



2017-2018 General Assembly

# SENATE BILL 257: Appropriations Act of 2017, Sec. 11H.22: Support Improvement in the Accuracy of Medicaid Eligibility Determinations

**Committee:**  
**Introduced by:**  
**Analysis of:** Sec. 11H.22 of S.L. 2017-57

**Date:** August 22, 2017  
**Prepared by:** Jennifer Hillman  
Staff Attorney

**OVERVIEW:** *Sec. 11H.22 of S.L. 2017-57 enacts various provisions related to the accuracy of Medicaid eligibility determinations made by county departments of social services, including the following:*

- *It clarifies in statute that the Department of Health and Human Services (DHHS) administers the Medicaid program and delegates Medicaid eligibility determinations to the county departments of social services.*
- *It requires DHHS to report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by November 1, 2017, on progress made in response to the State Auditor's January 2017 Performance Audit regarding the accuracy of county Medicaid eligibility determinations.*
- *It creates a new set of statutes that require DHHS to annually audit all county departments of social services' Medicaid eligibility determinations based on standards for accuracy and quality assurance set by DHHS in consultation with the State Auditor and adopted in rule. For counties not meeting these standards, the statutes require a corrective action plan and allow DHHS to assume responsibility for determining eligibility if the plan is not completed.*
- *It requires DHHS to collaborate with the State Auditor to develop a plan of implementation of the annual audits required by statute and to report that plan to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by March 1, 2018.*
- *It codifies in statute the counties' financial responsibility for eligibility determination errors that are attributable to the county, which was previously established in an administrative rule.*
- *It requires DHHS to develop a NC FAST training and certification program that all county caseworkers must complete every 3 years. DHHS must report on the implementation of this program to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice by March 1, 2018.*

*This section became effective June 28, 2017. The statute regarding the counties' financial responsibility for certain Medicaid eligibility determination errors applies to errors identified on or after June 28, 2017.*

Karen Cochrane-Brown  
Director



Legislative Analysis  
Division  
919-733-2578