

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

DAVE RICHARD  
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

April 17<sup>th</sup> 2017

**Re: Updating/Deleting Incorrect Social Security Numbers**

Dear County Director of Social Services:

Social Security number deletion has been a role/function of Division of Medical Assistance (DMA) and Division of Social Services (DSS) for the past two years now. Efforts have been underway since July 2016 to return this function to the County DSS. We thank you for your patience in this matter.

We are pleased to inform you this function will now be returned to the County DSS with the following difference to our original information: Access will be given for up to four supervisors per county. This process allows for quick and adequate corrections to expedite the application and redetermination process.

Supervisors must assure that staff are fully trained in the process of CNDS person registration. Errors in the CNDS person registration process have caused duplicate CNDS numbers to be assigned to individuals. This can affect benefits and accuracy of eligibility determination. The web-based training can be found in NCFast Help. Select the **"Show Table of Contents"** hyperlink and select the folder titled **"SUBSIDIZED CHILD CARE ASSISTANCE."**

- There will be a subfolder titled **"Person Search and Registration Training"**. It is a two (2) part web-based training.
- Each part of the web-based training takes approximately thirty (30) minutes to complete.

In addition, there is a Job Aid in NCFast Help titled **"Completing Person Merge"** dated 11/19/2015. The job aid is located under the table of contents, **"APPLICATION AND PROCESSING"** folder, in the sub folder **"Registering and Matching Persons."** Staff are required to view this Job Aid to understand the merge process once an incorrect social security

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number has been deleted. Understanding the merging process is critical. Counties need to ensure that this Job Aid is utilized to assist workers with completing the merge function.

If a social security number correction is made, the merge MUST take place to reduce the number of duplicates generated in NCFAST.

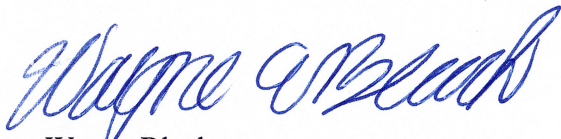
Each county is advised to keep a record tracking the names and date of each staff member that completed the training. The Point of Contact (POC) should sign-off on all completed training. This information should be housed in one area in the event the information is requested from the State. Each county must appoint a supervisor as the Point of Contact (POC).

Supervisors originally reported to DMA currently have access. Any updates to the current list must be sent to DMA contact, Melissa Artis. Lead workers who were originally reported do not have access, as this is limited to the supervisor role in NCFAST.

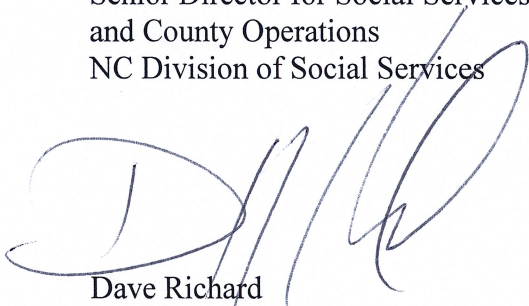
The County Director shall send an email to DMA contact, Melissa Artis, [Melissa.Artis@dhhs.nc.gov](mailto:Melissa.Artis@dhhs.nc.gov) which includes the attached "Acknowledgement of Completed Training and Designation of Point of Contact". All training and designation of point of contact should be completed by May 19<sup>th</sup>, 2017.

If you have any questions, please contact Melissa Artis, [Melissa.Artis@dhhs.nc.gov](mailto:Melissa.Artis@dhhs.nc.gov) or 919-813-5353.

Sincerely,



Wayne Black  
Senior Director for Social Services  
and County Operations  
NC Division of Social Services



Dave Richard  
Deputy Secretary for Medical Assistance

## ACKNOWLEDGEMENT OF COMPLETED TRAINING AND DESIGNATION OF POINT OF CONTACT

I \_\_\_\_\_, Director of \_\_\_\_\_ County hereby state that the following supervisors have completed the Person Search and Registration Training Parts 1 and 2 along with the review of the Registering and Matching Persons job aid. I have designated these supervisors (up to 4) to delete social security numbers to prevent duplicate CNDS IDs in NCFAS, when applicable. I have also designated a POC in the county to monitor these activities to determine if additional training is needed based on the trends identified in the bimonthly report listed in XPTR.

INDIVIDUAL'S NAME/EMAIL ADDRESS	CONTACT PHONE NUMBER	NCID
<b>POC:</b>		

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_