State of California—Health and Human Services Agency
Department of Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

June 25, 2007

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 305

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Subject: ARTICLE 25 – County Performance Standards

Enclosed are pages for a new Article 25-County Performance Standards.

Filing Instructions:

Remove Pages:	Insert Pages:
--	Article 25

If you have any questions, please contact Ms. Linda Monroe of my staff at (909) 383-9681.

Original signed by

Maria Enriquez, Chief
Medi-Cal Eligibility Branch

Enclosures

1501 Capitol Avenue, Suite 71.4001, MS 4607, P.O. Box 997417
Sacramento, CA 95899-7417
(916) 552-9430 Fax (916) 552-9478
www.dhs.ca.gov

TABLE OF CONTENTS

COUNTY PERFORMANCE STANDARDS

County Performance Standards (CPS) is an evaluation process to be used by the California Department of Health Care Services' (DHCS) Program Review Section for review and verification of a County Welfare Department conformance with Medi-Cal policies and procedures. There are currently two standards being evaluated - Initial Eligibility Determination Applications and Annual Redeterminations (RV). Two additional standards are anticipated to be added during calendar year 2007 - Medi-Cal Eligibility Data System (MEDS) Reconciliations and Alerts and Medi-Cal to Healthy Families Bridging.

Senate Bill X1 26 (Chapter 9, Statutes of 2003, 1st Extraordinary Session) establishes CPS for eligibility determinations and annual RV. Beginning in fiscal year 2003-2004, the Medi-Cal budget provided that costs would be reduced by a total of $376 million based upon increased funding for the counties and the requirement that counties timely perform eligibility determinations and annual RVs. To ensure this savings and the continuation of full funding of county administrative costs, it is critical that counties ensure that initial applications and annual RVs be processed following state timeliness requirements and meet the state performance standards. Enacting regulations are to be found in Welfare and Institutions (W&I) Code Section 14154.

Senate Bill 1103 (Chapter 224, Statutes of 2004) establishes CPS for MEDS Reconciliations and Alerts. This statute requires counties to submit quarterly reconciliation files to CDHS, according to the MEDS Renewal and Reconciliation schedule. The statute also requires that counties routinely process all worker alerts and error alerts from the MEDS reconciliation and the daily and renewal update processes. Enacting statutes are to be found in W&I Code Section 14154.5.

Medi-Cal to Healthy Families Bridging was added to the CPS. Enacting statutes are to be found in W&I Code Section 14154 (c)(3)(D), Statutes of 2005, Chapter 80, Section 28 and Statutes of 2003, Chapter 230, Section 22 that added Section 12693.98 to the Insurance Code. These statutes will be repealed on implementation of Senate Bill 437, Chapter 328, Statutes of 2006, which will replace the existing Bridging program with the Healthy Families Presumptive Eligibility Program.

CPS A – SELF-CERTIFICATION REPORTS

This section of the procedure provides the guidelines for counties to follow in preparing the mandatory self-certification reports for county performance standards (CPS).

I. ELIGIBILITY DETERMINATIONS AND ANNUAL REDETERMINATIONS (RV)

A. INTRODUCTION AND BACKGROUND

The California Department of Health Care Services (DHCS), in collaboration with counties and stakeholders, developed procedures to be used in order to implement the CPS. These procedures establish county review cycles, sampling methodologies and procedures, and data reporting requirements. Beginning January 1, 2004, the 25 counties with the largest Medi-Cal population were required to submit a Report to the DHCS on the county's results in meeting the CPS for eligibility determinations and annual RVs. Beginning January 1, 2004, counties were required to submit a self-certification for eligibility determinations and annual RVs every two years. The next self-certification will be due January 1, 2008.

B. SAMPLING METHODOLOGY AND PROCEDURES

Counties must select a specific month for review of eligibility determinations and RVs, with the sample month determined based upon whether the county is doing a retrospective or prospective review for eligibility determinations. Counties may select the appropriate month based upon whether automated or manual, and the extent to which the county is automated. Counties must select the sample month in order to be able to submit the Report by January 1 of the report year. The county may use either a retrospective or prospective methodology for analysis of the CPS for eligibility determinations, but must use the same methodology every year. Consideration will be given to counties that will be changing from a manual to an automated system or from one automated system to another. Under a retrospective analysis, counties will look at the universe of cases, or a State-determined sample of cases, for a county designated month to determine if 90 percent of the eligibility determinations were completed within the prior 45 days or 90 days, as appropriate. Under a prospective analysis, counties will look at the universe of cases, or a State-determined sample of cases, for a county designated month, to determine if 90 percent of the eligibility determinations were completed within the following 45 or 90 days, as appropriate. Because the

the prospective sample month may not allow for completion of the report by January 1 for the CPS requiring 90 percent of disability-based eligibility determinations to be completed within 90 days, those counties using the prospective methodology may submit an addendum to the January 1 report no later than February 15 with that CPS.

For RVs, counties will look at the universe of cases, or a State-determined sample of cases, that were due in the designated month and determine if 90 percent were mailed to the recipient by the anniversary date, 90 percent were completed within 60 days of the recipient's annual RV date for those RVs based on forms that are complete and have been returned by the recipient in a timely manner, and 90 percent of the RVs that were not returned to the county were sent a Notice of Action (NOA) within 45 days after the RV form was due.

If a county is unable to analyze the universe of eligibility determination cases or RVs, the county must notify DHCS the month preceding the sample month so that the DHCS may generate a sample case listing.

C. AID CODES

For the purposes of the Self-Certification Reporting requirements for Applications, an aid code is normally not assigned prior to the determination of eligibility for benefits on a new application. The difference between a General Application and a Disability-Based Application is the requirement that a Disability Evaluation Packet must be submitted for a formal evaluation of disability before Medi-Cal benefits can be granted.

For the purposes of the Self-Certification Reporting requirements for Annual RVs, the following aid codes are to be included for each reporting group:

02, 13, 14, 16, 17, 1H, 1U, 23, 24, 26, 27, 34, 36, 37, 3N, 3V, 44, 47, 48, 53, 55, 58, 5F, 63, 64, 66, 67, 69, 6A, 6G, 6H, 6U, 6V, 6W, 6Y, 71, 72, 74, 7A, 7C, 7H, 80, 82, 83, 86, 87, 8A, 8C, 8D, 8G, 8N, 8P, 8R, 8T, 9N.

D. DATA REPORTING

A sample format of the Self-Certification Report is contained in the Forms section of this procedure. Item No. 11 can be used to identify factors that had an adverse impact on a county's ability to meet their CPS for general Medi-Cal applications. Two of those factors include the timely processing of applications forwarded from Single Point of Entry and applications forwarded by the California Work Opportunity and Responsibility to Kids (CalWORKs) program after CalWORKs has been denied. For reporting purposes, counties have been instructed to include these applications in their universe of cases. DHCS will consider factors such as the shortened timeframe they have to complete the eligibility determinations when determining any remedy.

E. DEFINTIONS

For purposes of these instructions the following definitions are provided for eligibility determinations:

Delay caused by the State - the agency cannot reach a decision within 90 days because the applicant or an examining physician delays or fails to take a required action or the California Department of Social Services fails to make a determination of disability within the 90 days.

For purposes of these instructions the following definitions are provided for RVs:

Completed – there has been a disposition of the case by the eligibility worker certifying eligibility for another 12-month period or notifying the recipient of ineligibility with a timely termination NOA.

Complete – all questions on the RV form were answered and that no further action is required from the recipient and only county action is required because the county has the information necessary to make a disposition of ongoing eligibility or ineligibility.

In a Timely Manner – the recipient has returned the RV form by the due date specified on the RV notice or by the last date of the month that the RV is to be completed by the recipient.

F. FORMS

1. SELF-CERTIFICATION FOR ELIGIBILITY DETERMINATIONS AND ANNUAL REDETERMINATIONS.

PERFORMANCE STANDARDS
REPORT ON PERFORMANCE

SECTION I: GENERAL

1) Which method of analysis was selected for eligibility determinations - retrospective or prospective? Explain the reasons for the selection.

2) Name the month selected for retrospective or prospective analysis for eligibility determinations.

3) Explain whether a universe of cases was analyzed, or a State-determined sample was analyzed. Will the county change automated systems that will affect the sample month or sample methodology in the future?

SECTION II: NINETY PERCENT OF THE GENERAL APPLICATIONS WITHOUT APPLICANT ERRORS AND ARE COMPLETE SHALL BE COMPLETED IN 45 DAYS

4) For retrospective eligibility determinations – non-disability:

   a) Number of non-disability applications completed in the report month that were done within 45 days: _____

   b) Number of non-disability applications completed in report month: _____

   c) Percent 4a is of 4b, above: _____

   d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

5) For prospective eligibility determinations – non-disability

   a) Number of non-disability applications taken in the report month that were completed within 45 days: _____

   b) Number of non-disability applications that were taken in the report month: _____

   c) Percent 5a is of 5b, above: _____

   d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

SECTION III: NINETY PERCENT OF THE APPLICATIONS FOR MEDI-CAL BASED ON DISABILITY SHALL BE COMPLETED WITHIN 90 DAYS, EXCLUDING DELAYS BY THE STATE.

6) For retrospective eligibility determinations – disability

a) Number of disability applications completed in the report month that were done within 90 days, excluding delay caused by the State: _____

b) Number of disability applications completed in report month, excluding delay caused by the state: _____

c) Percent 6a is of 6b, above: _____

d) If 90 percent of the performance standards was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

7) For prospective eligibility determinations – disability

a) Number of disability applications taken in the report month that were done within 90 days, excluding delay caused by the State: _____

b) Number of disability applications taken in report month, excluding delay caused by the state: _____

c) Percent 7a is of 7b, above: _____

d) If 90 percent of the performance standards was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

SECTION IV: NINETY PERCENT OF THE ANNUAL RV FORMS SHALL BE MAILED TO THE RECIPIENT BY THE ANNIVERSARY DATE.

8) RV forms mailed to applicant by anniversary date

a) Number of RVs due in the review month that were mailed to the recipient by anniversary date: _____

b) Number of RVs due in the report month: _____

c) Percent 8a is of 8b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

SECTION V: NINETY PERCENT OF THE ANNUAL RVS SHALL BE COMPLETED WITHIN 60 DAYS OF THE RECIPIENT'S ANNUAL RV DATE FOR THOSE RVS BASED ON FORMS THAT ARE COMPLETE AND HAVE BEEN RETURNED TO THE COUNTY BY THE RECIPIENT IN A TIMELY MANNER.

9) RVs completed within 60 days of the recipient's annual RV date for those RVs based on forms that are complete and have been returned to the county by the recipient in a timely manner:

a) Number of RVs due in report month and returned complete in a timely manner that are completed within 60 days: _____

b) Number of RVs due in the report month that are complete and returned in a timely manner: _____

c) Percent 9a is of 9b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

SECTION VI: NINETY PERCENT OF THOSE ANNUAL RVS WHERE THE RV FORM HAS NOT BEEN RETURNED TO THE COUNTY BY THE RECIPIENT SHALL BE COMPLETED BY SENDING A NOTICE OF ACTION (NOA) TO THE RECIPIENT WITHIN 45 DAYS AFTER THE DATE THE FORM WAS DUE TO THE COUNTY.

10) RVs completed by sending a NOA to the recipient within 45 days after the date the RV form was due to the county and the RV form was not returned to the county by the recipient.

a) Number of RVs completed in the report month by sending a NOA within 45 days after the form was due to the county when the RV form was not returned to the county: _____

b) Number of RVs due in the report month that the recipient did not return to the county by the date the RV was due to the county: _____

c) Percent 10a is of 10b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard.

CPS B – COUNTY ADMINISTRATIVE FUNDS ALLOCATION REDUCTION

State legislation has adopted County Performance Standards (CPS) under which the State will measure county performance specific to:

Eligibility Determination Processing
Annual Redetermination Processing
Eligibility Worker and Error Alert Processing
Medi-Cal to Healthy Families Bridging Processing

Performance will be evaluated through the Self-Certification and Performance Monitoring policies. When county performance is determined to be below the mandatory CPS, the county will be required to complete a corrective action plan. The county may be subject to a reduction in county administrative funds by two percent in the next fiscal year if the county does not meet any one of the CPS.

Funding may be restored if it is determined that the county has made sufficient improvement in meeting the CPS during any year for which the funds were reduced.

CPS C - WELFARE AND INSTITUTIONS CODE SECTION 14154 and 14154.5

14154. (a) The California Department of Health Care Services (DHCS) shall establish and maintain a plan whereby costs for county administration of the determination of eligibility for benefits under this chapter will be effectively controlled within the amounts annually appropriated for that administration. The plan, to be known as the County Administrative Cost Control Plan, shall establish standards and performance criteria, including workload, productivity, and support services standards, to which counties shall adhere. The plan shall include standards for controlling eligibility determination costs that are incurred by performing eligibility determinations at county hospitals, or that are incurred due to the outstationing of any other eligibility function. Except as provided in Section 14154.15, reimbursement to a county for outstationed eligibility functions shall be based solely on productivity standards applied to that county's welfare department office. The plan shall be part of a single state plan, jointly developed by DHCS and the State Department of Social Services (SDSS), in conjunction with the counties, for administrative cost control for the California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamp, and Medical Assistance programs. Allocations shall be made to each county and shall be limited by and determined based upon the County Administrative Cost Control Plan. In administering the plan to control county administrative costs, DHCS shall not allocate state funds to cover county cost overruns that result from county failure to meet requirements of the plan. DHCS and the SDSS shall budget, administer, and allocate funds for county administration in a uniform and consistent manner.

(b). Nothing in this section, Section 15204.5, or Section 18906 shall be construed so as to limit the administrative or budgetary responsibilities of DHCS in a manner that would violate Section 14100.1, and thereby jeopardize federal financial under the Medi-Cal program.

(c) DHCS is responsible for the Medi-Cal program in accordance with state and federal law. A county shall determine Medi-Cal eligibility in accordance with state and federal law. If in the course of its duties DHCS becomes aware of accuracy problems in any county, DHCS shall, within available resources, provide training and technical assistance as appropriate. Nothing in this section shall be interpreted to eliminate any remedy otherwise available to DHCS to enforce accurate county administration of the program. In administering the Medi-Cal eligibility process, each county shall meet the following performance standards each fiscal year.

(1) Complete eligibility determinations as follows:

(A) 90 percent of the general applications without applicant errors and

are complete shall be completed within 45 days.

(B) 90 percent of the applications for Medi-Cal based on disability shall be completed within 90 days, excluding delays by the state.

(2) (A) DHCS shall establish best-practice guidelines for expedited enrollment of newborns into the Medi-Cal program, preferably with the goal of enrolling newborns within ten days after the county is informed of the birth. DHCS, in consultation with counties and other stakeholders, shall work to develop a process for expediting enrollment for all newborns, including those born to mothers receiving CalWORKs assistance.

(B) Upon the development and implementation of the best-practice guidelines and expedited processes, DHCS and the counties may develop an expedited enrollment timeframe for newborns that is separate from the standards for all other applications, to the extent that the timeframe is consistent with these guidelines and processes.

(C) Notwithstanding the rulemaking procedures of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS may implement this section by means of all-county letters or similar instructions, without further regulatory action.

(3) Perform timely annual redeterminations (RV), as follows:

(A) 90 percent of the annual RV forms shall be mailed to the recipient by the anniversary date.

(B) 90 percent of the annual RVs shall be completed within 60 days of the recipient's annual RV date for those RVs based on forms that are complete and have been returned to the county by the recipient in a timely manner.

(C) 90 percent of those annual RVs where the RV form has not been returned to the county by the recipient shall be completed by sending a notice of action to the recipient within 45 days after the date the form was due to the county.

(D) When a child is determined by the county to change from no share of cost (SOC) to a SOC and the child meets the eligibility criteria for the Healthy Families Program (HFP) established under Section 12693.98 of the

Insurance Code, the child shall be placed in the Medi-Cal-to-Healthy Families Bridge Benefits Program, and these cases shall be processed as follows:

(I) 90 percent of the families of these children shall be sent a notice informing them of the HFP within five working days from the determination of a SOC.

(II) 90 percent of all annual RV forms for these children shall be sent to the HFP within five working days from the determination of a SOC if the parent has given consent to send this information to the HFP

(III) 90 percent of the families of these children placed in the Medi-Cal to-Healthy Families Bridge Benefits Program who have not consented to sending the child's annual RV form to the HFP shall be sent a request, within five working days of the determination of a SOC, to consent to send the information to the HFP.

(E) Subparagraph (D) shall not be implemented until 60 days after the Medi-Cal and Joint Medi-Cal and Healthy Families applications and the Medi-Cal RV forms are revised to allow the parent of a child to consent to forward the child's information to the HFP.

(d) DHCS shall develop procedures in collaboration with the counties and stakeholder groups for determining county review cycles, sampling methodology and procedures, and data reporting.

(e) On January one of each year, each applicable county, as determined by DHCS, shall report to DHCS on the county's results in meeting the performance standards specified in this section. The report shall be subject to verification by the DHCS. County reports shall be provided to the public upon written request.

(f) If DHCS finds that a county is not in compliance with one or more of the standards set forth in this section, the county shall, within 60 days, submit a CAP to DHCS for approval. The CAP shall, at a minimum, include steps that the county shall take to improve its performance on the standard of standards with which the county is out of compliance. The plan shall establish interim benchmarks for improvement that shall be expected to be met by the county in order to avoid a sanction.

(g) If a county does not meet the CPS for completing eligibility determinations and RVs as specified in this section, DHCS may, at its sole discretion, reduce the allocation of funds to that county in the following year by two percent. Any funds so reduced

may be restored by DHCS if, in the determination of DHCS, sufficient improvement has been made by the county in meeting the CPS during the year for which the funds were reduced. If the county continues not to meet the CPS, DHCS may reduce the allocation by an additional two percent for each year thereafter in which sufficient improvement has not been made to meet the CPS.

(h) DHCS shall develop procedures, in collaboration with the counties and stakeholders, for developing instructions for the CPS established under subparagraph (D) of paragraph (3) of subdivision ©, no later than September 1, 2005.

(i) No later than September 1, 2005, DHCS shall issue a revised annual RV form to allow a parent to indicate parental consent to forward the annual RV form to the HFP if the child is determined to have a SOC.

(j) DHCS, in coordination with the Managed Risk Medical Insurance Board, shall streamline the method of providing the HFP with information necessary to determine Healthy Families eligibility for a child who is receiving services under the Medi-Cal-to-Healthy Families Bridge Benefits Program.

14154.5. (a) Each county shall work on a routine basis any error alert from DHCS's Medi-Cal Eligibility Data System (MEDS). Alerts that affect eligibility or the SOC that are received by the tenth working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Alerts that affect eligibility or SOC that are received after the tenth working day of the month, shall be processed in time for the change to be effective the beginning of the month after the following month. DHCS shall consult with the County Welfare Directors Association to define those alerts that affect eligibility of the SOC.

(b) Each county shall submit reconciliation files of its Medi-Cal eligible population to DHCS every three months, based upon a schedule determined by DHCS, in a format prescribed by DHCS to identify any discrepancies between eligibility files in the county records and eligibility as reflected on MEDS. Counties will be notified of any changes to the standard format for submitting reconciliation files sufficiently in advance to allow for budgeting, scheduling, development, testing and implementation of any required change in county automated eligibility systems.

(c) For those records that are on the county's files, but not on MEDS, the county shall receive worker alerts from DHCS that identify such cases, and the county shall fix any data discrepancies. Those worker alerts received by the tenth working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Those worker alerts received after the tenth working day of the month, shall be processed in time for the change to be effective the beginning

of the month after the following month.

(d) In regard to any record that is on MEDS but not on the county's file, the county shall either correct the county record or MEDS, whichever is appropriate within the same timeframes cited in (c) above.

(e) DHCS shall terminate a MEDS eligible record if the person is not eligible on the county file when there has been no eligibility update on the MEDS record for six months.

(f) If DHCS finds that a county is not:

(1) conducting reconciliations as required in (b);
(2) processing 95 percent of worker alerts as defined in (c) and (d) within the timeframes specified, or
(3) processing 90 percent of the error alerts as defined in (a) that affect eligibility or SOC, within the timeframes specified,

The county shall, within 60 days, submit a CAP to DHCS for approval. The CAP shall, at a minimum, include steps that the county shall take to improve its performance on the requirements with which the county is out of compliance. The plan shall establish interim benchmarks for improvement that shall be expected to be met by the county in order to avoid sanction.

(g) If the county does not meet the interim benchmarks for improvement standards, DHCS may, at its sole discretion, reduce the allocation of funds to that county in the following year by two percent. Any funds so reduced may be restored by DHCS if, in the determination of DHCS, sufficient improvement has been made by the county in meeting the CPS during the year for which the funds were reduced.

(h) DHCS, in consultation with the County Welfare Directors Association shall investigate features that could be installed in MEDS to reduce the number of alerts and streamline the reconciliation process.

(I) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS may implement, interpret or make specific this section by means of all county letters, provider bulletins, or similar instructions. Thereafter, DHCS may adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

CPS D – APPLICATION PROCESSING

I. PERFORMANCE EVALUATIONS

Performance evaluations for County Performance Standards (CPS) Application Processing will be conducted by staff from the California Department of Health Care Services (DHCS) Program Review Section (PRS). The purpose of this review is to monitor compliance with the state mandated CPS. The results of the performance evaluations are used to determine a county's compliance for the specific area of CPS being studied. This article section contains the detailed guidelines for conducting the Application Processing review.

II. REVIEW GUIDELINES

A. COUNTY INCLUSION

Counties will be included in these reviews based on the following factors:

* Self-Certification
* Prior CPS Reviews
* Corrective Action Plans (CAP)
* Medi-Cal Eligibility Quality Control Performance

If these criteria are not applicable, counties may be included randomly. Counties self-certifying below the mandatory CPS will not be included as part of the annual review process. These counties will be required to submit a CAP which will require a follow-up review at the end of the CAP process.

B. ENTRANCE AND EXIT CONFERENCES

Counties will be advised when a CPS review has been scheduled for a new review for the calendar year, or, as a follow-up review after a CAP process. Notification letters will normally be issued two months in advance of the planned onsite review. This letter will be sent to the County Welfare Department (CWD) Director and those persons identified from prior CPS reviews. The letter confirms the parameters of the review including on-site review dates. The letter also addresses the issue of requesting the sample of cases for the disability-based portion of the review from the county rather than from Medi-Cal Eligibility Data System (MEDS).

A confirmation letter will normally be issued three weeks prior to the scheduled onsite review and include a list of the cases requested for the review. At the county's request, an email may be used rather than the confirmation letter.

Entrance conferences for the review are optional at the request of the individual county being reviewed. This activity will normally be accomplished on the first day of the onsite review. An informal telephone contact will be made with the county person designated for coordination of CPS activities prior to the actual review to confirm what options the county wishes to be taken.

An informal exit conference may be provided on the last day of the onsite review, unless the county specifically declines the meeting. The informal exit conference provides the county with the initial findings and specifically identifies the cases with discrepancies, using the CPS Application Processing Worksheet and supporting documents. More detail will be provided at a later time with the draft report. A formal exit conference may be scheduled after issuance of the final report. A county may decline a formal exit conference based on the outcome of the review.

When the county performance is below 90 percent, necessitating a CAP, the formal exit and CAP conference may be combined. Separate guidelines have been developed for the CAP process and are to be provided to the county at that time.

C. CASE SAMPLE

The sample size for the Application Processing review has been set at 150 applications. The total of 150 applications is broken into two segments, because of the difference in the processing requirements for general and for disability-based applications. Both segments will be evaluated against the 90 percent performance standards. Segment one will include 75 applications from all applications accepted by the county for the sample month. Segment two will include 75 applications based solely on disability for which a disability determination is needed.

At the sole discretion of DHCS, sample sizes for smaller counties may be adjusted to smaller numbers for either or both segments, to accommodate case availability, as long as the sample size allows for reasonable

statistical validity. In those situations, DHCS staff will advise county staff in advance.

At this time, only the general application sample can be obtained directly from MEDS. The disability-based application sample is currently requested from the county.

The general application sample selection process utilizes a program that will identify all applicant records submitted by a CWD for the designated application month. A random selection process will then be performed to select 200 person-level application records from this program. Although the number of applications actually studied will be less, over-sampling is needed to guarantee that the applications to be studied meet the criteria as a valid application. In addition, over-sampling is performed to account for dropped cases for any number of reasons.

The CWD will be asked for a list of all disability-based applications for the sample month for this segment of review. 75 cases will be randomly selected from the total list, or a number to represent a statistically valid sample as noted above.

The sample month for both segments of the Application Processing review is based on the review schedule and the processing timeframes for the two segments. The sample month for the general applications should allow for the full 45 days to have been allowed for processing at the time of the formal notification to the county. For example, if the field work is to be conducted in July the notification letter would be issued in May. Therefore, the sample application month would normally be February or March based on the 45th day ending by April 30. For disability-based applications, the sample month would normally be January or February based on the 90th day ending by April 30.

D. SELECTING THE SAMPLE FOR THE GENERAL APPLICATIONS

A data print file will be used in selecting the applications to be reviewed. Because multiple applications can be reported to MEDS through the Application Tracking Database (IAPP), a review of the MEDS print file will be needed to eliminate situations that do not constitute a new application. For example:

- An individual comes back into the home but is an additional person for

an existing case and does not require a full application.

- A case is reinstated after discontinuance without requiring a new application.

- A Medi-Cal Only (MCO) case is established for non California Work Opportunity and Responsibility to Kids (CalWORKs) eligible persons based on the CalWORKs case.

- A MCO case is established for discontinued CalWORKs, Supplemental Security Income/State Supplementary Payment, or Foster Care cash beneficiaries.

- A Medi-Cal case is established as a result of an intercounty transfer.

A thorough review of the MEDS print file will identify situations which constitute a valid new application. Although only 75 applications will be reviewed, a total of 100 applications or a statistically valid number based on county size will be selected for inclusion for the review. Over sampling is done to prevent problems with lost cases or cases not meeting the review criteria.

E. REVIEW METHODOLOGY

The Application Processing Worksheet will be used to document the review findings. The worksheet is in Excel format and has been designed to capture data for the integral elements of the review. The worksheet identifies the disability-based applications from the general applications to guarantee that the 45-versus 90-day criteria is applied.

Application dates on MEDS may not always reflect the actual date of the application dependent on the entries in the county automated system or directly on-line to MEDS. There are some applications that are not physically received by the county until after the “initiating” application date. The review will consider each case situation and identify the correct application date for processing purposes, based on the date that the application was physically received by the county. The majority of these applications are for applications received and distributed through the Single Point of Entry application process. Counties will not be held accountable for the days prior to the receipt of the application.

The worksheet provides a mechanism to capture those situations in

which there was an incomplete application received from the applicant. Those applications cannot be considered when evaluating the county's performance, unless the county is able to process within the mandatory time frames. In addition, the checklist provides a mechanism to capture those situations in which the disability-based application cannot be processed within 90 days due to a delay by the state agency responsible for processing disability evaluations.

F. PREPARING STATISTICS

The statistics to be included for the county report will be automatically generated from the Application Processing worksheet. A review of the comments section will provide additional information as needed. The worksheet will provide the data needed to complete the report which is specific to timely processing of Medi-Cal applications within the 45-day timeframe for general applications, 90-day timeframe for disability-based applications, completeness of the application, and compliance of an appropriate approval and/or denial Notice of Action. Although other information may be identified, that information will not be included in the scope of this review or in the report to the county. However, that information will be shared with the county as part of the exit conference process.

G. 45 AND 90 DAY PROCESSING

An EXCEL spreadsheet has been developed to be used in determining the 45 and 90 days respectively. The spreadsheet factors in holidays and weekends as non work days. When the 45/90 day falls on a Saturday, Sunday, or Holiday, use the next working day for the timeliness determination.

H. REVIEW DOCUMENTS and FORMS

1. **Project Plan** – this document is to be used to present the Application Processing review to the county selected for inclusion in this project.

2. **Entrance Letter** –a formal notification letter to be sent to the CWD director that outlines the purpose of the review.

3. **Confirmation Letter** – a formal confirmation letter to be sent to the CWD director that confirms the purpose of the review.

4. **Report** – this document is a report of the findings of the review.

5. **Director's Letter** – this document is a cover letter to be used when transmitting the report to the county.

6. **Application Processing Worksheet** – data collection worksheet used to conduct the review.

CPS PROPOSED PROJECT PLAN

PROPOSAL

Name County has been selected to be evaluated for an Application Processing Review under the CPS requirements. Staff from the PRS of the DHCS will conduct the study during the month of MONTH, YEAR. This CPS review is pursuant to Welfare and Institutions Code Section 14154. The most recent detailed instructions for CPS are contained in All County Welfare Directors Letter No. 05-22E dated November 2, 2005.

STUDY METHODOLOGY

As part of the study, PRS will review two samples to be studied independently. One sample will include 75 randomly selected General Application cases. The second sample will include a statistically valid sample of Disability-Based Application cases not to exceed 75. Both samples will include applications received by the county during Month YEAR. Both approvals and denials will be reviewed. The General Application sample will be obtained from MEDS. Name County is asked to provide a listing of the Disability-Based applications for the designated time period. The review will be completed during the month of Month YEAR and will be representative of both general and disability based applications received throughout the year.

STUDY DOCUMENT

The CPS Application Processing Worksheet will be used to collect the data necessary to perform the CPS evaluation. PRS will study only the case record information and county/state automated system information.

CONCLUSIONS

The information collected during the review will be compiled into a report that will identify the county's timeliness of processing Medi-Cal applications for:

- Disability-Based Applications within 90 days
- General Applications within 45 days

REVIEW CONCEPTS

The purpose of the Application Processing Review is to determine the effectiveness of the county's application processing compliance for all Medi-Cal applications.

- A review of the most recent application, including those received from the Single Point of Entry and Healthy Families.
- A review of the county's case information as documented in the case record and county automated systems.
- A review of the state MEDS system including the application processing database (IAPP).
- A review of the county's internal process for monitoring the 45/90 day timeliness.
- A determination of the 45-day processing requirements for General Applications and 90-day processing requirements for Disability-Based applications.
- A determination of the county's compliance in determining whether an application is complete and does or does not contain applicant errors.

REVIEW PROCESS

When completing the Application Processing Review, the following will apply:

- Each county review will be documented independently and follow the established template.
- The review report will be sent under separate Director's Letter cover and the findings will not be combined with any other review.
- The review county will be provided a copy of the draft report for review and comment before becoming final.
- The final report will include information to the county when the county does not meet the mandated performance standards and when and what CAPs will be required.
- The final report will include Best Practices as approved by the review county.

APPLICATION PROCESSING REVIEW ENTRANCE LETTER TO COUNTY

The following text format will be inserted on the appropriate state letterhead and issued to the County to initiate the review process...

Dear Mr./Ms. (Director):

As part of the County Performance Standards (CPS) Monitoring activity, the Program Review Section of the California Department of Health Care Services (DHCS) conducts reviews in counties throughout the State of California. NAME County has been selected for a review of the CPS Application Processing. Findings of the review will be used in a determination of CPS compliance and possible computation of any fiscal or dollar error rate determination. A report will be issued to your county at the conclusion of the review process.

We have tentatively scheduled Month Day – Day, Year for the onsite review. If you wish, an entrance conference can be scheduled on the first day. We will also meet with you and designated staff at the conclusion of the onsite review to share initial findings and problem case issues.

We are requesting that Name County provide us with a list that includes all Disability-Based Applications that were received during the months of Month through Month, Year. The General Applications sample will be obtained from Medi-Cal Eligibility Data System (MEDS). We will normally provide your county liaison with two lists at least three weeks prior to our onsite review that includes the cases that will be evaluated. The cases will be randomly selected from both samples. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record and information in your county data system.

We will also need access and authorization for our staff to complete inquiries on your county automated system and MEDS during the onsite. If you require confidentiality agreements signed in advance, please let me know.

The DHCS staff who will be participating in this review are NAME NAME and NAME NAME. NAME will have responsibility for the review and will be available at xxx-xxx-xxxx or emailaddress@dhcs.ca.gov to coordinate with your staff.

If you have any questions or concerns regarding this review, please feel free to contact me at xxx-xxx-xxx or via email at name@dhcs.ca.gov.

PROGRAM REVIEW SECTION
APPLICATION PROCESSING REVIEW FOR INSERT COUNTY

EXECUTIVE SUMMARY

California Department of Health Care Services (DHCS) staff recently conducted a County Performance Standards (CPS) Application Processing Review on **Month YEAR**. The Application Processing Review was performed in **Name** County. The purpose of this review was to determine the effectiveness of **Name** County application processing compliance for all Medi-Cal applications pursuant to Welfare and Institutions Code Section 14154.

Number of All Completed Reviews	#	(100 percent)
Number of General Application Completed Reviews	#	
Number of Disability-Based Application Completed Reviews	#	

For all General Applications without applicant errors, the following compliance with the 45-day timeliness criteria applied:

Total All General Applications Reviewed	#	
Number of General Applications processed timely	#	(percent)

For all Disability-Based applications without applicant errors, the following compliance with the 90-day timeliness criteria applied:

Total All Disability-Based Applications Reviewed	#	
Number of Disability-Based applications processed timely	#	(percent)

NAME County did (did not) meet the 90 percent CPS for processing applications. NAME County's performance for General Applications was # percent which meets (does not) meet the 90 percent standard. NAME County's performance for Disability-Based Applications was # percent which does (does not) meet the 90 percent standard. NAME County's overall performance for all application processing was # percent. Based on these findings, NAME County will (will not) be required to complete a Corrective Action Plan (CAP) for Application Processing. (NAME County will be contacted in the immediate future to begin action on the County CAP.

BACKGROUND

DHCS staff completed a CPS Application Processing Review in **Name** County, on **Month YEAR.** A review of **Number** General Application cases and **Number** Disability-Based applications during the month of **Month YEAR** was completed. This review specifically evaluated the 45 and 90-day processing timelines and the completeness of the application as submitted by the Medi-Cal applicant.

An entrance conference was conducted with **Name** County staff to discuss the parameters of the review which include the following:

- Desk reviews of a random sample of 75 Medi-Cal Only (MCO) General Applications and a statistically valid sample of Disability-Based applications not to exceed 75 cases.
- A review of the **Name** County case information as documented in the case record and county automated systems.
- A review of the state Medi-Cal Eligibility Data System including the application processing database (IAPP).
- A review of the county's internal process for monitoring the 45/90 day timeliness.
- The review will include a determination of the 45/90 day processing requirements based on whether the applications is classified as a general applications or a DED applications.
- A determination of the county's compliance in determining whether an application is complete and does or does not contain applicant errors.
- Findings of the review ***will*** be used in the verification of compliance with CPS, determination of whether a CAP required, and possible computation of any reduction in county administrative allocations based on failure to meet the CPS

ONSITE REVIEW

The onsite review was conducted on **Month, Day, YEAR**. A desk review was completed on the **Number** of general applications and Number of disability-based applications in the random sample of all applications received during the sample month of **Month YEAR** using the case file and the county and state automated systems. Based upon that information the review team determined whether or not **Name** County was in compliance with the processing requirements for MCO applications.

The Program Review Section (PRS) staff reviewed 75 cases in the general applications sample and # cases in the disability-based applications that were in the

review samples. Of the total ## cases in both samples, # cases were considered to have applicant errors and were not considered in the county's performance evaluation. Those applicant errors were substantiated in the case record or the county automated system. Of the remaining # of applications from both samples included for this review, the following information was obtained.

Number of All Application cases processed	**#**	
Number of all application cases processed timely	#	percent
Number of all application cases not processed timely	#	percent

Based on these findings, PRS has determined that NAME County did (did not) process 90 percent of the general applications within the mandated timeframes. Name County did/did not process 90 percent of the disability-based applications within the mandated timeframes. The county self-certified processing of general applications at % and disability-based applications at %. PRS determined that the county performed below/at/above the self-certification for general applications and below/at/above the self-certification for disability-based applications. (*Include any factors for those cases not processed timely.)*

OR

Name County did not meet the 90 percent CPS for processing one category of applications. Name County's performance for General Applications was 100 percent which is above the 90 percent standard. Name County's performance for Disability-Based Applications was 67 percent which is below the 90 percent standard. Although this status would normally require the completion of a CAP, the reviewable case sample size is too small for a valid performance outcome to be established. As a result, we will not be requesting a CAP from Name County at this time.

OR

Name County's performance for General Applications was 97 percent which is above the 90 percent standard. We were not able to determine Name County's CPS compliance in the area of Disability-Based Applications in that all 16 of the Disability-Based Applications sample cases were dropped due to State caused delay in Disability approval process or applicant error. Even though we could not determine Name County's performance standard compliance in the area of Disability-Based Applications, Name County's overall Medi-Cal Application Processing system is in compliance with CPS and no CAP will be required

A copy of the review worksheet was provided to Name County staff for review and an opportunity to provide additional documentation and verifications. This report includes that information and is the final report.

SUMMARY/CONCLUSIONS/RECOMMENDATIONS

Based on the DHCS review, **Name** County met/did not meet one/both/either of the two performance criteria for application processing. The county's performance for completion of timely general applications was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %. The county's performance for completion of timely disability-based applications was % which is below/at/above the required 90 percent and is not consistent with the county's self-certification of %.

(*Include any observations or responses from the county that would help to offset any deficiencies.)*

The CPS Review, Application Processing was completed within the time frames allowed. This was due in part to the full cooperation of the **Name** County staff and the coordination efforts of **Names**. This enabled the review to run smoothly and without delays. We would like to especially thank **Names** for their assistance in developing and participating in the review.

BEST PRACTICES

DHCS would like to recognize exceptional county best practices that were identified during the review. *Use this section to list forms, practices, training, policies, etc. and include as attachments as appropriate.*

CAP

Based on these findings, Name County will/*will not* be required to submit a CAP for one/both areas of performance of general applications and/or disability-based applications.

(PRS will be initiating the CAP process in the near future and will be monitoring the county's actions in this area. A formal notification letter and sample CAP format will be provided at that time.)

ATTACHMENTS

1. PRS Application Processing Worksheet

DIRECTOR COVER LETTER

The following text format will be inserted on the appropriate state letterhead and issued to the County as a cover letter to the Application Processing Report.

Dear Mr/Ms. (Director):

The California Department of Health Care Services (DHCS) recently completed an Application Processing Review of the County Performance Standards specified in Section 14154 of the Welfare and Institutions Code in *Insert* County on *Insert Date.* Enclosed you will find a copy of the final report for this review. We have discussed these findings with *Insert Name* and have included responses and suggestions in this final report. If you or staff wishes to discuss in more detail, we will arrange a conference at a convenient date and time.

We wish to express our appreciation for the able assistance and tremendous cooperation of *Insert* County staff in the completion of this Application Processing Review. If you wish to discuss the findings of the review please contact either *Insert Name*, at *Insert Phone Number,* or myself at *Insert Phone Number.*

Wording related to Corrective Action Plan will be developed for insertion when appropriate.

Sincerely,

Chief
Insert Area Program Review Region
Program Review Section

Enclosure

APPLICATON PROCESSING WORKSHEET

PROGRAM REVIEW SECTION
GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
1						N					
2						N					
3						N					
4						N					
5						N					
6						N					
7						N					
8						N					
9						N					
10						N					
11						N					
12						N					
13						N					
14						N					
15						N					
16						N					
17						N					
18						N					
19						N					
20						N					
21						N					
22						N					
23						N					
24						N					
25						N					
26						N					
27						N					
28						N					

PROGRAM REVIEW SECTION
GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
29						N					
30						N					
31						N					
32						N					
33						N					
34						N					
35						N					
36						N					
37						N					
38						N					
39						N					
40						N					
41						N					
42						N					
43						N					
44						N					
45						N					
46						N					
47						N					
48						N					
49						N					
50						N					
51						N					
52						N					
53						N					
54						N					
55						N					
56						N					

PROGRAM REVIEW SECTION
GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 3

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
57						N					
58						N					
59						N					
60						N					
61						N					
62						N					
63						N					
64						N					
65						N					
66						N					
67						N					
68						N					
69						N					
70						N					
71						N					
72						N					
73						N					
74						N					
75						N					
76						N					
77						N					
78						N					
79						N					
80						N					
81						N					
82						N					
83						N					
84						N					

PROGRAM REVIEW SECTION
GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 4

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
85						N					
86						N					
87						N					
88						N					
89						N					
90						N					
91						N					
92						N					
93						N					
94						N					
95						N					
96						N					
97						N					
98						N					
99						N					
100						N					

Totals	0	Yes	0	0	0	0
		No	0	0	0	0

PROGRAM REVIEW SECTION
DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
1						Y					
2						Y					
3						Y					
4						Y					
5						Y					
6						Y					
7						Y					
8						Y					
9						Y					
10						Y					
11						Y					
12						Y					
13						Y					
14						Y					
15						Y					
16						Y					
17						Y					
18						Y					
19						Y					
20						Y					
21						Y					
22						Y					
23						Y					
24						Y					
25						Y					
26						Y					
27						Y					
28						Y					

PROGRAM REVIEW SECTION
DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
29						Y					
30						Y					
31						Y					
32						Y					
33						Y					
34						Y					
35						Y					
36						Y					
37						Y					
38						Y					
39						Y					
40						Y					
41						Y					
42						Y					
43						Y					
44						Y					
45						Y					
46						Y					
47						Y					
48						Y					
49						Y					
50						Y					
51						Y					
52						Y					
53						Y					
54						Y					
55						Y					
56						Y					

PROGRAM REVIEW SECTION
DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 3

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
57						Y					
58						Y					
59						Y					
60						Y					
61						Y					
62						Y					
63						Y					
64						Y					
65						Y					
66						Y					
67						Y					
68						Y					
69						Y					
70						Y					
71						Y					
72						Y					
73						Y					
74						Y					
75						Y					
76						Y					
77						Y					
78						Y					
79						Y					
80						Y					
81						Y					
82						Y					
83						Y					
84						Y					

PROGRAM REVIEW SECTION
DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 4

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	APP DATE	CASE ACTION DATE	DED Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF Y or N	NOA Y or N	COMMENTS
							45 DAY	90 DAY			
85						Y					
86						Y					
87						Y					
88						Y					
89						Y					
90						Y					
91						Y					
92						Y					
93						Y					
94						Y					
95						Y					
96						Y					
97						Y					
98						Y					
99						Y					
100						Y					

Totals	0	Yes	0	0	0	0
		No	0	0	0	0

PROGRAM REVIEW SECTION
GENERAL (DISABILITY-BASED) APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E APP DATE	F CASE ACTION DATE	G DED Y or N	H/I PROCESS BY Y or N		J APPLICANT ERRORS SOF/VERIF Y or N	K NOA Y or N	L COMMENTS
							H 45 DAY	I 90 DAY			

Header — The County name goes in the Header section of each worksheet. Click View on the Window Menu Bar. Select Header and Footer. Click the Custom Header button. In the Center section replace <County> with the county name. Click the OK button twice.

A REV # — Review number 1 - 100 is entered.

B CASE NAME — Enter the last name only of the case name.

C CASE NUMBER — Enter the 7 digit case serial number.

D PRS # — Enter the PRS reviewer number FOR CASES REVIEWED. Leave blank if a non-reviewable case or case not reviewed. A non-reviewable case is a case that is not a MCO application, i.e a Food Stamp application, a CalWORKs application, an add person on an ongoing MC case, etc. A non-reviewable case is NOT a case with an applicant error or state delayed. IF CASE IS STATE DELAYED, ENTER YOUR PRS NUMBER AND LEAVE THE REST OF THE ROW BLANK.

E APP DATE — Enter the application date from case record information.

F CASE ACTION DATE — Enter the date the action to approve or deny the case is taken, usually the date of the NOA.

G DED CASE Y or N — N is automatically entered on General application check list. Y is automatically entered on DDSD application check list.

H # OF DAYS TO PROCESS 45 DAYS — For general applications, enter Y if processed within the 45 day time limit. Enter N if not processed within the 45 day time limit. Leave blank for DDSD applications.

I # OF DAYS TO PROCESS 90 DAYS — For DDSD applications, enter Y if processed within the 90 day time limit. Enter N if not processed within the 90 day time limit. Leave blank for general applications.

J APPLICANT ERROR SOF/VERIF/STATE DELAYED — Enter Y if the application was delayed beyond the time limits .due to the applicant not providing a complete and timely statement of facts, verification or is State delayed. Enter N if the applicant did provide a complete and timely statement of facts and verification or was not State delayed.

K NOA Y or N — Enter Y if a timely NOA was issued to approve or deny the application. Enter N if a timely NOA was not issued to approve or deny the application

L COMMENTS — Enter comments appropriately to explain drops or errors. More space available if not CAPS.

PROGRAM REVIEW SECTION
GENERAL (DISABILITY-BASED) APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E APP DATE	F CASE ACTION DATE	G DED Y or N	H/I PROCESS BY Y or N		J APPLICANT ERRORS SOF/VERIF Y or N	K NOA Y or N	L COMMENTS
							H 45 DAY	I 90 DAY			

When giving the worksheet to the county to request cases, you may want to delete the Instructions and Totals sheets and save with a different name.

When giving the worksheet to the county for review the cases that were dropped or not reviewed may be deleted from the worksheet. Any cases with issues may be highlight to make it easier for the county to identify these cases .

EXECUTIVE SUMMARY

Number of all Completed Reviews	0	100.0%
Number of General Applications Completed Reviews	0	
Number of Disability-Based Application Completed Reviews	0	

For all General Applications without applicant errors, the following compliance with the 45-day timeliness criteria applied:

Total all General Applications reviewed	0	
Number of General Applications processed timely	0	#DIV/0!

For all Disability-Based applications without application errors, the following compliance with the 90-day timeliness criteria applied:

Total all Disability-Based applications reviewed	0	
Number of Disability-Based applications processed timely	0	#DIV/0!

Number of General Application cases reviewed	0	
Number of General Application cases processed within the required 45-day processing timelines	0	#DIV/0!
Number of General Application cases not processed within the required 45-day processing timelines	0	#DIV/0!
Number of Disability-Based Application cases reviewed	0	
Number of Disability-Based Application cases processed within the required 90-day processing timelines	0	#DIV/0!
Number of Disability-Based Application cases not processed within the required 90-day processing timelines	0	#DIV/0!
Number of All Application cases processed	0	
Number of all application cases processed timely	0	#DIV/0!
Number of all application cases not processed timely	0	#DIV/0!

CPS E – ANNUAL REDETERMINATION (RV) PROCESSING

I. PERFORMANCE EVALUATIONS

Performance evaluations for County Performance Standards (CPS) Annual RV Processing will be conducted by staff from the California Department of Health Care Services (DHCS) Program Review Section (PRS). The purpose of this review is to monitor compliance with the state mandated CPS. The results of the performance evaluations are used to determine a county's compliance for the specific area of CPS being studied. This article section contains the detailed guidelines for conducting the Annual RV Processing reviews.

II. REVIEW GUIDELINES

A. COUNTY INCLUSION

Counties will be included in these reviews based on four factors:

* Self-Certification
* Prior CPS Reviews
* Corrective Action Plans (CAP)
* Medi-Cal Eligibility Quality Control Performance

If these criteria are not applicable, counties may be included randomly. Counties self-certifying below the mandatory CPS will not be included as part of the annual review process. These counties will be required to submit a CAP which will require a follow-up review at the end of the CAP process.

B. ENTRANCE AND EXIT CONFERENCES

Counties will be advised when a CPS review has been scheduled for the calendar year or, as a follow-up review after a CAP process. Notification letters will normally be issued two months in advance of the planned onsite review. This letter will be sent to the County Welfare Director and those persons identified from prior CPS reviews. The letter confirms the parameters of the review including on-site review dates. The letter also addresses the issue of requesting the sample of cases for the review from the county rather than from Medi-Cal Eligibility Data System.

A confirmation letter will normally be issued three weeks prior to the scheduled onsite review and include a list of cases requested for the

review. At the county's request, an email may be used rather than the confirmation letter.

Entrance conferences for the review are optional at the request of the individual county being reviewed. The activity will normally be accomplished on the first day of the onsite review. An informal telephone contact will be made with the county person designated for coordination of CPS activities prior to the actual review to confirm what options the county wishes to be taken.

An informal exit conference may be provided on the last day of the onsite review, unless the county specifically declines the meeting. The informal exit conference provides the county with the initial findings and specifically identifies the cases with discrepancies, using the CPS Annual RV Processing Worksheet and supporting documents. More detail will be provided at a later time with the draft reports. A formal exit conference may be scheduled after issuance of the final report. A county may decline a formal exit based on the outcome of the review.

When the CPS is below 90 percent, necessitating a CAP, the formal exit and CAP conference may be combined. Separate guidelines have been developed for the CAP process and are to be provided to the county at that time.

C. CASE SAMPLE

The sample size for the Annual RV Processing review has been set at 75 cases. At the sole discretion of DHCS, sample sizes for smaller counties may be adjusted to smaller numbers, as long as the sample size allows for reasonable statistical validity. In those situations, DHCS staff will advise county staff in advance.

The County Welfare Department (CWD) director will be asked for a list of all cases which included at least one Medi-Cal Only beneficiary with an annual RV due in the sample month regardless of the outcome of county actions to perform that RV. The list should include all Medi-Cal aid codes as specified in All County Welfare Directors Letter (ACWDL) No. 05-22E, regardless of the disposition of the RV action. On receipt of the entire list, 100 (or a statistically valid sample) will be randomly selected to be included in the review. Although the actual number of cases to be studied will be less, over sampling is performed to account for dropped cases for any number of reasons.

The sample month is based on the review schedule and the processing timeframe for the review, which allows 14 months rather than 12 months

under Medi-Cal regulations. For example, if the field work is to be conduced in August, the notification letter would be issued in June. Therefore the RV month to be sampled would normally be March, with the 14th month ending in May.

D. REVIEW METHODOLOGY

The Annual RV Worksheet will be used to document the review findings. The worksheet is in Excel format and has been designed to capture data for the integral elements of this review.

The review will follow current Medi-Cal program and procedural guidelines including SB 87, based on the specific situations that are identified in the county case.

E. PREPARING STATISTICS

The statistics to be included for the county report will be automatically generated from the Annual RV Processing worksheet. A review of the comments section will provide additional information as needed. The checklist will provide the data needed to complete the report which is specific to the three components of the review. Although other information may be identified, that information will not be included in the scope of this review or in the report to the county. However, that information will be shared with the county as part of the exit conference process.

F. REVIEW DOCUMENTS and FORMS

1. **Project Plan** – this document is to be used to present the Annual RV Processing review to the county selected for inclusion in this project.

2. **Entrance Letter** –a formal notification letter to be sent to the CWD director that outlines the purpose of the review.

3. **Confirmation Letter** - a formal confirmation letter to be sent to the CWD director that confirms the purpose of the review.

4. **Report** – this document is a report of the findings of the review.

5. **Director's Letter** – this document is a cover letter to be used when transmitting the report to the county.

6. **Annual Rv Processing Worksheet** – data collection worksheet used to conduct the review.

CPS PROPOSED PROJECT PLAN

PROPOSAL

Name County has been selected to be evaluated for a RV Processing Review under the CPS requirements. Staff from the PRS of the DHCS will conduct the study during the month of MONTH, YEAR. This county performance review is pursuant to Welfare and Institutions Code Section 14154. The most recent detailed instructions for CPS are contained in ACWDL 05-22E dated November 22, 2005.

STUDY METHODOLOGY

As part of the study, we will review 75 randomly selected cases with annual RVs scheduled for **Month Year.** Cases will be included for situations in which the RV was completed or the case was discontinued for noncompletion. The review will be completed during the month of **Month YEAR** and will be representative of the applications received throughout the year.

STUDY DOCUMENT

The CPS Annual RV Worksheet will be used to collect the data necessary to perform the CPS evaluation. DHCS will study only the case record information and county/state automated system information.

CONCLUSIONS

The information collected during the review will be compiled into a report that will identify the County's timeliness of processing Medi-Cal Annual RVs for:

- Issuance of Medi-Cal Annual RV packets.
- Processing Medi-Cal RVs.
- Issuance of an appropriate discontinuance Notice of Action (NOA).

REVIEW CONCEPTS

The purpose of the Annual RV Processing Review is to determine the effectiveness of the county's Annual RV processing compliance for all Medi-Cal cases.

- A review of the most recent RV based on sample selection criteria.
- A review of the county's case information as documented in the case record and county automated systems.

- A review of the County's internal process for monitoring the processing timeliness for RVs.
- A determination of the county's compliance in mailing annual RV forms, processing annual RVs, or issuing discontinuance NOA.
- A determination of the county's compliance in determining whether an RV is or is not complete.

REVIEW PROCESS

When completing the RV Processing Review, the following will apply:

- Each county review will be documented independently and follow the established template.
- The review report will be sent under separate Director's Letter cover and the findings will not be combined with any other review.
- The review county will be provided a copy of the draft report for review and comment before becoming final.
- The final report will include information to the county when the county does not meet the mandated CPS and when and what CAP will be required.
- The final report will include Best Practices documents as approved by the review county.

ANNUAL REDETERMINATION PROCESSING REVIEW ENTRANCE LETTER TO COUNTY

The following text format will be inserted on the appropriate state letterhead and issued to the County to initiate the review process when needed.

Dear Mr./Ms. (Director):

As part of the County Performance Standards (CPS) Monitoring activity, the Program Review Section of the California Department of Health Care Services (DHCS) conducts reviews in counties throughout the State of California. NAME County has been selected for a review of the CPS Annual Redetermination (RV) Processing. Findings of the review will be used in a determination of CPS and possible computation of any fiscal or dollar error rate determination. A report will be issued to your county at the conclusion of the review process.

We have tentatively scheduled Month Day – Day, Year for the onsite review. If you wish, an entrance conference can be scheduled on the first day. We will also meet with you and designated staff at the conclusion of the onsite review to share initial findings and problem case issues.

We are requesting that Name County provide us with a list that includes all cases with at least one eligible Medi-Cal beneficiary for the month of Month Year for which an annual RV was scheduled to be completed in that same month. This list should include all cases whether the case is currently active or discontinued for any reason. We will provide your county liaison with a list at least three weeks prior to our onsite review that includes the cases that will be evaluated. The cases will be randomly selected from your initial list. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record and information in your county data system.

We will also need access and authorization for our staff to complete inquiries on your county automated system and Medi-Cal Eligibility Data System during the onsite. If you require confidentiality agreements signed in advance, please let me know.

The DHCS staff who will be participating in this review are NAME NAME and NAME and NAME. NAME will have LEAD responsibility for the review and will be available at xxx-xxx-xxxx or name@dhcs.ca.gov to coordinate with your staff.

If you have any questions or concerns regarding this review, please feel free to contact me at 999-999-9999 or via email at name@dhcs.ca.gov.

PROGRAM REVIEW SECTION
REDETERMINATION PROCESSING REVIEW FOR INSERT COUNTY

EXECUTIVE SUMMARY

The Program Review Section (PRS) recently conducted a County Performance Standards (CPS) Redetermination (RV) Processing Review on **Month Day, Year**. The RV Processing Review was performed in **Name** County. The purpose of this review was to determine the effectiveness of **Name** County RV processing compliance for all Medi-Cal recipients pursuant to Welfare and Institutions (W&I) Code Section 14154.

Number of All Completed Case Reviews	75	(100 percent)

Of the completed case reviews, the following findings apply:

RV Forms Mailed

Of the 75 cases reviewed, the number of annual RV forms mailed to the recipient by the anniversary date	Xx	Xx

Complete and Timely RV Forms Returned

Of the xx with timely RV packets mailed to the beneficiary, xx cases were found to have complete and timely RV forms returned to the county during the Anniversary month.

Of the xx cases, the number of eligibility RVs completed within 14 months	xx	xx

Terminations Notices

Of the xx cases reviewed without complete and timely RV forms returned to the county during the Anniversary month, xx cases were found to have complete and timely RV forms returned to the county during the Anniversary month.

Of those xx cases, the number of cases issued a Notice of Action (NOA) within 45 days after the date the form was due to the county.	xx	xx

Enter here specific findings. A brief overview of any exceptional county Best Practices should be highlighted in this section with detail at the end of the report.

BACKGROUND

PRS staff has completed a CPS RV Processing Review in **Name** County, on **Month Year.** A review of 75 cases with RVs due for the anniversary month of **Month Year** was completed. This review specifically evaluated processing timelines and the completeness of the RV forms as submitted by the Medi-Cal recipient.

An entrance conference was conducted with **Name** County staff to discuss the parameters of the review which include the following:

- Desk reviews of a random sample of **Number** MCO RVs.
- A review of the **Name** County case information as documented in the case record and county automated systems.
- A review of the County's internal process for monitoring the processing timeliness for RVs.
- The review will include a determination of compliance with W&I Code, Section 14154(c) (3), that counties have performed timely RVs with 90 percent of the annual RVs mailed the month before the RV Anniversary Month; 90 percent returned (complete) forms completed within 60 days of the RV Anniversary Month; 90 percent of the NOAs issued within 45 days when a complete RV form is not returned.
- Findings of the review will be used in the determination of CPS and possible computation of any fiscal or dollar error rate determination.

ONSITE REVIEW

The onsite review was conducted on **Month, Day, YEAR**. desk review was completed on the 75 RVs in the random sample of all scheduled RV required during the sample month of **Month YEAR** using the case file and county/state system. Based upon that information, the review team determined whether or not **Name** County was in compliance with the processing requirements for Medi-Cal Only (MCO) annual RVs.

PRS staff reviewed 75 cases that were in the review sample. Of the total, xx cases (xx percent) were mailed RV forms the month before the RV Anniversary month. The county self-certified at xx percent in their self-certification. The county was below/at/exceeded the 90 percent timeliness criteria for issuance of the RV forms.

The county processed xx cases (xx percent) with complete RVs within 14 months. The county self-certified at xx percent for RV processing. The county was below/at/exceeded the 90 percent timeliness criteria for processing annual Rvs.

The county issued NOAs on xx cases (xx percent) by the 45th day when a complete RV

was not submitted by the beneficiary. The county self-certified at xx percent in their self-certification. The county was below/at/exceeded the 90 percent timeliness criteria for issuance of NOAs.

A copy of the review worksheet was provided to Name County staff for review and an opportunity to provide additional documentation and verifications. This report includes that information and is the final report.

SUMMARY/CONCLUSIONS/RECOMMENDATIONS

Based on the CPS review, Name County met all/two/one/none of the three performance criteria for annual RV processing. The county's performance for issuance for timely RV packets was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %. The county's performance for issuance of timely NOAs was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %. The county's performance for completion of timely RVs was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %.

(Include any observations or responses from the county that would help to offset any deficiencies.)

The (CPS) Review, RV Processing Review was completed within the time frames allowed. This was due in part to the full cooperation of the Name County staff and the coordination efforts of Names. This enabled the review to run smoothly and without delays.

BEST PRACTICES

PRS would like to recognize exceptional county best practices that were identified during the review.

Use this section to list forms, practices, training, policies, etc. and include as attachments as appropriate.

CORRECTIVE ACTION PLANS

Based on these findings, Name County will/will not be required to submit a corrective action plan (CAP) for any/one/two/all areas of performance (timely issuance, timely completion and issuance of notices. We will be providing a letter and sample CAP format in the near future.

PRS will be initiating the CAP process for Name County in the near future and will be monitoring the county's actions to improve in this area.

Or,

There are no plans for follow-up action at this time as Name County met or exceeded 90 percent in all three performance areas for Annual RV Processing.

ATTACHMENTS

List all attachments including the case summary findings.

1. PRS RV Processing Worksheet

DIRECTOR COVER LETTER

The following text format will be inserted on the appropriate state letterhead and issued to the County as a cover letter to the Application Processing Report.

Dear Mr/Ms. (Director):

The Program Review Section recently completed an Annual Redetermination (RV) Processing Review in *Insert* County on *Insert Date.* Enclosed you will find a copy of the final report for this review. We have discussed these findings with *Insert Name* and have included responses and suggestions in this final report. If you or staff wishes to discuss in more detail we will arrange a conference at a convenient date and time.

We wish to express our appreciation for the able assistance and tremendous cooperation of *Insert* County staff in the completion of this RV Processing Review. If you wish to discuss the findings of the review please contact either *Insert Name,* Lead Analyst, at *Insert Phone Number,* or myself at *Insert Phone Number.*

Sincerely,

Chief
Insert Area Program Review Region
Program Review Section

Enclosure

Be sure to cc county staff per supervisor approval. Only cc Branch Chief reports with outstanding issues.

PROGRAM REVIEW SECTION
RV PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	RV MONTH	COMPLETION DATE AND STATUS					COMMENTS
					MAILED TIMELY Y or N	COMPLETE FORMS FROM CLIENT Y or N	NOAS ISSUED TIMELY Y or N	DATE	TIMELY Y or N	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										

PROGRAM REVIEW SECTION
RV PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	RV MONTH	COMPLETION DATE AND STATUS					COMMENTS
					MAILED TIMELY Y or N	COMPLETE FORMS FROM CLIENT Y or N	NOAS ISSUED TIMELY Y or N	DATE	TIMELY Y or N	
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										

PROGRAM REVIEW SECTION
RV PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 3

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	RV MONTH	COMPLETION DATE AND STATUS					COMMENTS
					MAILED TIMELY Y or N	COMPLETE FORMS FROM CLIENT Y or N	NOAS ISSUED TIMELY Y or N	DATE	TIMELY Y or N	
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										

PROGRAM REVIEW SECTION
RV PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 4

REV. NO	CASE NAME	CASE NUMBER	PRS # SEE NOTES	RV MONTH	COMPLETION DATE AND STATUS					COMMENTS
					MAILED TIMELY Y or N	COMPLETE FORMS FROM CLIENT Y or N	NOAS ISSUED TIMELY Y or N	DATE	TIMELY Y or N	
97										
98										
99										
100										

Totals	0	Yes	0	0	0		0	
		No	0	0	0		0	

PROGRAM REVIEW SECTION
RV PROCESSING – COUNTY PERFORMANCE STANDARDS
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E RV MONTH	COMPLETION DATE AND STATUS					K COMMENTS
					F MAILED TIMELY Y or N	G COMPLETE FORMS FROM CLIENT Y or N	H NOAS ISSUED TIMELY Y or N	I DATE	J TIMELY Y or N	

Header — The County name goes in the Header section. Click View on the Window Menu Bar. Select Header and Footer. Click the Custom Header button. In the Center section replace <County> with the county name. Click the OK button twice.

A REV # — Review number 1 - 100 is entered.

B CASE NAME — Enter the last name only of the case name.

C CASE NUMBER — Enter the 7 digit case serial number.

D PRS # — Enter the PRS reviewer number FOR CASES REVIEWED. Leave blank if a non-reviewable case or a case not reviewed. A non-reviewable case is a case that is not a MCO RV, i.e a Food Stamp RV, an RV for a different month than the sample month, not an RV, etc.

E RV MONTH — Enter the RV month and year.

F MAILED TIMELY — Enter a Y if the RV packet was mailed timely. Enter an N if the RV packet was not mailed timely and leave the rest of the row blank.

G COMPLETED FORMS FROM CLIENT — Enter a Y if the RV forms were received from the client. Enter an N if the RV forms were not received from the client and answer column H only. Leave column I and J blank.

H NOAS ISSUED TIMELY — Enter a Y if the RV forms were not received from the client and a NOA was mailed timely. Enter an N if the RV forms were not received from the client and a NOA was not mailed timely. Leave column I and J blank. If the RV forms were received timely, leave blank

I DATE — Enter the date the action to complete the RV was taken. If the RV forms were not received timely, leave blank.

J TIMELY — Enter a Y if the action to complete the RV was timely. Enter an N if the action to complete the RV was not timely. If the RV forms were not received timely, leave blank

K COMMENTS — Enter comments appropriately to explain drops or errors

When giving the worksheet to the county to request cases, you may want to delete the Instructions and Totals sheets and save with a different name.

When giving the worksheet to the county for review the cases that were dropped or not reviewed may be deleted from the worksheet. Any cases with issues may be highlighted to make it easier for the county to identify these cases.

EXECUTIVE SUMMARY

Number of all Completed Reviews 0

Of the completed case reviews, the following compliance with the 90% criteria applied:

RV Forms Mailed

Of the 0 cases reviewed, the number of annual redetermination forms mailed to the recipient by the annerversary date. 0 #DIV/0!

Complete and Timely RV Forms Returned

Of the 0 cases with timely RV forms mailed, 0 cases were found to have complete and timely RV forms returned to the county during the Anniversary month

Of those 0 cases, the number of eligibility determinations completed within 14 months 0 #DIV/0!

Termination Notices

Of the 0 cases with timely RV forms mailed, 0 cases were found to not have complete and timely RV forms returned to the county during the Anniversary month.

Of those 0 cases, the number of cases issued a Notice of Action (NOA) within 45 days after the date the form was due to the county 0 #DIV/0!

CPS F – EW WORKER AND ERROR ALERT PROCESSING

I. PERFORMANCE EVALUATIONS

Performance evaluations for County Performance Standards (CPS) Eligibility Worker (EW) Worker and Error Alert Processing will be conducted by staff from the California Department of Health Care Services (DHCS) Program Review Section (PRS). The purpose of this review is to monitor compliance with the state mandated CPS. The results of the performance evaluations are used to determine a county's compliance for the specific area of CPS being studied. This article section contains the detailed guidelines for conducting the EW Worker and Error Alert review.

II. REVIEW GUIDELINES

A. COUNTY INCLUSION

Counties will be included in these reviews based on the following factors:

- Prior Related County Focused Reviews
- Corrective Action Plans (CAP)
- Medi-Cal Eligibility Quality Control Performance

B. ENTRANCE AND EXIT CONFERENCES

Counties will be advised when a CPS review has been scheduled for a new review for the calendar year or, as a follow-up review after a CAP process. Notification letters will normally be issued two months in advance of the planned onsite review. This letter will be sent to the County Welfare Department Director and those persons identified from prior CPS reviews. The letter confirms the parameters of the review including on-site review dates.

A confirmation letter has been developed to be used for all counties requesting that action. This letter will normally be issued three weeks prior to the onsite review and include a list of the cases requested for the review. At the county's request, an email may be used rather than the confirmation letter.

Entrance conferences for the review are optional at the request of the individual county being reviewed. This activity will normally be accomplished the first day of the onsite review. An informal telephone

contact will be made with the county person designated for coordination of CPS activities prior to the actual review to confirm what options the county wishes to be taken.

An informal exit conference may be provided on the last day of the onsite review, unless the county specifically declines the meeting. The informal exit conference provides the county with the initial findings and specifically identifies the cases with discrepancies, using the EW Worker and Error Alert Processing Worksheet and supporting documents. More detail will be provided at a later time with the draft report. A formal exit conference may be scheduled after issuance of the final report. A county may decline a formal exit conference based on the outcome of the review.

When the county performance is below 95 percent for the EW Error Alerts and/or 90 percent for the EW Worker Alerts, the formal exit and CAP conference may be combined. Separate guidelines have been developed for the CAP process and are to be provided to the county at that time.

C. CASE SAMPLE

The sample size for the CPS EW Worker and Error Alert review has been set at 150 beneficiary records. The total of 150 records is broken into two segments to differentiate between the 95 percent compliance for EW Error Alerts from the Reconciliation process and the 90 percent compliance for EW Worker Alerts from the Renewal and Daily processes. Segment one will include 75 beneficiary records with EW Error Alerts from the most recent Reconciliation process for the selected county. Segment two will include a combination of 75 beneficiary records with EW Worker Alerts from the most recent Renewal process and from Daily processes for the first week of the sample month following the renewal process.

At the sole discretion of DHCS, sample sizes for smaller counties may be adjusted to smaller numbers to accommodate case availability, as long as the sample size allows for reasonable statistical validity. In those situations, DHCS staff will advise county staff in advance.

The record selection process utilizes a program that will identify all beneficiary records for the designated EW Worker and Error Alert numbers for the three file processes for a predetermined period of time. A random selection process will then be performed to select 100 beneficiary

records with EW Error Alerts from the Reconciliation process, 50 beneficiary records with EW Worker Alerts from the Renewal process, and 50 beneficiaries records with EW Worker Alerts from the Daily processes. Although the number of beneficiary records actually studied will be less, over-sampling is traditionally performed by PRS.

The review is based on the single EW Worker or Error Alert identified in this sample selection process for the specific beneficiary record for which the alert was created. Beneficiary records not identified during the specific Medi-Cal Eligibility Data System (MEDS) process being studied, or for the specific EW Worker or Error Alert being studied, will not be included for review. Although other alerts may be generated in the same process, only the primary alert will be the basis of the review. The reviewer will consider the companion generated alerts in determining the cause of the alert being evaluated and the county's actions in resolving the primary alert.

Based on the guidelines contained in the All County Welfare Director's Letter No. 05-19 entitled "Medi-Cal Eligibility Data System (MEDS) Reconciliations and Alerts", there are three EW Error Alerts from the Reconciliation process that may be included in the CPS review. For RECON purposes, counties are not required to submit records for individuals who received Minor Consent Services or were identified under aid codes IE and RR and are not included in the CPS review. Individuals in aid codes IE and RR may impact share of cost spend down for other family members but do not receive Medi-Cal benefits under those aid codes. Those alerts are:

6005 - Recon record on MEDS/Not on County – Recon Hold Generated
6006 - Dup records on county recon file – recon hold generated
6008 - Dup records on county recon file - no match on MEDS

There are eight EW Worker Alerts from the Daily and Renewal processes that may be included in the CPS review. Those alerts are:

1503 - Client Index Number/MEDS-ID Conflict
1504 - Client Index Number/MEDS-ID vs County-ID/MEDS-ID Conflict
1510 - Transaction failed MEDS Name/Birthdate Match Criteria
2005 - Transaction County-ID Does not Match MEDS
9546 - Over two months Accel Enroll – APP Determination Overdue

9548 - Over two months Extended Elig – Medi-Cal Determ Overdue
9532 - Over three Edwards Months – Medi-Cal Determination Overdue
9550 - Ongoing Burman Eligible – MEDS Eligibility Update Overdue

The sample month for the CPS review will normally be three months before the actual field work. The three months should give ample time for the county to complete all processing activities for the Error and Worker Alerts within the timeframes established for processing. Because of delays as a result of weekends, holidays, state and county system interfaces and other situations beyond the control of the county, the receipt date for the specific CPS EW Worker and Error Alert will be evaluated in determining compliance with CPS requirements.

D. READING THE MEDS ALERTS

The following examples are included in this procedure for reference purposes only and are specific to this CPS review. More detailed guidelines are found in the MEDS User Manual and MEDS website. All MEDS alerts have the same basic information.

```
             STATE OF CALIFORNIA – DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                 COUNTY WORKER ALERT REPORT
                   * * * * RECONCILIATION ALERTS * * * *(A)

   REPORT NO:  RS-MED110-R003               COUNTY:    NAME   (B)
   PRINT DATE: 99/99/2999                   DISTRICT:
   PAGE:            269                     WORKER:    9A9A

======================  C O N F I D E N T I A L ============================

CASE-NAME TUTU        ,CLAR   PERSON-NAME  TUTU              , CLARA   (C)
COUNTY-ID 69-17-9999999-9-99  MEDS-ID  999-99-9999 (E)  BIRTHDATE  09/09/1999  (F)
             (D)              CIN

TRANSACTION-CODE RC20         SOURCE                CREATION-DATE  99/99/2999  (G)

  MESSAGE
  1501  COUNTY ID/MEDS-ID CONFLICT    (H)                            *URGENT*

  DED#         DATA-ELEMENT                    CONTENTS
  H074   (I)   TRANS  HDR COUNTY-ID            69179999999999  (D)
  X001   (J)   XREF   COUNTY-ID KEY            699999999A143   (K)
  H054   (I)   TRANS  HDR MEDS-ID              555555555       (E)
  X002   (J)   XREF   MEDS-ID                  444444444       (L)

                        ** MEDS MATCHING MASTER **  (M)
CASE-NAME NAMEE NAMEE           DISTRICT 099   EW-CODE 9999   GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99    PERSON-NAME NAMEE          , NAMEE
MEDS-ID 555-55-5555  SSN-VER J  BIRTHDATE 99/99/1999          SEX F
LAST-EW-CHG 99/99/99                                          ELIG-STAT 999
TERM-DT 99/99/99                LAST-NON-CNTY-CNG 9/99/99     SOC-AMT

    - - - - - - - - -   PENDING STATUS INFORMATION - - - - - - - - -(N)
CASE-NAME                       DISTRICT       EW-CODE        ELIG-STAT
COUNTY-ID   -  -       - -      TERM-DT   /  /
```

(A) Identifies the type of process that created this report – Reconciliation, Renewal, Daily.

(B) Name of the County the report was created for.

(C) Beneficiary name.

(D) County ID Number includes the 2-digit county number, followed by the 2-character Aid Code, followed by the 7-character case serial number, followed by a 1-character FBU, followed by a 2-digit person number. The CDS non CalWIN counties have a 2-character FBU in their system. When this number is sent to MEDS only the second digit will display in MEDS.

(E) The MEDS-ID is the beneficiary's Social Security Account Number or MEDS Pseudo if there is not a valid SSAN. At this time, only the CDS non CalWIN counties send a MEDS Pseudo on transactions. All other counties send the Client Index Number (CIN). For those counties you will see the CIN number that was sent rather than the MEDS Pseudo number. When that occurs, the XREF CIN will display in the body of the alert message.

(F) The beneficiary's birthdate.

```
             STATE OF CALIFORNIA – DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                 COUNTY WORKER ALERT REPORT
                  * * * * RECONCILIATION ALERTS * * * *(A)

   REPORT NO:  RS-MED110-R003               COUNTY:    NAME   (B)
   PRINT DATE: 99/99/2999                   DISTRICT:
   PAGE:            269                     WORKER:    9A9A

======================  C O N F I D E N T I A L ============================

CASE-NAME TUTU        ,CLAR   PERSON-NAME  TUTU              , CLARA   (C)
COUNTY-ID 69-17-9999999-9-99  MEDS-ID  999-99-9999 (E)  BIRTHDATE  09/09/1999  (F)
             (D)              CIN

TRANSACTION-CODE RC20         SOURCE                CREATION-DATE  99/99/2999  (G)

  MESSAGE
  1501  COUNTY ID/MEDS-ID CONFLICT    (H)                            *URGENT*

  DED#         DATA-ELEMENT                    CONTENTS
  H074   (I)   TRANS  HDR COUNTY-ID            69179999999999  (D)
  X001   (J)   XREF   COUNTY-ID KEY            699999999A143   (K)
  H054   (I)   TRANS  HDR MEDS-ID              555555555       (E)
  X002   (J)   XREF   MEDS-ID                  444444444       (L)

                        ** MEDS MATCHING MASTER **  (M)
CASE-NAME NAMEE NAMEE           DISTRICT 099   EW-CODE 9999   GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99    PERSON-NAME NAMEE          , NAMEE
MEDS-ID 555-55-5555  SSN-VER J  BIRTHDATE 99/99/1999          SEX F
LAST-EW-CHG 99/99/99                                          ELIG-STAT 999
TERM-DT 99/99/99                LAST-NON-CNTY-CNG 9/99/99     SOC-AMT

    - - - - - - - - -   PENDING STATUS INFORMATION - - - - - - - - -(N)
CASE-NAME                       DISTRICT       EW-CODE        ELIG-STAT
COUNTY-ID   -  -       - -      TERM-DT   /  /
```

(G) The creation date is the actual date that the MEDS Alert was posted to MEDS. This date may differ from the date that the report is received at the county level. The LEAD Analyst will need to confirm the actual receipt date at the county level for determining the compliance with timeliness.

(H) This is the primary number and definition for the MEDS Alert.

(I) When a DATA-ELEMENT begins TRANS, this information was received from the county in the transaction that created the MEDS Alert.

(J) When a DATA-ELEMENT begins XRED, this information was present in MEDS and is being provided in the MEDS Alert to indicate what MEDS believes to be correct.

(K) The cross reference county identification number is a truncated version than what displays for (D). This number does not contain the aid code and the person number is followed by check indicator.

(L) When there is information in MEDS that the beneficiary is known by another SSAN or MEDS Pseudo the number will display in this field.

```
             STATE OF CALIFORNIA – DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                COUNTY WORKER ALERT REPORT
                  * * * * RECONCILIATION ALERTS * * * *(A)

   REPORT NO:  RS-MED110-R003               COUNTY:    NAME   (B)
   PRINT DATE: 99/99/2999                   DISTRICT:
   PAGE:            269                     WORKER:    9A9A

======================  C O N F I D E N T I A L ==========================

CASE-NAME TUTU        ,CLAR   PERSON-NAME  TUTU             , CLARA   (C)
COUNTY-ID 69-17-9999999-9-99  MEDS-ID  999-99-9999 (E)  BIRTHDATE  09/09/1999  (F)
             (D)              CIN

TRANSACTION-CODE RC20         SOURCE               CREATION-DATE  99/99/2999  (G)

  MESSAGE
  1501  COUNTY ID/MEDS-ID CONFLICT    (H)                          *URGENT*

  DED#         DATA-ELEMENT                   CONTENTS
  H074   (I)   TRANS  HDR COUNTY-ID           69179999999999  (D)
  X001   (J)   XREF   COUNTY-ID KEY           699999999A143   (K)
  H054   (I)   TRANS  HDR MEDS-ID             555555555       (E)
  X002   (J)   XREF   MEDS-ID                 444444444       (L)

                        ** MEDS MATCHING MASTER **  (M)
CASE-NAME NAMEE NAMEE           DISTRICT 099   EW-CODE 9999   GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99    PERSON-NAME NAMEE          , NAMEE
MEDS-ID 555-55-5555  SSN-VER J  BIRTHDATE 99/99/1999          SEX F
LAST-EW-CHG 99/99/99                                          ELIG-STAT 999
TERM-DT 99/99/99                LAST-NON-CNTY-CNG 9/99/99     SOC-AMT

    - - - - - - - - -   PENDING STATUS INFORMATION - - - - - - - - -(N)
CASE-NAME                       DISTRICT       EW-CODE        ELIG-STAT
COUNTY-ID   -  -       - -      TERM-DT   /  /
```

(M) When the MEDS ID has current MEDS information, including for a different person, that information will display.

(N) When MEDS has pending information that will be updated at MEDS Renewal, that information will display.

E. REVIEW METHODOLOGY

There will be a minimum of five steps in the EW Error and Worker Alert review. The first step will cover the processing of the initial reports received from ITSD and the supplemental MEDS steps required. The second and third steps will begin the actual review of the alerts and information on MEDS. At this step, there are some beneficiary records that can be completed as information in MEDS will document that the alert has been processed and corrective action taken. The fourth and fifth steps will cover additional MEDS reviews to eliminate additional beneficiary records that have been corrected. It is recommended that the fourth step be completed before actual request for case records to minimize the number of cases that will be needed for review.

Step One: ITSD will provide four separate files for use in the MEDS CPS review for each of the MEDS processes. The first file to be reviewed is the file named "Worker Alert Sample". This file will be sorted by the MEDS-ID which is the Social Security Account Number (SSAN) or Pseudo for those beneficiaries without valid SSANs. Because the report is electronic and in word format, page breaks can be completed to separate each MEDS record to a separate page. As a result there will be 50-100 pages to be printed for this review. (The numbers on this form relate to the fields noted on the EW Worker and Error Alert Worksheet.)

```
9/02/05                              STATE OF CALIFORNIA                              PAGE      1
                                   DEPARTMENT OF HEALTH SERVICES
                                        WORKER ALERT SAMPLE


=MEDS-ID= ===DATE=== ==== ==========================MESSAGE========================  ========

666666666 2005-08-15 2000 MEDS-ID NOT ON FILE                                          PRI-REJ
    ↑
  (10)    2005-08-15 1501 COUNTY ID/MEDS-ID CONFLICT        ←(8/9)                   CRITICL

          2005-08-15 1501 COUNTY ID/MEDS-ID CONFLICT        ←(8/9)                   CRITICL

  (7)→    2005-07-06 1501 COUNTY ID/MEDS-ID CONFLICT                                 CRITICL

          2005-07-06 6016 CRITICAL ELIG ERROR ON CO RECORD - NO MATCH ON MEDS        URGENT

          2005-06-29 1501 COUNTY ID/MEDS-ID CONFLICT      ←(8/9)  ↑                  CRITICL

          2005-06-29 2000 MEDS-ID NOT ON FILE            ←(8/9)                     PRI-REJ

          2005-06-29 1501 COUNTY ID/MEDS-ID CONFLICT        ←(8/9)                   CRITICL


          2005-06-29 1501 COUNTY ID/MEDS-ID CONFLICT       ←(8/9)                    CRITICL
```

```
2005-06-29 1501 COUNTY ID/MEDS-ID CONFLICT      ←(8/9)                CRITICL
```

This report will include the SSAN (or pseudo) and all MEDS alerts displaying for that number on MEDS as of the day that the sample is obtained from MEDS. Using this report, a EW Worker and Error Alert Review Worksheet should be completed. Minimum entries include the (1) County Number, (2) Process type which will be either Recon, Renewal or Daily, (7) Alert No and Description, (8) Prior/After Alert Dates, (9) Prior/After Review Numbers, and (10) SSAN or MEDS-ID. This worksheet becomes the control document for all actions to be taken for this review.

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
(1)	(2)	(3)			

ALERT NOs & DESCR	(7)

PRIOR or AFTER ALERT	DATE	(8)						
	NO	(9)						

TRANSACTION INFORMATION FROM ALERT		
MEDS ID NUMBER	CIN FOR MEDS ID	NAME
(10)	(11)	(12)

AC	CASE SERIAL	FBU	PN	DOB
(13)	(14)	(15)	(16)	(17)

The second file to be reviewed is the file named “Daily, Renewal or Reconciliation Alerts”. For our purposes, this will be the file that contains the actual alert that triggered the inclusion of this beneficiary for the County Performance Review. This file will sort by the MEDS-ID which is the Social Security Account Number (SSAN) or Pseudo for those beneficiaries without valid SSANs. The report is electronic and in word

format and should be printed and sorted to the worksheets that were previously prepared. Most beneficiaries will only have one page. In some

situations information will display on the bottom of the form entitled "MEDS/CDB Matching Master". This occurs when the MEDS ID submitted by the county is found on MEDS/CDB. If there are pending actions in MEDS as of the date of this report there may also be a section entitled "Pending Status Information". Additional information from this report to be entered on the worksheet includes the (12) Beneficiary name, (13) Aid Code, (14) Case Serial, (15) FBU, (16) Person Number, and (17) Date of Birth. In the majority of situations the (11) CIN may be available on this report.

XREF INFO	(18)
REVIEW NOTES	(19)

The XREF information displayed should be entered in number (18) of the worksheet. Information from the MEDS matching master or Pending should be reviewed and entered in number (19) of the worksheet as appropriate.

```
                  * * * * RECONCILIATION ALERTS * * * *

    REPORT NO:   RS-MED110-R003              COUNTY:    COUNTY NAME
    PRINT DATE:  09/02/2005                  DISTRICT:
    PAGE:               2                    WORKER:    P624
=======================  C O N F I D E N T I A L  =======================
CASE-NAME  MCCUNE       ,SAMU   PERSON-NAME  NONAME         , SAMUEL (11)
COUNTY-ID  40-17-5555555-9-02   MEDS-ID  666-66-6666   BIRTHDATE  11/26/1906  (17)
             ↑    ↑     ↑ ↑    CIN  (11)
           (13)(14)(15)(16)
TRANSACTION-CODE  RC20          SOURCE             CREATION-DATE  06/30/2005

  MESSAGE
  1501  COUNTY ID/MEDS-ID CONFLICT                                  CRITICL*

  DED#         DATA-ELEMENT                    CONTENTS
  H074         TRANS  HDR COUNTY-ID            40175555555902
  X001  (18)   XREF   COUNTY-ID KEY            4055555559021
  H054         TRANS  HDR MEDS-ID              666666666
  X002   (18)  XREF   MEDS-ID                  666666666

                       ** MEDS MATCHING MASTER **
CASE-NAME                        DISTRICT       EW-CODE        GOVT-CODE 3
COUNTY-ID 40-10-9666666-4-24     PERSON-NAME NONAME         , SAMUEL     T
MEDS-ID 666-66-6666  SSN-VER J   BIRTHDATE 11/26/1906          SEX M
LAST-EW-CHG   /  /                                             ELIG-STAT 999
```

```
TERM-DT   /  /                 LAST-NON-CNTY-CHG 07/10/05    SOC-AMT

    - - - - - - - - -   PENDING STATUS INFORMATION   - - - - - - - - - -
CASE-NAME                      DISTRICT       EW-CODE        ELIG-STAT
COUNTY-ID   -  -       - -     TERM-DT   /  /                SOC-AMT
```

The third file to be reviewed is the file named “MEDS Screens”. The INQM, INQ1, INQ2, and INQ3 will be provided for each of the MEDS-IDs listed that were known to MEDS. These screens will not be displayed for those MEDS-IDs not known to MEDS. Additional work will be required for those records. The report is electronic and in word format and should be printed and sorted to the worksheets that were previously prepared.

```
     INQM          ** PRIMARY MEDI-CAL/CMSP INFORMATION **            09-02-05
MED910
CASE-NAME                      DISTRICT         NONAME         , SAMUEL     T
COUNTY-ID 40-10-5555555-4-24   EW-CODE
MEDS-ID 666-66-6666  SSN-VER J  REDET-DT   -     99 NINTH CT
BIRTHDATE 11-26-1906 DOB-VER   SEX M GOV-RSP 3  PASO ROBLES          CA 99999
CHAINED-ID    -  -      LAST-MC/CP-CHG   -  -   ADDRESS-FLAG A  RES-COUNTY
PRIOR-MEDS-ID    -  -     LAST-OTH-CHG 07-10-05  APDP    PICKLE     RECOVERY
WELFARE-PGM 001   DEATH-DT          DEATH-CD     TERM-DT          TERM-REAS
CIN 99999999E 8   HIC-NO              BIC-ISSUE   -  -   PAPER-ISSUE
PGM: M        1               2              3              FS       CW
                  2005==================================> 2004============>
        09-05 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY     40
AID-CODE   10
ELIG-STAT 999
SOC-AMT
CERT-DAY
OHC
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
```

The fourth file to be reviewed is the file named “MEDS ID NOT FOUND LIST”. This list should be compared to all of the worksheets without MEDS Screen Prints. A worksheet should either have a set of MEDS Screen Prints or be on this list.

```
*****   M E D S - I D     N O T     F O U N D     L I S T   *****

**  REQUESTED RECORD NOT FOUND; MEDS-ID: 666666666
**  REQUESTED RECORD NOT FOUND; MEDS-ID: 666060666
**  REQUESTED RECORD NOT FOUND; MEDS-ID: 666666660
**  REQUESTED RECORD NOT FOUND; MEDS-ID: 660666066
**  REQUESTED RECORD NOT FOUND; MEDS-ID: 606666066
```

Step Two – The beneficiary records on the MEDS-ID Not Found List should be reviewed to determine if the MEDS record has been resolved. Because MEDS Screen Prints were not found, the first step should be to complete a regular INQR clearance. If the beneficiary has been correctly added to MEDS the review may be complete at this point.

For example, the transaction from the county included a valid SSAN but the XREF MEDS-ID returned in the alert identified that the recipient was known by a MEDS Pseudo. If the new clearance results in a record on MEDS for the recipient under the SSAN with the MEDS Pseudo listed as a Chained-ID or a Prior-MEDS-ID, the alert has been resolved. The EW Worker and Error Alert Worksheet would be completed as follows:

REVIEW NOTES	11/1/05 – new MEDS clearance completed for SSAN. INQM shows current eligibility for beneficiary under SSAN with MEDS Pseudo listed as Chained-ID.

The bottom line on the worksheet is completed during the review process when either the alert has been corrected or at the time of the onsite review.

Case Status	(20) C N CW/I	Status Date	(21)	Update Due by 1st of	(22)	Timely	Yes No (23)

(20) Circle C if the alert was corrected and there are no additional alerts or information regarding MEDS. Circle N if the alert has not been resolved. Circle CW/I if the listed alert has been resolved but there are additional alerts or information regarding MEDS.

(21) The status date is the date that the alert was resolved or the date of the onsite review in all other situations. This date can be found on the INQM or INQD screen or in the case or automated system. Because this field in MEDS is updated when new transactions occur, information in the case can be used to determine the earliest completion date.

(22) The updates are required to be completed based on when the alerts are received by the county. When the alerts are received by the county by the 10th calendar day of the month, updates are required by the end of the receipt month to update benefits for the first of the following month. When the alerts are received by the county after the 10th calendar day, an additional month is provided for updates from the county. For RECON

and RENEWAL, this date should be the same for all alerts reviewed from those processes. If the reviews include dailies throughout a month, attention will be needed to guarantee that the correct date for timeliness criteria is identified.

(23) Circle Yes or No based on a comparison of (21) to (22). When the date in (21) is after (22), "No" should be circled in number (23).

If the beneficiary record cannot be found under the SSAN, clearances to INQW whole case serial, INXC client cross reference for other county identification numbers, INXM client cross reference for other MEDS-IDs that the beneficiary may be known by. At this step the analyst will need to search MEDS for any information that may be available. Following are some actual scenarios from reviews.

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudos identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.	

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child. Last change was 3/7/05
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 4/11/01 with pseudo on xref. Recheck MEDS for updates.

Step Three – following the same methodology in Step Two, an attempt to reconcile those beneficiary records with MEDS Screen prints with information on the MEDS Screen prints and the Worker Alert. Following are some actual scenarios from reviews:

XREF INFO	Xref SSAN identified as belonging to a different child with current eligibility but not j verified but person number may be in conflict.
REVIEW NOTES	11/1/05-trans SSAN on MEDS with aid code 34 but FBU is different than in transaction. SSAN is J verified but is in Burman hold with last update 10/4/05. Child A already known to MEDS with PN 15 so Child B cannot use that PN. Recheck MEDS.

Steps Four and Five – based on timing, a second and third review of the worksheets not resolved during Step Two and Step Three should be completed. As with the prior steps, additional beneficiary records may be resolved eliminating the need to request cases to be pulled for onsite review. For example, at the time of the first MEDS review the transaction SSAN did not appear in MEDS and only a terminated record displayed for the Pseudo. On the subsequent clearance, a clearance for the SSAN identified that MEDS has been updated.

REVIEW NOTES	11/1/05 – No record for SSAN. Termed benefits for child under Pseudo for same Co-ID. No new transactions on INWA. 11/24/05 -new MEDS clearance completed for SSAN. INQM shows current eligibility for beneficiary under SSAN with MEDS Pseudo listed as Chained-ID.

Additional examples follow:

XREF INFO	Xref SSAN identified as belonging to a different child with current eligibility but not j verified but person number may be in conflict.
REVIEW NOTES	11/1/05-trans SSAN on MEDS with aid code 34 but FBU is different than in transaction. SSAN is J verified but is in Burman hold with last update 10/4/05. Child A already known to MEDS with PN 15 so Child B cannot use that PN. Recheck MEDS.
12/15/05 – child B out of Burman hold and PN is correct based on update sent to MEDS on 12/3/05 for address change. Trans id shows Child B with PN 16 which does not conflict with Child A. Alert corrected.	

Onsite Review: At the onsite review, complete clearances to the county automated system and the case records to determine what actions the county has taken to correct the alert. Additional clearance to MEDS at the time of the onsite may also be required. Potential examples follow:

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudo identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.	

12/15/05 – INQR still has no current eligibility for child. Record to be reviewed at county.
12/24/05-case indicates that the SSAN is not valid but no indication that worker removed the SSAN from the county system. Alert has not been worked. MEDS still has no eligibility for the child.

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudo identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.	
12/15/05 – INQR still has no current eligibility for child. Record to be reviewed at county.	
12/24/05-case indicates that the SSAN is not valid. Worker changed to MEDS pseudo in county system. INQM on file in the case dated 12/17/05 validates updates were completed on 12/16/05.	

On completion of the worksheet, enter the final review date (4) when the alert has been resolved, the review number (5) if not already entered and your analyst number (6). The worksheet will be used by the LEAD Analyst to complete the Checklist that is given to the county.

MEDS WORKER ALERT WORKSHEET

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
			(4)	(5)	(6)

F. PREPARING STATISTICS

The statistics to be included for the county report will be automatically generated from EW Worker and Error Alert worksheet. A review of the comments section will provide additional information as needed. The worksheet will provide the data needed to complete the report which is specific to timely processing of the EW Worker and Error Alerts based on the date of receipt and the applicable percentages. Although other information may be identified, that information will not be included in the scope of this review or in the report to the county. However, that information will be shared with the county as part of the exit conference process.

G. REVIEW DOCUMENTS AND FORMS

The following documents have been created for this review and are provided as part of this document and/or as attachments to this document.

1. **Project Plan** – this document is to be used to present the EW Worker and Error ALERT Focused Review to the County selected for inclusion in this project.

2. **Entrance Letter** – a formal notification letter to be sent to the county welfare agency director that outlines the purpose of the review.

3. **Confirmation Letter** – a formal confirmation letter to be sent to the county welfare agency director that confirms the purpose of the review.

4. **EW Worker and Error Alert Document** – individual beneficiary case document used to document error case situations.

5. **EW Worker and Error Alert Worksheet** – data collection worksheet used to conduct the review.

6. **Report** - this document is a report of the findings of the review.

7. **Director's Letter** – this document is a cover letter to be used when transmitting the report to the county.

CPS PROPOSED PROJECT PLAN

PROPOSAL

Name County has been selected to be evaluated for an Eligibility Worker (EW) Worker and Error Alert Review under the County Performance Standards (CPS) requirements. Staff from the Program Review Section (PRS) of the California Department of Health Services will conduct the study during the month of MONTH, YEAR. This CPS review is pursuant to Welfare and Institution Code Section 14154.5. The most recent detailed instructions for CPS are contained in All County Welfare Directors Letter No. 05-22E, dated November 2, 2005.

STUDY METHODOLOGY

As part of the study, we will review two samples to be studied independently. One sample will include 75 randomly selected beneficiary records with EW Error Alerts from the RECON sample month of MONTH YEAR, and 75 randomly selected beneficiary records with EW Worker Alerts from both the monthly RENEWAL sample month of MONTH YEAR and the DAILY processes of MONTH DAY – DAY, YEAR. Cases have been selected from a random computer generated sample based on one or more EW Worker and Error Alert Numbers 1501, 1502, 1503, 1504, 1510, 2003, 2005, 6005, 6006, 6008, 9033, 9034, 9531, 9532, 9546, 9548, 9550. The review will be completed during the month of MONTH YEAR and will be representative of the EW Worker and Error Alerts generated throughout the year.

STUDY DOCUMENT

PRS will study only the beneficiary information contained in Medi-Cal Eligibility Data System (MEDS) and the county case records and automated system. The EW Worker and Error Alert Worksheet will be used to collect the data necessary to perform the CPS evaluation.

CONCLUSIONS

The information collected during the review will be compiled into a report that will identify the County's:

- Accuracy of resolving MEDS Alert.
- Timeliness of resolving MEDS Alerts.

REVIEW CONCEPTS

The purpose of the EW Worker and Error Alert Processing is to determine the effectiveness of the county's processing compliance for alerts as identified in this plan.

- The review will consider all actions performed by the county to resolve the MEDS Alert prior to the onsite review and the timeliness of those actions.
- The review will include all California Work Opportunity and Responsibility to Kids, Foster Care, and Medi-Cal beneficiaries that are managed by the County Welfare Department except for persons receiving Minor Consent services or under aid codes IE and RR.

REVIEW PROCESS

When completing the EW Worker and Error Alert Review, the following will apply:

- Each county review will be documented independently and follow the established template.
- The report will be sent under separate Director's Letter cover and the findings will not be combined with any other review.
- The review county will be provided a copy of the draft report for review and comment before becoming final.
- The final review report will include information to the county when the county does not meet the mandated CPS and when and what corrective action plans will be required.
- The final Review report will include Best Practices as approved by the Review County.

ENTRANCE LETTER: The following text may be inserted onto the appropriate regional letterhead for use.

(INSERT DATE)

, Director
INSERT County
Department
COUNTY ADDRESS
CITY, CA ZIP CODE

Dear Ms. (Director):

As part of County Performance Standards (CPS) Monitoring activity, the Program Review Section of the California Department of Health Care Services (DHCS) conducts reviews in counties throughout the State of California. Name County has been selected for a review of the Eligibility Worker (EW) Worker and Error Alert Processing to be conducted in MONTH, YEAR. Findings of the review will be used in a determination of CPS compliance and possible computation of any fiscal or dollar error rate determination as specified in Welfare and Institutions Code Section 14154.5. A report will be issued to your county at the conclusion of the review process.

We have tentatively scheduled Month Day-Day, Year for the onsite review. If you wish, an entrance conference can be scheduled on the first day. We will also meet with you and designated staff at the conclusion of the onsite review to share initial findings and problem case issues.

We will be providing a list of the Medi-Cal beneficiary cases to be included for the review at a later time. The cases have been selected from the State Medi-Cal Eligibility Data System (MEDS) Database based on the identification of specific EW Worker and Error Alerts from designated DAILY, RENEWAL and RECON processes. The review will be limited to your county's compliance in correctly and timely processing the alerts. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record, information in your county data system and MEDS.

We will also need access and authorization for our staff to complete inquiries on your county automated system and MEDS during the onsite. If you require confidentially agreements signed in advance please let me know.

The DHCS staff who will be participating in this review are NAME NAME and NAME NAME. NAME NAME will have LEAD responsibility for the review and will be available

at xxx-xxx-xxxx to coordinate with your staff.

If you have any questions or concerns regarding this review, please feel free to contact me at xxx-xxx-xxx or via email at name@dhs.ca.gov.

Sincerely,

Region Chief Name
Program Review Region

cc: County Contact, Title
Address
Lead Analyst, Title
Address

CONFIRMATION LETTER: The following text may be inserted onto the appropriate regional letterhead for use.

(INSERT DATE)

, Director
INSERT County
Department
COUNTY ADDRESS
CITY, CA ZIP CODE

Dear Ms. (Director):

As part of the County Performance Standards (CPS) activity, the Program Review Section of the California Department of Health Care Services conducts County Performance Reviews in various counties throughout the State of California. We advised you of these plans in a letter dated MM/DD/YY of a review for the Eligibility Worker (EW) Worker and Error Alert processing. Findings of the review will be used to verify compliance with the CPS specified in Welfare and Institutions Code Section 14154.5, the need for corrective action plans and possible reduction of county administrative allocations for failure to meet the CPS. A report will be issued to your county at the conclusion of the review process. We plan to conduct the review beginning [Month Day, Year], and ending on [Month Day, Year].

We are requesting that the Medi-Cal cases on the enclosed list be made available for the review. The cases have been selected from a randomly generated computer selection process. The review will be limited to your county's compliance in correctly and timely processing the Medi-Cal Eligibility Data System (MEDS) Worker and Error Alerts. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record, information in your county data system and MEDS.

Sincerely,

Program Review Region

Enclosure

EW WORKER AND ERROR ALERT REVIEW DOCUMENT - this document is used to track the review and provide the statistical data for the county report. The worksheet will be used to communicate the findings for each case in error to the county prior to finalization of the report. Information from the review document will be transferred to the EW WORKER and ERROR ALERT Worksheet.

MEDS WORKER ALERT REVIEW DOCUMENT

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #

ALERT NOs & DESCR								
PRIOR or AFTER ALERT	DATE							
	NO							

TRANSACTION INFORMATION FROM ALERT		
MEDS ID NUMBER	CIN FOR MEDS ID	NAME

AC	CASE SERIAL	FBU	PN	DOB

XREF INFO	
REVIEW NOTES	

COUNTY PERFORMANCE STANDARDS
EW WORKER AND ERROR ALERT PROCESSING

Case Status	C N CW/I	Status Date		Update Due by 1st of		Timely	Yes No

EW WORKER AND ERROR ALERT REVIEW WORKSHEET

Excel worksheet to be inserted on this page.

REPORT – the report will be completed based on statistical data to be collected from the MEDS ALERT FR Checklist. A report template has been created and will need modifications only for specific situations of each individual county

EXECUTIVE SUMMARY

The Program Review Section (PRS) recently conducted a County Performance Standards (CPS) Eligibility Worker (EW) Worker and Error Alert Review on insert date. The review was performed in Insert County. The purpose of this review was to determine the effectiveness of Insert County compliance with processing EW Worker and Error Alerts.

PRS identified the following results:

Number of Completed Reviews (100 percent) Insert number

Of the completed case reviews, the following findings apply:

Insert Number	Total Cases with EW Worker Alerts received from the DAILY and RENEWAL Medi-Cal Eligibility Data System (MEDS) processes
Insert %	**Percentage processed timely (number / total). This percentage is above/at/below the mandatory 90 percent requirement.**
Insert Number	Total Cases with MEDS Error Alerts received from the RECON MEDS processes
Insert %	**Percentage processed timely (number / total). This percentage is above/at/below the mandatory 95 percent requirement.**

Based on these findings, NAME County will (will not) be required to complete a Corrective Action Plan (CAP) for Application Processing. NAME County will be contacted in the immediate future to begin action on the County CAP.

BACKGROUND

PRS staff completed an EW Worker and Error Alerts CPS review in *Insert* County on *Insert Date*. The EW Worker and Error Alert review focused on EW Worker and Error Alerts from the DAILY, RENEWAL and RECON processes for the following time periods:

DAILY –
RENEWAL-
RECON –

This CPS review encompassed an evaluation of *Insert* County's EW Worker and Error Alert processing in effect for those timeframes and *Insert* County compliance with the EW Worker and Error Alert processing policy.

An entrance conference was conducted with the *Insert* County staff to discuss the parameters of the review which included the following:

- Desk reviews of a random sample of 75 Medi-Cal cases with beneficiary EW Error Alerts from the quarterly Reconciliation process. (This number may be lower based on actual sample size as predetermined by California Department of Health Care Services (DHCS) due to Medi-Cal population size in the county. When that has occurred, all numbers in this report specified as 75 will be updated to reflect that change).

- Desk reviews of a random sample of 75 Medi-Cal cases with beneficiary EW Worker Alerts from both the monthly RENEWAL and DAILY processes. (This number may be lower based on actual sample size as predetermined by DHCS due to Medi-Cal population size in the county. When that has occurred, all numbers in this report specified as 75 will be updated to reflect that change).

- A review of the NAME County case information as documented in the case record.

- A review of the NAME County system/data imagery information.

- A review of the state MEDS system including Worker Alert databases.

- A determination of the accuracy of NAME County's EW Worker and Error Alert processing for each beneficiary record under review.

- A determination of the timeliness of Insert County's EW Worker and Error Alert processing for each beneficiary record under review.

- Review of NAME County internal process for processing EW Worker and Error Alerts to the 90 and 90 percent requirements.

- Findings of the review will be used in the verification of compliance with CPS, determination of whether a CAP is required, and failure to meet the CPS.

ONSITE REVIEW

The onsite review was conducted on **Month Day**, **Year.** A desk review was completed on the **Number** of beneficiary records in the two random samples for the time periods designated above, using the case file, MEDS and county automated and data imagery system information. Based upon that information the review team determined whether or not **Name** County correctly and timely processed the EW Worker and Error Alerts.

PRS staff reviewed 75 beneficiary records with EW Error Alerts from the Reconciliation sample and the 75 beneficiary records with EW Worker Alerts from the Renewal and Daily samples. As part of our review process, we considered actions performed by the county prior to our desk review only to the extent the actions were performed within the timeframes required under the CPS processing guidelines. Changes occurring after those timeframes are noted but not considered for timeliness purposes. An informal exit conference was held with *Insert name of Persons* to discuss the preliminary findings of the CPS EW Worker and Error Alert review. PRS staff presented the draft report to *Insert County* on Insert Date.

Of the 150 beneficiary records from both random samples selected for review, we found that xxx cases (% of the total) of the Reconciliation beneficiary records with EW Error Alerts had MEDS alerts processed correctly and timely and xxx cases (% of the total) of the Renewal and Daily beneficiary records with EW Worker Alerts had been processed correctly.

For the remaining xx cases we found the following:

(%) Records from the MEDS daily or renewal alerts received on or before the tenth working day not processed for the next month eligibility process. This percentage was above/at/below the mandatory 90 percent.

(%) Records MEDS daily or renewal alerts received after the tenth working

day not processed for the second month eligibility process. This

percentage was above/at/below the mandatory 90 percent.

(%) Records MEDS reconciliation alerts received on or before the tenth working day not processed for the next month eligibility process. This percentage was above/at/below the mandatory 95 percent.

(%) Records MEDS reconciliation alerts received after the tenth working day not processed for the second month eligibility process. This percentage was above/at/below the mandatory 95 percent.

Based on those findings, PRS has determined that NAME County:

- Did (did not) process 95 percent of the MEDS Reconciliation EW Error Alerts within the mandated timeframes. We could find no substantiation in the county case record or automated system to substantiate delayed processing for those cases not meeting the timeliness criteria.

- Did (did not) process 90 percent of the MEDS Renewal and Daily EW Worker Alerts within the mandated timeframes. We could find no substantiation in the county case record or automated system to substantiate delayed processing for those cases not meeting the timeliness criteria.

A draft report was provided to NAME County for review prior to completion. This is the final report.

SUMMARY/CONCLUSIONS/RECOMMENDATIONS

Based on the PRS review, Name County is (is not) processing EW Worker and Error Alerts timely. Explain here results and any unusual, mitigating or specifics to this review, statements.

The EW Worker and Error Alert review was completed within the time frames allowed. This was due in part to the full cooperation of the Insert County staff and the coordination efforts of Insert Quality Control Contact. This enabled the review to run smoothly and without delays. We would like to especially thank Insert County Names for their assistance in developing and participating

BEST PRACTICES

PRS would like to recognize exceptional county best practices that were identified

during the review.

1. Use this section to list forms, practices, training, policies, etc and include as attachments as appropriate.

CORRECTIVE ACTION PLANS

Use this area to discuss the counties plans for CAP plans if warranted based on the county's performance under the 90 and 95 percent level. Any performance under the 90 or 95 percent level will require reference to CAP efforts and timeframes.

During the focused review, PRS staff identified various errors and case issues. These errors and issues are documented in the attached Case Control Log. State and County staff agrees that county staff will take timely and appropriate action to address each case error and issue finding.

ATTACHMENTS

List all attachments including the case summary findings.

DIRECTOR LETTER – this document is a template of the letter to be used when transmitting the report to the County. As with the report, modifications will be needed specific to the county (Attachment No. 5).

(INSERT DATE)

, Director
INSERT County
Department
COUNTY ADDRESS
CITY, CA ZIP CODE

Dear Ms. (Director):

The Program Review Section recently completed an EW Worker and Error Alert County Performance Review in *Insert* County on *Insert Date.* Enclosed you will find a copy of the final report for this review. We have discussed these findings with *Insert Name* and have included responses and suggestions in this final report. If you or staff wishes to discuss in more detail we will arrange a conference at a convenient date and time.

If corrective action efforts are required the letter needs to address that as an issue.

We wish to express our appreciation for the able assistance and tremendous cooperation of *Insert* County staff in the completion of this review. If you wish to discuss the findings of the review please contact either *Insert Name,* Lead Analyst, at *Insert Phone Number,* or myself at *Insert Phone Number.*

Sincerely,

Chief
Insert Area Program Review Region
Program Review Section

Enclosure

CPS G – MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING

I. PERFORMANCE EVALUATIONS

Guidelines for performance evaluations for Medi-Cal to Healthy Families Bridging Processing are currently in development. When finalized, this section of the procedure will be updated.

CPS H - CORRECTIVE ACTION PLANS (CAP)

I. INTRODUCTION

Effective April 1, 2006, the California Department of Health Care Services (DHCS) implemented the CAP component of the County Performance Standards (CPS) Monitoring process. The responsibility for implementation and monitoring of the CAP has been assigned to the Program Review Section (PRS) of the Medi-Cal Eligibility Branch. This procedure includes the procedures to be followed for the CAP process.

II. BACKGROUND

PRS is responsible for the CPS Monitoring process in four specific Medi-Cal Eligibility areas:

- Annual Redetermination (RV) Processing
- Application Processing
- Eligibility Worker (EW) Worker and Error Alert Processing
- Bridging Processing

PRS will review and verify county conformance with specific CPS and complete case reviews in select counties based on the following criteria:

- Annual County Self-Certification reports of performance below the established CPS benchmarks.
- Trend data or other information that identifies CPS below the established CPS standards benchmarks.
- Random selection of counties for case reviews to determine if counties are meeting CPS.

Per Welfare and Institutions Code Section 14154(f) and 14154.5(f), counties found not to be in compliance with CPS for Applications, Annual RV or EW Worker and Error Alerts will be required to submit a CAP to document how the county will bring performance to the established benchmarks.

If it is determined that a county must submit a CAP, the plan must include corrective steps the county will take. The plan shall establish the interim benchmarks for improvement that will be expected to be met by the county in order to avoid a reduction, in the following year, of two percent of its county administrative funds. The plan must enable DHCS to measure the extent of improvement by the county every three months. The final review of the benchmarks by DHCS will begin the month of June 2007 or such earlier time as may be determined in the CAPs.

If the county does not meet the CPS, DHCS, at its sole discretion, may reduce the allocation of county administration funds beginning in July of the year that the final review is completed. For those final reviews conducted in June 2007 the allocation reductions would be effective in July 2007. Any funds reduced may be restored by DHCS if, in the determination of DHCS, sufficient improvement has been made by the county in meeting the CPS during the year for which the funds were reduced. The county may use the CAP 12th month milestone report or the self-certification report, to claim that sufficient improvement has been made. That report will be reviewed and validated by DHCS to determine if sufficient improvement has been made. If the county continues not to meet the CPS, DHCS may reduce the county administrative fee allocation by an additional two percent for each year, thereafter, in which sufficient improvement has not been made to meet the CPS.

III. DETERMINATION THAT A CAP IS REQUIRED

Based on the requirements as stated in section 2 above, the following guidelines have been established to ensure that DHCS performs the review and corrective action activities in a uniform manner. When one of the following determinations is made, the CAP process will be implemented:

- County submits a self-certification report of performance below 90 percent for any of the Eligibility Performance Standards.
- County submits a self-certification report of performance of less than 90 percent for any of the RV Performance Standards.
- County submits a self-certification report of performance of less than 90 percent for any of the Bridging Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for any of the Eligibility Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for any of the RV Performance Standards.

Exception to CAP requirement if performance is less then 90 percent for Disability-Based Applications – minimum sample size requirement for CAP

The processing standard for CPS Application for Disability-Based applications is set at 90 days unless the application is delayed because the disability determination is not received from the Department of Social Services (DSS). Delayed application processing by DSS has created a major problem for completing this component of the CPS reviews and increased the probability of requiring CAPs for more counties. Normally, less than 21 of the 75 sampled cases can be used for CPS review purposes. In these situations, counties have a base of significantly smaller numbers of cases available for evaluation to achieve the 90 percent requirement. Therefore, a CAP will only be required for Disability-Based Application performance under 90 percent associated with a review of a minimum of 21 reviewable cases

- PRS completes a review and determines a county performance of less than 90 percent for any of the Bridging Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for any of the EW Worker Alert Performance Standards.
- PRS completes a review and determines a county performance of less than 95 percent for any of the EW Error Alert Performance Standards.

When one or more of the situations listed occurs, a CAP notification letter will be issued to the county. The CAP letter will consist of a notification to the county that includes:

- County performance area(s) that requires the CAP and the degree of noncompliance with established standards.
- Consequences for failure to meet mandatory benchmarks.
- Steps the county must include in the CAP.
- Timeframes for submission of the initial CAP.
- Timeframes for three-month follow-up for PRS measurement of county improvement.
- Timeframes for final review.

The CPS review report will also include a draft format that the county may use to submit the CAP.

IV. CAP FORMAT

PRS has developed a format for the counties to use for creation of a CAP.

Counties may utilize this format to respond to specific issues or potential problems identified through the review process in the event that a CAP is necessary.

As noted above, a CAP is a formal component as a result of CPS reviews or county self-certifications. Having a formal CAP format will achieve the following:

- Collaboration between DHCS and county Medi-Cal program administrators on the mutual goal of ensuring integrity in the Medi-Cal program.
- Confirmation to ensure that counties are meeting the specific performance standard accuracy rates for the review areas identified by the CAP.
- Formal framework through which both DHCS and county Medi-Cal program staff can work together on specific actions to correct the errors and issues identified in the review.
- Specific timeframes and milestones on various remedial actions the county staff will implement.
- Formal outline to be used by DHCS staff to monitor county progress on remedial actions.

DHCS will review the submitted CAP to determine if the county plan meets the criteria specified above. If the plan does not include the necessary components, the county will be advised of the need for modifications and the timeframes in order to submit a corrected CAP.

Once a CAP has been ratified between DHCS and the county, the county will be notified via email or letter that the CAP has been received and to confirm the timeframes and benchmarks in the CAP. DHCS will contact the county at the designated intervals to determine if the county has met the benchmarks on a timely basis and identify the remaining benchmarks that will be monitored.

V. DHCS FOLLOW-UP ACTIVITIES

The main component of CAP follow-up activities is that counties will be required to submit three-month interval reports on their CAP compliance efforts and accomplishments. The CAP will be monitored by DHCS staff based on the designated timeframes on a county-by-county basis. The issues to be monitored include the following:

- County report timeliness – counties are required to report at three-month intervals once the CAP is implemented.

- Timeframes – estimated dates for follow-up reviews as appropriate.

- Steps involved for follow-up review which include required benchmarks.

- Methodology of follow-up review based on data submitted by county.
  - What materials were submitted to substantiate benchmark evaluation.
  - Does material substantiate county performance improvement.
  - Does material warrant ongoing CAP needs.
  - Does material warrant follow-up CPS eligibility evaluation.

- Methodology of follow-up review based on CPS evaluation guidelines
  - Random sample of a selected number of cases for focused review error type.
  - Sample month to be subsequent to county implementation of CAP.

- State Conclusions and Summary of follow-up review.

- Notification to county of status of corrective action effort requirements.

Affected counties need to document all of the elements that are needed for a formal plan to correct identified problems and issues. By documenting the CAP, the counties will have an opportunity to correct all identified errors and issues. At some time subsequent to the county's implementation of the remedial actions outlined in the CAP, DHCS staff will contact designated county staff to schedule a follow-up review to evaluate the efficacy of the county's CAP. Upon the implementation of the CAP and the completion of the follow-up review, DHCS and the county will work together to ensure performance consistent with CPS standards.

VI. COMPLIANCE WITH CPS AS A RESULT OF CAP

DHCS will monitor county performance for improvement based on the CAP agreements. Notification will be made to the county when DHCS has determined that the county's performance now meets or exceeds the performance criteria as designated for the individual performance area. At the time of that notification, the county will be considered to be in compliance for the current CPS cycle.

VII. NON-COMPLIANCE WITH CPS AS A RESULT OF CAP

When it is determined that the county has not met the requirements of the CPS, PRS will refer the documentation to departmental authority for consideration of possible fiscal sanctions. This decision may be impacted by the degree of improvement that is identified at the county level for the specific performance standard that is required by the CPS.

VIII. FORMS

The following forms have been created for use by the DHCS staff assigned to perform County Performance Corrective Action duties. These forms are mandatory and modifications can only be approved at the direction of CDHS.

1. **LETTER** – COUNTY NOTIFICATION OF REQUIREMENT FOR CAP – this letter is to be used to notify the county that a CAP is required.

2. **COUNTY CAP SAMPLE** – this document is to be given to the county as a sample format to be used to develop the CAP.

3. **LETTER** – COUNTY NOTIFICATION OF ACCEPTANCE OF CAP – this letter may be sent to the county to advise that the CAP has been accepted. An email may also be used at CDHS discretion and on agreement with the county.

4. **LETTER** – COUNTY NOTIFICATION OF NONRECEIPT OF CAP – this letter will be sent to the county to advise that the CAP has not been received. (pending)

5. **LETTER** – COUNTY NOTIFICATION OF NONACCEPTANCE OF CAP – this letter will be sent to the county to advise that the CAP has not been accepted and the reasons for non-acceptance. (pending)

6. **LETTER** – COUNTY NOTIFICATION OF THREE- MONTH BENCHMARK EVALUATION – this letter may be sent to the county to advise that the three-month benchmark has not been received. An email may also be used at CDHS discretion and on agreement with the county. (pending)

7. **LETTER** – COUNTY NOTIFICATION OF CPS FOLLOW-UP ELIGIBILITY REVIEW – this letter will be sent two months in advance of the planned CPS follow-up review and is a modified version of the letter that is currently used for the specific type of review. (pending)

8. **LETTER** – COUNTY NOTIFICATION OF COMPLIANCE AND SUCCESSFUL COMPLETION OF CAP – this letter will be issued on completion of the CPS follow-up review when county performance attains mandatory percentages (pending)

9. **LETTER** – COUNTY NOTIFICATION OF NONCOMPLIANCE AND RESULTS OF CPS CAP FOLLOW-UP – this letter will be issued on

completion of the CPS follow-up review when county performance is determined to continue to be out of compliance with county performance standards (pending)

COUNTY PERFORMANCE STANDARDS
CORRECTIVE ACTION PLAN MONITORING

Date

Name, Director
County
Agency
Address

Dear:

County was evaluated under the Application/Redetermination Processing function of the County Performance Standards (CPS) Monitoring. This review is pursuant to Welfare and Institutions Code Section 14154 (14154.5) as noted in All County Welfare Director's Letter 05-22E November 2, 2005.

Based on our independent evaluation, it was determined that County's performance was below the 90 percent processing requirement in one or more of the CPS. As a result, your county will be required to develop a Corrective Action Plan (CAP) that addresses these components and submit it to our office within 60 days of this letter.

The components that were identified under 90 percent are:

CPS Application Processing for General Applications – county's performance was %

CPS Application Processing for Disability Applications – county's performance was %

CPS Annual Redetermination (RV) Processing for Mailing RV packets – county's performance was %

CPS Annual RV Processing for Completion of RVs – county's performance was %

CPS Annual RV Processing for Issuance of Notice of Actions – county's performance was %

A sample copy of the format for the CAP, as well as the CAP guidelines, is included for your use in preparing the CAP. An electronic version is also available if you desire. I am available at your convenience to review the CAP guidelines and assist in the preparation of the CAP.

When completed, the CAP should be submitted to:

CAP Manager
County Performance Standards Monitoring Office
California Department of Health Care Services
Program Review Section/Medi-Cal Eligibility Branch
311 South Spring Street, Room 217
Los Angeles, California 90013

The CAP office will be monitoring the three-month county performance benchmarks after your plan has been reviewed and approved. In the meantime you may contact me directly at (phone) or by email at (email address). Please contact me at your convenience

Sincerely,

I. Executive Summary

The summary should be a concise outline as to the issues that the Corrective Action Plan (CAP) is concerned with and a brief description of the proposed county corrective action measures.

II. Introduction and Background

a. County Performance Standards (CPS) Report Findings

The county should provide an overview of the specific findings noted in the original CPS Self-Certification or California Department of Health Care Services (DHCS) report.

b. Specific Details of CPS Issue

The county should identify problem areas or issues which have adversely impacted the county from meeting the CPS.

c. County Steps to Implement Benchmarks

The county should identify the steps the county plans to implement benchmarks to correct the reason for the CAP.

III. CAP Details

a. Expected impact of county CAP

This section should reflect the county plan to achieve the required CPS for the specific performance monitoring area. That is, the report should be specific to one or more of the following: Application Processing – General and/or Disability Based; Annual Redetermination Processing; Eligibility Worker or Error Alerts; Bridging.

b. Planned date for implementation of CAP

The county shall submit a CAP within 60 days of notification by DHCS that a CAP is required. The implementation date should be no later than 60 days after the CAP submittal timeframe. DHCS will review the CAP and advise the county of approval prior to the planned implementation date.

c. Proposed remedial action steps for each noncompliance or issue identified in the CPS report.

This section should include a detailed description of each proposed remedial action steps that are planned for the CAP.

d. Final Milestone to achieve mandatory performance

The county should identify the final milestone and the date that the milestone is anticipated to be met.

IV. Conclusion and Summary

a. County commitment to implement CAP

The county shall summarize the major elements of the CAP in this section. Essentially, the county shall include a brief description of how the proposed remedial actions will be effective in resolving the identified problems or issues, outline the major milestones which the county will use to monitor the efficacy of the proposed remedial actions and the anticipated completion dates for the remedial actions.

b. Name and Phone Number of county liaison for the CAP

The name and phone number of the county staff person responsible for coordination of the CAP with DHCS should be included in this section.

This section should include a detailed description of each proposed remedial action steps that are planned for the CAP.

c. Advantages and benefits of the proposed remedial actions

The county must indicate the advantages and benefits of each of the proposed remedial actions to be taken. The benefits and advantages should be stated in terms of timeliness of actions taken and efficiency and effectiveness of the actions from the county and State perspective.

d. Three-Month Milestones to achieve mandatory performance

The county shall identify the three-month milestones based on the implementation date of the CAP. The county may not need the maximum of three-month intervals to complete the CAP.

V. Attachments

a. Statistical Data in support of the CAP

As appropriate, the county should include statistical data to support the CAP implementation.

b. Training Plans in support of the CAP

As appropriate, the county should include training plans if those plans are part of the CAP, whether the training will be one time or ongoing and the scheduled timeframes the training is proposed. The quarterly benchmarks reports should include training that has been conducted during that three-month period.

c. County Automated System Changes in support of the CAP

As appropriate, the county should include planned system change information to support the CAP.

d. Others

Other documents as deemed appropriate by the county.

COUNTY PERFORMANCE STANDARDS
CORRECTIVE ACTION PLAN MONITORING

This page is a listing of the forms that need to be included. These are in progress. Until the form is finalized this page will not be issued.

Letter - County notification of acceptance of CAP
Letter – County notification or nonreceipt of CAP
Letter – County notification of non-acceptance of CAP
Letter – County notification of three-month benchmark
Letter – County notification of CPS follow-up eligibility
Letter – County notification of compliance and successful completion of CAP