2022 Recipient Eligibility Determinations Audit

SL 2017-57, Section 11H.22. (c)

As Amended By S.L. 2018-5 Section 11H.5(c)

Report to the

Joint Legislative Oversight Committee on
Medicaid and NC Health Choice

Fiscal Research Division

State Auditor

By

North Carolina Department of Health and Human Services

March 8, 2023

Contents

I. Introduction

Session Law 2017-57, Section 11H.22 (c), as amended by Session Law 2018-5 Section 11H.5(c) (see **Appendix A**), requires the North Carolina Department of Health and Human Services (the Department) to annually audit all county Departments of Social Services (DSS) for compliance with the accuracy standards adopted under G.S. 108A-70.47 for Medicaid eligibility determinations made within a 12-month period.

The Department consulted with the North Carolina Office of the State Auditor to develop a fair and equitable Medicaid eligibility sample size and agreed on an acceptable error rate by adopting the Centers for Medicare & Medicaid Services (CMS) eligibility error rate of 3.2%. The error rate threshold is applied as follows:

- Error rate threshold of 3.2% per fiscal year for each county for accuracy errors that cause Medicaid applicants to be approved for Medicaid benefits when the applicants are truly ineligible.

- Error rate threshold of 3.2% per fiscal year for each county for accuracy errors that cause Medicaid applicants to be denied Medicaid benefits when the applicants are truly eligible.

- Error rate threshold of 10% per fiscal year for each county for internal control errors made during the eligibility determination process that did not impact the outcome of the eligibility determination decision.

Additionally, due to the effort required to conduct an effective review, the 100 counties are being audited over a three-year cycle.

The resulting audit is referred to as the NC Medicaid Recipient Eligibility Determination Audit ("REDA").

This report reflects the results of Year 3 of the initial 3-year audit cycle.

II. Methodology

The audit plan was developed and executed by the NC Medicaid Office of Compliance & Program Integrity County Quality Assurance team (OCPI QA). The OCPI QA staff has significant experience in eligibility determinations in the county setting and as compliance analysts with the State, including conducting eligibility reviews for the CMS Medicaid Eligibility Quality Control audits.

As previously noted, the 100 county DSSs are being audited over a three-year cycle. Cycle 1, conducted during CY 2019, included 30 counties; Cycle 2, conducted during CY 2020, included 35 counties; and Cycle 3, conducted during CY 2021, covered the remaining 35 counties. A sample size of 200 eligibility determinations made in a 12-month period was audited for each county. The sample includes 100 Medicaid eligibility determination approvals and 100 Medicaid determination denials/terminations. The audit procedures were designed to determine the county DSSs' compliance with the following accuracy standards:

- Only eligible applicants are <u>approved</u> for Medicaid benefits 96.8% of the time.

- Eligible applicants are not <u>denied</u>/terminated 96.8% of the time.

- The eligibility determination process is free of <u>technical errors</u> that do not change the outcome of the eligibility determination 90% of the time.

III. Cycle 3 Accuracy and Quality Assurance Results

1. Statewide annual percentage of county DSSs that met the accuracy standards

A. Approved - The overall accuracy rate for Cycle 3 was 95.9%. The Department reviewed 35 counties in Cycle 3 for Medicaid eligibility determination accuracy. The 96.8% accuracy rate of approved determinations was met by 19 (54.3%) counties. Another three (8.6%) counties fell just shy of the standard, achieving a 96.0% accuracy. The remaining 13 (37.1%) counties achieved at or just below a 95% accuracy rate.
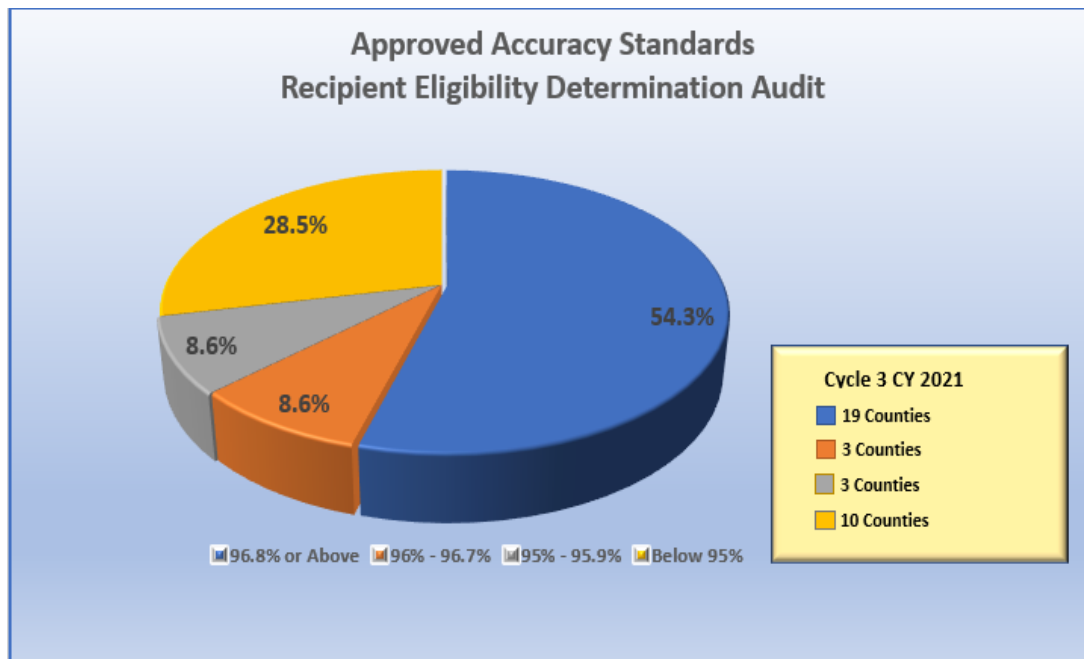
Note: In January 2017, the Office of State Auditor (OSA) published a performance audit of the "NORTH CAROLINA MEDICAID PROGRAM RECIPIENT ELIGIBILITY DETERMINATION," in which 10 counties were reviewed for eligibility determination accuracy. In response to the audit, the State provided policy training and enhancements to the NCFAST eligibility system. One of the 10 counties included in the OSA audit were among those selected and reviewed in this Cycle with noted improvement in their accuracy rates. The chart in Appendix C includes an asterisk by the county included in OSA's 2017 performance audit results.

B. <u>Denied/Terminated</u> - The overall denied/terminated accuracy for Cycle 3 is 94.7%. The 96.8% accuracy rate of denied/terminated determinations was met by 12 (34.3%) counties. Another five (14.3%) counties fell just shy of the standard, achieving a 96.0% to 96.7% accuracy rate. The remaining 18 (51.4%) counties achieved an accuracy rate at or below 95%.
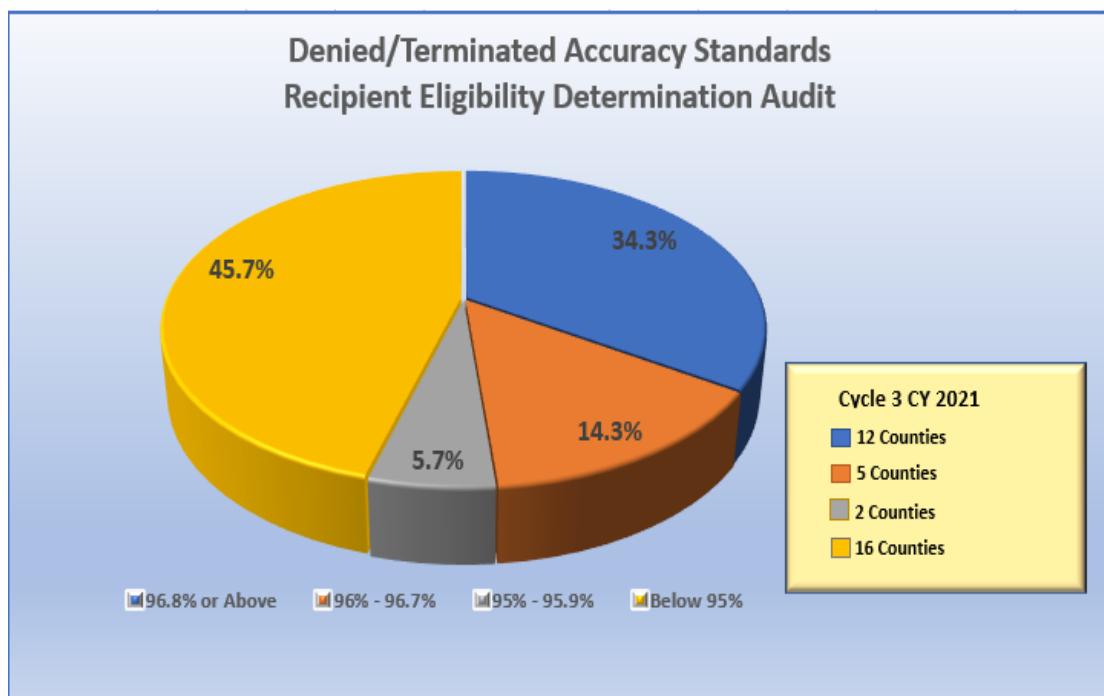
Note: The audit identified that federal timeliness guidelines were not consistently followed according to Medicaid policy. North Carolina residents were not always afforded the allowable timeframes to provide verification to complete their Medicaid eligibility applications/redeterminations before denial/termination actions were taken. The error rate in this measure was higher than expected.

C. <u>Technical errors</u> – The overall technical accuracy rate for Cycle 3 is 94.2%, well above the standard. The 90% accuracy rate was met by 29 (82.9%) counties. Another 3 (8.6%) counties fell shy of the standard achieving 89.5% to 87.5% technical accuracy. The remaining 3 counties achieved an accuracy rate at or below 84.5%. Technical error findings were a combination of the following issues:

- Mistakes in data input/keying errors such as typographical or mathematical errors

- Inadequate notification to applicants/beneficiaries

- Various misapplied policies/procedures

During SFY 2021, the State conducted training on monitoring internal control

procedures and processes to clarify expectations and improve the accuracy in determinations. This guidance was well received, and counties continue to use this information to train new and existing staff, strengthening internal control processes.

2. **Statewide percentage of county DSSs that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year**

   The quality assurance standards issued by the Department direct the county to conduct second party quality assurance reviews quarterly and submit review details to the State. The requirements for compliance include documenting the review on the State-issued template, using a minimum sample size as designated by the State and taking corrective action based on an analysis of the review results.

   The State is pleased to note that 100% of the 35 Cycle 3 counties successfully completed and met the Medicaid quality assurance minimum standards for calendar year 2021. Minimum sample sizes are based on county population (see Appendix B). OCPI QA reviewed the county submitted reviews and noted three main training issues that were identified by the counties:

   - Earned income is not consistently calculated/budgeted or verified correctly

   - Electronic sources not checked for resources owned by applicant/beneficiary

   - Failure to check available records in the agency prior to requesting from beneficiary

   Counties followed up by using the review findings to conduct in-house Medicaid policy training. The Department is undertaking policy revisions in Medicaid manuals to ensure relative policies can be successfully implemented.

3. **The annual audit results for each standard (eligible or ineligible) for each county DSS are as follows:**

   The review of Medicaid eligibility determinations actions conducted by the county DSSs were completed by February 2022. Cycle 3 tested roughly 7,000 individuals to verify Medicaid eligibility determinations were performed accurately and timely. See Appendix C**:** Annual Recipient Eligibility Determination Audit results by county.

4. **The number of years in the preceding five-year period that each county DSS failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.**

   As this is the initial year for Cycle 3 counties of the eligibility determination audit, no prior years' activity exists. This group will be reviewed under G.S. 108A-70.47 again in 2024.

   Additionally, none of the counties in Cycle 3 failed to successfully complete the quality assurance reviews implemented for CY 2021.

5. **Corrective action activities conducted by the Department and county DSSs.**

Throughout the audit each month, OCPI QA provided counties with their error findings, providing root cause analysis, and recommending enhancements to the counties internal control processes over eligibility determination. Counties meeting the accuracy standards also shared their internal control practices for the benefit of the other counties.

The Department initiated a partnership of State Medicaid staff and county leadership to work with those counties not currently meeting the accuracy requirements. County leadership included the County Department of Social Services Director, County Manager, Chair of County Commissioners (or designee), Social Services Board Chair or other Board Member and other attendees requested by the county.

The counties identified in Cycle 1 (21 counties) that failed to meet the state accuracy rate were placed under an Accuracy Improvement Plan (AIP) according to the requirements of GS 108A-70.49. (See Appendix D.)

The Department's Quality Assurance Audit Resolution Team provided oversight of the plan, provided suggestions on control activities, and validated controls incorporated into the counties' business processes. Weekly calls and monthly virtual meetings were held on plan development, implementation, and immersion phases. If the county met the objective for both active and/or negative accuracy standards (based on the accuracy standards the county identified as underperforming) for at least three consecutive months AND adequate internal controls provided reasonable assurance objectives were sustainable, the county was deemed successful in meeting the Medicaid accuracy rates.

The Department noted 17 of the 21 counties successfully implemented adequate internal control processes during the first three months of the plan to meet and sustain the accuracy quality rate of 96.8% for Medicaid eligibility determinations; 1 county was successful within 6 months and the additional 3 counties are modifying control activities to integrate into their business operations to achieve the objective.

The counties identified in Cycle 2 (26 counties) that failed to meet the state accuracy rate have been placed under an AIP effective January 2022. The state will continue following the AIP model implemented in Cycle1.

The Department continues to provide Medicaid and NC Health Choice formal policy training through the NC FAST Learning Gateway portal.

To further ensure that Medicaid and NC Health Choice policies are understood and adhered to at the county level, the Department has instituted the NC FAST Certification program. Certification results are provided to the state to verify the process is in place and the steps to monitor actions are received monthly.

NC FAST implemented four system enhancements to aid in streamlining the eligibility determination process based on Medicaid audit findings. Those new automation projects are as follows:

- Change of Circumstance, which provides beneficiary access to report changes electronically

- Providing post-partum coverage for 12 months to reduce workload activities

- Electronic data matches return responses to automate into evidence on the case and;

- Telephonic Signatures on prepopulated forms. These new additions provide more automation to eliminate worker manual interaction of data vs electronic data populating from the source to the eligibility decision. Again, as stated last year, these system enhancements should reduce county staff workload activities and reduce

findings for data entry errors.

A Recipient Eligibility Determination webinar was conducted in February 2021on implementing internal control processes and evaluating existing controls to provide structured recommendations for implementing eligibility determinations decisions. This webinar is posted on the NC Medicaid website for future reference and training for all 100 counties and the Department.

The State continues to share the "Compliance and How to Strengthen Internal Control Processes" that is posted on the NCACDSS website for reference and training for those counties subject to an Accuracy Improvement Plan.

6. **For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement compared to the previous fiscal year, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications.**

This report is the conclusion of the initial 3-year audit cycle for conducting the accuracy standards audit; no prior year results by county exist for comparison. The Department is currently engaged in year 1 of the second three-year audit cycle and will include a comparison in the next report.

IV. Cycle 3 Summary

The overall accuracy rate for Cycle 3 is 95.9% for approvals and 94.7% for denials. Since the publication of the State Auditor's 2017 report on Medicaid eligibility determinations, the Department and county DSSs have invested much time and effort in the strengthening of Medicaid eligibility determinations. The Department continues to work on updating and issuing policy guidance and clarification while the counties focus on implementing the Department's recommendations for enhancing their internal control processes.

V. 3-Year Cycle Summary

This year's audit concludes the initial 3-year audit cycle of the Recipient Eligibility Determination Audit (REDA). The following is a summary of the results from a statewide view:

- Statewide sample size: 19,925 eligibility applications reviewed (9,996 approvals and 9,929 denial/terminations)

- Statewide approval accuracy rate: 96.0%

- Statewide denial/termination accuracy rate:94.0%

- Statewide internal control accuracy rate: 91%

- 55 counties successfully met the accuracy standard for approvals.

- 33 counties successfully met the accuracy standard for denials/terminations.

- 68 counties successfully met the accuracy standard for technical correctness.

As eligibility determination is a shared responsibility between the Department and County DSSs, the audit identified opportunities for improvement for both. The common and significant challenge for both the Department and the counties, is a shortage of qualified staff. The Department has a shortage of qualified staff to write, maintain and adequately train counties on eligibility policy, while counties continually experience a shortage of qualified

staff to execute policy against the thousands of Medicaid applications received annually. Additionally, some counties struggle with maintaining strong internal controls over the eligibility determination process.

As noted above in Section III.5, the Department and counties are working diligently to strengthen the eligibility process overall, in spite of the staffing and resource challenges faced. The Department continues to invest in the NCFAST system to implement automation enhancements to streamline the eligibility determination process, including for example electronic source verifications.

VI. Recommendation

It is evident that more work and resources are needed to achieve and maintain the Department's accuracy standard goals. In summary, 1) the Department should enhance the deployment of training staff and materials sufficiently to deliver policy knowledge needed to county DSSs, and 2) county DSSs should improve internal control processes and staff retention policies to ensure staff are sufficient and processes are effective to execute eligibility determinations.

Lessons learned from the conclusion of this initial 3-year audit cycle have resulted in the opinion that an alternate approach to the audit would be of more benefit to the eligibility determination process. Session law, 2017-57 section 6 requires counties who were unsuccessful in meeting the 96.8% accuracy rate be placed under a corrective action plan. The Department implemented a joint improvement plan with each county who failed to meet the accuracy standards. This joint venture allowed the State to engage several counties by providing internal control evaluations at the county level and training staff how to integrate missing control activities into their business operations. By ensuring standard operational procedures were in place, we determined the counties could be successful in meeting the established accuracy rate.

Due to staffing limits and the required substantive review of applications, Department staff could not engage in the internal control evaluations and assistance at the depth desired by the counties. The Department believes strongly that such an engagement of Department staff would greatly benefit county performance, resulting in the state reaching its accuracy goals statewide. To accomplish this additional engagement would require 1) a 50% increase in additional resources of staff or vendor contract to maintain the substantive accuracy audit or 2) a 24-month suspension of the substantive accuracy audit to allow current staff to focus on internal control and business process evaluations at the county level. The Department strongly supports a change in the review process as the continual identification of errors without the resources to adequately implement solutions will erode staff morale, resulting in an overall decline in the eligibility determination accuracy rates. During such a temporary suspension of the REDA audit, substantive accuracy reviews would continue under the State and County single audit efforts conducted by the State Auditor and local county CPA firms.

Additionally, the Department is requesting additional resources to maintain this required audit effort. Currently, the audit team consists of 31 permanent and temporary staff members under a single manager (Associate Director), who has responsibilities beyond the REDA audit. More than half of the audit staff members are temporary workers, many of whom are looking for permanent positions. Turnover continues to be a major challenge in this space and staff are working excessive hours to maintain the work schedules. Two manager positions at an annual salary of $80,000 each, along with the ability to convert at least 5 temporary workers to permanent positions at annual salaries of $65,000 would significantly reduce stress and fatigue on the team. This will better enable them to provide the level of support and oversight to the counties necessary to ensure NC eligibility determinations are conducted accurately.

Additionally, a lump sum appropriation of $115,738 would allow the salary adjustment needed to get the 15 permanent staff members to $65,000.

The Department is committed to partnering with the county DSSs to ensure Medicaid beneficiaries receive accurate and timely eligibility services.

Appendices

Appendix A: Medicaid Eligibility Determinations Accuracy and Quality Assurance

Session Law 2017-57, Section 11.H.22(c)

SECTION 11H.22.(c) Article 2 of Chapter 108A of the General Statutes is amended by adding a new Part to read: "Part 11. Medicaid Eligibility Determinations Accuracy and Quality Assurance
"§ 108A-70.51. Reporting.

Beginning with the calendar year 2020, no later than March 1 of each year, the Department shall submit a report to the Joint Legislative Committee on Medicaid and NC Health Choice, the Fiscal Research Division, and the State Auditor that contains the following information about the prior calendar year:

a. The annual statewide percentage of county departments of social services that met the accuracy standards adopted under G.S. 108A-70.47 in the prior fiscal year.
b. The annual statewide percentage of county departments of social services that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year.
c. The annual audit result for each standard adopted under G.S. 108A-70.47 for each county of department services.
d. The number of years in the preceding five-year period that each county department of social services failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.
e. A description of all corrective action activities conducted by the Department and   county departments of social services in accordance with G.S.108A-70.49.
f. For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement compared to the previous fiscal year, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications."

Session Law 2018-5, Section 11.H.5(c)

G.S. 108A-70.51 reads as rewritten: Beginning with the calendar year 2020, no later than March 1 of each year, the Department shall submit a report to the Joint Legislative Committee on Medicaid and NC Health Choice, the Fiscal Research Division, and the State Auditor that contains the following information about the prior calendar year:

(1) The ~~annual statewide~~ percentage of audited county departments of social services that met the accuracy standards adopted under G.S. 108A-70.47 in the prior fiscal year.
(2) The ~~annual statewide~~ percentage of audited county departments of social services that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year.
(3) The ~~annual~~ audit result for each standard adopted under G.S. 108A-70.47 for each county of department ~~services~~ services in the prior fiscal year.
(4) The number of years in the preceding ~~five-year~~ 10-year period that ~~each~~ any county department of social services failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.
(5) A description of all corrective action activities conducted by the Department and county departments of social services in accordance with G.S. 108A-70.49.
(6) For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement compared to the previous ~~fiscal year~~ audit of that county, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications."

Appendix B: Quality Assurance Standard

2nd Party Medicaid Eligibility Corrective Action, CY 2021							
Number of Cases Reviewed by REDA Cycle 3 Counties							
County	Minimum Quarterly Sample Size	Quarter 1	Quarter 2	Quarter 3	Quarter 4	CY 2021 Cases Reviewed	Difference (+/-)
Beaufort	60	69	60	60	90	279	39
Brunswick	112	217	298	301	597	1413	965
Camden	30	33	34	32	35	134	14
Carteret	60	121	107	60	76	364	124
Chowan	35	39	35	37	37	148	8
Clay	30	66	60	60	75	261	141
Cleveland	138	368	326	262	281	1237	685
Columbus	88	159	302	233	183	877	525
Craven	98	142	176	163	124	605	213
Duplin	76	77	79	79	77	312	8
Graham	30	57	97	92	45	291	171
Greene	52	65	63	62	56	246	38
Harnett	128	128	129	129	129	515	3
Hyde	30	30	30	30	30	120	0
Johnston	207	207	207	207	207	828	0
Jones	30	30	30	30	30	120	0
Lee	150	150	150	151	150	601	1
Lincoln	147	391	412	424	398	1625	1037
Macon	73	151	106	105	73	435	143
Mitchell	35	44	57	60	60	221	81
Montgomery	74	77	92	98	86	353	57
New Hanover	173	187	175	173	201	736	44
Northampton	62	62	62	62	62	248	0
Onslow	165	440	301	193	227	1161	501
Orange	80	168	386	294	130	978	658
Pamlico	30	69	65	36	49	219	99
Pender	124	186	191	192	176	745	249
Pitt	188	792	954	985	762	3493	2741
Richmond	155	156	155	156	156	623	3
Robeson	249	249	250	249	249	997	1
Stanly	125	164	167	160	154	645	145
Stokes	84	112	95	109	104	420	84
Surry	43	47	50	55	65	217	45
Wayne	166	254	182	258	281	975	311
Yadkin	76	206	431	195	190	1022	718
Statewide	3403	5713	6314	5792	5645	23464	9852

Appendix C: County Audit Results for Medicaid Eligibility by County

Recipient Eligibility Determination Audit			
Cycle 3 - Calendar Year 2021 - 35 Counties			
Accuracy Standards			
County	Approved 96.8%	Denied/Terminated 96.8%	Technical Errors 90.0%
Beaufort	96.0%	92.0%	92.5%
Brunswick	98.0%	94.0%	97.0%
Camden	98.0%	92.5%	94.8%
Carteret	96.0%	90.0%	91.0%
Chowan	96.0%	91.0%	89.5%
Clay	97.0%	96.9%	97.5%
Cleveland	92.0%	94.0%	84.5%
Columbus	100.0%	94.0%	99.0%
Craven	98.0%	96.0%	98.5%
Duplin	93.0%	91.0%	90.0%
Graham	95.0%	100.0%	97.0%
Greene	98.0%	96.0%	96.0%
Harnett	97.0%	99.0%	99.0%
Hyde	92.0%	76.9%	75.2%
Johnston	100.0%	95.0%	96.5%
*Jones	99.0%	92.0%	97.0%
Lee	98.0%	99.0%	100.0%
Lincoln	97.0%	96.0%	97.5%
Macon	93.0%	97.0%	87.5%
Mitchell	97.0%	96.0%	98.0%
Montgomery	100.0%	100.0%	96.5%
New Hanover	95.0%	93.0%	97.5%
Northampton	90.0%	94.0%	92.5%
Onslow	99.0%	97.0%	97.0%
Orange	97.0%	99.0%	97.5%
Pamlico	98.0%	98.0%	97.0%
Pender	95.0%	99.0%	98.0%
Pitt	92.0%	91.0%	90.5%
Richmond	93.0%	97.0%	88.5%
Robeson	85.0%	84.0%	83.0%
Stanly	100.0%	94.0%	96.5%
Stokes	94.0%	95.0%	95.0%
Surry	97.0%	96.0%	99.0%
Wayne	93.0%	94.0%	95.0%
Yadkin	98.0%	99.0%	94.0%

Appendix D: Joint State/Local Agency Accuracy Improvement Plan
_____ Department of Social Services

REQUIREMENT: Accurate processing of Medicaid applications/redeterminations to meet the State standards.

ACCURACY STANDARDS
- Only eligible applicants are approved for Medicaid benefits 96.8% of the time.
- Eligible applicants are not denied/terminated 96.8% of the time

Note: The eligibility determination process is free of technical errors that do not change the outcome of the eligibility determination 90% of the time.

STATE POINT OF CONTACT	COUNTY POINT OF CONTACT
Name: _____	**Name:** _____
E-mail address:_____	**E-mail address:** _____
Phone number:_____	**Phone number:** _____

COUNTY METRICS	COUNTY SELF-ASSESMENT
[List programs and months out of compliance and associated accuracy metrics]	[Brief summary of county self-assessment that lists reasons for failure to meet accuracy standards]

CURRENT INITIATIVES
[Initiatives/improvements currently underway to address accuracy issues; steps already taken in months prior to implementing AIP]

ACTION PLAN

KEY GOAL *(e.g. "Meet the 96.8% accuracy standard rate")*
Strategies & Actions for Improvement

Strategy/Action #1 For Completing Goal *(detailed description)***:**

Desired Outcome *(including associated metrics)*:	Target Dates and Checkpoints *(including targeted completion date)*:	Strategy/Action Owner	Resources Needed	State Actions/Support Required

Strategy/Action #2 For Completing Goal *(detailed description)***:**

Desired Outcome *(including associated metrics):*	**Target Dates and Checkpoints** *(including targeted completion date):*	**Strategy/Action Owner**	**Resources Needed**	**State Actions/Support Required**

Strategy/Action #3 For Completing Goal *(detailed description)***:**

Desired Outcome *(including associated metrics):*	**Target Dates and Checkpoints** *(including targeted completion date):*	**Strategy/Action Owner**	**Resources Needed**	**State Actions/Support Required**

Date of AIP Review: _____
Reviewed By: _____
Next Projected review of AIP: _____

AIP PROGRESS REVIEW AND UPDATES
Section to be completed by authorized reviewer [INSERT TIME FREQUENCY] and findings reviewed by [COUNTY NAME] Director.

SUMMARY (key findings of review):	KEY STEPS PRIOR TO NEXT REVIEW:

TARGETED IMPROVEMENT UPDATES
Complete 1 row for each targeted improvement identified in the original AIP

STRATEGY/ACTION #1 [List associated action]:

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
TARGET GOAL: LAST REVIEW [insert status at last review]: CURRENT:	☐ Achieved ☐ In Progress – On Schedule ☐ In Progress – Behind ☐ Not Started	☐ Remove from AIP ☐ Revise/Re-evaluate goal ☐ Continue to Implement ☐ Continue to Monitor	

STRATEGY/ACTION #2 [List associated action]:

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
TARGET GOAL: LAST REVIEW [insert status at last review]: CURRENT:	☐ Achieved ☐ In Progress – On Schedule ☐ In Progress – Behind ☐ Not Started	☐ Remove from AIP ☐ Revise/Re-evaluate goal ☐ Continue to Implement ☐ Continue to Monitor	

STRATEGY/ACTION #3 [List associated action]:

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
TARGET GOAL: LAST REVIEW [insert status at last review]: CURRENT:	☐ Achieved ☐ In Progress – On Schedule ☐ In Progress – Behind ☐ Not Started	☐ Remove from AIP ☐ Revise/Re-evaluate goal ☐ Continue to Implement ☐ Continue to Monitor	