

**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**

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## I. Introduction

NC General Statute 108A-70.43, as amended by Session Law 2017-57, Section 11H.21. (see *Appendix A*), requires the Department of Health and Human Services (DHHS) report on Medicaid eligibility determination timeliness by county Department of Social Services (DSS) offices to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by November 1 of each year for the prior fiscal year.

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

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

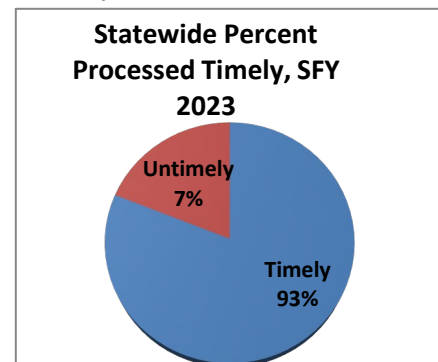
To address timeliness concerns, the NCGA passed legislation (see *Appendix C*) providing DHHS greater authority to monitor and correct timeliness problems and, if necessary, intervene at the county level to temporarily assume administration of Medicaid eligibility determinations. DHHS noted measurable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

## II. Eligibility Determination Timeliness

The following information represents Medicaid eligibility timeliness for SFY 2023 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 (PPT) was 93%. This is a slight difference from SFY 2021 (95%) and SFY 2022 (94%). The percentage of Medicaid applications processed timely in SFY 2020 was 95% and SFY 2019 was 94%.



This 3-year consecutive slight decline is attributed to staff turnover in the local county department of social services, coupled with an increase in NC Medicaid enrollment that began with the Public Health Emergency. County DSS agencies have experienced an exponential loss of tenured and skilled eligibility staff. They are also experiencing high turnover rates. Counties are experiencing difficulties in recruiting qualified candidates to continue to fill these vacancies. DHB has been conducting one-on-one County Support Sessions for a set of counties, in which we are working with them to evaluate deficiencies and identify/suggest recommendations to improve the efficiencies within the agency.

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

The statewide percent of applications processed on time (PPT) averaged 93% overall at the end of the fiscal year, with some fluctuations in the monthly total PPT figures.

The statewide monthly average number of days to process all Medicaid applications ranged from 29 to 32 days, with an annual average of 31 days. The data has been sub-divided by Medicaid Aid for Disabled applicants (MAD) and Other Medicaid (Other) applications below:

- The statewide monthly average number of days to process MAD applications ranged from 56 to 60 days, with an annual average of 58 days.
  - The Other applications ranged from 24-29 days, with an annual average of 26 days.

<b>Statewide Processing Time, SFY 2023</b>						
<b>MONTHYEAR</b>	<b>MAD APT</b>	<b>MAD PPT</b>	<b>OTHER APT</b>	<b>OTHER PPT</b>	<b>TOTAL APT</b>	<b>TOTAL PPT</b>
Jul-22	58	91	25	94	30	94
Aug-22	60	90	24	94	30	93
Sep-22	57	91	26	93	30	93
Oct-22	57	90	27	91	31	91
Nov-22	56	92	24	93	29	93
Dec-22	56	92	27	94	31	93
Jan-23	57	93	29	92	32	92
Feb-23	60	93	27	91	32	92
Mar-23	59	92	25	93	31	93
Apr-23	59	92	25	94	31	94
May-23	59	92	25	94	32	93
Jun-23	57	91	25	93	31	93
<b>SFY2023 Average</b>	<b>58</b>	<b>92</b>	<b>26</b>	<b>93</b>	<b>31</b>	<b>93</b>

<b>Legend</b>
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 80-99%. This is an increase from SFY 2022, when the annual percentage of applications processed on time by county DSS offices ranged from 79-99%. In total, 95 counties met the overall timeliness standards for SFY 2023. For a complete list of percentages by county for SFY 2023 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 17 to 43 days. This overall average shows a slight improvement from the past few SFYs. For a complete list of averages by county by month please see *Appendix E*.

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

Ninety-five counties met the timeliness processing standards for 8 or more months. Timeliness for SFY 2023 dipped from previous years. This year, 50 counties met the timely processing standards every month, down from 53 in SFY 2022. For a complete list by county please see the *Appendix D* columns titled Months Standard Passed/Failed, highlighted in green and red.

As discussed in subsection (1) of this section, the slight decline is attributed to staff turnover in the local county department of social services, coupled with an increase in NC Medicaid enrollment that began with the Public Health Emergency. County DSS agencies have experienced an exponential loss of tenured and skilled eligibility staff. They are also experiencing high turnover rates. Counties are experiencing difficulties in recruiting qualified candidates to continue to fill these vacancies. DHB has been conducting one-on-one County Support Sessions for a set of counties, in which we are working with them to evaluate deficiencies and identify/suggest recommendations to improve the efficiencies within the agency.

### **(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 2023, 1 county DSS office required a joint corrective action plan and other support because it failed to meet certain timeliness and accuracy thresholds. Twenty additional counties were provided a timeliness waiver due to the COVID-19 Public Health Emergency (PHE).

#### **(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 2020 and 2021 due to the PHE; re-instated August 2022. The 2023 SSI was held Aug 3-5, 2023);
  - Quarterly regional director meetings, as requested; and
  - Specialized workgroups that include County Directors (through NCACDSS).
- Deployment of the DHB Operational Support Team (OST) to provide eligibility policy and technical support to the counties, including:
  - Virtual visits to provide consultation and monitoring of performance reports;
  - Review of county processes and workflows;
  - Answering specific eligibility policy questions from counties;
  - Monthly webinars and policy training;
  - Lean events for business process improvement, as requested by counties; and
  - Identification of specific OST representatives to support Medicaid program issues, including application timeliness.
- Provision of an Eligibility and Case Maintenance system for all Public Assistance programs, including Medicaid, through NC FAST, including:
  - Regular communication regarding the functionality and processes available through the NC FAST system;
  - Training on system performance and navigation through virtual classroom and courses available on a learning gateway;
  - Basic navigation training, including competency scoring to inform local management for use in staff development;

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

### **III. Conclusion**

DHHS employs staff and processes at various levels to provide technical and policy support as county departments of social services work to meet state and federal application processing standards. Primary support and tracking mechanisms include OST on-site and off-site technical and policy support, DHHS monitoring of monthly report cards, DHHS collaboration with NCACDSS, proficiency training and testing modules at NC FAST, and a streamlined Help Desk process. The PHE and now the continuous coverage unwinding (CCU) has presented many challenges for the county departments of social services. Challenges include staffing deficiencies, supply shortages, and staff illness. The Centers for Medicaid and Medicare has provided ongoing guidance and flexibilities throughout the PHE and now the CCU to help states through this time of unprecedented challenges. 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.

DDHS anticipates continued pressure on county departments of social services associated with the volume of redeterminations coupled with workforce recruitment and new employee training needs.

## IV. Appendices

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

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

**"§ 108A-70.43. Reporting.**

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

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



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

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

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

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

**§ 108A-70.36. Applicability.**

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

**§ 108A-70.37. Timely decision standards.**

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

**§ 108A-70.38. Timely processing standards.**

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

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

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

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

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

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

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

#### **§ 108A-70.39. Average processing time standards.**

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

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

#### **§ 108A-70.40. Percentage processed timely standards.**

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

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

**§ 108A-70.41. Corrective action.**

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

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

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

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

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

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

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

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

- (1) The Department shall administer the Medicaid eligibility function in the county. Administration by the Department may include direct operation by the Department, including supervision of county Medicaid eligibility workers, or contracts for operation to the extent permitted by federal law and regulations.
- (2) The county department of social services is divested of Medicaid administration authority.
- (3) The Department shall direct and oversee the expenditure of all funding for the administration of Medicaid eligibility in the county.
- (4) The county shall continue to pay the nonfederal share of the cost of Medicaid eligibility administration and shall not withdraw funds previously obligated or appropriated for Medicaid eligibility administration.
- (5) The county shall pay the nonfederal share of additional costs incurred to ensure compliance with the timely processing standards required by this Part.
- (6) The Department shall work with the county department of social services to develop a plan for the county department of social services to resume Medicaid eligibility administration and perform Medicaid eligibility determinations in a timely manner.
- (7) The Department shall inform the county board of commissioners, the county manager, the county director of social services, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) of key activities and any ongoing concerns during the temporary assumption of Medicaid eligibility administration.

(c) Upon the Department's determination that Medicaid eligibility determinations can be performed in a timely manner based on the standards set forth in G.S. 108A-70.39 and G.S. 108A-70.40 by the county department of social services, the Department shall notify the county department of social services, the county manager, and the board of social services or the consolidated human services board created pursuant to G.S. 153A-77(b) that temporary assumption of Medicaid eligibility administration will be terminated and the effective date of termination. Upon termination, the county department of social services resumes its full authority to administer Medicaid eligibility determinations. (2016-94, s. 12H.17(b).)

**Appendix D: Annual Timely Processing by County**

<b>Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2023</b>								
<b>COUNTY</b>	<b>MAD - PPT</b>	<b>MAD - APT</b>	<b>OTHER -PPT</b>	<b>OTHER -APT</b>	<b>(3) TOTAL - PPT</b>	<b>TOTAL - APT</b>	<b>(5) Months Passed</b>	<b>(6) Months Failed</b>
Alamance	94	51	92	26	92	30	9	3
Alexander	96	46	95	18	95	24	12	0
Alleghany	97	63	96	24	96	30	12	0
Anson	93	63	92	28	93	37	11	1
Ashe	99	35	97	28	97	29	12	0
Avery	93	53	94	31	94	35	10	2
Beaufort	99	51	95	24	96	30	11	1
Bertie	98	58	95	30	95	36	11	1
Bladen	94	49	94	22	94	29	11	1
Brunswick	97	52	97	25	97	29	12	0
Buncombe	94	55	94	27	94	32	11	1
Burke	97	50	95	24	95	29	12	0
Cabarrus	97	49	95	24	95	28	12	0
Caldwell	97	51	93	35	94	38	10	2
Camden	98	54	97	26	97	32	11	1
Carteret	99	53	98	18	98	23	12	0
Caswell	99	49	98	22	98	26	12	0
Catawba	98	45	94	25	95	27	11	1
Chatham	93	52	93	26	93	30	12	0
Cherokee	95	51	97	15	97	23	12	0
Chowan	95	53	94	33	94	38	11	1
Clay	100	18	98	16	98	17	12	0
Cleveland	97	58	96	25	97	32	12	0
Columbus	97	50	98	19	98	26	12	0
Craven	94	48	93	20	94	25	11	1
Cumberland	84	68	93	28	92	35	7	5
Currituck	99	67	97	30	97	35	12	0
Dare	94	63	96	27	96	34	12	0
Davidson	93	51	91	23	92	27	7	5
Davie	92	52	96	19	95	25	10	2
Duplin	97	62	96	28	96	34	12	0
Durham	95	69	96	31	96	36	12	0
Edgecombe	91	53	93	28	92	33	8	4
Forsyth	95	50	94	21	94	26	11	1
Franklin	95	54	94	22	94	27	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2023								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL -PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Gaston	98	61	96	30	96	35	12	0
Gates	91	51	92	28	91	32	9	3
Graham	98	55	94	22	95	30	12	0
Granville	94	63	92	35	93	40	12	0
Greene	97	41	97	19	97	23	11	1
Guilford	93	59	93	25	93	30	10	2
Halifax	95	62	97	29	96	36	11	1
Harnett	98	42	98	17	98	21	12	0
Haywood	96	58	93	23	93	29	10	2
Henderson	99	42	97	28	98	30	12	0
Hertford	88	43	81	33	83	35	4	8
Hoke	94	59	97	17	96	24	11	1
Hyde	95	37	93	24	94	28	9	3
Iredell	95	58	94	26	94	31	12	0
Jackson	97	41	96	20	96	23	12	0
Johnston	94	56	96	30	95	34	10	2
Jones	94	34	95	20	95	23	10	2
Lee	89	63	94	24	93	32	11	1
Lenoir	93	45	95	20	95	24	11	1
Lincoln	97	52	97	26	97	33	12	0
Macon	95	51	95	27	95	31	11	1
Madison	94	58	95	28	95	34	9	3
Martin	89	59	85	32	85	38	5	7
McDowell	96	41	97	16	97	21	11	1
Mecklenburg	64	82	82	32	80	38	0	12
Mitchell	94	38	98	23	97	26	11	1
Montgomery	97	46	99	23	98	28	12	0
Moore	99	57	96	24	96	30	12	0
Nash	90	64	93	32	93	37	7	5
New Hanover	99	44	98	13	98	18	12	0
Northampton	93	69	94	32	94	40	11	1
Onslow	97	51	95	26	95	30	12	0
Orange	98	63	98	19	98	27	12	0

Average Processing Time (APT) and Percent Processed Timely (PPT) by County, SFY 2023								
COUNTY	MAD - PPT	MAD - APT	OTHER -PPT	OTHER -APT	(3) TOTAL - PPT	TOTAL - APT	(5) Months Passed	(6) Months Failed
Pamlico	98	70	95	27	96	34	10	2
Pasquotank	95	53	97	26	97	31	12	0
Pender	93	61	89	32	90	38	10	2
Perquimans	97	55	95	28	95	34	11	1
Person	94	55	93	31	93	35	12	0
Pitt	90	71	91	36	91	43	6	6
Polk	88	59	90	21	89	26	7	5
Randolph	97	45	97	20	97	25	12	0
Richmond	90	71	88	32	88	39	8	4
Robeson	96	50	94	26	95	31	12	0
Rockingham	96	72	96	29	96	37	12	0
Rowan	91	63	90	29	90	35	4	8
Rutherford	96	55	95	26	95	32	11	1
Sampson	98	49	97	21	97	27	12	0
Scotland	97	42	95	24	95	28	11	1
Stanly	97	49	94	35	95	37	11	1
Stokes	99	38	99	25	99	28	11	1
Surry	98	40	96	22	97	25	12	0
Swain	93	66	95	22	95	30	11	1
Transylvania	100	48	96	19	97	24	12	0
Tyrrell	100	52	99	33	99	38	12	0
Union	92	54	93	21	93	24	8	4
Vance	96	48	95	31	95	36	8	4
Wake	92	62	94	21	94	26	11	1
Warren	92	67	89	28	90	35	6	6
Washington	98	48	96	24	96	29	12	0
Watauga	95	62	94	31	94	37	12	0
Wayne	88	75	94	25	93	34	10	2
Wilkes	98	44	98	27	98	30	12	0
Wilson	98	44	97	27	97	31	12	0
Yadkin	93	52	93	25	93	31	10	2
Yancey	98	42	96	25	96	28	12	0

**Legend**

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



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

Average Processing Time (Days), SFY 2023												
COUNTY	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Alamance	25	25	32	33	29	32	29	32	31	33	29	28
Alexander	23	27	21	29	20	25	24	22	25	23	28	21
Alleghany	35	29	35	27	24	28	38	39	25	31	30	22
Anson	43	44	41	34	33	29	41	38	35	38	38	36
Ashe	26	25	29	32	25	29	31	24	29	34	30	34
Avery	40	43	35	34	24	30	31	37	37	39	39	38
Beaufort	36	26	29	30	31	33	29	35	30	27	28	29
Bertie	38	29	35	39	41	33	37	45	30	34	41	34
Bladen	23	20	22	24	22	23	29	25	32	33	38	39
Brunswick	31	33	27	32	30	28	30	32	31	30	27	24
Buncombe	29	30	31	32	27	30	32	36	33	32	34	34
Burke	30	29	29	26	26	31	33	32	30	30	34	25
Cabarrus	28	29	29	30	24	28	31	29	29	29	27	26
Caldwell	31	34	33	39	36	37	40	40	38	39	38	39
Camden	34	37	22	34	30	25	32	31	42	37	35	24
Carteret	21	20	23	21	21	22	23	22	25	26	22	27
Caswell	26	29	26	26	23	29	27	31	27	27	23	29
Catawba	27	26	28	32	32	32	32	28	21	21	22	23
Chatham	26	31	28	27	30	26	33	31	34	31	30	27
Cherokee	18	19	24	26	16	21	19	24	28	24	26	22
Chowan	34	32	34	35	34	40	44	47	39	40	36	36
Clay	10	15	15	17	17	15	21	16	12	19	15	23
Cleveland	28	31	30	30	28	33	35	38	36	35	32	28
Columbus	25	27	26	29	25	22	25	30	27	26	29	24
Craven	24	21	26	32	27	24	26	25	18	24	25	27
Cumberland	34	26	30	34	29	43	32	31	32	32	50	43
Currituck	28	26	29	37	34	29	35	42	37	37	46	33
Dare	33	32	31	38	26	27	33	36	38	38	37	39
Davidson	24	26	25	27	27	31	28	29	29	25	24	26
Davie	23	19	21	27	18	24	30	35	23	31	30	24
Duplin	38	35	33	32	34	34	34	37	33	33	36	36
Durham	37	33	37	37	35	38	35	37	40	37	37	34
Edgecombe	31	36	32	33	33	33	35	33	33	34	32	34
Forsyth	23	24	24	26	23	25	27	29	27	26	26	29
Franklin	26	29	25	29	25	27	32	33	30	24	23	24
Gaston	33	30	34	37	32	35	36	41	40	37	35	33
Gates	23	32	44	26	18	28	35	36	37	29	31	24
Graham	31	33	31	26	29	34	38	30	24	29	24	28

Average Processing Time (Days), SFY 2023												
Granville	31	33	32	35	39	43	41	42	39	44	44	47
Greene	29	24	25	18	22	18	19	25	23	20	30	24
Guilford	29	27	31	31	31	33	34	36	30	27	26	25
Halifax	37	37	36	33	36	35	37	34	30	37	38	44
Harnett	22	18	19	20	19	21	24	21	18	21	25	25
Haywood	32	30	28	29	26	31	29	33	30	28	30	29
Henderson	26	26	25	29	27	31	32	34	34	32	29	27
Hertford	41	38	41	32	39	41	42	33	43	33	20	19
Hoke	20	16	21	21	24	18	24	25	23	26	29	29
Hyde	20	20	50	47	21	17	26	22	19	26	20	49
Iredell	30	32	30	31	30	31	32	32	31	29	31	31
Jackson	26	21	32	19	29	26	24	23	23	20	18	23
Johnston	34	31	35	34	39	39	37	33	32	30	33	31
Jones	23	21	29	24	27	25	27	18	21	17	20	25
Lee	30	27	30	33	32	32	33	34	31	35	37	29
Lenoir	18	19	19	23	21	25	27	25	25	28	25	27
Lincoln	32	25	30	35	33	32	34	34	29	32	36	34
Macon	26	31	33	33	34	29	30	34	29	27	32	31
Madison	35	31	24	51	26	30	39	33	65	36	32	24
Martin	35	32	39	40	41	36	39	39	37	30	42	31
McDowell	17	18	22	19	16	23	21	22	19	25	21	24
Mecklenburg	41	45	41	37	37	36	38	38	36	38	39	36
Mitchell	32	23	31	22	23	20	28	29	31	30	25	27
Montgomery	18	28	24	28	27	29	28	26	33	24	28	29
Moore	33	30	31	33	20	28	29	35	32	31	31	26
Nash	31	42	36	42	41	42	38	34	34	34	33	34
New Hanover	19	15	16	18	16	18	20	18	22	21	20	17
Northampton	44	35	34	46	39	33	44	43	39	38	44	39
Onslow	40	30	31	31	27	34	34	31	29	28	26	27
Orange	31	26	29	30	20	21	25	33	30	30	32	27
Pamlico	37	34	42	31	26	32	33	34	41	30	32	34
Pasquotank	32	26	28	29	26	31	32	35	45	31	29	32
Pender	32	38	40	43	39	39	41	40	35	31	27	33
Perquimans	36	28	31	30	28	39	36	31	32	38	36	42
Person	36	38	35	35	34	37	38	31	40	35	36	33
Pitt	39	40	40	43	47	42	43	41	42	45	45	44
Polk	16	28	20	35	23	19	21	22	26	19	35	35
Randolph	24	24	23	26	21	24	29	24	25	25	26	25
Richmond	38	42	39	39	39	41	46	35	40	35	40	36
Robeson	31	37	39	31	29	31	30	28	26	28	31	29
Rockingham	36	33	35	40	36	36	37	40	36	39	38	38
Rowan	32	34	33	37	34	36	33	36	35	37	34	37

Average Processing Time (Days), SFY 2023												
Rutherford	29	28	30	34	35	33	36	32	32	29	32	29
Sampson	23	23	26	27	25	26	31	29	29	26	26	31
Scotland	27	26	26	22	19	27	26	24	29	31	38	32
Stanly	34	33	32	39	37	37	42	39	43	37	38	33
Stokes	22	20	24	23	17	29	32	32	29	60	21	27
Surry	28	27	27	25	26	25	25	28	22	19	23	23
Swain	34	35	33	24	30	29	29	26	18	28	32	45
Transylvania	21	21	25	26	21	23	25	21	26	26	23	22
Tyrrell	46	26	39	47	48	33	44	34	31	40	36	40
Union	23	22	24	25	22	27	27	26	26	22	20	23
Vance	34	32	36	38	51	39	34	33	38	31	34	29
Wake	22	22	26	26	23	24	27	30	28	30	27	26
Warren	35	33	27	27	25	36	41	44	30	42	41	45
Washington	25	22	22	29	26	26	29	33	35	28	32	36
Watauga	33	35	33	36	32	37	41	37	44	37	36	32
Wayne	30	31	29	34	30	32	35	34	31	34	34	43
Wilkes	31	30	35	34	26	33	31	29	30	23	31	29
Wilson	28	25	27	27	22	29	30	30	37	37	36	36
Yadkin	35	31	27	27	24	31	37	29	29	31	27	35
Yancey	33	36	33	28	29	29	27	28	24	27	34	25