

## DEPARTMENT OF HEALTH SERVICES

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September 13, 1985

To: All County Welfare Directors  
All County Administrative Officers

Letter # 85-63

## CORRECTIVE ACTION PROCESS

The purpose of this letter is to transmit the Corrective Action Handbook which the Department of Health Services (DHS) has developed for counties' use in their efforts to reduce the Medi-Cal dollar error rate. This final version reflects county input which was requested in All County Welfare Directors Letter No. 84-44. We appreciate the time and effort contributed by the counties in reviewing and commenting on that package. Changes were made wherever applicable. A summary of the suggested changes and the action taken to resolve each comment are included in this package (see Attachment, Summary of Changes to the Draft Corrective Action Handbook).

No additional funding is available for county corrective action activities (including funding for special error reduction projects). This is because corrective action is a current ongoing activity of a county welfare department and is not reimbursable as a new program expense.

If you or your staff have comments or questions about this handbook, please contact Marlene Ratner at (916) 445-1912 (ATSS 485-1912) or your corrective action/health options analyst.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief  
Medi-Cal Eligibility Branch

## Attachments

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: None

SUMMARY OF CHANGES TO THE DRAFT CORRECTIVE ACTION HANDBOOK

This section contains county comments on the draft Corrective Action Handbook and the Department of Health Services' (DHS's) responses to these comments.

1. Example, Overall

Comment

The draft instructions do not limit corrective actions to county-caused errors only. However, the sample plans deal with county-caused errors only. Is this the intent?

Response

We did not intend to limit corrective actions to county-caused errors. However, the example focused on county-caused errors since these were the errors over which counties had the most control.

A second example has been included to illustrate a corrective action plan (CAP) dealing with beneficiary errors.

2. Comments on the Overall Approach

- a. The cover letter to DHS's All County Welfare Directors Letter No. 84-44 states "The structure of this handbook is reflective of Federal Medi-Cal program guidelines for corrective action...." (emphasis added). From this, one gathers that the guidelines are just that and not mandatory. Such being the case, a less complex set of guidelines might gain more support from the counties.
- b. Corrective action is basically the problem solving process. It has also been shown to be more effective to address only one or two causes rather than a whole series. Pick the two most critical, even if five have the same error rate under your proposed rating system.
- c. By utilizing the draft Medi-Cal Corrective Action Handbook (or a similar tool), the counties would be able to provide the State with CAPs which meet state and federal guidelines.
- d. We welcome the release of the handbook as a guideline to make the corrective action process even more effective and achieve the goal of reducing errors in the Medi-Cal program.
- e. Basic approach good/admirable

Response

We agree that corrective action is a problem solving process and that counties should have flexibility. While the example may seem overly detailed and complicated, we wanted to provide as comprehensive an example as possible. However, the changes made to the plan in response to county input may alleviate the county's concern that all plans must be this detailed. First, as indicated in our response to question 4, we have removed the requirement that a corrective action be completed for each element having an element error rate over ten percent. Secondly, we have added a second and less complicated example to illustrate a different county's approach to corrective actions.

3. Item I (Page 15) -- Which Counties Must Submit CAPs

Comment

The draft handbook does not outline the criteria that will be used to determine whether a CAP will be required.

Response

We want the handbook to be as general as possible to avoid frequent updating. Specific criteria in the handbook could require yearly updates to the plan depending upon legislative mandates and/or the state quality control (QC) review process. For example, Welfare and Institutions Code, Section 14016 (e) (1), provides that county performance be based on county dollar error rates. However, this section has been superseded by budget control language for 1985, which requires that county performance be based on case error rates and that all counties with case error rates over 15 percent submit plans. Since criteria could change from year to year, we are not including it in the handbook and have deleted the draft language referring to the 1984-85 Budget Act. Instead, the authority for requiring counties to complete CAPs will be included in the yearly All County Welfare Directors Letter which will specify which counties are to submit CAPs.

4. Item II (Page 15) -- When to Submit CAPs

Comment

According to the draft handbook, DHS will notify counties by January 1 about which counties are required to submit plans. The plans are due March 1.

- a. Three months is too short a time period to complete a plan.
- b. The QC data for October-September reviews will not likely be published until December or January; therefore, if a CAP is to be based on this QC data, March 1 is unrealistic.

- c. The submittal date should be changed so that plans are due 90-120 days after the receipt of the state QC findings.

Response

We believe that three months is an adequate period of time to prepare and submit a CAP. However, we agree that the date to submit a CAP should be related to the publication of the QC reviews. Therefore, the January and March dates were adjusted.

5. Item IV.A (Page 16) -- Error Analysis

Comment

Page 2, paragraph 2, states that "Findings from both the federal and state QC reviews are published by the Audits and Investigations Division in the DHS". It would be helpful if the State indicated what format and when the findings are published.

Response

We do not believe this information is appropriate in the handbook.

6. Item IV.A (Page 17) -- Error Analysis

Comment

Paragraph 2, page 2, implies that a county, through its own case reviews, may identify errors not identified in a state QC review. Why should the county share these errors with the State?

Response

It appears that the county is concerned that the State will use this information to assess some type of fiscal sanction. This is not the reason this information was requested since no consideration has been given to basing county sanctions on findings which DHS has not identified.

The purpose of the corrective action process is to provide counties with a tool to be used in reducing errors and minimizing fiscal sanctions. Once an area is targeted for corrective action, the county will be committing time, staff, and possibly funds to correct the identified problems. It is therefore important that these resources be directed where they will best meet the county's objectives. The corrective action process was designed to help counties determine where this should be.

Since error analysis is one of the critical steps, the county should want to use all the information available to it. Then if the county wants to base corrective action on its own data, this information

needs to be reported in the CAP. Additionally, if the county identifies new errors or causes of errors and develops a successful corrective action, DHS could share this statewide and reduce the potential for statewide federal fiscal sanctions.

7. Item IV.A.1 (Page 18) -- Calculations

Comment

- a. The formula on page 3 of the draft (i.e., where the case error rate is defined as the number of errors of the same type divided by the total number of cases found in error) is more properly the proportion of case error in relation to total errors.
- b. The formula on page 3 of the draft is weak considering that the handbook (page 4, B of the draft) requires a corrective action for all major error elements reflecting a case error rate in excess of ten percent. For example, a county with only 3 errors, each in a different element, will have a 33 percent error rate in each element and be required to do a corrective action in each one. On the other hand, a county with a total of 12 errors, each one in a different element, will not have to do a corrective action for any element since the error rate per element is 8.3 percent.

Response

As illustrated by the example in the handbook, we intended that the ten percent threshold be measured by an "element error rate". An element error rate is defined as the incidents of error for an element divided by the total incidents of error (see Table III in Example I of the handbook). Therefore, in order to clarify this, the formula was modified. Furthermore, the revised formula will not be weak when it is considered within the entire context of the corrective action process. That is, under the corrective action process, the first step is to identify which counties must submit CAPs. Then, and only then, does the element error rate come into play to identify for the counties which are completing CAPs where corrective actions should be targeted. Thus, in comment b, the county with three errors may not even be required to submit a CAP.

The county's comment does illustrate two problem areas: First, that a county which is required to submit a plan may not have any element with an error element rate over ten percent; and second, that basing corrective action solely on a ten percent threshold may remove the flexibility of counties to target corrective action resources on areas needing the most attention. Therefore, the formula, the corrective action planning paragraph and the example found in the draft were revised.

8. Item IV.A.2 (Page 19) -- Error Analysis, Error Descriptions

Comment

Paragraph 2, Item IV.A, page 17, of the draft states that counties should compare their own county's ranking of error elements with statewide findings. As previously mentioned, statewide findings are not always available to the county in a timely manner. Furthermore, the summary Medi-Cal QC reports that have been shared with counties do not consistently contain a statewide breakout of error elements.

Response

DHS is making every effort to provide this information timely. For example, please refer to All County Welfare Directors Letter No. 84-35, dated September 4, 1984. Statewide error elements were broken out and will continue to be in the future.

9. Item IV.A.3 (Page 20) -- Special Studies

Comment

Subheading b in the draft indicates that the State is recommending special studies to test a particular corrective action prior to implementation. The State should specify if additional funding will be available to counties to conduct such studies.

Response

Additional funding is not available for these studies. Expenses for these studies should be allocated from within the existing County Administrative Expense Allocation.

10. Item IV.A.2 (Page 19) -- Error Descriptions

Comment

The second paragraph states that "The following illustrates the type of information which should be included in the description". Seven items are in the list. The handbook should indicate that all seven items may not be applicable in all counties or for all error elements.

Response

We added the words "as appropriate" in the above sentence in the handbook.

11. Item IV.B (Page 21) -- Corrective Action Planning

Comment

The proposal requires language addressing cost effectiveness of proposed corrective action. The CAP as required is not based upon what it costs or saves in administering the program but on case error. If the State is planning to fund corrective action, the question of cost effectiveness makes sense. Within the constrictions of cost containment, it is up to the county to manage available funding as your example of Sample County demonstrated, where they detrimentally added caseload to some staff when a specialized caseload was developed. If we chose to assess cost effectiveness, that is our responsibility, but not a reportable requirement.

Response

One of the most critical functions of the Corrective Action/Health Options Unit in DHS is to serve as a clearinghouse for corrective actions. That is, the Corrective Action/Health Options Unit shares with counties those successful and unsuccessful corrective actions undertaken by other counties. Since counties frequently want to have as much information as possible, including an idea of the magnitude of a corrective action's effectiveness, we want this information to share, especially since it should be readily available.

12. Item IV.D (Page 23) -- Corrective Action Evaluation

Comment

This section states that CAPs should contain a section evaluating the effectiveness of previously implemented corrective actions. The handbook should specify whether or not every previously implemented CAP item is to be addressed in the plan or only when a specific item has been completed.

Response

It is our intent that a status report be given for all previously reported corrective action initiatives, including those which have not been fully implemented or evaluated. We have added a paragraph at the end of this section clarifying this.

13. Funding

Comment

Is there to be funding for corrective actions?

Response

The concepts and instructions presented in the CAP are a formalization of ongoing error reduction/prevention activities. Therefore, no additional funding will be allocated.

MEDI-CAL  
CORRECTIVE ACTION HANDBOOK

MEDI-CAL ELIGIBILITY BRANCH  
MEDI-CAL POLICY DIVISION  
STATE DEPARTMENT OF HEALTH SERVICES

AUGUST 1985

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## CORRECTIVE ACTION PROCESS

### Introduction

The purpose of the corrective action process is to improve the performance of counties in administering the Medi-Cal program by focusing corrective action activities on individual county objectives based on each county's specific needs and resources. Findings from both the state and federal quality control (QC) reviews are published by the Audits and Investigations Division in the Department of Health Services (DHS).

#### I. Which Counties Must Submit Corrective Action Plans (CAPs)

DHS will send an All County Welfare Directors (ACWD) Letter annually specifying (1) which counties are required to submit county CAPs for that year, and (2) the criteria used to make this determination. All counties, however, are urged to develop CAPs since CAPs enable counties to determine where to best focus their corrective action resources.

#### II. When to Submit CAPs

The ACWD Letter described above will specify the date the CAP is due. Counties will have approximately three months from the latter of: (1) the date the QC results, upon which the CAP is to be based, are issued to the counties; or (2) the date of the ACWD Letter specifying which counties are to submit CAPs. If significant changes or deviations from the plan occur during the year, revisions to the plan are requested to be submitted within 60 days of when the change occurred. Such changes include:

- A. Situations where implementation of a corrective action is to be delayed.
- B. A recently implemented corrective action is to be discontinued because it is not producing the desired results.
- C. A new error element or error cause is identified through analysis of QC error letters, special studies, or county supervisory reviews as having the potential for a significant adverse impact on the State's or county's case or dollar error rate.

#### III. Where to Submit CAPs

Plans should be submitted to the Corrective Action/Health Options Unit, Department of Health Services, 714 P Street, Room 1692, Sacramento, CA 95814.

#### IV. Format of CAP

The CAP submitted by a county must be signed by the county welfare director or his/her designated representative and shall include the following four components of the corrective action process:

- A. Error Analysis -- This component consists of a review of the QC findings from both the federal- and state-only QC reviews. It is also important to include any information derived from special studies conducted by the county. The purpose of error analysis is to identify the error elements making the greatest contribution to the county's error rate. This is an essential step in selecting where best to focus county corrective action efforts.

The ACWD Letter previously described will specify which QC data is to be used for the error analysis. The error analysis should provide a description of the major case errors (or payment errors if available) and the specific causes to which these error concentrations are attributed. This description must address all error elements having a case error rate of ten percent or more. However, in addition to the use of QC data, it is important to include and consider whatever additional information your county may have, such as special studies, to accurately describe error trends. Additionally, if your county does extensive supervisory reviews, you should compare the supervisory review findings with the QC findings on major error elements. If the findings are similar, it is more likely that the findings in both are valid and that the corrective action efforts are properly focused. Also, as part of a complete analysis, you should compare your own county's ranking of error elements with statewide findings. If your county's statistics differ from the statewide results, you should explore the reasons for these differences. Finally, be certain to compare this review period to previous error findings for your county. Are there trends? Are new problems emerging? This phase of the process is the most critical since the proper identification of error causes is the basis for the development of effective corrective actions.

The end product of the error analysis phase is a concise description of the specific cause(s) of the major error concentrations identified in the QC reviews, county evaluation reviews, reports, internal county case reviews, and/or special studies. In summary, as discussed above, the analysis should include the following which are listed for your convenience:

1. Calculations

This is a calculation of the case error rate for each element of error by using the following formula:

$$\text{Element Error Rate} = \frac{\text{Number of Errors of the Same Type}}{\text{Total Number of Errors}}$$

Example:  $\frac{15 \text{ Deprivation Errors}}{\text{Total of 50 Errors}} = 30\% \text{ Element Error Rate for Deprivation Cases}$

## 2. Error Descriptions

This is a description of what caused each error. Descriptions should be specific enough to show exactly why an error was made and where it is occurring, in order to ensure the planned corrective action is appropriate for that error concentration.

The following illustrates the type of information which should be included, as appropriate, in the description.

- a. Is the specific error primarily county or client caused?
- b. Does the county error occur mainly at application or redetermination?
- c. Is the error primarily found in a certain district office, if eligibility worker caused, or geographic location, if recipient caused?
- d. In what aid code does the error most often occur?
- e. Is the county handbook policy interpretation incorrect?
- f. Is the county error the result of misapplied policy, a failure to verify, a failure to follow up on reported information, inadequate training, or insufficient use of systems data (SDX, RSDI/UI DI reports) in the verification process?
- g. Is it a problem with the county's manual or automated system for reporting information to Medi-Cal Eligibility Data System (MEDS), or is it a problem with the timing or processing of county reported information by the State in updating MEDS?

## 3. Special Studies

Special studies are recommended if additional data analyses are required to fully understand the nature and cause of the error situation. Some examples of situations where special studies may be necessary are:

- a. To pinpoint error causes when a county has a small QC sample which does not provide sufficient data;
- b. To test a particular corrective action prior to implementation; and
- c. To evaluate the consistency of application of Medi-Cal policies among several district offices.

Identify and discuss any special studies or other reports that were used to obtain additional information to identify errors and related causes.

- B. Corrective Action Planning -- This component includes identifying and developing corrective actions to eliminate or significantly reduce causes of error. The major error elements should be addressed. The county must determine what a major error element is. For example, a major error element could be one where the error causes understated shares of cost or ineligible members of the Medi-Cal Family Budget Unit (MFBU) and where its element error rate exceeds ten percent and/or has been a problem over several QC review periods. It could be one which has the potential for significant misspent dollars.

For each corrective action, include the following:

1. A summary description of the corrective action to include such items as processes, policies, cost benefits, constraints, and anticipated implementation problems;
  2. An estimated cost for implementation and ongoing costs;
  3. The potential cost savings associated with effective implementation of the corrective action, if known;
  4. A concise description of planned evaluation methodology expressed in measurable terms whenever possible. For example, assume the selected corrective action is a rewrite of the county instruction on factors which must exist for a parent to be eligible for Medi-Cal due to unemployment. An evaluation technique to determine if the corrective action is effective may be to compare written findings derived from case review data recorded during the pre- and postimplementation periods for significant changes. Besides a comparison of pre- and postevaluation results, data gathered should be specifically analyzed to determine if other factors impacted the corrective action. If other factors are present, they should be described and their impact assessed.
- C. Corrective Action Implementation -- This portion of the CAP must include an implementation schedule for each corrective action showing dates by which major tasks are to be completed and who is responsible for the task. A reasonable time schedule (actual implementation within six months of the start date except for certain long-range projects) must be included for each action. If the initiative is a long-range activity that requires more than six months for final implementation, include interim target dates along with an explanation of why the activity requires extended time; e.g., computerization of system is needed, or due to the complexity of the project, the programming and testing phases will take 12 months.

The implementation schedule should briefly include the following:

1. A description of major tasks required to implement each action;
  2. The person or unit responsible for the task;
  3. Milestones and established interim target dates (include start dates and final implementation dates);
  4. Identification of critical areas and any special assistance required.
- D. Corrective Action Evaluation -- The purpose of the evaluation phase is to determine and document the effectiveness of previously implemented corrective actions. Indicate how the corrective action has impacted the error rate. If the plan was unsuccessful, indicate the possible reasons for its failure.

Include a description of each corrective action taken and when the action was finally implemented compared to the planned implementation schedule. The evaluation process should focus on the reduction of the specified error(s), i.e., has the corrective action achieved the desired result? If not, why? What will the county do instead to alleviate the error situation? This phase determines how the actual results compare with the anticipated results. For example:

1. Were implementation target dates met?
2. Have expected results been realized? (Are errors in the pinpointed area decreasing?)
3. Were cost/resource estimates realistic?
4. Were additional problem areas encountered? If so, what were they? How will they be addressed?
5. What, if any, unanticipated effects occurred (e.g., increased errors in other program areas)?

The county shall define the methods and procedures used for evaluation purposes and prepare an evaluation summary which includes the sources of information and the methods for obtaining it. If the expected results were not realized, a decision must be made whether to continue or modify the corrective action. As described in Section II, page 1, if the corrective action is to be significantly modified, the plan should be revised and resubmitted within 60 days of identification of the change. The corrective action update also can be utilized to report the results of special studies and to modify corrective actions based upon the results of new data.

After implementation of a corrective action initiative, it is important to monitor application of the corrective action and its effect on program improvement and error reduction.

If a previously reported corrective action has not been completed or evaluated, a report on the status should be included.

V. State Assistance

If the county requires any assistance in preparing its CAP, it should contact the Corrective Action/Health Options Unit, Medi-Cal Eligibility Branch, Department of Health Services, at (916) 445-1912, (ATSS) 485-1912.

DHS will review each county's CAP and updates and will provide feedback within 60 days of receipt. DHS may, if necessary, request additional clarifying information.

VI. Examples

Two examples of CAPs are attached.

EXAMPLE I

This is an example of a county CAP. Assume it was submitted by the Sample County Department of Social Services in March 1985.

## EXAMPLE I

Sample County Department of Social Services

### MEDI-CAL CORRECTIVE ACTION PLAN (CAP) -- MARCH 1, 1985

#### I. Introduction

The State Department of Health Services (DHS) Letter xxx-xxxx, dated \_\_\_\_\_, requests counties to submit information about their Medi-Cal CAPs.

Sample County has long recognized the importance of reducing errors in the Medi-Cal program. Medi-Cal is the most costly of all public assistance programs administered in California. At a time when fiscal constraints require all levels of government to operate more efficiently, error reduction efforts in Medi-Cal provide the greatest cost-saving potential.

The purpose of this plan is to formalize Sample County's corrective action efforts, document past efforts, and to provide the basis for future planning.

This report presents the findings from:

- o The DHS quality control (QC) review of Medi-Cal case records for the October 1983 through March 1984 and April 1984 through September 1984 periods;
- o The county review of county eligibility determination systems; and
- o The county review of procedures in the Sample County Department of Social Services for the period October 1983 through September 1984.

The evaluations were performed by the DHS Audits and Investigations Division under authority of Welfare and Institutions Code, Section 14016, and by the county administrative units which are responsible for reducing the amount of dollars misspent due to incorrect eligibility determinations. Detailed data can be found in Tables 1-7.

Please note that this plan addresses all elements with an element error rate at or over ten percent and only focuses on county-caused errors.

#### II. Error Analysis

##### A. Summary

Of the total 282 completed Medi-Cal Assistance Only (MAO) case reviews, 65 cases were found in error. Within these 65 cases, 78

incidents of errors were found. Of these 65 cases, 34 errors were state or beneficiary caused and 31 were county caused. This plan will address only these 31 error cases which were county caused. Of these 31 error cases, there were 31 total errors; there were no multiple case errors. Of the 31 cases cited with errors, 14 cases (45.1 percent) were found to be totally ineligible. A total of 15 cases (48.4 percent) were cited with understated liability errors and 2 cases (6.5 percent) were found to have overstated liability errors.

B. Description of the MAO errors which were ten percent (rounded) or more of the total case errors found in the sample. See Table III.

1. Gross Income Errors (13 percent of all errors found in the sample)

A total of four county-caused error cases were linked to this element. The following defines the nature of these errors:

	<u>No. of Error Cases</u>
Arithmetic Computation	1
Wrong Policy Applied	1
Failure to follow up on impending changes	1
Failure to follow up on inconsistent/incomplete information	1

Errors which occurred in this element resulted in no ineligibles, three understated liability errors, and one overstated liability error.

2. Deprivation/Unemployment (9.7 percent of all errors found in the sample)

A total of three county-caused error cases were linked to this element. The following defines the nature of these errors:

	<u>No. of Error Cases</u>
Correct policy but incorrectly applied	1
Wrong policy applied	1
Failure to follow up on impending changes	1

Errors which occurred in this element resulted in three ineligible cases.

3. Earned Income (9.7 percent of all case errors found in the sample)

A total of three county-caused error cases were linked to this element. The following defines the nature of the agency errors:

	<u>No. of Error Cases</u>
Reported information disregarded/not applied	3

Errors which occurred in this element resulted in three understated share-of-cost cases.

4. RSDI Benefits (9.7 percent of all errors found in the sample)

A total of three error cases were linked to this element, all of which were agency-caused. The following defines the nature of agency errors:

	<u>No. of Error Cases</u>
Reported information disregarded/not applied	1
Failure to follow up on impending changes	1
Failure to follow up on inconsistent/incomplete information	1

Errors caused by this element resulted in three understated share-of-cost cases.

5. Maintenance Need (9.7 percent of all errors found in the sample)

A total of three error cases were linked to this element, all of which were agency caused. The following defines the nature of the agency-caused errors:

No. of Error Cases

Wrong policy applied	1
Reported information disregarded/not applied	1
Failure to verify where required by agency policy	1

Errors which occurred in this element resulted in three understated share-of-cost errors.

III. Corrective Action Planning

A. Introduction Summary

Sample County is committed to the identification of error cases and the reduction of errors in the Medi-Cal eligibility determination process through corrective action. In this plan, corrective action initiatives are identified for all error elements having case error rates at or over ten percent, including corrective action initiatives already in progress or those which have been implemented but have not yet been evaluated. Detailed data on which the analysis is based can be found in Tables 1-7 of Attachment I.

The following elements will be targeted for corrective action:

1. Gross income.
2. Deprivation.
3. Earned income.
4. RSDI.
5. Maintenance need.

B. Targeted Corrective Action Initiatives to Be Implemented for County-Caused Errors

1. Gross Income Errors

a. Error Causes/Analysis

- o Incorrect math computations (error in addition).
- o Wrong policy applied. The eligibility worker (EW) failed to include all retirement income because she thought certain retirement benefits were exempt.

- o Failure by EWs to follow up on impending changes timely. The beneficiary reported that he expected an increase in retirement benefits in a future month, but the EW did not take action to increase his income.
- o Failure by EWs to follow up on inconsistent/incomplete information.

The case error rate was 13 percent for the October 1983-September 1984 review period. Numerically case errors in this category nearly doubled in this review period over prior periods.

b. Proposed Corrective Actions

- o It was determined through a countywide review that math errors are occurring more frequently than found through the DHS QC reviews. It appears that the manual calculation of budgets by EWs is contributing to inefficient use of time and inaccuracies in budget calculations. Therefore, it is planned that the Department will purchase hand calculators for each EW in an attempt to save time and improve the accuracy of the budget calculation process.
- o In one case where the EW failed to include all retirement income, the supervisor provided training on the correct policy to this EW as well as to all other EWs in the unit.
- o Failure to follow up on impending gross income changes will be addressed through the creation of a specialized caseload unit for those cases which are identified by the staff as having a high frequency of changes in household circumstances. It is expected that the focus on these cases will emphasize the Department's commitment to reduce errors caused by the EWs failure to follow up on impending changes.
- o Failure to follow up on incomplete and inconsistent gross income information will be further addressed and given increased emphasis by the supervisors during their unit meetings. In addition, the number of cases reviewed by supervisors will be increased, with findings published by element and the EW's name. These findings will be routed to management for use as a planning tool for developing corrective action and identifying individual EW training requirements.

c. Expected Results

Case errors in this factor should be reduced by 50 percent in future review periods by the above actions.

d. Personnel and Resource Requirements

Hand calculators will be purchased within the existing county administrative expense allocation, and funds will be requested for continuing maintenance and replacement as a part of next year's funding request. Existing personnel resources within the Department will be redirected to establish the new specialized caseload unit, which will deal with cases with a high frequency of household changes. Supervisorial personnel will absorb the increased supervisory review workload by delegating several of their record-keeping tasks to the unit clerk(s) under their supervision.

e. Evaluation Methodology

Some reduction in these case errors should begin immediately as a result of the increased county emphasis on follow-up of inconsistent information. Within three to six months after implementing this corrective action, a sample of affected cases will be drawn to determine the effectiveness of this initiative. Supervisory case review data will be collected both before and after the corrective actions are implemented to enable us to evaluate the effectiveness of these initiatives. Additionally, we plan to use the QC review data for comparison as it becomes available.

2. Deprivation Due to Unemployment

a. Error Causes/Analysis

- o Failure to correctly identify the primary wage earner because the information on the MC 210 was ignored.
- o Failure by the EW to take action timely to discontinue Medi-Cal eligibility for the adults when the unemployed parent returns to full-time employment. This was caused by the EW's failure to correctly use the new EW checklist developed to promote timely action.
- o Failure to correctly establish a connection to the labor force. The EW accepted an incomplete MC 210 and granted eligibility when the questions regarding work history were not completed.

The case error rate was 9.7 percent for the October 1983-September 1984 review period. Numerically, case errors nearly doubled in the October 1983-September 1984 review period over prior periods according to data published by DHS.

b. Proposed Corrective Actions

- o One action has been identified which should reduce errors in this factor. The Statement of Facts for Medi-Cal, MC 210, which is used to determine eligibility, currently does not contain any question which specifically identified the primary wage earner or a connection to the labor force. The MC 210 will be revised by DHS to include questions in these specific areas. Advance copies of this revision will be provided to us.

In July 1986, which will be six months after the forms are revised and the change is implemented, we will monitor Aid to Families with Dependent Children-linked (AFDC-linked) cases to ensure that Medi-Cal workers are using the revised MC 210 correctly.

- o Workers will be reminded in the next several unit meetings to use the newly developed EW checklist. Staff Development will also explain and stress its use to all newly hired staff during induction training.
- o The training staff will provide district offices with a Deprivation Training Package in June 1985. The impact of this package will not be felt until the July 1985 review month. Before another major initiative is proposed, an evaluation of the effect of this training package is required.

Through review of cases in targeted categories, such as Deprivation, county staff will continue to monitor eligibility determination actions in the six districts. Information concerning identified training needs will be provided to appropriate staff.

c. Expected Results

Two of the three cases in error were caused by application of the wrong policy or incorrect application of the correct policy. Therefore, deprivation training should reduce case errors in this factor in future review periods.

d. Personnel and Resource Requirements

Training will be provided by the training staff of each district office as a part of their ongoing staff development efforts. No additional resources will be required.

Existing resources within the Eligibility Branch of DHS will be utilized to revise the format of the MC 210. No additional staff or funding will be required. Monitoring of its impact once it is completed and released will be accomplished by the supervisors during their regular monthly supervisory reviews, as well as through state QC case reviews and reports.

e. Evaluation Methodology

After July 1985, the number of errors in this factor should be reduced. No discernible impact on QC errors can be expected prior to July 1985 since the deprivation training will be in June. Until such time as QC data is available, we plan to use the data/statistics from ongoing supervisory case reviews to determine the impact. Please note that the revised MC 210 form will not be available until January 1986 and that the evaluation of its impact will not be available until after July 30, 1986.

3. Earned Income Errors

a. Error Causes/Analysis

- o EW's failure to act on beneficiary-reported changes in earnings or employment status accounted for all errors in this factor.
- o Historically, errors in the earned income factor have accounted for nearly 25 percent of case errors. However, during the October-September 1984 review period, the case error rate decreased to 9.7 percent. This was most likely caused by decreased income due to high unemployment.

b. Proposed Corrective Action

- o Currently, county staff in one district is evaluating whether errors are reduced when the clerical unit logs in all written changes before they are sent to each worker. A control sheet then is produced for each unit eligibility supervisor so he/she can track whether timely follow-up actions are being taken by workers.

c. Expected Results

- o Increased emphasis on timely actions and development of proper controls should assist in error rate reduction/accountability. If this occurs, the system will be implemented countywide.

d. Personnel/Resource Requirements

- o Existing staff within the Administration Branch have developed the required procedures and are responsible for monitoring the district actions. This new function can be performed within existing clerical staff resources.

e. Evaluation Methodology

- o This action will be deemed effective if: (1) QC data shows a decrease in earned income errors due to failure to take action by eligibility workers, and (2) supervisors report a decrease in errors based on their evaluation of pre or post case reviews.

4. RSDI Errors

a. Error Causes/Analysis

Errors are concentrated in two areas:

- o Title II (RSDI) Cost of Living Adjustments (COLA) (two cases).
- o Medicare Buy-In (one case).

The Central District EWs were responsible for both Title II errors. These were due to:

- o Failure to follow up on reported information about the RSDI COLA (one case).
- o Failure to follow up on impending RSDI COLA (one case).

The case error rate for the RSDI errors was 9.7 percent for the October 1983-September 1984 review period.

The Buy-In error was due to failure to follow up on inconsistent information (one case).

b. Proposed Corrective Action

Administration routinely has provided districts with information on Title II COLAs and districts have used this information to adjust shares of cost. However, the Central District has not made it a standard practice to flag all cases where Title II income is present, so some are overlooked.

- o Central District will be instructed to flag cases of those beneficiaries who receive Title II income but who are not entitled to Title II Disregard status. Once DHS has verified the amount and timing of the Title II COLA, Central District, as well as the other districts, will be instructed to adjust the share of cost for all such beneficiaries.
- o Buy-in errors will not be targeted for corrective action until the newly developed state DHS Buy-In Master Activity Report and County Response Report are fully evaluated in all districts in Sample County.

c. Expected Results

If the Central District office follows the Administration Branch's recommendations, case errors in the RSDI factor should be reduced beginning with the July 1985 review period.

d. Personnel/Resource Requirements

Existing resources within the Administration Branch will be utilized to monitor Central District's efforts to flag their cases. No additional staff or funding will be required. The person responsible for this activity is the Chief of the Administration Branch.

e. Evaluation Criteria

Beginning in November 1985, understated share-of-cost case errors caused by the RSDI COLAs should be reduced. This will be tracked by monitoring the QC county error letters sent out by DHS and by conducting a special pre/post supervisory review of the cases in the Central District Office.

## 5. Maintenance Need Errors

### a. Error Causes/Analysis

These errors occurred only in one unit. Some caseloads were not covered for a few weeks as a result of a 75 percent turnover in eligibility worker staff. The causes were:

- o Wrong policy applied. Although maintenance need levels were increased by state law, the maintenance need in the case was not increased timely since the case was part of an uncovered caseload.
- o Reported information was disregarded. The beneficiary reported that one of her children left the home, but the maintenance need was not reduced because the case was part of an uncovered caseload.
- o Failure to verify where required. The eligibility worker increased the maintenance need as soon as the beneficiary reported she was pregnant, even though no verification of pregnancy was obtained.

### b. Proposed Corrective Action

Now that the unit is fully staffed, these errors should not recur. Administration staff have been informed of the impact of the staffing shortage on the error rate and are developing procedures to be used in the event that staffing shortages occur in the future. It is expected that staff will be shifted from other units and a new "floater" unit will be established. It is anticipated that the "floaters" can be utilized in trouble areas pinpointed by the corrective action committee and/or management.

### c. Expected Result

Case errors and dollar errors should be reduced in the future by maintaining adequate staffing levels in all units by the addition of personnel from the "floater" unit.

### d. Personnel and Resource Requirements

A new "floater" unit will be organized. Existing eligibility worker staff will be used, but their job duties will include flexibility of location.

e. Evaluation Methodology

Final QC data and supervisory review findings will not be available until May 1985. However, interim supervisory case review data will be reviewed and interviews will be conducted by the corrective action committee staff before that time. It is expected that both the "floaters" and supervisory staff will be interviewed to determine the impact of the new "floater" unit on the error rate. It is expected that the new unit will allow caseloads to be covered which will prevent errors and ensure timely action.

Additional Corrective Action Initiatives to Be Implemented for County-Caused Errors

The following initiatives are based on past trends or special case reviews/short-term studies by the County QC/Quality Assurance Unit.

1. Share-of-Cost Computation Module

The Southern District Office submitted a proposal in February 1984 to develop an automated Medi-Cal share-of-cost computation module.

a. Purpose

Implementation of this initiative will serve to reduce errors in computation of:

- o Net income for each new and continuing case.
- o Changes in share of cost caused by increases or decreases in maintenance need levels.
- o Increased RSDI income due to Medicare Buy-In.

b. Description

The automated Medi-Cal share-of-cost computation will compute or determine the following:

- o Total Unearned Income.
- o Unearned Income Deductions.
- o Total Earned Income.
- o Earned Income Deductions.

- o Total Countable Income.
- o Other Allocations/Deductions.
- o Net Income.
- o Maintenance Need.
- o Long-Term Care Special Allowance.
- o Share-of-Cost Amount and Type.
- o Beneficiary Aid Code.

It will then produce an appropriate automated notice of action.

c. Expected Result

Program development cannot begin until DHS approval of the project is received. Once approval is received, county staff project that it will take at least ten months before the module is operational. Beginning at that time, errors will be reduced in the factors of RSDI Income, Computation of Net Income, Allocations and Deductions, and Beneficiary Liability Determinations.

In addition, income changes and changes in share of cost required because of an increased/decreased maintenance need level or increases in Title II income will be accomplished timely.

d. Personnel/Resource Requirements

Staff from the County Administration Branch, Computer Services Division, will be responsible for development of the Medi-Cal Share-of-Cost Computation Module.

Cost for program development is projected to be \$26,000 for state Fiscal Year 1985-86. However, projected savings far outweigh costs. Therefore, costs will be absorbed in the regular county allocation.

e. Evaluation Methodology

The QC data and supervisory pre/post case review findings will be used to determine the effectiveness of the corrective action. The evaluation will begin the month after the action takes place.

2. Automated Termination of Medi-Cal Benefits for Age 21 Medically Needy (MN) Persons Who No Longer Are Eligible for Medi-Cal

a. Purpose

- o Eliminate age change errors for the AFDC-MN persons who become 21.

b. Description

- o The county developed a modification to its computer system which on a monthly basis:
- o Identifies the AFDC-MN person who will become 21 in the following month and who has a child's person number.
- o Automatically terminates Medi-Cal benefits at the end of the month in which the AFDC-MN person turns 21.

This modification was completed in February 1985.

c. Expected Results

Age errors caused by county failure to terminate Medi-Cal benefits for the AFDC-MN person over 21 will be eliminated.

d. Personnel/Resource Requirements

Staff from the County Administration Branch, Computer Services Division, were responsible for development and programming.

Development and programming costs were absorbed in the regular county allocation.

e. Evaluation Methodology

The project was completed in February 1985, and the evaluation of pre/post case reviews by the supervisors is ongoing. Results are expected by August 1985.

3. Real Property Ownership Match

The North District Office submitted a proposal to develop information systems on real property ownership.

a. Purpose

- o Identify and reduce errors caused by the beneficiary's failure to report ownership of real property.

b. Description

- o The County Recorder's office identified county real property owners by name in alphabetical order on its property records. The county purchased microfiche copies of these records and distributed them to each district office in February 1985.

Eligibility workers compare the names of Medi-Cal applicants/beneficiaries to names on the record to determine whether a person owns or has recently transferred real property.

c. Expected Results

There should be a reduction in client error resulting in fewer ineligible persons approved for Medi-Cal benefits.

d. Personnel/Resource Requirements

The activities will be absorbed in the regular ongoing workload.

e. Evaluation Methodology

Evaluation of the property match is taking place. Preliminary observations by the workers indicate the process is working. Pre/post supervisory case review data is expected to be available this August.

4. Central District's Corrective Action Plan

Central District, which historically had the highest error rate, has provided the Administration with a detailed corrective action plan for 1985-86.

a. Purpose

- o Identify error trends so that more staff resources can be devoted to areas with high error impact.

b. Description

Data obtained from county-based Medi-Cal supervisory case reviews will be entered into a microcomputer. The microcomputer will:

- o Compile and process error analysis reports.
- o Produce error analysis reports.

These reports will be utilized for planning, implementation, and evaluation of corrective actions.

c. Expected Results

Corrective action planning and evaluation will be enhanced. Analysis of error trends will permit a more effective allocation of resources by targeting those areas which will yield the greatest benefit.

d. Personnel/Resource Requirements

No additional staff is required for this initiative. The total cost for purchasing a microcomputer system will be \$13,000. Since this system will support other Department functions, the cost attributed to this initiative is \$500.

IV. Corrective Action Implementation

Implementation Schedules

The following pages provide an implementation plan for each proposed corrective action.

SAMPLE COUNTY CORRECTIVE ACTION INITIATIVE  
IMPLEMENTATION SCHEDULE

Gross Income  
(Major Error Concentration)

Identified Cause(s): District failure to target gross income error trends.

Corrective Action selected: Equipment Purchase and Special Study

Task	Program Responsibility	Target Completion Date
<p><u>SUMMARY:</u> Analyze gross error trends to permit allocating sources to identified target areas yielding greater cost/benefit.</p> <ol style="list-style-type: none"> <li>1. Purchase hand calculators.</li> <li>2. Develop, implement, evaluate plan for reducing errors by the EW's failure to take action.               <ol style="list-style-type: none"> <li>a. Development                   <ol style="list-style-type: none"> <li>(1) Specialized caseload project.</li> <li>(2) Supervisor emphasis and training.</li> </ol> </li> <li>b. Implementation                   <ol style="list-style-type: none"> <li>(1) Specialized caseload project.</li> <li>(2) Supervisor emphasis and training.</li> </ol> </li> </ol> </li> </ol>	<p>Administration Branch</p> <p>Administration Branch, Line Staff, Corrective Action Committee</p>	<p>March 15, 1985</p> <p>Ongoing</p>
	<p>Line Staff</p>	<p>April 1, 1985</p>

SAMPLE COUNTY CORRECTIVE ACTION INITIATIVE  
IMPLEMENTATION SCHEDULE

Gross Income (Cont.)  
(Major Error Concentration)

Identified Cause(s): District failure to target gross income error trends.

Corrective Action selected: Equipment Purchase and Special Study

Task	Program Responsibility	Target Completion Date
c. Evaluation pre/post (1) Math computations. (2) Supervisor emphasis and training. (3) Specialized caseload project.	Administration Branch	July 30, 1985 Pre/Post

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Deprivation/Unemployment  
(Major Error Concentration)

Identified Cause(s): District failure to correctly identify primary wage earner.

Corrective Action selected: Revised Form

Task	Program Responsibility	Target Completion Date
<p><u>SUMMARY:</u> Suggest revision of the Statement of Facts for Medi-Cal, MC 210, to specifically identify primary wage earner; and EW training on Deprivation.</p> <p>1. Request revision of MC 210 from DHS.</p> <p>Obtain approval to print county revision.</p> <p>Forms management review and processing.</p> <p>Review and sign-off of reformatted form.</p> <p>Production approval together with cost estimate and approval.</p> <p>Reproduction.</p> <p>Stock form in warehouse.</p> <p>Evaluate impact.</p>	<p>Administrative Policy Unit</p> <p>Administration Branch</p> <p>Program Support Branch, Administrative and Business Services Section</p> <p>Administration Branch, Operations Unit</p> <p>Program Support Branch, Administrative and Business Services Section</p> <p>Office of County Printing</p> <p>Program Support Branch, County Warehouse</p> <p>Corrective Action Committee</p>	<p>July 15, 1985</p> <p>July 30, 1985</p> <p>August 15, 1985</p> <p>September 15, 1985</p> <p>October 1, 1985</p> <p>October-December 1985</p> <p>December 1985</p> <p>July 20, 1986</p>

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Deprivation/Unemployment (Cont.)  
(Major Error Concentration)

Identified Cause(s): District failure to correctly identify primary wage earner.

Corrective Action selected: Revised Form

Task	Program Responsibility	Target Completion Date
2. Give Deprivation Training  Evaluate training through review of supervisory case reviews and publish report.	District Office Training Staff  Supervisory Staff	June 1985  July/August 1985

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Earned Income  
(Major Error Concentration)

Identified Cause(s): Failure to take action or to take timely action.

Corrective Action selected: District Instruction

TASK	Program Responsibility	Target Completion Date
<p><u>SUMMARY:</u> Inform districts of major causes of the QC errors. Provide instructions and suggested corrective actions.</p> <ol style="list-style-type: none"> <li>1. Analyze the QC errors for the October 1984-March 1985 review period.</li> <li>2. Review analyses and evaluate the QC data from a historic perspective. Develop if required:               <ol style="list-style-type: none"> <li>a. Monthly income reports/posters.</li> <li>b. Procedures clearance system.</li> </ol> </li> <li>3. Draft and send procedures letter.</li> <li>4. Monitor district actions.</li> </ol>	<p>County Quality Control and Evaluation Unit</p> <p>Administration Branch, Corrective Action Committee</p> <p>Administration Branch, County Corrective Action Committee</p> <p>Administration Branch, County Corrective Action Committee</p>	<p>Completed February 1985</p> <p>Completed April 1985</p> <p>Send Procedures Letter No. 85-44 "Quality Control Errors and Suggested District Actions" by June 8, 1985.</p> <p>July 1985 and ongoing</p>

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

RSDI Income  
(Major Error Concentration)

Identified Cause(s): Agency failure to adjust share of cost for Title II COLAs.

Corrective Action selected: District Instruction

TASK	Program Responsibility	Target Completion Date
<p><u>SUMMARY:</u> Instruct districts to flag all cases in which the RSDI income is present and the beneficiary is not entitled to the Title II Disregard.</p> <p>Draft and send procedures letter.</p>	Administration Branch	County Procedures Letter No. 85-45 to be sent by June 8, 1985.
Monitor district compliance.	Administration Branch	July 1985 and ongoing
Obtain verification of effective date and percentage increase of Title II COLA.	DHS	November 1985
Notify districts of effective date and percentage increase of Title II COLA.	Administration Branch, County Corrective Action Committee	July 1985
Begin special supervisory case reviews of Central District office cases.	Administration Branch, County Corrective Action Committee	November 1985 and ongoing

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Maintenance Need  
(Major Error Concentration)

Identified Cause(s): Failure to act accurately or timely.

Corrective Action selected: South District Staffing Module

TASK	Program Responsibility	Target Completion Date
<p>SUMMARY: South District will develop a staffing module which will include procedures to cover any uncovered caseloads as they occur.</p> <p><u>Evaluation</u></p>	<p>South District Administrative Unit</p> <p>Line Staff, Administrative Staff</p>	<p>April 1, 1985</p> <p>May 1, 1985</p>

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Share-of-Cost Computations  
(Major Error Concentration)

Identified Cause(s): Computation errors caused by incorrect manual calculations.

Corrective Action selected: Special Studies -- Module Development -- Long-Range Plan

TASK	Program Responsibility	Target Completion Date
1. Develop an automated Medi-Cal share-of-cost computation module.	Administration Branch	January 1, 1985
2. Coordinate development.	Administration Branch	March 1, 1985
3. Request DHS approval and funding.	Administration Branch	April 1, 1985
4. Subject to approval, implement.	Electronic Data Processing, District Offices	May 1, 1985
5. Monitor ongoing progress.	Corrective Action Committee	Ongoing
6. Evaluate module.	Administration Branch, Line Staff	March 1, 1986-June 1, 1986

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Eliminate age change errors for MN persons who become 21 and no longer are eligible for Medi-Cal.  
(Major Error Concentration)

Identified Cause(s): Manual controls were not always followed.

Corrective Action selected: Special Study

TASK	Program Responsibility	Target Completion Date
1. Develop computer modification which automatically terminates Medi-Cal benefits at the end of the birth month.	Administration Branch (EDP)	Completed February 1, 1985
2. Evaluate impact.	Corrective Action Committee	In progress --- August 1, 1985

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Real Property  
(Major Error Concentration)

Identified Cause(s): Beneficiary failure to report ownership of other real property.

Corrective Action selected: Special Study (Ownership match)

TASK	Program Responsibility	Target Completion Date
1. County purchased microfiche copies of property records and distributed them to district offices.	Administration Branch	Done -- February 1, 1985
2. Evaluation.	Corrective Action Committee	In progress -- August 1, 1985

SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

District with a High Error Rate in all Areas  
(Major Error Concentration)

Identified Cause(s): Unknown because no statistics on error trends or supervisor reviews are kept.

Corrective Action selected: Special Study: Error Identification and Analysis

TASK	Program Responsibility	Target Completion Date
1. Purchase microcomputer.	Administration Branch	March 1985
2. Enter data from supervisory reviews.	Administration Branch	April 1985
3. Compile and process error analysis reports.	Administration Branch	May 1985
4. Produce error analysis reports.	Administration Branch	May 1985
5. Analyze reports.	Corrective Action Committee	May 1985
6. Target areas for error reduction.	Corrective Action Committee	June 1985

V. Evaluation

Last year we implemented two corrective action initiatives: (1) Training on Alien Verification Procedures and (2) Revised Intake Procedures. The evaluation of these initiatives is reported on the following chart.

CORRECTIVE ACTION  
EVALUATION CHART

	First Initiative	Second Initiative
<u>Corrective Action and Reason Initiated</u>	<p>Training on Alien Verification Procedures.</p> <p>Last year a 15 percent case error rate was cited by QC during both 6-month review periods.</p>	<p>Revised Intake procedures.</p> <p>Error cause determination studies have shown that applications processed over 60 days from date of application contributed to a 75 percent error rate in living arrangement errors. It was found that the information that county acted upon was untimely. The overall case error rate for this factor was 18 percent based on last year's QC findings.</p>
<u>Planned Implementation Date</u>	10/83	10/83
<u>Actual Implementation Date</u>	10/83	10/83
<u>Errors Reduced?</u>	<p>Yes. Previous review periods cited 15 percent error rates. October 1983-September 1984 case error rate was 3.2 percent.</p>	<p>Yes. Previous year's error rate: 18 percent. Error this year was less than two percent.</p>
<u>Cost/Resource Estimate Realistic?</u>	<p>Yes. Budgeted expenditures were unspent.</p>	<p>Yes.</p>
<u>Were Additional Problems Encountered?</u>	No.	No.

	First Initiative	Second Initiative
<u>Did Unanticipated Effects Occur?</u>	Yes. Citizenship questions during training identified the need for revision of current procedures/training in that area. As a result of increasing the scope of the training, citizenship errors decreased.	No.
<u>Procedures/Methods of Evaluation Used</u>	Supervisory review of 60 cases per district (random sample) before and after training began.	Report prepared for review by management to determine the status of intake application on an ongoing basis. Based on their findings, action can be initiated as necessary.
<u>Present Status</u>	Completed Corrective Action. Error rate decreasing.	All intakes are being processed in less than 45 days.
<u>Recommended Status</u>	Share our training packages with other counties that have identified a need to address these errors.	Ongoing monitoring of application processing status through the use of a Management Information System developed for management.

TABLE I  
SAMPLE COUNTY  
OCTOBER 1983-SEPTEMBER 1984

ERROR RATES

	CASES REVIEWED	NUMBER IN ERROR
Federal QC Cases	41	4
County Evaluation Review	241	27
	<u>282</u>	<u>31</u>

SUMMARY OF ERRORS

	CASE ERRORS	PERCENT	DOLLARS PAID IN ERROR	PERCENT
Ineligible	14	5.0%	4,191.00	6.8%
Understated Share of Cost	15	5.3%	296.00	.5%
Overstated Share of Cost	<u>2</u>	<u>.7%</u>	<u>N/A</u>	<u>N/A</u>
Total	<u>31</u>	<u>11.0%</u>	<u>\$4,487.00</u>	<u>7.3%</u>

TABLE II

SAMPLE COUNTY

OCTOBER 1983-SEPTEMBER 1984

CASE ERROR SUMMARY

	NUMBER OF ERRORS	PERCENT OF TOTAL ERRORS
I. TOTAL ERRORS FOR ALL CASES.....	<u>31</u>	<u>100.0%</u>
INELIGIBLES.....	14	45.2
UNDERSTATED SHARE OF COST.....	15	48.3
OVERSTATED SHARE OF COST.....	2	6.5
II. TOTAL MN CASE ERRORS.....	<u>28</u>	<u>90.3%</u>
INELIGIBLES.....	13	42.0
UNDERSTATED SHARE OF COST.....	14	45.1
OVERSTATED SHARE OF COST.....	1	3.2
III. TOTAL MI-C CASE ERRORS.....	<u>3</u>	<u>9.7%</u>
INELIGIBLES.....	1	3.2
UNDERSTATED SHARE OF COST.....	1	3.2
OVERSTATED SHARE OF COST.....	1	3.2

TABLE III

SAMPLE COUNTY

OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION BY ELEMENT

ELEMENT	****	DISTRIBUTION OF ERRORS					TOTAL ERRORS	% OF TOTAL
		INELIGI- BLES	UNDER- STATED	OVER- STATED				
120	CITIZENSHIP/ALIENAGE.....	1	0	0	0	1	3.2%	
140	LIVING ARRANGEMENT.....	1	0	0	0	1	3.2	
153	DEPRIVATION/ABSENCE.....	1	0	0	0	1	3.2	
154	DEPRIVATION/UNEMPLOYMENT.....	3	0	0	0	3	9.7	
160	BLINDNESS/DISABILITY.....	1	0	0	0	1	3.2	
210	REAL PROPERTY.....	2	0	0	0	2	6.5	
220	LIQUID ASSETS.....	2	0	0	0	2	6.5	
230	LIFE INSURANCE.....	1	0	0	0	1	3.2	
250	PERSONAL PROPERTY.....	1	0	0	0	1	3.2	
310	EARNED INCOME.....	0	3	0	0	3	9.7	
320	RSDI BENEFITS.....	0	3	0	0	3	9.7	
330	BENEFITS/OTHER GOVT. PROGRAMS	0	1	0	0	1	3.2	
410	GROSS INCOME.....	0	3	1	0	4	13.0	
420	ALLOCATIONS/DEDUCTIONS.....	0	2	0	0	2	6.5	
430	ARITHMETIC COMPUTATIONS.....	0	0	1	0	1	3.2	
440	MAINTENANCE NEED.....	0	3	0	0	3	9.7	
540	OTHER STATE MEDICAID CRITERIA	1	0	0	0	1	3.2	
	TOTAL	<u>14</u>	<u>15</u>	<u>2</u>	<u>0</u>	<u>31</u>	<u>100.1%*</u>	

\* Total does not equal 100.0 percent due to rounding.

\*\*\*\* Elements are coded by utilizing the QC error codes.

TABLE IV

SAMPLE COUNTY

OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION BY CAUSE/CODE DESCRIPTIONS

ELEMENT	CAUSE* CODE	TOTAL ERRORS
120-CITIZEN/ALIENAGE.....	30	1
140-LIVING ARRANGEMENT.....	20	1
153-DEPRIVATION/ABSENCE.....	30	1
154-DEPRIVATION/UNEMPLOYMENT.....	10	1
154-DEPRIVATION/UNEMPLOYMENT.....	20	1
154-DEPRIVATION/UNEMPLOYMENT.....	40	1
160-BLINDNESS/DISABILITY.....	30	1
210-REAL PROPERTY.....	20	1
210-REAL PROPERTY.....	40	1
220-LIQUID ASSETS.....	30	1
220-LIQUID ASSETS.....	60	1
230-LIFE INSURANCE.....	30	1
250-PERSONAL PROPERTY.....	30	1
310-EARNED INCOME.....	30	3
320-RSDI BENEFITS.....	30	1
320-RSDI BENEFITS.....	40	1
320-RSDI BENEFITS.....	50	1
330-BENEFITS/OTHER GOVT. PROGRAMS.....	50	1
410-GROSS INCOME.....	20	1
410-GROSS INCOME.....	40	1
410-GROSS INCOME.....	50	1
410-GROSS INCOME.....	70	1
420-ALLOCATIONS/DEDUCTIONS.....	20	2
430-ARITHMETIC/COMPUTATIONS.....	70	1
440-MAINTENANCE NEED.....	20	1
440-MAINTENANCE NEED.....	30	1
440-MAINTENANCE NEED.....	60	1
TOTAL		<u>31</u>

\* CAUSAL FACTOR CODES

- 10 Correct policy but incorrectly applied
- 20 Wrong policy applied
- 30 Reported information disregarded/not applied
- 40 Failure to follow up on impending changes
- 50 Failure to follow up on inconsistent/incomplete information
- 60 Failure to verify where required by agency policy
- 70 Arithmetic computation

TABLE V  
SAMPLE COUNTY  
OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION BY AID CODE

AID CODE	DISTRIBUTION OF ERRORS					TOTAL ERRORS	% OF TOTAL
	INELIGIBLES		UNDER- STATED	OVER- STATED			
13 AGED LTC.....	1	...	2	...	0	...	3 ... 9.7%
14 AGED-MN (O-SOC).....	1	...	1	...	0	...	2 ... 6.5
17 AGED-MN (SOC).....	0	...	1	...	0	...	1 ... 3.2
34 AFDC-MN (O-SOC).....	6	...	7	...	0	...	13 ... 41.9
35 AFDC-U (O-SOC).....	1	...	0	...	0	...	1 ... 3.2
37 AFDC-MN (SOC).....	0	...	1	...	1	...	2 ... 6.5
63 DISABLED LTC.....	1	...	0	...	0	...	1 ... 3.2
64 DISABLED-MN (O-SOC).....	3	...	2	...	0	...	5 ... 16.1
82 MEDICALLY INDIGENT UNDER 21, (O-SOC).....	1	...	1	...	0	...	2 ... 6.5
83 MEDICALLY INDIGENT UNDER 21, (SOC).....	0	...	0	...	1	...	1 ... 3.2
TOTAL	<u>14</u>		<u>15</u>		<u>2</u>		<u>31</u> ... <u>100.0%</u>

TABLE VI

SAMPLE COUNTY

OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION  
BY AID CODE AND CAUSAL CODE

AID CODE	10	20	30	40	50	60	70	TOTAL ERRORS	% OF TOTAL
13 AGED LTC.....	0	0	2	1	0	0	0	3	9.7%
14 AGED-MN (O-SOC).....	0	0	1	1	0	0	0	2	6.5
17 AGED-MN (SOC).....	0	0	0	0	1	0	0	1	3.2
34 AFDC-MN (O-SOC).....	0	4	6	1	0	1	1	13	41.9
35 AFDC-U (O-SOC).....	1	0	0	0	0	0	0	1	3.2
37 AFDC-MN (SOC).....	0	1	0	0	0	0	1	2	6.5
63 DISABLED LTC.....	0	0	1	0	0	0	0	1	3.2
64 DISABLED-MN (O-SOC).....	0	1	2	0	1	1	0	5	16.1
82 MEDICALLY INDIGENT UNDER 21, (O-SOC).....	0	1	0	0	1	0	0	2	6.5
83 MEDICALLY INDIGENT UNDER 21, (SOC).....	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>3.2</u>
TOTAL	<u>1</u>	<u>7</u>	<u>12</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>31</u>	<u>100.0%</u>

TABLE VII  
SAMPLE COUNTY  
OCTOBER 1983-SEPTEMBER 1984

SAMPLE CHARACTERISTICS

AID CODE	NO. OF CASES REVIEWED	% OF CASES	NO. OF ERRORS	% OF ERRORS
04 AID FOR ADOPTION OF CHILDREN PROGRAM.....	1	.4%	0	0.0%
13 AGED LTC.....	41	14.5	3	9.7
14 AGED-MN (O-SOC).....	34	12.1	2	6.5
16 AGED-20% SS.....	1	.4	0	0.0
17 AGED-MN (SOC).....	6	2.1	1	3.2
30 AFDC-FG (O-SOC).....	1	.4	0	0.0
34 AFDC-MN (O-SOC).....	111	39.4	13	41.9
35 AFDC-V (O-SOC).....	1	.4	1	3.2
37 AFDC-MN (O-SOC).....	5	1.8	2	6.5
63 DISABLED LTC.....	8	2.8	1	3.2
64 DISABLED-MN (O-SOC).....	24	8.5	5	16.1
67 DISABLED-MN (SOC).....	5	1.8	0	0.0
82 MEDICALLY INDIGENT UNDER 21, (O-SOC).....	42	14.9	2	6.5
83 MEDICALLY INDIGENT UNDER 21, (SOC).....	2	.7	1	3.2
TOTAL	<u>282</u>	<u>100.2%*</u>	<u>31</u>	<u>100.0%</u>

\*Total does not equal 100.0 percent due to rounding.

EXAMPLE II

This is an example of a county CAP. Assume it was submitted by the Second Sample County Department of Social Services in March 1985.

EXAMPLE II

Second Sample County Department of Social Services

MEDI-CAL CORRECTIVE ACTION PLAN (CAP) -- MARCH 2, 1985

I. Introduction

The State Department of Health Services (DHS) Letter xxx-xxxx, dated \_\_\_\_\_, specified that Second Sample County must submit a CAP for the October 1983 through September 1984 period. This plan is in response to that requirement.

The purpose of this plan is to formalize Second Sample County's corrective action efforts, document past efforts, and to provide the basis for future planning. It is based on findings from the DHS quality control (QC) review of Medi-Cal case records for the October 1983 through March 1984 and April 1984 through September 1984 periods.

This county has decided to address all error elements which had an element error rate of ten percent or more. Detailed data can be found in Tables 1-6.

II. Error Analysis

A. Summary

Of the total 50 completed Medi-Cal Assistance Only (MAO) case reviews, 30 cases were found in error. Of these 30 cases, 15 errors were beneficiary caused and 15 were county caused. Of the 30 cases, 15 cases (50 percent) were found to be totally ineligible. A total of 15 cases were cited with understated liability errors.

B. Description of the MAO errors which were ten percent (rounded) or more of the total case errors found in the sample. See Table III.

1. Earned Income (26.7 percent of all errors found in the sample)

Six beneficiary-caused errors and two county errors were linked to this element. These errors resulted in no ineligibles, eight understated liability errors, and no overstated liability errors. The following defines the nature of these errors:

	<u>No. of Error Cases</u>
Beneficiary failure to report	6
Reported information disregarded/ not applied	2

2. Living Arrangement Errors (13 percent of all errors found in the sample)

Three beneficiary errors and one county error cases were linked to this element. Errors which occurred in this element resulted in two ineligibles and two understated liability errors and no overstated liability errors.

No. of Error Cases

Failure of the beneficiary to report that she had begun receiving SSI/SSP benefits which reduced the number of members in the MFBU. 1

Failure of beneficiaries' next of kin to report their death prior to the review month. 2

Failure of county to delete parent who left home (reported timely by beneficiary). 1

3. Deprivation/Absence (ten percent of all errors found in the sample)

Three beneficiary-caused error cases were linked to this element. There were no agency errors. Errors which occurred in this element resulted in three cases with ineligibles. There were no understated or overstated share-of-cost errors. The following defines the nature of these errors:

No. of Error Cases

Beneficiary failed to report return of the absent parent to the home. 3

III. Corrective Action Planning

A. Earned Income Errors

1. Error Causes/Analysis

- o Beneficiaries failed to report income changes which increased their share of cost.
- o MC 216 and MC 217 forms were found to be incomplete in four cases. Thus, beneficiaries may not have been fully informed about reporting responsibilities.

- o Eligibility workers (EW) failed to follow up on reported increases in earned income.

## 2. Proposed Corrective Action

- o Develop and mail to all beneficiaries a question and answer pamphlet concerning reporting responsibilities. Special sections concerning earned income, actions required of the next of kin, separated spouses, and changes in the Family Budget Unit composition will be emphasized.
- o Increased efforts by EWs to remind beneficiaries of reporting responsibilities will take place at future intake and redetermination interviews. MC 216 and MC 217 forms will be reviewed by each supervisor during supervisory reviews to determine that they are being completed.
- o Purchase a telephone answering machine which would be in operation 24 hours per day in order for recipients to report changes in earned income any time of the day. Test in one district office on a trial basis.

## 3. Expected Results

- o Case errors in this factor should be reduced.

## 4. Personnel and Resource Requirements

- o No additional resources will be required. The purchase of a telephone answering machine will be within the money allocated in the support budget. The Department also regularly produces and budgets for the release of informational material to beneficiaries. The cost of the pamphlet will be met through this allocation. Increased supervisory review of the MC 216 and MC 217 should not be a problem as different areas are targeted for review each month. This will be one of the monthly factors.

## 5. Evaluation Methodology

- o Question and answer pamphlet:

Six months after the release of the pamphlet it will be discussed with EWs to determine their evaluation of its usefulness. A questionnaire will be developed so that their comments can be easily tabulated.

- o Overall efforts:

The supervisors will compare their case review statistics with prior error rate findings and report the difference in the error rate after a period of three months. The need for further evaluation will be determined at that time.

- o Pilot study on the telephone answering machine:

Compare the QC and supervisory review statistics between the pilot district office and the other offices for a period of six months to determine the impact of the telephone answering machine.

B. Living Arrangement Errors

1. Error Causes/Analysis

- o Beneficiary failure to report changes in household circumstances.
- o EW failed to act on reported change.

The case error rate was 13 percent for the October 1983 through September 1984 review period. Numerically, case errors in this category nearly doubled in this review period over prior periods.

2. Proposed Correction Action

- o The question and answer pamphlet which is being developed as part of the corrective action activity for earned income will also be used to assist beneficiaries in becoming aware of their responsibilities to report changes in living arrangements. This will include special sections concerning actions required of the next of kin, separated spouses, and/or new household members.

3. Expected Results

- o Case errors in this factor should be reduced.

4. Personnel and Resource Requirements

- o No additional resources will be required. The Department regularly produces informational material for release to beneficiaries.

5. Evaluation Methodology

- o Six months after the release of the pamphlet, it will be discussed with EWs to determine their evaluation of its usefulness.
- o The supervisors will compare their case review statistics with prior error rate findings and report the difference in the error rate after a period of three months. The need for further evaluation will be determined at that time.

C. Deprivation/Absence

1. Error Causes/Analysis

- o Beneficiaries failed to report changes in household circumstances which resulted in ineligibility for the adult parents.

2. Proposed Corrective Action

- o The question and answer pamphlet concerning beneficiary reporting responsibilities, which was previously described, will include a discussion of the deprivation issue as well.
- o A review of intake and redetermination procedures is taking place by the Staff Development Unit to ensure that proper emphasis is being given to this item during interviews.

3. Expected Results

- o Case errors in this factor should be reduced.

4. Personnel and Resource Requirements

- o No additional resources will be required.

5. Evaluation Methodology

- o Six months after the release of the pamphlet, it will be discussed with EWs to determine their evaluation of its usefulness. A questionnaire will be developed so that their comments can be easily tabulated.
- o The Staff Development Unit will share its findings of its procedures review with the Corrective Action Committee at our next monthly meeting. Further action will be taken at that time based on the results of their review.

IV. Corrective Action Implementation

Implementation Schedules

The following pages provide an implementation plan for each proposed corrective action.

SECOND SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Earned Income  
(Major Error Concentration)

Identified Cause(s): County controls not always followed -- MC 216 and MC 217 forms not always completed.

Corrective Action selected: Special Study

Task	Program Responsibility	Target Completion Date
1. Supervisory review to determine completeness of MC 216 and MC 217 forms.  2. Evaluate impact.	Line Supervisors  The results of the Supervisor Review will be discussed by the Corrective Action Committee to determine if other action is necessary.	Completed -- March 1, 1985  In progress -- June 1, 1985

SECOND SAMPLE COUNTY INITIATIVE  
IMPLEMENTATION SCHEDULE

Earned Income/Living Arrangement/Deprivation  
(Major Error Concentration)

Identified Cause(s): Beneficiary's failure to report changes in earned income, living arrangement, and deprivation  
Corrective Action selected: Mail out a pamphlet to beneficiaries; purchase telephone answering equipment.

Task	Program Responsibility	Target Completion Date
1. Request preparation of pamphlet from staff development.	Administrative Policy Unit	July 15, 1985
Obtain approval to print county pamphlet.	Administration Branch, Corrective Action Committee	July 30, 1985
Forms management review and processing.	Program Support Branch, Administrative and Business Services Section	August 15, 1985
Review and sign-off of form.	Administration Branch, Operations Unit	August 22, 1985
Production approval together with cost estimate and approval.	Program Support Branch, Administrative and Business Services Section	August 22, 1985
Reproduction.	Office of County Printing	August 24, 1985
Stock form in warehouse.	Program Support Branch, County Warehouse	September 1, 1985
Evaluate impact.	Corrective Action Committee	December 30, 1985

SECOND SAMPLE COUNTY INITIATIVE

IMPLEMENTATION SCHEDULE

Earned Income/Living Arrangement/Deprivation (Cont.)  
(Major Error Concentration)

Identified Cause(s): Beneficiary's failure to report changes in earned income, living arrangement, and deprivation

Corrective Action selected: Mail out pamphlet to beneficiaries; purchase telephone answering equipment.

Task	Program Responsibility	Target Completion Date
2. Purchase telephone answering machine.	Program Support Branch, Administrative and Business Services Section	July 15, 1985
Implement system in selected district office.	District Office One	July 17, 1985
Evaluate impact.	Corrective Action Unit	November 17, 1985

V. Evaluation

Last year we implemented a computer control to discontinue all children over the age of 21. This corrective action was completed last year, and no errors in this element were identified this year.

TABLE I  
 SECOND SAMPLE COUNTY  
 OCTOBER 1983-SEPTEMBER 1984

ERROR RATES

Cases reviewed	50
Cases in error	30
Case error rate	60%

Summary of Errors

	<u>Case Errors</u>	<u>Percent of Total Cases</u>
Ineligible	15	30
Understated Share of Cost	15	30
Overstated Share of Cost	<u>0</u>	<u>0</u>
Total	<u>30</u>	<u>60%</u>

TABLE II  
 SECOND SAMPLE COUNTY  
 OCTOBER 1983-SEPTEMBER 1984

CASE ERROR SUMMARY

	NUMBER OF ERRORS	PERCENT OF TOTAL ERRORS
I. TOTAL ERRORS FOR ALL CASES.....	<u>30</u>	<u>100.0%</u>
INELIGIBLES.....	15	50.0
UNDERSTATED SHARE OF COST.....	15	50.0
OVERSTATED SHARE OF COST.....	0	0.0
II. TOTAL MN CASE ERRORS.....	<u>27</u>	<u>90.0%</u>
INELIGIBLES.....	14	46.7
UNDERSTATED SHARE OF COST.....	13	43.3
OVERSTATED SHARE OF COST.....	0	0.0
III. TOTAL MI-C CASE ERRORS.....	<u>3</u>	<u>10.0%</u>
INELIGIBLES.....	1	3.3
UNDERSTATED SHARE OF COST.....	2	6.6
OVERSTATED SHARE OF COST.....	0	0.0

TABLE III  
 SECOND SAMPLE COUNTY  
 OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION BY ELEMENT

ELEMENT	****	DISTRIBUTION OF ERRORS				TOTAL ERRORS	% OF TOTAL
		INELIGI- BLES	UNDER- STATED	OVER- STATED			
120	CITIZENSHIP/ALIENAGE.....	1	0	0	1	3.3%	
140	LIVING ARRANGEMENT.....	2	2	0	4	13.3	
153	DEPRIVATION/ABSENCE.....	3	0	0	3	10.0	
154	DEPRIVATION/UNEMPLOYMENT.....	1	0	0	1	3.3	
160	BLINDNESS/DISABILITY.....	1	0	0	1	3.3	
210	REAL PROPERTY.....	2	0	0	2	6.7	
220	LIQUID ASSETS.....	2	0	0	2	6.7	
230	LIFE INSURANCE.....	1	0	0	1	3.3	
250	PERSONAL PROPERTY.....	1	0	0	1	3.3	
310	EARNED INCOME.....	0	8	0	8	26.7	
320	RSDI BENEFITS.....	0	1	0	1	3.3	
410	GROSS INCOME.....	0	2	0	2	6.7	
440	MAINTENANCE NEED.....	0	2	0	2	6.7	
540	OTHER STATE MEDICAID CRITERIA	1	0	0	1	3.3	
	TOTAL	<u>15</u>	<u>15</u>	<u>0</u>	<u>30</u>	<u>99.9%*</u>	

\* Total does not equal 100.0 percent due to rounding.

\*\*\*\* Elements are coded by utilizing the QC error codes.

TABLE IV

SECOND SAMPLE COUNTY

OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION BY CAUSE/CODE DESCRIPTIONS

ELEMENT	CAUSE* CODE	TOTAL ERRORS
120-CITIZEN/ALIENAGE.....	30 .....	1
140-LIVING ARRANGMENT.....	30 .....	1
140-LIVING ARRANGEMENT.....	80 .....	3
153-DEPRIVATION/ABSENCE.....	80 .....	3
154-DEPRIVATION/UNEMPLOYMENT.....	40 .....	1
160-BLINDNESS/DISABILITY.....	30 .....	1
210-REAL PROPERTY.....	20 .....	1
210-REAL PROPERTY.....	80 .....	1
220-LIQUID ASSETS.....	30 .....	1
220-LIQUID ASSETS.....	60 .....	1
230-LIFE INSURANCE.....	30 .....	1
250-PERSONAL PROPERTY.....	80 .....	1
310-EARNED INCOME.....	80 .....	6
330-EARNED INCOME.....	30 .....	2
320-RSDI BENEFITS.....	30 .....	1
410-GROSS INCOME.....	40 .....	1
410-GROSS INCOME.....	50 .....	1
440-MAINTENANCE NEED.....	20 .....	1
440-MAINTENANCE NEED.....	30 .....	1
440-OTHER STATE MEDICAID CRITERIA.....	30 .....	1
TOTAL		<u>30</u>

\* CAUSAL FACTOR CODES

- 10 Correct policy but incorrectly applied
- 20 Wrong policy applied
- 30 Reported information disregarded/not applied
- 40 Failure to follow up on impending changes
- 50 Failure to follow up on inconsistent/incomplete information
- 60 Failure to verify where required by agency policy
- 70 Arithmetic computation
- 80 Beneficiary failure to report

TABLE V  
 SECOND SAMPLE COUNTY  
 OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION BY AID CODE

AID CODE	DISTRIBUTION OF ERRORS					TOTAL ERRORS	% OF TOTAL
	INELIGIBLES	UNDER- STATED	OVER- STATED				
13 AGED LTC.....	0	...	0	...	0	...	0 ... 0.0%
14 AGED-MN (0-SOC).....	1	...	1	...	0	...	2 ... 6.7
17 AGED-MN (SOC).....	0	...	1	...	0	...	1 ... 3.3
34 AFDC-MN (0-SOC).....	10	...	9	...	0	...	19 ... 63.4
35 AFDC-U (0-SOC).....	0	...	0	...	0	...	0 ... 0.0
37 AFDC-MN (SOC).....	0	...	1	...	0	...	1 ... 3.3
63 DISABLED LTC.....	0	...	0	...	0	...	0 ... 0.0
64 DISABLED-MN (0-SOC).....	3	...	2	...	0	...	5 ... 16.7
82 MEDICALLY INDIGENT UNDER 21, (0-SOC).....	1	...	1	...	0	...	2 ... 6.7
83 MEDICALLY INDIGENT UNDER 21, (SOC).....	<u>0</u>	...	<u>0</u>	...	<u>0</u>	...	<u>0</u> ... <u>0.0</u>
TOTAL	<u>15</u>		<u>15</u>		<u>0</u>		<u>30</u> ... <u>100.1%</u>

\* Total does not equal 100.0 percent due to rounding.

TABLE VI

SECOND SAMPLE COUNTY

OCTOBER 1983-SEPTEMBER 1984

CASE ERROR INFORMATION  
BY AID CODE AND CAUSAL CODE

AID CODE	10	20	30	40	50	60	70	80	TOTAL ERRORS	% OF TOTAL
13 AGED LTC.....	0	0	0	0	0	0	0	0	0	0.0%
14 AGED-MN (O-SOC).....	0	0	1	1	0	0	0	0	2	6.7
17 AGED-MN (SOC).....	0	0	0	1	0	0	0	0	1	3.3
34 AFDC-MN (O-SOC).....	0	0	5	0	0	0	0	14	19	63.4
35 AFDC-U (O-SOC).....	0	0	0	0	0	0	0	0	0	0.0
37 AFDC-MN (SOC).....	0	0	1	0	0	0	0	0	1	3.3
63 DISABLED LTC.....	0	0	0	0	0	0	0	0	0	6.7
64 DISABLED-MN (O-SOC)...	0	1	3	0	0	1	0	0	5	16.7
82 MEDICALLY INDIGENT UNDER 21, (O-SOC).....	0	1	0	0	1	0	0	0	2	6.7
83 MEDICALLY INDIGENT UNDER 21, (SOC).....	0	0	0	0	0	0	0	0	0	0.0
TOTAL	<u>0</u>	<u>2</u>	<u>10</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>14</u>	<u>30</u>	<u>100.1%</u>

\* Total does not equal 100.0 percent due to rounding.