



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



ARNOLD SCHWARZENEGGER
Governor

April 21, 2008

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.:309

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

Subject: Article 25 – County Performance Standards

Enclosed are revisions to procedures used to conduct County Performance Standards (CPS) reviews. A new Section Article 25A-II is being added to provide the guidelines for the Self-Certifications for Medi-Cal to Healthy Families Bridging. Article 25C has been updated to provide the correct wording for the regulations as contained in Welfare and Institutions Code. The prior version had language included with the previous All County Welfare Director Letters. Article 25D has been revised to reflect the change to a single sample rather than a separate sample for disability-based applications. Article 25G15 has been added to provide a copy of the Bridging Worksheet that will be used by Program Review Staff. Article 25H has been modified to include reference to the Medi-Cal to Healthy Families Bridging component of CPS.

Filing Instructions

Remove Pages:

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If you have any questions, please contact Mr. Jose Morales of my staff at (213) 897-0980.

Original signed by Vivian Auble

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosure

COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING

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.

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

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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

Beginning January 1, 2008, the sample size for the Application Processing review has been set at 75 applications. 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 general application sample will be obtained directly from MEDS. The 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 100 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

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dropped cases for any number of reasons.

The sample month for the Application Processing review is based on the review schedule and the processing timeframes for both the general and disability-based applications. The sample month should allow for 90 days 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 January or February based on the 90th day ending by April 30.

D. SELECTING THE SAMPLE FOR THE 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.

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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 SPE 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.

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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 Letters** –a 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 Corrective Action Plan 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.
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

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As part of the study, PRS will review a sample of 75 randomly selected cases to include applications received by the county during Month YEAR. Both approvals and denials will be reviewed. The sample will be obtained from MEDS. 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:

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- 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.

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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, for reviews other than Corrective Action Plan follow-up reviews.

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.

The Applications sample will be obtained from Medi-Cal Eligibility Data System (MEDS). We will normally provide your county liaison with a list of cases at least three weeks prior to our onsite review that includes the cases that will be evaluated. The cases will be randomly-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.

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.

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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 Application Processing function of the County Performance Standards (CPS) Monitoring. This review was pursuant to Senate Bill X126 Chapter 9, Statutes of 2003, 1st Extraordinary Session, as noted in All County Welfare Director's Letter 05-22E dated November 2, 2005.

Based on our initial independent evaluation conducted on Month Day, Year (date of CPS review that resulted in finding of 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 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 Application Processing beginning Month Day through Month Day, Year. An entrance conference will be scheduled on the first day of the onsite review. We will also meet with you and/or 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 will be obtaining a sample from our state Medi-Cal Eligibility Data System (MEDS). The cases on that sample will be selected at random from applications reported to the State Application Tracking database for the month of Month/Year. The sample list will be provided to Name County three weeks prior to the onsite review. This review is independent of the regular quality control accuracy rate. The reviews are limited to a desk review that will include the case information in the case record, MEDS and the county automated/imagery systems.

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

Name has the lead assignment for this follow up review. You may contact name directly at (999) 999-9999 or via email at name@dhcs.ca.gov. You may also contact me at (999) 999-9999 or via email at name@dhcs.ca.gov. Please feel free to contact us at your convenience.

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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 Senate Bill X126 Chapter 9, Statutes of 2003, 1st Extraordinary Session, as noted in All County Welfare Director's Letter 05-22E dated November 2, 2005, Name County submitted a Self Certification report for the Annual Application 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 Application Processing beginning Month Day through Month Day, Year. An entrance conference will be scheduled on the first day of the onsite review. We will also meet with you and/or 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 will be obtaining a sample from our state Medi-Cal Eligibility Data System (MEDS). The cases on that sample will be selected at random from applications reported to the State Application Tracking database for the month of Month/Year. The sample list will be provided to Name County three weeks prior to the onsite review. This review is independent of the regular quality control accuracy rate. The reviews are limited to a desk review that will include the case information in the case record, MEDS and the county automated/imagery systems.

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

Name has the lead assignment for this follow up review. You may contact name directly at (999) 999-9999 or via email at name@dhcs.ca.gov. You may also contact me at (999) 999-9999 or via email at name@dhcs.ca.gov. Please feel free to contact us at your convenience.

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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 was outlined in the formal letter that was issued on Month Day, Year, advising Name County of the planned review of County Processing Standards for Application 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 Application processing. That list is included for your use in preparing the cases for the onsite review. We will review a maximum of 75 cases for County Performance Standards purposes.

As previously indicated, we will 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.

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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APPLICATION PROCESSING**

**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 Applications without applicant errors or state delays, the following compliance with the 45/90-day timeliness criteria applied:

Total All Applications Without Applicant Errors Or State Delays	#	
Total of All Applications processed timely	#	(percent)
Number of General Applications processed timely	#	(percent)
Number of Disability-Based Application processed timely	#	

NAME County did (did not) meet the 90 percent CPS for processing applications. 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 Application Processing. (NAME County will be contacted in the immediate future to begin action on the County CAP.)

COUNTY PERFORMANCE STANDARDS APPLICATION PROCESSING

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) Applications.
- 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 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 that were in the review samples. Of the total ## cases, # cases were considered to have applicant errors or state delays and were not considered in the county's performance evaluation.

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Those applicant errors/state delays were substantiated in the case record or the county automated system. Of the remaining # of applications included for this review, the following information was obtained.

Number of All Application cases reviewed	#	
Number of all application cases processed timely	#	percent
Number of General application cases	#	
Number of Disability-based application cases	#	
Number of all application cases not processed timely	#	percent
Number of General application cases	#	
Number of Disability-based application cases	#	

Based on these findings, PRS has determined that NAME County did (did not) process 90 percent of the applications within the mandated timeframes. *(Include any factors for those cases not processed timely.)*

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 the performance criteria for application processing. The county's performance for completion of timely applications was % which is below/at/above the required 90 percent. *(Include any observations or responses from the county that would help to offset any deficiencies.)*

The CPS 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.

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.*

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CORRECTIVE ACTION PLAN (CAP)

Based on these findings, Name County will/*will not* be required to submit a CAP for performance of 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

**COUNTY PERFORMANCE STANDARDS
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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 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.

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*. If you wish, we will arrange a conference at a convenient date and time.

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

Sincerely,

Chief
Insert Area Program Review Region
Program Review Section

Enclosure

**COUNTY PERFORMANCE STANDARDS
APPLICATION PROCESSING**

APPLICATON PROCESSING WORKSHEET

**COUNTY PERFORMANCE STANDARDS
WELFARE AND INSTITUTIONS CODE**

CPS C - WELFARE AND INSTITUTIONS CODE SECTION 14154 and 14154.5

14154. (a) The department 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 the department 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 (Medi-Cal) 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, the department shall not allocate state funds to cover county cost overruns that result from county failure to meet requirements of the plan. The department and the State Department of Social Services 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 the department in a manner that would violate Section 14100.1, and thereby jeopardize federal financial under the Medi-Cal program.
- (c) The Legislature finds and declares that in order for counties to do the work that is expected of them, it is necessary that they receive adequate funding, including adjustments for reasonable annual cost-of-doing business increases. The Legislature further finds and declares that linking appropriate funding for county Medi-Cal administrative operations, including annual cost-of-doing-business adjustments, with performance standards will give counties the incentive to meet the performance standards and enable them to continue to do the work they do on behalf of the state. It is therefore the Legislature's intent to provide appropriate funding to the counties for the effective administration of the Medi-Cal program at the local level to ensure that counties can reasonably meet the purposes of the performance measures as contained in this section.

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- (d) The department 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 the department becomes aware of accuracy problems in any county, the department 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 the department 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) Ninety percent of the general applications without applicant errors and are complete shall be completed within 45 days.
 - (B) Ninety percent of the applications for Medi-Cal based on disability shall be completed within 90 days, excluding delays by the state.
 - (2)
 - (A) The department 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. The department, 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, the department 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, the department 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) Ninety percent of the annual RV forms shall be mailed to the recipient

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by the anniversary date.

- (B) 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.
- (C) 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 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 to a share of cost 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) Ninety percent of the families of these children shall be sent a notice informing them of the Healthy Families Program within five working days from the determination of a share of cost.
 - (II) Ninety percent of all annual RV forms for these children shall be sent to the Healthy Families Program within five working days from the determination of a share of cost if the parent has given consent to send this information to the Healthy Families Program.
 - (III) Ninety 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 Healthy Families Program shall be sent a request, within five working days of the determination of a share of cost to consent to send the information to the Healthy Families Program.
- (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 redetermination forms are revised to allow the parent of a child to consent to forward the child's information to the Healthy Families Program.

(e) The department shall develop procedures in collaboration with the counties and

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stakeholder groups for determining county review cycles, sampling methodology and procedures, and data reporting.

- (f) On January 1 of each year, each applicable county, as determined by the department, shall report to the department on the county's results in meeting the performance standards specified in this section. The report shall be subject to verification by the department. County reports shall be provided to the public upon written request.
- (g) If the department 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 corrective action plan to the department for approval. The corrective action plan 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.
- (h) If a county does not meet the performance standards for completing eligibility determinations and redeterminations as specified in this section, the department may, at its sole discretion, reduce the allocation of funds to that county in the following year by 2 percent. Any funds so reduced may be restored by the department if, in the determination of the department, sufficient improvement has been made by the county in meeting the performance standards during the year for which the funds were reduced. If the county continues not to meet the performance standards, the department may reduce the allocation by an additional 2 percent for each year thereafter in which sufficient improvement has not been made to meet the performance standards.
- (j) The department shall develop procedures, in collaboration with the counties and stakeholders, for developing instructions for the performance standards established under subparagraph (D) of paragraph (3) of subdivision (c), no later than September 1, 2005.
- (j) No later than September 1, 2005, the department shall issue a revised annual redetermination form to allow a parent to indicate parental consent to forward the annual redetermination form to the Healthy Families Program if the child is determined to have a share of cost.
- (k) The department, in coordination with the Managed Risk Medical Insurance Board, shall streamline the method of providing the Healthy Families Program 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.

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14154.5.

- (a) Each county shall work on a routine basis any error alert from the department's Medi-Cal Eligibility Data System (MEDS). Any alert that affects eligibility or the share of cost that is received by the 10th working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Any alert that affects eligibility or share of cost that is received after the 10th 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. The department shall consult with the County Welfare Directors Association to define those alerts that affect eligibility of the share of cost.
- (b) The county shall submit reconciliation files of its Medi-Cal eligible population to the department every three months, based upon a schedule determined by the department, in a format prescribed by the department to identify any discrepancies between eligibility files in the county records and eligibility as reflected in MEDS. Counties shall 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 the department that identify these cases, and the county shall fix any data discrepancies. Any worker alert received by the 10th working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Any worker alert received after the 10th 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) The department 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) (1) If the department finds that a county is not performing all of the following activities, the county shall, within 60 days, submit a corrective action plan to the department for approval.
 - (A) Conducting reconciliations as required in subdivision (b).

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- (B) Processing 95 percent of worker alerts as referred to in (c) and (d) within the timeframes specified,
 - (C) Processing 90 percent of the error alerts as referred to in subdivision (a) that affect eligibility or the share of cost, within the timeframes specified,
- (2) The corrective action plan, 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 sanctions.
- (g) If the county does not meet the interim benchmarks for improvement standards, the department may, in its sole discretion, reduce the allocation of funds to that county in the following year by 2 percent. Any funds so reduced may be restored by the department if, in the determination of the department, sufficient improvement has been made by the county in meeting the performance standards during the year for which the funds were reduced.
 - (h) The department 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 the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret or make specific this section by means of all county letters, provider bulletins, or similar instructions. Thereafter, the department 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.

COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

II. BRIDGING

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 Bridging County Performance Standards (CPS). These procedures establish county review cycles, sampling methodologies and procedures, and data reporting requirements. Beginning November 30, 2007, the 25 counties with the largest Medi-Cal population are required to submit a Report to the DHCS on the county's results in meeting the CPS for Medi-Cal to Healthy Families Bridging. Beginning January 1, 2009, counties will be required to submit a self-certification every year. The next self-certification will be due January 1, 2009.

B. SAMPLING METHODOLOGY AND PROCEDURES

The sample month for the November 30, 2007, report has been established as August 2007. The sample month of August 2007 means that any child who has a redetermination (RV) in August that would result in a share of cost (SOC) for September 2007 is to be reviewed to determine whether the three performance standards have been met. The five working days could overlap months. The sample will include the universe of affected cases as identified by the county or a State- determined sample of cases.

For the next performance reports due in January 2009 and every January after that, each reporting county must select either September or October of that prior year as the review month. Counties must select the sample month in order to be able to submit the Report by January 1 of the report year.

The enacting state legislation for performance standards only addressed children who change from no SOC to SOC. These Bridging performance standards will only measure that specific situation. Other situations requiring Bridging will not be included in the performance standards. For example, children who are eligible for Bridging and reported in aid code 7X but who are ineligible for Bridging and reported in aid code 7X but who are ineligible for Medi-Cal due to excess property are not included in the Bridging performance standards process. Children who are made eligible for Bridging in a prior period will also not be included in performance standards.

C. DATA REPORTING

COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

A sample format of the Self-Certification Report is contained in the Forms section of this procedure.

D. DEFINITIONS

For purposes of these instructions the following definitions are provided.

Date of the SOC determination: For counties that have a data system that determines the SOC eligibility, use the date the county's data system determines the SOC. For counties that do not have a data system that determines the SOC, use the date that the SOC eligibility is entered into the county system.

If the parent has given consent to send this information to the Healthy Family Program: Consent is given if the parent, caretaker relative, legal guardian, or any other individual who is allowed to sign the Medi-Cal application, has had an opportunity on the most recent application or reapplication to indicate that he/she wants to give consent and he/she checks that box and otherwise indicates on the form that consent is being granted.

E. FORMS

1. SELF-CERTIFICATION FOR BRIDGING

**PERFORMANCE STANDARDS
REPORT ON BRIDGING PERFORMANCE STANDARDS**

County: _____

This report is for the Bridging Month of: _____

PERFORMANCE STANDARD 1

Ninety Percent of the families of children qualifying for the Bridging Program shall be sent a notice informing them of the Healthy Families Program within five working days from the determination of an SOC.

1. The number of children subject to performance standards who moved from full scope, no

SOC Medi-Cal eligibility to SOC eligibility in the Bridging month is: _____

2. The number of children from step 1 whose family income is at or below the HFP income

COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

standard is: _____

3. The number of children from step 2 who have satisfactory immigration status or are citizens is: _____
4. All children in the same Medi-Cal Family Budget Unit are considered to be one family. The number of families the remaining children from step 3 belong to is: _____
5. The number of families from step 4 who were sent at least one notice informing them of the HFP within five working days of the SOC determination is: _____
6. Divide the number in step 5 by the number in step 4 and convert to a percent (to one decimal): _____

PERFORMANCE STANDARD 2

Ninety Percent of all annual RV forms for these children shall be sent to HFP within five days from the determination of an SOC if the parent has given consent to send this information to the HFP.

1. The number of children subject to performance standards who moved from full scope, no SOC Medi-Cal eligibility to SOC eligibility in the Bridging month is: _____
2. The number of children in step 1 whose family income is at or below the HFP income standard is: _____
3. The number of children in step 2 who have satisfactory immigration status or are citizens is: _____
4. The number of children in step 3 for whom consent was given is: _____
5. The number of children from step 4 whose applications were sent to the HFP within five working days of the SOC determination is: _____
6. Divide the number of remaining children in step 5 by the number in step 4 and convert to a percent (to one decimal point): _____

COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

PERFORMANCE STANDARD 3

Ninety Percent of the families of children placed in the Medi-Cal to HF Bridging 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 an SOC, to consent to send the information to the HFP.

1. The number of children subject to performance standards who moved from full scope, no
SOC Medi-Cal eligibility to SOC eligibility in the Bridging month is: _____
2. The number of children from step 1 whose family income is at or below the HFP income
standard is: _____
3. The number of children from step 2 who have satisfactory immigration status or are
citizens is: _____
4. The number of children from step 3 for whom consent was not given is: _____
5. All children in the same Medi-Cal Family Budget Unit are considered to be one family.
The number of families children from step 4 belong to is: _____
6. The number of these families from step 5 who received at least one request to give
consent to share their child's/children's case information with the HFP within five days
of the SOC determination is: _____
7. Divide the number in step 6 by the number in step 5 and convert to a percent (to one
decimal point): _____

COUNTY PERFORMANCE STANDARDS

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COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING

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 Division. 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 Redeterminations, Medi-Cal to Healthy Families Bridging and EW Worker and Error Alerts will be required to submit a CAP to document how the county will bring performance to the established benchmarks.

COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING

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 performance standards, 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 fund 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 II 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 the Application Processing Performance Standards.
- County submits a self-certification report of performance of less than 90 percent for the Annual Redetermination Performance Standards.
- County submits a self-certification report of performance of less than 90 percent for the Medi-Cal to Healthy Families Bridging Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for the Application Processing Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for the Annual Redetermination Performance Standards.

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- PRS completes a review and determines a county performance of less than 90 percent for the Medi-Cal to Healthy Families Bridging Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for the MEDS EW Error Alert Performance Standards.
- PRS completes a review and determines a county performance of less than 95 percent for the MEDS EW Worker Alert Performance Standards.

Exception to CAP requirement if performance is less than 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

Corrective Action Plan (CAP) Notifications

When one or more of the situations listed occurs, a corrective action plan 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.

COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING

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 PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING

- 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.

**COUNTY PERFORMANCE STANDARDS
CORRECTIVE ACTION PLAN MONITORING**

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 DHCS.

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 DHCS 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 DHCS 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)

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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 90/95 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 CPS Processing component(s) that was (were) identified under 90 (95) percent are:

Application Processing:

General Applications – performance was %

Disability Applications – performance was %

Annual Redetermination Processing:

Mailing RV packets – performance was %

Completion of RVs – performance was %

Issuance of Notice of Actions – performance was %

Medi-Cal to Healthy Families Bridging Processing:

Notices advising of Referral to Healthy Families – performance was %

Forwarding RV packets to Healthy Families – performance was %

Requesting consent for Healthy Families Referral – 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.

**COUNTY PERFORMANCE STANDARDS
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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 Division
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,

**COUNTY PERFORMANCE STANDARDS
CORRECTIVE ACTION PLAN MONITORING**

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.

**COUNTY PERFORMANCE STANDARDS
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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.

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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.

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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.