



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

July 1, 2021

**SENT VIA ELECTRONIC MAIL**

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

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

Dear Chairmen:

NC General Statute §108A-70.43, requires the Department of Health and Human Services, NC Medicaid, to submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division, an annual report for the prior fiscal year containing 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 Dave Richard, Deputy Secretary for NC Medicaid, at [Dave.Richard@dhhs.nc.gov](mailto:Dave.Richard@dhhs.nc.gov) or 919-855-4100.

Sincerely,

DocuSigned by:  
 on behalf of  
11395D232A054A2...  
Mandy Cohen, MD, MPH  
Secretary

cc:	Kody Kinsley	Susan G. Perry	Dave Richard	Jessica Meed
	Tara Myers	Rob Kindsvatter	Marjorie Donaldson	Zack Wortman
	Matt Gross	Meisha Evans	Joyce Jones	Lisa Wilks
	Katherine Restrepo	Jared Simmons	Jane Chiulli	Luke MacDonald
	Erin Matteson	<a href="mailto:reports@ncleg.gov">reports@ncleg.gov</a>	Theresa Matula	Mark Collins

WWW.NCDHHS.GOV  
TEL 919-855-4800 • FAX 919-715-4645  
LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603  
MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001  
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SECRETARY

July 1, 2021

**SENT VIA ELECTRONIC MAIL**

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

Dear Director Trogdon:

NC General Statute §108A-70.43, requires the Department of Health and Human Services, NC Medicaid, to submit to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division, an annual report for the prior fiscal year containing information on the timeliness of Medicaid eligibility determinations. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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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**

**July 1, 2021**

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## I. Introduction

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

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

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

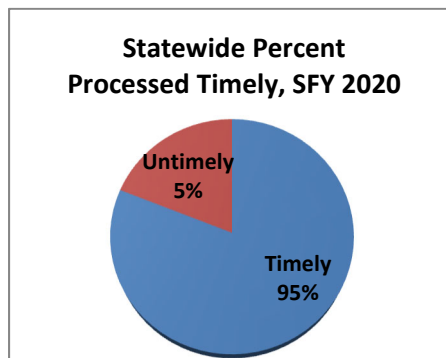
To address timeliness concerns, the NCGA passed legislation (see *Appendix C*) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable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

## II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2020 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 is an increase from 94% in SFY 2019, a 1% improvement. The percentage of Medicaid applications processed timely in SFY 2018 was 93% and SFY 2017 was 81%.



## (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 24 to 33 days, with an annual average of 29 days. This 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 48 to 55 days, with an annual average of 51 days.
  - The Other applications ranged from 19-29 days, with an annual average of 26 days.

Statewide Processing Time, SFY 2020						
MONTH-YEAR	MAD APT	MAD PPT	OTHER APT	OTHER PPT	TOTAL PPT	TOTAL APT
Jul-19	49	95	27	95	30	95
Aug-19	48	95	27	95	29	95
Sep-19	49	95	27	95	30	95
Oct-19	49	95	25	95	28	95
Nov-19	48	95	24	95	28	95
Dec-19	51	95	28	95	31	95
Jan-20	52	94	29	94	32	94
Feb-20	50	94	29	93	33	93
Mar-20	55	94	28	94	31	94
Apr-20	54	95	22	96	25	96
May-20	50	95	21	96	25	96
Jun-20	51	96	19	96	24	96
SFY 2020 Average	51	95	26	95	29	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 87-99%. This is an improvement from SFY 2019, when the annual percentage of applications processed on time by county DSS offices ranged from 82-99%. In total, 97 counties met the overall timeliness standards for SFY 2020. For a complete list of percentages by county for SFY 2020 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 10 to 72 days. This is an improvement from SFY 2019, which ranged from 7-92 days, and from SFY 2018, which ranged from 13-75. 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 as compared to 98 in SFY 2019. Timeliness for SFY 2020 remains essentially the same over the past year. This year, 63 counties met the timely processing standards every month, up from 62 in SFY 2019. 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 2020, 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 ( cancelled in SFY 2020 due to a hurricane);
  - 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:
  - On-site visits or 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
  - Identifying specific OST representatives to support Medicaid program issues, including application timeliness.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, including:
  - Regular communication regarding the functionality and processes available through the NC FAST system;
  - Training on system performance and navigation through virtual classroom and courses available on a learning gateway;
  - Basic navigation training, including competency scoring to inform local management for use in staff development;



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

### **III. Conclusion**

DHHS employs staff and processes at 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.

**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 2020								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Alamance	96	43	96	27	96	29	12	0
Alexander	93	54	93	22	93	27	11	1
Alleghany	94	59	96	21	95	28	9	3
Anson	96	43	92	29	93	33	12	0
Ashe	97	52	95	34	96	37	12	0
Avery	96	35	89	26	90	28	6	6
Beaufort	98	57	98	20	98	27	12	0
Bertie	92	49	91	29	92	34	8	4
Bladen	88	53	90	23	90	27	8	4
Brunswick	97	46	98	17	98	21	12	0
Buncombe	96	48	96	24	96	28	12	0
Burke	97	46	95	25	95	28	12	0
Cabarrus	95	56	94	27	94	31	11	1
Caldwell	94	57	94	22	94	29	10	2
Camden	87	67	94	23	92	30	7	5
Carteret	97	47	98	23	98	26	12	0
Caswell	96	35	96	20	96	22	12	0
Catawba	98	42	96	22	97	25	12	0
Chatham	97	42	95	26	96	28	12	0
Cherokee	97	49	97	22	97	27	12	0
Chowan	93	53	92	30	92	33	10	2
Clay	100	25	97	17	97	18	12	0
Cleveland	97	33	98	16	98	19	12	0
Columbus	97	42	97	16	97	22	11	1
Craven	97	41	95	20	95	23	12	0
Cumberland	87	63	94	24	93	30	9	3
Currituck	99	56	95	31	96	33	12	0
Dare	99	54	98	22	98	28	12	0
Davidson	96	42	95	20	95	23	12	0
Davie	93	50	95	28	95	31	10	2
Duplin	97	49	93	27	94	30	10	2
Durham	84	70	94	32	92	37	5	7
Edgecombe	97	41	93	33	94	35	12	0
Forsyth	95	46	95	20	95	24	12	0
Franklin	96	53	93	32	94	35	12	0



Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2020								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	95	51	98	22	97	25	12	0
Gates	98	46	94	26	94	29	10	2
Graham	98	27	98	20	98	21	12	0
Granville	88	59	92	32	91	36	9	3
Greene	96	30	97	15	97	17	11	1
Guilford	92	61	94	25	94	31	9	3
Halifax	91	53	96	26	95	31	10	2
Harnett	97	42	97	20	97	23	12	0
Haywood	96	55	94	22	94	28	11	1
Henderson	97	44	96	20	96	24	12	0
Hertford	98	36	92	26	93	28	12	0
Hoke	96	47	90	29	91	31	10	2
Hyde	100	27	96	21	97	22	11	1
Iredell	97	46	92	29	92	31	12	0
Jackson	98	47	98	18	98	22	12	0
Johnston	99	37	99	26	99	28	12	0
Jones	95	20	94	21	94	21	8	4
Lee	93	50	92	27	92	30	12	0
Lenoir	95	41	95	20	95	25	12	0
Lincoln	99	49	99	22	99	29	12	0
Macon	96	50	97	25	97	29	12	0
Madison	97	55	96	26	96	30	12	0
Martin	94	46	92	22	92	26	11	1
McDowell	98	38	97	21	97	25	12	0
Mecklenburg	94	60	94	31	94	33	11	1
Mitchell	99	33	97	22	97	25	12	0
Montgomery	99	35	98	22	98	25	12	0
Moore	98	54	96	25	96	29	12	0
Nash	96	49	97	27	97	30	12	0
New Hanover	97	40	97	23	97	25	12	0
Northampton	98	61	95	26	96	31	11	1
Onslow	94	48	95	25	95	27	11	1
Orange	99	49	99	26	99	28	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2020								
COUNTY	MAD - PPT	MAD - APT	OTHER - PPT	OTHER - APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	97	67	98	26	98	34	12	0
Pasquotank	94	59	94	28	94	33	12	0
Pender	94	60	91	33	92	37	12	0
Perquimans	99	47	94	26	95	29	12	0
Person	97	40	95	26	96	29	11	1
Pitt	95	58	94	28	94	33	12	0
Polk	92	41	92	23	92	26	10	2
Randolph	98	52	96	25	96	29	12	0
Richmond	92	54	93	21	93	27	11	1
Robeson	96	46	96	23	96	26	12	0
Rockingham	96	62	96	24	96	32	12	0
Rowan	94	57	94	27	94	32	12	0
Rutherford	97	42	95	26	96	29	12	0
Sampson	99	47	95	21	95	25	12	0
Scotland	98	29	96	19	97	20	12	0
Stanly	98	36	97	22	97	24	12	0
Stokes	98	49	98	24	98	29	12	0
Surry	98	44	97	22	97	26	12	0
Swain	93	65	94	29	93	36	10	2
Transylvania	98	40	97	20	98	23	12	0
Tyrrell	88	73	98	31	96	39	10	2
Union	94	41	90	29	90	30	8	4
Vance	98	48	95	21	96	28	12	0
Wake	94	56	93	29	94	32	12	0
Warren	91	50	86	31	87	34	6	6
Washington	99	33	94	21	95	23	11	1
Watauga	97	45	95	32	95	33	12	0
Wayne	93	51	95	19	95	23	11	1
Wilkes	97	45	98	23	98	26	12	0
Wilson	98	30	95	21	96	23	12	0
Yadkin	98	56	96	29	96	33	12	0
Yancey	94	39	95	26	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 2020												
COUNTY	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Alamance	29	30	30	31	32	34	34	35	30	22	24	22
Alexander	25	27	29	31	24	28	27	24	33	34	16	26
Alleghany	27	20	34	27	23	31	30	39	37	23	19	20
Anson	35	30	30	27	30	33	31	35	39	32	31	33
Ashe	38	38	39	33	33	34	36	38	40	43	29	39
Avery	46	28	28	23	17	25	26	21	32	31	26	38
Beaufort	26	27	35	21	27	28	25	27	25	27	27	33
Bertie	34	36	41	51	34	34	28	41	33	33	30	21
Bladen	23	23	34	25	22	33	31	28	31	29	28	21
Brunswick	22	21	26	14	19	21	24	24	24	17	14	15
Buncombe	30	31	29	27	26	29	30	34	28	23	22	23
Burke	25	30	26	27	27	30	33	31	30	29	28	25
Cabarrus	34	31	33	32	31	33	37	36	34	26	19	20
Caldwell	32	31	29	23	26	32	35	30	32	22	22	26
Camden	34	19	24	32	28	37	22	43	34	40	31	29
Carteret	25	28	29	27	26	29	32	25	26	21	22	23
Caswell	25	19	19	21	19	21	24	25	29	21	27	21
Catawba	26	25	26	25	20	26	28	30	26	21	22	20
Chatham	32	26	26	28	26	28	30	30	29	22	26	29
Cherokee	28	28	24	27	32	31	26	27	31	19	25	27
Chowan	32	40	36	36	37	33	29	32	35	33	26	34
Clay	14	18	13	18	19	23	22	27	30	12	13	11
Cleveland	23	21	19	20	20	20	19	20	19	16	17	17
Columbus	26	23	24	26	20	24	23	23	20	18	19	18
Craven	25	23	27	22	23	27	23	25	21	21	19	18
Cumberland	26	26	27	26	26	28	45	30	41	27	31	24
Currituck	33	37	34	29	28	39	35	38	38	33	30	24
Dare	28	23	30	22	26	29	33	32	27	20	30	30
Davidson	24	25	25	22	21	22	26	27	24	20	20	20
Davie	26	24	33	30	27	32	37	35	40	31	29	25
Duplin	28	25	30	28	28	34	33	38	34	33	29	23
Durham	36	37	38	39	38	37	36	43	46	31	30	31
Edgecombe	33	35	38	34	33	34	32	36	34	35	38	39
Forsyth	25	26	25	23	22	27	29	30	24	19	16	18
Franklin	33	33	38	37	37	37	36	35	34	35	35	28

Average Processing Time (Days), SFY 2020												
COUNTY	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Gaston	26	27	28	25	26	29	30	29	27	21	19	18
Gates	27	25	27	30	29	46	26	24	23	27	26	40
Graham	18	21	17	22	16	23	24	24	20	29	15	18
Granville	40	37	38	34	30	30	37	45	42	34	32	32
Greene	14	16	21	15	18	22	19	14	17	21	19	10
Guilford	26	25	27	28	27	32	30	34	42	33	32	30
Halifax	33	32	31	32	32	33	33	30	34	29	28	29
Harnett	27	24	24	24	22	26	22	26	24	15	21	17
Haywood	30	28	29	28	29	30	29	30	24	24	25	20
Henderson	27	26	24	22	24	25	23	26	28	23	20	16
Hertford	31	28	27	27	25	28	27	23	28	33	28	28
Hoke	36	33	38	34	33	33	33	31	36	24	18	19
Hyde	15	15	19	26	22	21	27	31	23	19	20	18
Iredell	32	30	32	32	31	36	34	35	34	29	21	22
Jackson	24	24	22	21	20	25	25	27	22	16	22	18
Johnston	27	26	27	25	29	31	30	32	33	24	22	21
Jones	72	12	17	14	13	20	17	18	29	15	14	18
Lee	27	30	31	33	29	33	33	37	35	27	23	24
Lenoir	24	20	23	20	23	26	25	22	29	24	25	28
Lincoln	29	29	29	26	28	32	30	34	26	25	25	26
Macon	28	29	31	33	26	30	31	36	25	28	27	25
Madison	32	32	31	32	32	37	31	28	27	22	30	27
Martin	25	24	26	26	23	36	28	38	27	19	23	20
McDowell	19	21	36	25	27	27	25	24	25	21	23	19
Mecklenburg	35	36	35	33	32	37	36	37	36	30	29	26
Mitchell	24	27	28	22	27	25	23	28	25	24	24	21
Montgomery	26	28	27	25	27	24	27	30	27	23	17	13
Moore	25	29	32	29	27	32	31	30	30	26	29	29
Nash	27	28	31	28	28	31	30	32	44	24	28	28
New Hanover	31	28	26	23	20	26	30	26	28	22	18	16
Northampton	52	28	30	36	28	29	25	28	25	34	38	34
Onslow	28	31	32	27	26	27	29	30	30	23	23	24
Orange	30	32	33	30	28	29	31	34	28	22	21	24

Average Processing Time (Days), SFY 2020												
COUNTY	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Pamlico	35	29	35	34	31	33	34	41	33	34	39	32
Pasquotank	34	36	34	36	31	35	32	37	39	31	26	26
Pender	37	38	38	35	33	36	39	44	38	35	38	32
Perquimans	28	30	35	31	26	23	26	29	36	25	35	38
Person	33	35	31	33	31	34	30	34	24	21	18	18
Pitt	33	33	35	31	31	32	34	35	33	31	30	31
Polk	21	16	30	25	19	19	27	39	35	33	28	27
Randolph	30	29	33	30	30	32	32	33	30	21	23	20
Richmond	27	27	24	23	23	25	27	35	31	31	25	27
Robeson	27	25	28	28	26	29	30	30	29	23	20	19
Rockingham	32	28	31	31	33	28	33	34	32	33	34	32
Rowan	31	33	33	31	31	34	35	34	33	30	30	27
Rutherford	28	29	27	27	28	33	34	34	33	26	23	18
Sampson	27	27	25	27	26	24	27	27	26	22	17	18
Scotland	26	26	23	24	19	19	20	16	21	19	13	17
Stanly	24	23	21	23	22	28	25	27	28	26	23	20
Stokes	28	33	31	29	29	32	29	31	29	24	25	26
Surry	25	25	25	28	28	29	30	29	24	24	23	19
Swain	38	30	32	44	38	42	37	38	39	37	30	19
Transylvania	22	22	21	16	20	23	27	32	24	23	25	25
Tyrrell	61	32	49	34	32	37	37	36	43	37	46	35
Union	28	29	34	29	28	33	35	36	32	27	24	24
Vance	38	26	26	29	29	27	27	31	29	23	21	24
Wake	39	36	31	29	30	34	35	35	32	27	25	22
Warren	25	39	46	36	48	34	32	35	29	26	24	46
Washington	17	13	23	22	18	24	20	33	27	34	21	20
Watauga	37	36	33	33	32	39	33	36	35	25	26	31
Wayne	23	24	28	23	26	27	26	26	24	15	18	16
Wilkes	29	29	26	27	26	27	28	27	26	22	18	18
Wilson	24	20	25	24	23	25	23	23	24	20	18	19
Yadkin	31	31	38	34	28	42	39	34	32	29	29	34
Yancey	29	31	29	27	37	31	23	27	29	25	23	24