North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Richard O. Brajer
Secretary

Dave Richard
Deputy Secretary for Medical Assistance

July 15, 2016

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 over a year now. This function will now be returned to the County DSS. Access will be given for up to four supervisors per county; however, the counties may choose to grant access to lead workers or other upper management. This process allows for quick and adequate corrections to occur on cases in order to expedite the application and redetermination process.

All county staff, including new employees, must complete training to assure DMA/DSS that the CNDS person registration process is understood within NCFAST. Errors in the 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. The training can take place individually or in groups, at the county's discretion.

Secondly, 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 number has been deleted. Understanding the merging process is critical. Counties need to ensure that this job aid is utilized in order to assist workers with completing the merge function.

If a social security number correction is made, it is important that the merge takes place to reduce the number of duplicates generated in NCFAST.

Each county must appoint a supervisor as the Point of Contact (POC) to verify all eligibility staff have completed both the training and reviewed the job aid listed above. The County Director shall send an e-mail to DMA contact, Shnaka Clark, Shnaka.Clark@dhhs.nc.gov which includes the attached "Acknowledgement of Completed Training and Designation of Point of Contact."

Each county is advised to keep a record tracking the names and date of each staff member that completed the training. The lead supervisor (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. All training and designation of point of contact should be completed by July 29, 2016. All Counties will be notified by listserv when access has been granted.

Until training is completed and access is made available to the counties, continue to contact DMA at (919) 855-4000 or DSS (919) 527-6270 for assistance.

Sincerely,

Wayne E. Black
Director
N.C. 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 Person Search and Registration Training Parts I and 2 along with the review of the Registering and Matching Persons job aid have been completed by all county caseworker staff. I have designated the supervisors below (up to 4) to delete social security numbers to prevent duplicate CNDS IDs in NCFAST, 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.

COUNTY/CONTACT NUMBER	INDIVIDUAL' S NAME/EMAIL ADDRESS	NCID
POC:		

SIGNATURE:_____

DATE: _____