10A NCAC 23C .0204 LOCAL CORRECTIVE ACTION TEAM

(a) The Assistant Director for Recipient and Provider Services (R&PS) in the Division of Health Benefits shall determine that a Local Corrective Action Team is needed when the county department of social services (DSS) is out of compliance with the monitoring or APT or PPT processing thresholds in any category for 3 consecutive months, or, 5 months out of any 12 consecutive months. The Local Corrective Action Team shall include the Medicaid Program Representative and any additional state staff identified by the Assistant Director for R&PS, the county department of social services director and any county staff the county director designates, the county manager or the chair of the county board of commissioners as selected by the county director, a member of the general public as selected by the county director, and an independent management consultant at the option and expense of the county.

(b) A Local Corrective Action Team shall not convene when:

- (1) All failures are attributable to DDS.
- (2) It is determined by DHB Assistant Director for Recipient and Provider Services that the reasons for non-compliance have been or are being corrected.
- (3) Budgetary constraints decided by DHB Assistant Director for R&PS do not allow travel for the purpose of convening a corrective action team. Conference calls shall be held by the DHB Assistant Director for R&PS when travel is not allowed as determined by State officials due to fiscal constraints.

(c) The Local Corrective Action Team may design any remedy reasonable and necessary to bring the DSS into compliance with application processing requirements as in 10A NCAC 21B .0204 and this Subchapter.

(d) The Team shall establish a corrective action plan within 40 calendar days of notice from the Assistant Director of Recipient and Provider Services to the county director of social services that a local corrective action team was required, and a date for compliance with the plan shall be set. The corrective action plan must be submitted to the Assistant Director for R&PS. The county must meet the thresholds in 10A NCAC 23C .0203(a) within three months after the date the compliance plan was required to be established.

(e) Failure of a county to take corrective action, or meet compliance thresholds shall result in a referral by the Division of Health Benefits a State Corrective Action Team, unless the State Corrective Action Team grants an extension, not to exceed three months, for the county to meet the thresholds. In determining if an extension shall be granted, the State Corrective Action Team shall receive a recommendation from the Division of Health Benefits to grant an extension based on the Division's assessment that the county is taking action to comply with the corrective action plan. The State Corrective Action Team shall be formed by the Secretary for the Department of Health and Human Services based on a request from the Division of Health Benefits. The State Corrective Action Team shall consist of a representative from the Department of Health and Human Services appointed by the Secretary, a representative of the NC Association of County Commissioners, two representatives from county departments of social services, excluding the county in question, appointed by the presidents of the following associations: NC Social Services Association, NC Association of County Directors of Social Services, and the NC Association of County Boards of Social Services, the chairman of the Board of Legal Services of North Carolina or his designee, a recipient of Medicaid appointed by the Secretary, and a representative of the UNC School of Government.

History Note: Authority G.S. 108A-54; Alexander v. Bruton, U.S.D.C., File No. C-C-74-183-M, Consent Order dismissed effective February 1, 2002; Temporary Adoption Eff. March 1, 2003; Eff. August 1, 2004; Transferred from 10A NCAC 21A .0607 Eff. May 1, 2012; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016; Amended Eff. March 1, 2020.