly report cards will be generated for SFY 2017. The monthly report cards will 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. DMA will use the report cards to monitor county compliance each month and determine those counties that need a corrective action plan or other assistance and support.

In preparation for implementation, DMA is working with county directors and other staff to provide assistance as noted below. The DHHS Operational Support Team representatives will work with counties, monitor county performance and provide technical assistance for eligibility and business process issues through on-site visits and other methods.

#### **(8) DMA Assistance to County DSS Offices**

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

- Collaboration between DMA, DSS leadership, county directors, and other DSS staff at:
  - Monthly NCACDSS (North Carolina Association of County Directors of Social Services) committee meetings and executive leadership meetings;

- The annual Social Services Institute, including DMA delivering workshops related to eligibility policy and NC FAST; and
  - Quarterly regional director meetings, as requested.
- Completion of training plan for support to county department
- 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 with groups of counties to review pertinent issues and eligibility policy reminders;
  - Regularly answering specific eligibility policy questions from counties;
  - Creating webinars and policy training; and
  - Leading lean events for business process improvement, as requested by counties.
- 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;
  - 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.

DMA will report on further efforts to assist county DSS offices for which improvement is not noted between SFY 2016 and SFY 2017 in the next legislative report due November 1, 2017.

### **III. Conclusion**

DMA will continue to work with county DSS offices to meet the Medicaid application processing standards required by state and federal law. With the full implementation of the new state timeliness legislation effective January 1, 2017, DMA expects to see continued improvement in Medicaid eligibility determination timeliness by the end of SFY 2017.

## **Appendix A: Session Law 2016-94, Section 12H.17.(a)**

The Department of Health and Human Services, Division of Medical Assistance (DHHS), shall submit a report annually for the 2015-2016 and 2016-2017 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 of the General Statutes.
- (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 of the General Statutes.
- (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 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.

The report for the 2015-2016 fiscal year shall be submitted by November 1, 2016, and the report for the 2016-2017 fiscal year shall be submitted by November 1, 2017.

## **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: Session Law 2016-94, Sections 12H.17.(b)–(f)**

**SECTION 12H.17.(b)** Article 2 of Chapter 108A of the General Statutes is amended by adding a new Part to read:

"Part 10. Medicaid Eligibility Decision Processing Timeliness.

**"§ 108A-70.31. 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-70.32. 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.

**"§ 108A-70.33. 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-70.34 and G.S. 108A-70.35. 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 transfers 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.

**"§ 108A-70.34. 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.

**"§ 108A-70.35. 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-70.32 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-70.32 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.

**"§ 108A-70.36. 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-70.37.

**"§ 108A-70.37. 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-70.34 and G.S. 108A-70.35 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.

**SECTION 12H.17.(c)** G.S. 150B-23 is amended by adding a new subsection to read:

"(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 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 12H.17.(d)** The corrective action procedures described in this section supersede the corrective action procedures in 10A NCAC 23C .0204 and 10A NCAC 23C .0205 related to timeliness processing of Medicaid applications by county departments of social services.

**SECTION 12H.17.(e)** The Department of Health and Human Services may adopt and amend rules to implement subsections (b) through (d) of this section.

**SECTION 12H.17.(f)** Subsections (b) through (d) of this section become effective January 1, 2017, and apply to monthly timely processing standards

## Appendix D: Annual Timely Processing by County

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2016								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	83	64	83	30	83	35	0	12
Alexander	91	44	86	26	87	29	7	5
Alleghany	95	56	91	20	92	26	10	2
Anson	92	53	88	25	89	32	7	5
Ashe	97	54	92	33	93	37	12	0
Avery	89	55	69	40	74	44	3	9
Beaufort	93	63	85	29	87	35	1	11
Bertie	94	58	87	36	89	42	9	3
Bladen	93	50	85	27	87	32	7	5
Brunswick	96	49	85	28	87	31	2	10
Buncombe	91	60	86	34	87	39	1	11
Burke	76	66	80	28	79	36	1	11
Cabarrus	87	62	81	32	82	36	0	12
Caldwell	80	64	81	30	81	36	0	12
Camden	97	47	87	25	88	28	6	6
Carteret	96	48	91	24	92	28	8	4
Caswell	91	43	87	22	88	26	8	4
Catawba	94	53	87	25	88	29	6	6
Chatham	87	57	83	30	83	34	3	9
Cherokee	98	53	96	26	96	31	11	1
Chowan	98	46	90	28	92	31	10	2
Clay	99	26	91	21	92	22	11	1
Cleveland	94	40	90	23	91	27	6	6
Columbus	88	62	84	29	85	37	1	11
Craven	96	45	93	24	94	28	12	0
Cumberland	78	71	85	30	84	37	0	12
Currituck	95	62	84	37	86	40	6	6
Dare	98	52	89	27	90	30	9	3
Davidson	88	61	82	33	83	37	0	12
Davie	69	83	37	69	41	71	0	12
Duplin	95	57	90	28	91	33	8	4
Durham	77	80	71	39	72	45	0	12
Edgecombe	94	53	83	33	85	38	0	12
Forsyth	75	69	53	55	57	57	0	12
Franklin	94	62	86	31	87	36	8	4
Gaston	85	61	81	31	82	36	0	12

COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	TOTAL - PPT	TOTAL - APT	Months Standard Passed	Months Standard Failed
Gates	91	61	79	34	81	38	4	8
Graham	78	67	60	64	63	64	1	11
Granville	77	77	75	44	76	50	0	12
Greene	71	85	82	29	80	39	1	11
Guilford	91	62	84	30	85	35	0	12
Halifax	88	61	80	35	82	41	0	12
Harnett	84	63	79	35	80	39	0	12
Haywood	91	47	88	24	88	28	2	10
Henderson	94	51	84	32	85	34	5	7
Hertford	89	50	77	35	80	39	1	11
Hoke	75	70	61	49	64	52	0	12
Hyde	88	58	70	41	73	44	0	12
Iredell	82	67	73	44	74	47	0	12
Jackson	93	53	85	35	86	37	8	4
Johnston	96	38	90	27	91	29	8	4
Jones	81	66	77	32	78	39	0	12
Lee	92	52	85	30	87	35	7	5
Lenoir	96	44	88	24	89	28	3	9
Lincoln	94	58	88	25	90	34	9	3
Macon	87	59	86	30	86	34	6	6
Madison	91	47	73	35	77	38	2	10
Martin	92	56	84	30	85	35	5	7
McDowell	94	55	83	27	85	33	5	7
Mecklenburg	89	64	70	44	72	46	0	12
Mitchell	90	43	81	39	82	40	3	9
Montgomery	97	52	90	30	91	34	10	2
Moore	84	60	80	34	81	38	0	12
Nash	93	52	80	36	82	39	0	12
New Hanover	89	53	86	27	87	30	0	12
Northampton	94	59	62	50	70	52	0	12
Onslow	88	48	72	36	74	38	0	12
Orange	83	70	81	37	81	42	0	12
Pamlico	81	73	68	51	71	56	1	11
Pasquotank	97	59	87	32	89	36	11	1
Pender	77	76	75	39	75	46	0	12
Perquimans	99	41	88	27	91	30	9	3
Person	81	58	84	30	84	36	2	10
Pitt	87	58	71	40	74	43	0	12

COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	TOTAL - PPT	TOTAL - APT	Months Standard Passed	Months Standard Failed
Polk	75	79	73	36	74	44	0	12
Randolph	86	63	64	51	66	53	0	12
Richmond	93	57	85	29	86	34	7	5
Robeson	90	55	84	35	85	39	1	11
Rockingham	89	50	84	30	85	34	5	7
Rowan	93	55	72	39	75	42	0	12
Rutherford	97	43	91	26	92	29	7	5
Sampson	88	60	82	30	83	35	1	11
Scotland	87	61	73	43	75	46	0	12
Stanly	90	45	91	22	91	26	10	2
Stokes	89	61	86	34	87	39	9	3
Surry	87	62	78	36	79	41	0	12
Swain	86	56	86	30	86	33	6	6
Transylvania	95	46	90	23	91	27	11	1
Tyrrell	100	46	92	26	93	30	10	2
Union	88	52	75	36	76	38	0	12
Vance	84	56	66	39	71	44	0	12
Wake	55	96	59	51	59	55	0	12
Warren	94	50	82	29	85	34	7	5
Washington	79	67	71	56	72	58	2	10
Watauga	87	71	66	41	69	45	0	12
Wayne	88	53	87	26	87	31	1	11
Wilkes	87	69	81	34	82	40	0	12
Wilson	94	54	85	30	87	35	2	10
Yadkin	94	57	84	31	86	34	5	7
Yancey	79	70	79	34	79	41	0	12

**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

COUNTY	Average Processing Time (Days), SFY 2016											
	JUL 2015	AUG 2015	SEP 2015	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016
Alamance	38	35	36	31	31	32	36	35	35	35	37	37
Alexander	28	19	32	33	25	29	29	27	29	30	30	30
Alleghany	26	26	36	23	28	25	27	24	24	23	14	30
Anson	40	23	32	32	21	28	31	34	33	30	37	38
Ashe	40	36	31	34	39	36	41	40	40	34	32	36
Avery	59	40	37	42	47	35	45	51	42	26	37	43
Beaufort	45	35	34	33	31	29	38	35	34	39	38	32
Bertie	45	58	41	39	38	33	42	40	36	42	40	51
Bladen	33	36	25	26	34	32	30	28	34	37	38	34
Brunswick	33	31	30	30	28	29	33	35	33	29	28	31
Buncombe	45	41	38	39	37	37	41	41	39	40	38	34
Burke	39	25	39	34	37	39	41	38	39	34	28	30
Cabarrus	42	35	36	35	34	32	34	35	34	44	38	38
Caldwell	29	28	34	31	32	27	31	48	49	33	48	41
Camden	39	26	36	20	28	22	27	27	27	27	32	31
Carteret	33	26	27	24	25	28	29	30	30	29	29	28
Caswell	35	34	26	18	27	22	31	30	21	28	20	23
Catawba	28	27	26	30	26	27	32	32	35	28	27	29
Chatham	38	33	36	29	31	27	34	38	38	35	34	33
Cherokee	33	37	29	34	31	27	32	36	33	29	29	27
Chowan	33	18	36	35	29	29	36	28	37	28	30	34
Clay	23	23	18	26	15	25	18	20	28	21	23	24
Cleveland	31	23	22	24	26	29	29	30	27	26	26	27
Columbus	47	38	36	33	38	33	36	36	38	36	35	35
Craven	33	24	27	25	28	27	29	31	30	27	29	29
Cumberland	41	37	35	35	33	36	36	38	40	38	38	35
Currituck	50	45	45	43	33	33	38	41	38	37	40	38
Dare	36	34	28	29	25	25	33	26	36	32	34	34
Davidson	54	41	39	35	32	32	36	36	37	34	35	35
Davie	87	68	66	82	111	86	74	62	58	54	41	51
Duplin	35	29	31	31	27	32	40	34	35	32	36	36
Durham	53	48	43	43	40	41	45	46	45	45	47	39
Edgecombe	40	35	38	36	38	35	40	37	43	34	36	37
Forsyth	56	49	52	52	52	48	65	62	62	59	61	57
Franklin	43	33	33	35	33	34	40	37	36	40	31	40
Gaston	45	45	33	35	31	33	34	35	35	34	32	36
Gates	29	27	27	76	25	48	36	36	44	23	44	28
Graham	70	102	76	56	46	46	96	62	59	41	31	34

COUNTY	JUL 2015	AUG 2015	SEP 2015	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016
Granville	51	56	56	51	47	49	48	51	53	48	41	45
Greene	50	39	50	33	37	36	48	37	35	25	38	38
Guilford	42	35	35	35	31	31	35	33	36	35	38	34
Halifax	55	46	39	40	38	36	41	40	38	38	47	37
Harnett	35	37	39	39	38	35	42	43	42	42	41	37
Haywood	32	30	28	27	27	21	30	28	28	28	28	30
Henderson	35	29	30	32	27	30	38	41	38	39	32	29
Hertford	45	34	30	41	37	38	41	39	44	39	40	34
Hoke	59	47	54	43	83	44	48	40	50	63	45	47
Hyde	65	33	43	41	49	35	35	45	43	40	44	78
Iredell	59	48	45	49	45	41	47	51	48	44	42	41
Jackson	47	37	36	37	35	41	39	35	36	35	36	34
Johnston	30	26	27	32	28	29	33	28	28	27	28	31
Jones	49	46	51	41	39	30	40	30	45	31	26	36
Lee	41	34	38	32	30	31	35	37	33	31	39	36
Lenoir	30	26	31	27	25	23	31	31	27	29	29	27
Lincoln	42	37	35	34	28	26	35	38	32	32	33	38
Macon	27	36	31	30	33	30	41	35	36	36	36	39
Madison	34	30	31	26	37	36	51	47	35	46	42	34
Martin	37	29	29	34	36	39	35	30	36	35	33	40
McDowell	42	37	39	37	28	30	32	28	31	29	34	30
Mecklenburg	44	40	41	41	40	42	46	43	49	54	57	51
Mitchell	48	34	49	30	42	27	39	44	36	47	50	33
Montgomery	31	32	32	30	33	36	33	32	39	34	40	35
Moore	45	40	36	34	32	28	37	41	39	40	48	37
Nash	42	39	40	41	38	37	39	41	39	34	39	39
New Hanover	30	27	27	29	28	26	34	37	31	34	28	30
Northampton	45	56	55	39	45	53	48	71	49	46	59	55
Onslow	42	39	41	41	36	38	38	40	32	38	31	34
Orange	62	36	39	38	33	31	45	43	45	44	46	47
Pamlico	88	80	31	37	39	44	57	50	67	53	46	52
Pasquotank	37	37	35	37	35	35	37	34	34	41	35	39
Pender	59	41	41	48	41	39	43	44	45	49	53	46
Perquimans	44	24	34	23	23	29	30	32	36	23	35	29
Person	35	36	32	37	27	30	37	38	35	43	42	41
Pitt	44	39	41	39	40	42	45	48	45	48	41	40
Polk	41	38	31	50	48	41	44	47	35	43	61	43
Randolph	55	68	61	65	53	56	56	62	48	36	35	37
Richmond	36	31	32	31	31	30	36	36	42	37	30	33



COUNTY	JUL 2015	AUG 2015	SEP 2015	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016
Robeson	44	39	40	35	34	42	39	38	37	34	39	42
Rockingham	38	45	48	29	29	29	37	35	32	29	30	27
Rowan	44	35	42	45	37	36	39	41	50	45	43	39
Rutherford	32	33	30	27	27	26	31	29	29	29	28	31
Sampson	41	35	37	34	34	36	36	33	32	36	36	32
Scotland	57	45	50	41	57	43	47	44	49	51	38	31
Stanly	30	27	23	24	26	27	24	28	26	29	23	25
Stokes	44	39	37	40	39	37	41	42	39	33	32	36
Surry	48	42	46	45	36	33	42	42	40	40	37	39
Swain	48	28	27	33	34	34	29	29	34	38	29	37
Transylvania	22	34	26	23	17	26	31	32	29	28	20	32
Tyrrell	36	24	26	32	24	18	39	25	37	41	39	26
Union	45	43	44	44	28	32	35	38	38	44	35	31
Vance	44	41	41	45	40	39	49	45	49	44	46	39
Wake	60	51	50	45	46	44	49	53	62	69	64	58
Warren	32	30	30	36	22	32	27	33	39	33	32	62
Washington	52	86	115	76	21	30	63	39	39	39	41	39
Watauga	55	51	45	46	34	35	45	45	51	42	43	46
Wayne	29	30	28	26	27	29	33	30	29	34	37	34
Wilkes	43	38	46	36	37	38	46	39	40	43	41	38
Wilson	42	37	36	35	34	32	35	34	39	30	33	35
Yadkin	33	36	33	34	34	30	41	34	33	38	33	36
Yancey	56	38	35	42	47	39	38	40	36	35	42	46

## Appendix F: 10A NCAC 23C .0203 Timeliness

(a) Every month, each county department of social services and the Disability Determination Section (DDS) of the Division of Vocational Rehabilitation shall process applications as follows:

- (1) The average processing time (APT) for the county department of social services shall be 90 days for M-AD and 45 days for all other aid program categories.
- (2) APT for DDS shall be 70 days.
- (3) The percentage processed timely (PPT) standard for county departments of social services: Level I counties must process 85% of applications within the 45/90 day time standard. Level II and III counties must process 90% of applications within the 45/90 day time standard. Counties are classified as Levels I through III based on population of the county with Level I counties as the smallest in population while Level III counties are the largest in population size.
- (4) PPT standard for DDS: DDS must render a decision within 70 days on 85% of cases for Level I counties and 90% of cases for Level II and III counties. For county levels refer to the table below.

COUNTY LEVELS			
ALAMANCE (II)	CUMBERLAND (III)	JOHNSTON (II)	RANDOLPH (II)
ALEXANDER (I)	CURRITUCK (I)	JONES (I)	RICHMOND (I)
ALLEGHANY (I)	DARE (I)	LEE (I)	ROBESON (II)
ANSON (I)	DAVIDSON (II)	LENOIR (II)	ROCKINGHAM (II)
ASHE (I)	DAVIE (I)	LINCOLN (I)	ROWAN (II)
AVERY (I)	DUPLIN (II)	MACON (I)	RUTHERFORD (II)
BEAUFORT (II)	DURHAM (III)	MADISON (I)	SAMPSON (II)
BERTIE (I)	EDGECOMBE (II)	MARTIN (I)	SCOTLAND (II)
BLADEN (I)	FORSYTH (III)	MCDOWELL (I)	STANLY (I)
BRUNSWICK (II)	FRANKLIN (I)	MECKLENBURG (III)	STOKES (I)
BUNCOMBE (III)	GASTON (III)	MITCHELL (I)	SURRY (II)
BURKE (II)	GATES (I)	MONTGOMERY (I)	SWAIN (I)
CABARRUS (II)	GRAHAM (I)	MOORE (II)	TRANSYLVANIA (I)
CALDWELL (II)	GRANVILLE (I)	NASH (II)	TYRRELL (I)
CAMDEN (I)	GREENE (I)	NEW HANOVER (III)	UNION (II)
CARTERET (II)	GUILFORD (III)	NORTHAMPTON (I)	VANCE (II)
CASWELL (I)	HALIFAX (II)	ONslow (II)	WAKE (III)
CATAWBA (III)	HARNETT(II)	ORANGE (II)	WARREN (I)
CHATHAM (I)	HAYWOOD (II)	PAMLICO (I)	WASHINGTON (I)
CHEROKEE (I)	HENDERSON (II)	PASQUOTANK (I)	WATAUGA (I)
CHOWAN (I)	HERTFORD (I)	PENDER (I)	WAYNE (II)
CLAY (I)	HOKE (I)	PERQUIMANS (I)	WILKES (II)
CLEVELAND (II)	HYDE (I)	PERSON (I)	WILSON (II)
COLUMBUS (II)	IREDELL (II)	PITT (II)	YADKIN (I)
CRAVEN (II)	JACKSON (I)	POLK (I)	YANCEY (I)

(b) If a county department of social services fails to meet the standards in Paragraph (a) of this Rule, the county shall analyze the reason for failure, document findings and work with the Medicaid Program Representative (MPR) to achieve corrective action. The MPR is a Division of Medical Assistance employee.

(c) Failure to meet the time standards in Paragraph (a) of this Rule, monthly shall result in corrective action to alleviate problems as outlined in Rules .0204 and .0205 of this Section. Once eligibility is determined except for the following requirements:

- (1) sufficient medical expenses to meet a deductible; or
- (2) the determination of need for institutionalization; or
- (3) the plan of care for the home and community based waivers; or
- (4) the disability decision made by the Disability Determination Section; or
- (5) medical records needed to determine emergency dates for non-qualified aliens;

days shall be excluded from the time standard of 45 or 90 days. Days in the time standard are again included when the items in Subparagraph (c)(1) through (5) are received until the application is completed with a written notice to the applicant. When the 45/90<sup>th</sup> day falls on a weekend or holiday, the next workday in the month is considered the 45/90<sup>th</sup> day.