



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



ARNOLD SCHWARZENEGGER  
Governor

December 30, 2008

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 311

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:**

Pages 25 A-1-1 thru 25 A-1-6

Pages 25 A-2-1 thru 25 A-2-4

**Insert Pages**

Pages 25 A-1-1 thru 25 A-1-7

Pages 25 A-2-1 thru 25 A-2-5

If you have any questions, please contact Mr. Jose Morales of my staff at (213) 897-0890

**Original signed by Vivian Auble**

Vivian Auble, Chief  
Medi-Cal Eligibility Division

Enclosure

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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### CPS A – SELF-CERTIFICATION REPORTS

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

#### I. ELIGIBILITY DETERMINATIONS AND ANNUAL REDETERMINATIONS (RV)

##### A. INTRODUCTION AND BACKGROUND

The California Department of Health Care Services (DHCS), in collaboration with counties and stakeholders, developed procedures to be used in order to implement the CPS. These procedures establish county review cycles, sampling methodologies and procedures, and data reporting requirements. Beginning January 1, 2004, the 25 counties with the largest Medi-Cal population were required to submit a Report to the DHCS on the county's results in meeting the CPS for eligibility determinations and annual RVs. Beginning January 1, 2004, counties were required to submit a self-certification for eligibility determinations and annual RVs every two years. The next self-certification will be due in January, 2010.

##### B. SAMPLING METHODOLOGY AND PROCEDURES

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

Counties are expected to review and include 100% of all cases identified in

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in the universe for the Application and Redetermination self-certification month for completion of the Self-Certification reports.

For purposes of submitting CPS self-certification supportive documentation, counties can use the whole universe of cases, or, counties can use a sub sample. When the universe of cases for the CPS process is less than 1,000, the sample size to be included in the self-certification should be the actual number up to 50 cases. When the universe of cases is 1,000 to 4,999, the sample size should be 100 cases. When the universe of cases is 5,000 or more, the sample size should be 200 cases.

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

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

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

### **C. AID CODES**

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

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

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group. As additional aid codes are added this list will be expanded:

02, 13, 14, 16, 17, 1H, 1U, 23, 24, 26, 27, 34, 36, 37, 3N, 3V, 44, 47, 48, 53, 55, 58, 5F, 63, 64, 66, 67, 69, 6A, 6G, 6H, 6U, 6V, 6W, 6Y, 71, 72, 74, 7A, 7C, 7H, 80, 82, 83, 86, 87, 8A, 8C, 8D, 8G, 8N, 8P, 8R, 8T, 9N, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E1.

### D. DATA REPORTING

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

The report should be submitted with a cover letter on CWD letterhead signed by the CWD director or designee. The report format has been revised to include a section to identify the primary county contact responsible for the self-certification report. In addition, the county must submit data documentation to substantiate any self-certification of 90% or more. Certifications of less than 90% do not require data documentation support. The report should be sent to the following addressee:

Application and Redetermination – Self Certification  
California Department of Health Care Services  
Medi-Cal Eligibility Division/Policy Development Branch  
P.O. Box 997417  
Sacramento, CA 95899-7417

### E. DEFINITIONS

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

**Delay caused by the State** - the agency cannot reach a decision within 90 days because the applicant or an examining physician delays or fails to

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take a required action or the California Department of Social Services fails to make a determination of disability within the 90 days.

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

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

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

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

### F. FORMS

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

**PERFORMANCE STANDARDS  
REPORT ON PERFORMANCE  
APPLICATIONS AND ANNUAL REDETERMINATIONS**

COUNTY NAME(NUMBER) \_\_\_\_\_ ( )

COUNTY CONTACT \_\_\_\_\_

COUNTY CONTACT ADDRESS \_\_\_\_\_

COUNTY CONTACT PHONE NUMBER \_\_\_\_\_

COUNTY CONTACT EMAIL ADDRESS \_\_\_\_\_

#### SECTION I: GENERAL

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

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- 2) Name the month selected for retrospective or prospective analysis for eligibility determinations. \_\_\_\_\_
- 3) Identify the total number of cases used to determine the sample for the self-certification report. Total applications \_\_\_\_\_ Total redeterminations \_\_\_\_\_
- 4) Will the county change automated systems that will affect the sample month or sample methodology in the future? \_\_\_\_\_

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

- 5) For retrospective eligibility determinations – non-disability:
  - a) Number of non-disability applications in the sample completed in the report month that were done within 45 calendar days: \_\_\_\_\_
  - b) Number of non-disability applications in the sample completed in report month: \_\_\_\_\_
  - c) Percent 4a is of 4b, above: \_\_\_\_\_
  - d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_
- 6) For prospective eligibility determinations – non-disability
  - a) Number of non-disability applications in the sample taken in the report month that were completed within 45 calendar days: \_\_\_\_\_
  - b) Number of non-disability applications in the sample that were taken in the report month: \_\_\_\_\_
  - c) Percent 5a is of 5b, above: \_\_\_\_\_
  - d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_

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

- 7) For retrospective eligibility determinations – disability
  - a) Number of disability applications in the sample completed in the report month that were done within 90 calendar days, excluding delay caused by the State: \_\_\_\_\_

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- \_\_\_\_\_
- b) Number of disability applications in the sample completed in report month, excluding delay caused by the state: \_\_\_\_\_
  - c) Percent 6a is of 6b, above: \_\_\_\_\_
  - d) If 90 percent of the performance standards was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_
- 8) For prospective eligibility determinations – disability
- a) Number of disability applications in the sample taken in the report month that were done within 90 calendar days, excluding delay caused by the State:  
\_\_\_\_\_
  - b) Number of disability applications in the sample taken in report month, excluding delay caused by the state: \_\_\_\_\_
  - c) Percent 7a is of 7b, above: \_\_\_\_\_
  - d) If 90 percent of the performance standards was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_

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

- 9) RV forms mailed to applicant by anniversary date
- a) Number of RVs in the sample due in the review month that were mailed to the recipient by anniversary date: \_\_\_\_\_
  - b) Number of RVs in the sample due in the report month: \_\_\_\_\_
  - c) Percent 8a is of 8b, above: \_\_\_\_\_
  - d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_

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

- 10) RVs completed within 60 calendar days of the recipient's annual RV date for those RVs

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based on forms that are complete and have been returned to the county by the recipient in a timely manner:

- a) Number of RVs in the sample due in report month and returned complete in a timely manner that are completed within 60 calendar days: \_\_\_\_\_
- b) Number of RVs in the sample due in the report month that are complete and returned in a timely manner: \_\_\_\_\_
- c) Percent 9a is of 9b, above: \_\_\_\_\_
- d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_

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

- 11) RVs completed by sending a NOA to the recipient within 45 calendar days after the date the RV form was due to the county and the RV form was not returned to the county by the recipient.
  - a) Number of RVs in the sample completed in the report month by sending a NOA within 45 calendar days after the form was due to the county when the RV form was not returned to the county: \_\_\_\_\_
  - b) Number of RVs in the sample due in the report month that the recipient did not return to the county by the date the RV was due to the county: \_\_\_\_\_
  - c) Percent 10a is of 10b, above: \_\_\_\_\_
  - d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. \_\_\_\_\_



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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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### 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 were 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, 2009 counties are required to submit a self-certification for eligibility determinations and annual redeterminations (RV) every two years. The next self-certification will be due by the first working day after March 31, 2009.

#### B. SAMPLING METHODOLOGY AND PROCEDURES

The sample month for Medi-Cal to Healthy Families Bridging will normally be October of the prior year as the review month. Counties must select the sample month in order to be able to submit their self-certification reports which normally will be due in January of the report year (i.e., March 2009).

Counties are expected to review and include 100 percent of the cases identified in the universe for the Medi-Cal to Healthy Families Bridging self-certification month for completion of the Self-Certification reports.

For purposes of submitting CPS self-certification supportive documentation, counties can use the whole universe of cases, or, counties can use a sub sample. When the universe of cases for the CPS process is less than 1,000, the sample size to be included in the self-certification should be the actual number up to 50 cases. When the universe of cases is 1,000 to 4,999, the sample size should be 100 cases. When the universe of cases is 5,000 or more, the sample size should be 200 cases.

The enacting state legislation for performance standards only addressed children who change from no share of cost (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 due to excess

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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

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

The report should be submitted with a cover letter of County Welfare Department (CWD) letterhead signed by the CWD director or designee. The report format has been revised to include a section to identify the primary county contact responsible for the self-certification report. In addition, the county must submit data documentation to substantiate any self-certification of 90 percent or more. **Certifications of less than 90 percent do not require data documentation support.** The report should be sent to the following addressee:

Bridging Performance – Self Certification  
California Department of Health Care Services  
Medi-Cal Eligibility Division/Policy Development Branch  
P.O. Box 997417 M.S. 4607  
Sacramento, CA 95899-7417

### D. DEFINITIONS

For purposes of these instructions the following definitions are provided.

#### **Date of SOC determination:**

- The date the county's automated data system determines the SOC (for counties whose automated data system determines the SOC),  
OR
- The date the SOC eligibility is entered into the county automated data system (for counties whose automated data system does not determine the SOC).

#### **Consent to send child's Medi-Cal information to the Healthy Families Program (HFP):**

Consent means the parent, caretaker relative, legal guardian, or any other person allowed to sign the Medi-Cal application has given approval for the county to forward the child's Medi-Cal application information to HFP and:

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- Has not checked the box on the application or reapplication indicating they do not want to share child's information with HFP.
- Has not otherwise indicated on the application or reapplication that consent is being withheld for any child.
- Has not otherwise contacted the county either verbally or by written stand alone document indicating consent is not given.

**Case:** A case is defined as an individual child. Each child in a county case serial number meeting the requirements for CPS due to the Medi-Cal to Healthy Families Bridging eligibility at the annual RV will be considered a separate case for county self-certification purposes.

### E. FORMS

#### 1. SELF-CERTIFICATION FOR BRIDGING

Performance percentages are based on each individual child in a family. The time frames for completing the required actions are based on five working days for all three components.

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**COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS**

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**PERFORMANCE STANDARDS  
REPORT ON PERFORMANCE  
MEDI-CAL TO HEALTHY FAMILIES BRIDGING**

COUNTY NAME (NUMBER) \_\_\_\_\_ ( )

COUNTY CONTACT \_\_\_\_\_

COUNTY CONTACT ADDRESS \_\_\_\_\_

COUNTY CONTACT PHONE NUMBER \_\_\_\_\_

COUNTY CONTACT EMAIL ADDRESS \_\_\_\_\_

**THIS REPORT IS FOR THE BRIDGING MONTH OF OCTOBER 2XXX**

**PERFORMANCE STANDARD FOR BRIDGING**

**The following questions pertain to all three standards and are to be used in the determination of percentage of compliance.**

- A. The number of children in the sample of cases subject to performance standards who moved from full scope, no SOC Medi-Cal eligibility to SOC eligibility in the Bridging month is \_\_\_\_\_.
- B. The number of children in the sample of cases from A whose family income is at or below the HFP income standard is \_\_\_\_\_.
- C. The number of children from B who have satisfactory immigration status or are Citizens is \_\_\_\_\_.

**PERFORMANCE STANDARD 1**

**Ninety Percent of the 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 from C above who were sent at least one notice informing them of the HFP within five working days of the SOC determination is \_\_\_\_\_.
- 2. Divide the number of children in step 1 by the number in step C and convert to a percent (to one decimal point) \_\_\_\_\_.

**PERFORMANCE STANDARD 2**

**Ninety Percent of all annual redetermination (RV) forms for these children shall be sent**

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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to the HFP within five working 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 from C above for whom consent was given is \_\_\_\_\_.
2. The number of children from step 1 whose applications were sent to the HFP within five working days of the SOC determination is \_\_\_\_\_.
3. Divide the number of children in step 2 by the number in step 1 and convert to a percent (to one decimal point) \_\_\_\_\_.

### **PERFORMANCE STANDARD 3**

Ninety Percent of the 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 from C for whom consent was not given is \_\_\_\_\_ (number from C less number from Performance Standard 2 step 2).
2. The number of these children who received at least one request to give consent to share their child's case information with the HFP within five working days of the SOC determination is \_\_\_\_\_.
3. Divide the number of children in step 2 by the number of children in step 1 and convert to a percent (to one decimal point) \_\_\_\_\_.