



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



ARNOLD SCHWARZENEGGER  
*Governor*

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 308

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

Subject: Article 25 – County Performance Standards

Enclosed are added pages for the new Article 25 – County Performance Standards.

**Filing Instructions**

Remove Pages:

Article 25 TOC 3

Article 25 G-1

Insert Pages

Article 25 TOC 3 – 4

Article 25 G-1 through G-14

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

**Original signed by Vivian Auble**

Vivian Auble, Chief  
Medi-Cal Eligibility Division

Enclosure

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## COUNTY PERFORMANCE STANDARDS

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**COUNTY PERFORMANCE STANDARDS**

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**CPS G – MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING**

**I. PERFORMANCE EVALUATIONS**

Performance evaluations for County Performance Standards (CPS) Medi-Cal to Healthy Families Bridging will be conducted by staff from the 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 Bridging Processing reviews.

**II. REVIEW GUIDELINES**

**A. COUNTY INCLUSION**

Counties will be included in these reviews based on any of these five factors:

1. Self-Certification.
2. Prior CPS Reviews
3. Corrective Action Plans (CAP)
4. Medi-Cal Eligibility Quality Control Performance
5. Possible random selection.

**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 the 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.

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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 Bridging processing checklist 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 result is below 90 percent, necessitating a CAP, the formal exit conference may be scheduled after issuance of the final report. A county may decline a formal exit based on its discretion.

**C. CASE SAMPLE**

The sample size for the Bridging Processing review has been set at 75 cases. At the sole discretion of DHCS, sample sizes 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 includes at least one Medi-Cal Only beneficiary with an annual Redetermination (RV) due in the month before the sample month resulting in a child's eligibility changing from a no share of cost (SOC) to a SOC in the sample month. A child, for the purposes of this component of CPS, is defined as a person under the age of 19 who is a citizen or alien with Satisfactory Immigration Status (SIS). Children without SIS are not to be included. A child who becomes 19 during the sample month will be excluded from the performance standards evaluation process as no referral to Healthy Families is made even though the child is entitled to the month of Bridging under aid code 7X for the sample month.

On receipt of the entire list, 100 cases (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 in anticipation of some potentially dropped cases.

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The sample month is based on the review schedule and the processing time frame for the review which allows five working days for each component of the Bridging performance requirements. For example, if the field work is to be conducted in August, the notification letter will be issued in June. Therefore, the sample month would normally be May.

**D. REVIEW METHODOLOGY**

The Bridging Performance Checklist will be used to document the review findings. The checklist 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 based on the specific situations that are identified in the county case and automated system based on the most recent state policy and procedures.

**E. PREPARING STATISTICS**

The statistics to be included for the county report will be automatically generated from the Bridging Processing checklist. 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 but will be reported to the county.

**F. REVIEW DOCUMENTS AND FORMS**

1. **Project Plan** – this document is used to present the Bridging Processing review to the county selected for inclusion in this project, when requested.
2. **Entrance Letter** – formal notification letters to be sent to the CWD director that outlines the purpose of the review and whether the review is new for the review year, or the result of a follow-up review because of a CAP from the prior year.
3. **Confirmation letter** – a formal confirmation letter to be sent to the CWD director that confirms the purpose of the review when requested by the CWD. This action may be completed via an email.
4. **Report** – this document is a report of the findings of the review.

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5. **Director's Letter** – this document is a cover letter to be used when transmitting the report to the county.
6. **Medi-Cal to Healthy Families Bridging CPS checklist** – data collection worksheet used to conduct the review.

**CPS PROPOSED PROJECT PLAN**

**PROPOSAL**

Name County has been selected to be evaluated for a Medi-Cal to Healthy Families Bridging Performance 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 instructions for CPS Bridging are contained in All County Welfare Directors Letter No. 07-09, 07-03, 03-01, 01-57, and 99-06.

**STUDY METHODOLOGY**

As part of this study, PRS will review 75 randomly selected cases that included at least one citizen/SIS child under the age of 19 years who were determined to move from zero SOC to SOC in the sample month based on completion of an annual RV in the month prior to the sample month. The review will be completed during the month of Month Year and will be representative of all cases.

**STUDY DOCUMENT**

The Medi-Cal to Healthy Families Bridging CPS Checklist will be used to collect the data necessary to perform the CPS evaluation. DHCS will study only 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 to Healthy Families Bridging for these children by the fifth working day:

- Issuance of a notice to the family informing of the Healthy Families Program (HFP).
- Issuance of a request to the family requesting consent for a referral of annual RV forms to HFP.
- Referral of annual RV forms to HFP when consent has been given.

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## **COUNTY PERFORMANCE STANDARDS MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING**

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### **REVIEW CONCEPTS**

The purpose of the Bridging Processing Review is to determine the timeliness of the county's evaluation of Bridging Processing compliance for all children meeting the requirements of Bridging under these performance criteria. To effectively evaluate that performance, the review will include:

- A review of the annual RV to determine the accuracy of the child's change of eligibility from zero SOC to SOC.
- 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 timeliness for processing Medi-Cal to HFP Bridging.
- A review of the county's timeliness of issuance of benefits under aid code 7X for the first month that the child lost no SOC Medi-Cal.
- A review of the county's timeliness of issuance of a notice of action that explains the change from zero SOC to SOC.
- A review of the county's timeliness of issuance of a request to the family requesting consent or notification of referral and actual referral of the annual RV forms to the HFP. This informing information can be included on the change in SOC notice listed above.
- A review of the county's timeliness of referral of the annual RV forms to HFP when consent has been received from the family.

### **REVIEW PROCESS**

When completing the Bridging 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.
- The final report will include Best Practices documents as approved by the review county.
- The final report will include information related to the CAP process when the county's performance is less than 90 percent.



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**COUNTY PERFORMANCE STANDARDS  
MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING**

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**BRIDGING 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, for reviews other than CAP follow-up reviews.

As part of the County Performance Standards (CPS) Monitoring activity, the Program Review Section of the 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 Bridging Processing. Pursuant to Welfare and Institution Code Section 14154, as implemented in All County Welfare Director's Letter (ACWDL) 07-03 dated February 2, 2007, and ACWDL 07-09 dated May 14, 2007, 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 to 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. A draft report will be issued shortly after.

We are requesting that Name County provide us with a list that includes all cases with at least one child who meets the requirements for inclusion in the Medi-Cal to Healthy Families Bridging program for the month of Month Year. This includes children under the age of 19 who lose their zero share of cost (SOC) Medi-Cal during the annual redetermination evaluation and move to SOC for the first month of the new 12-month Continued Eligibility Coverage period. The list will be reviewed and a random sample of cases will be selected. 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 and Medi-Cal Eligibility Data System (MEDS).

We will also need access and authorization for our staff to complete inquiries on your county automated systems 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 and Name. Name will have LEAD responsibility for the review and will be available at 999-999-9999 or via email at [name@dhcs.ca.gov](mailto:name@dhcs.ca.gov).

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](mailto:name@dhcs.ca.gov).

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**COUNTY PERFORMANCE STANDARDS  
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The following text format will be inserted in the appropriate state letterhead and issued to the county to initiate the review process for CAP follow-up reviews as a result of performance standard reviews.

Name County was evaluated under the County Performance Standards (CPS) Bridging Monitoring Process. This review was pursuant to Welfare and Institution Code Section 14154, as implemented in All County Welfare Director's Letter (ACWDL) 07-03 dated February 2, 2007, and ACWDL 07-09 dated May 14, 2007.

Based on our initial independent evaluation conducted on Month Day, Year, (date of CPS review that resulted in finding of Corrective Action Plan (CAP), it was determined that Name County's performance was below the 90 percent processing requirement. Name County's performance was # percent. As a result, your county was required to submit a CAP that addressed the performance noted above and your county was also required to submit quarterly monitoring reports during the 12 months of the CAP period.

As part of CPS monitoring, we plan to conduct a follow-up review of the Medi-Cal to Healthy Families Bridging Processing beginning Month, Day to Day, Year for the onsite review. An entrance conference will 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. A draft report will be issued shortly after.

We are requesting that Name County provide us with a list that includes all cases with at least one child who meets the requirements for inclusion in the Medi-Cal to Healthy Families Bridging program for the month of Month Year. This includes children under the age of 19 who lose their zero share of cost (SOC) Medi-Cal during the annual redetermination evaluation and move to SOC for the first month of the new 12-month Continued Eligibility Coverage period. The list will be reviewed and a random sample of cases will be selected. 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 and Medi-Cal Eligibility Data System (MEDS).

We will also need access and authorization for our staff to complete inquiries on your county automated systems and MEDS during the onsite. If you require confidentiality agreements signed in advance, please let me know. The Department of Health Care Services staff who will be participating in this review are Name and Name. Name will have LEAD responsibility for the review and will be available at 999-999-9999 or via email at [name@dhcs.ca.gov](mailto:name@dhcs.ca.gov).

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](mailto:name@dhcs.ca.gov).

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**COUNTY PERFORMANCE STANDARDS  
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The following text format will be inserted in the appropriate state letterhead and issued to the county to initiate the review process for CAP follow-up reviews as a result of self-certification below the mandatory 90 percent requirements.

Pursuant to Welfare and Institution Code Section 14154, as implemented in All County Welfare Director's Letter (ACWDL) 07-03 dated February 2, 2007, and ACWDL 07-09 dated May 14, 2007, Name County submitted a Self Certification report for the Medi-Cal to Healthy Families Bridging Processing function of the County Performance Standard (CPS) Monitoring on Date.

Based on our evaluation of that self certification, it was determined that Name County's performance was below the 90 percent processing requirement. Name County's performance was # percent. As a result, your county was required to submit a Corrective Action Plan (CAP) that addressed the performance noted above and your county was also required to submit quarterly monitoring reports during the 12 months of the CAP period.

As part of CPS monitoring, we plan to conduct a follow-up review of the Medi-Cal to Healthy Families Bridging Processing beginning Month, Day to Day, Year for the onsite review. An entrance conference will 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. A draft report will be issued shortly after.

We are requesting that Name County provide us with a list that includes all cases with at least one child who meets the requirements for inclusion in the Medi-Cal to Healthy Families Bridging program for the month of Month Year. This includes children under the age of 19 who lose their zero share of cost (SOC) Medi-Cal during the annual redetermination evaluation and move to SOC for the first month of the new 12-month Continued Eligibility Coverage period. The list will be reviewed and a random sample of cases will be selected. 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 and Medi-Cal Eligibility Data System (MEDS).

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

The Department Health Care Services staff who will be participating in this review are Name and Name. Name will have LEAD responsibility for the review and will be available at 999-999-9999 or via email at [name@dhcs.ca.gov](mailto:name@dhcs.ca.gov). 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](mailto:name@dhcs.ca.gov).

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The following text format will be inserted in the appropriate state letterhead and issued to the county to confirm the planned review.

At Name County's request, this letter confirms the criteria that were outlined in the formal letter that was issued on Month Day, Year, advising Name County of the planned review of County Performance Standards (CPS) for Medi-Cal to Healthy Families Bridging Processing.

We have scheduled the review for Month Day-Day, Year and plan to complete the field work on the last day. (Enter one of the following sentences. (1) At your request, an entrance conference will be held on the first day of the onsite review. (2) You have confirmed that an entrance conference will not be required). We will meet with you and designated staff at the conclusion of the onsite review to share initial findings and problem case issues. A draft report will be issued shortly after.

We have selected a random sample of 100 cases which meet the criteria for Medi-Cal to Healthy Families Bridging processing from the original list that you provided. That list is included for your use in preparing the cases for the onsite review. We will review a maximum of 75 cases for CPS purposes.

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

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.

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**COUNTY PERFORMANCE STANDARDS  
MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING**

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<b>PROGRAM REVIEW SECTION MEDI-CAL TO HEALTHY FAMILIES BRIDGING REVIEW FOR NAME COUNTY</b>
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<b>EXECUTIVE SUMMARY</b>
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California Department of Health Care Services (DHCS) staff conducted a County Performance Standards (CPS) Medi-Cal to Healthy Families Bridging Processing Review on Month Day, Year. The review was performed in Name County. The purpose of this review was to determine the effectiveness of Name County bridging processing compliance for Medi-Cal recipient children pursuant to Welfare and Institutions Code Section 14154.

- Number of All Completed Reviews #
- Number of Cases in which a determination was made that the share of cost (SOC) determination was incorrect and the child should have remained in a zero SOC program #
- Number of cases for which a Medi-Cal to Healthy Families Bridging Program Evaluation was required #

For all cases requiring a Medi-Cal to Healthy Families Bridging Program action, the following findings apply:

- Number of All Correct Cases for which a Notice informing of a referral to Healthy Families was completed # (# %)
- Number of All Correct Cases for which the Annual Redetermination (RV) Forms were not mailed to Healthy Families # (# %)
- Number of All Correct Cases for which a Notice requesting Consent/permission to forward the Annual RV forms to Healthy Families # (# %)

Detail on how the percentages were determined is provided on the following pages.

Name County did (did not) meet the 90 percent CPS requirements for processing Medi-Cal to Healthy Families Bridging. Name County's performance was # percent which meets (does not meet) the 90 percent standard. Based on these findings, NAME County will (will not) be required to complete a Corrective Action Plan (CAP) for Medi-Cal to Healthy Families Bridging Processing. (NAME county will be contacted in the immediate future to begin action on the County CAP).

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**COUNTY PERFORMANCE STANDARDS  
MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING**

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**BACKGROUND**

DHCS staff completed a CPS Medi-Cal to Healthy Families Bridging Processing Review in Name County, on Month Day, Year. A review was completed on # cases with at least one child who was determined to have lost Medi-Cal benefits without a SOC during the annual RV process, but who continued to be eligible to Medi-Cal with a SOC for the following month.

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) cases.
- A review of Name County case information as documented in the case record and county automated systems.
- A review of the State Medi-Cal Eligibility Data System (MEDS).
- A review of the county's internal process for monitoring the five-day timeliness for the steps within the Medi-Cal to Healthy Families Bridging processing.
- A determination of the county's compliance with the five-day timeliness for the steps within the Medi-Cal to Healthy Families Bridging processing.
- Findings of the review will be used in the verification of compliance with CPS, determination of whether a CAP is required

**ONSITE REVIEW**

The onsite review was conducted on Month Day, Year. A desk review was completed on the # of cases in the random sample of all cases which included at least one MCO beneficiary with an annual RV due in the month before the sample month resulting in a child's eligibility changing from a no SOC to a SOC in the sample month. A child, for the purposes of this component of CPS, is defined as a person under the age of 19 who is a citizen or alien with Satisfactory Immigration Status (SIS). Children without SIS are not to be included. A child who becomes 19 during the sample month will be excluded from the performance standards evaluation process as no referral to Healthy Families is made even though the child is entitled to the month of Bridging under aid code 7X for the sample month. This review is limited to children moving to aid code 37 or 83 for the sample month from any no SOC Medi-Cal program.

The Program Review Section (PRS) staff reviewed ## cases that were in the review sample. Of the total ## cases, # cases were considered to have erroneous SOC changes and were not considered in the county's performance evaluation. However, the county was provided with a list of those cases and the children impacted and have been instructed to expedite corrections so that the child(ren) receives the correct level of Medi-Cal benefits for the months in error.

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**COUNTY PERFORMANCE STANDARDS  
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Of the remaining cases in the sample, ## cases were included for review. Based on the criteria identified in the Welfare and Institutions Code 14154 we determined the following based on the criteria of timelines for Bridging processing:

Of the total number of cases (ZZ) found not to have consent at the time of the annual RV:

- Number of Cases without a request to the family requesting consent for a referral to HFP within five working days #

Of the total number of cases (YY) found to have consent at the time of the annual redetermination or for which the CWD obtained consent as a result of a response for consent:

- Number of Cases with issuance of a notice within five working days informing that the annual RV forms will be forwarded to Healthy Families # (%)
- Number of Cases with Referral within five working days to Healthy Families for an evaluation of eligibility # (%)

As a result, there were a total ## cases for which the county did not meet the timeliness criteria of Medi-Cal to Healthy Families Bridging in one/two/all areas.

Based on these findings, PRS has determined that NAME County did not meet the criteria for (1) Request for consent for referral to Healthy Families; (2) Notice of referral to Healthy Families; (3) Referral to Healthy Families. (Include any factors for those cases not processed timely.

When it is identified that Aid Code 7X benefits or SOC Notices of Action (NOA) are problematic, the following wording will be inserted. If there are no cases that have this problem this paragraph will not be included.

Although not included in the scope of this evaluation, it should also be noted that there were # cases for which benefits under aid code 7X were not correctly established on the state MEDS system. In addition, we were unable to find timely NOAs for ## cases when the child's benefits were changed to SOC. That information was provided to the county on the CPS Checklist and Name County has taken corrective action for all cases.

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

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**COUNTY PERFORMANCE STANDARDS  
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**SUMMARY/CONCLUSIONS/RECOMMENDATIONS**

Based on the DHCS review, Name County met/did not meet the performance criteria for Medi-Cal to Healthy Families Bridging Processing. The county's performance for completion of overall timeliness was ## percent.

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

The CPS Review for Medi-Cal to Healthy Families Bridging 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 Name. This enabled the review to run smoothly and without delays.

**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 Medi-Cal to Healthy Families Bridging processing.

(Add the following if a CAP is required.

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**

PRS Medi-Cal to Healthy Families Bridging CPS Checklist



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**COUNTY PERFORMANCE STANDARDS  
MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING**

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**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 Medi-Cal to Healthy Families Bridging Processing report.

Dear Mr./Ms.(Director)

The Department of Health Care Services recently completed a Medi-Cal to Healthy Families Bridging Processing Review of the County Performance Standards specified in Section 14154 of the Welfare and Institutions Code in Name County on Month Day, Year. Enclosed you will find a copy of the final report for this review. We have discussed these findings with 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 appropriate cooperation of Name County staff in the completion of this County Performance processing review. If you wish to discuss the findings of the review please contact either Name at phone number or myself at phone number. If you or staff wishes, we will also arrange a conference at a convenient date and time.

(Wording related to Corrective Action Plan will be inserted when appropriate)