

**County Analysis – Non-Compliance with Processing Thresholds or
Thresholds for Denials, Withdrawals, Inquiries**

I. NON-COMPLIANCE

A. APT/PPT Thresholds

1. Which program category(s) failed threshold(s)?

2. Give APT and PPT for affected Month

Month _____	PRO/CAT _____	APT _____	PPT _____
	PRO/CAT _____	APT _____	PPT _____

Month _____	PRO/CAT _____	APT _____	PPT _____
	PRO/CAT _____	APT _____	PPT _____

Month _____	PRO/CAT _____	APT _____	PPT _____
	PRO/CAT _____	APT _____	PPT _____

B. Denial, Withdrawal and Inquiry Thresholds

What is compliance rate for 12 month monitoring sample?

Denials _____	Withdrawals _____
Inquiry Thresholds _____	Discouragement _____

II. PLEASE ANSWER THE FOLLOWING QUESTIONS WHERE RELEVANT

A. Organization and Management

1. Was one worker or unit responsible?

2. What action has been taken to notify the responsible worker/unit?

What measures have been implemented to improve performance for that worker/unit?

Is disciplinary action indicated/date taken?

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B. Staffing and Productivity

1. Was understaffing the cause for non-compliance? Yes No
If so, what is your current staffing level and what is your staffing shortage?

What is supervisory to worker ratio?

Using the last three months of data, illustrate your staffing needs.

What, if any, action has been taken to obtain the needed staff?

2. What is the productivity level of:
- a. Each worker?
 - b. Each unit?
 - c. All workers/units?

C. Policy and Procedure

1. Was non-compliance a result of incorrect policy interpretation regarding application processing (e.g. use of client statement)?

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What was the incorrect interpretation?

What steps have been taken to arrange for or provide training?

2. Was non-compliance a result of failure by the worker or data entry to correctly exclude time? Yes No

Cite specific case examples.

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D. External Forces

1. Did your county experience an unexpected influx of applications in the non-compliance month? Yes No

Please provide number of applications for the prior three months as well as the month of non-compliance.

2. Did a catastrophic occurrence cause or contribute to the non-compliance (fire, flood, hurricane, etc.)? Yes No Please explain.

3. Did excessive downtime of NCFAST or Help Desk tickets cause non-compliance? Yes No Please show date if citing system downtime.

If so, please indicate number of applications not keyed timely as a result.

Please list these indicating date completed by IMC and date keying was attempted.

Please list Help Desk ticket numbers.

4. Was non-compliance caused by excessive processing time by DDS? Yes No
Please cite specific cases and pertinent dates.

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E. Other - Any other reason not listed above.

1. Was non-compliance due to supervisor's inability to manage the supervisory workload?
What actions have been taken to prevent recurrence?

I) Please detail your plan of action including action dates and person(s) responsible to prevent future non-compliance with the thresholds. Incorporate in your plan action steps to deal with any of the factors listed above which contributed to non-compliance.