



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



ARNOLD SCHWARZENEGGER
Governor

January 18, 2008

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

Letter No.: 08-01

SUBJECT: INTEGRATION OF COUNTY PERFORMANCE STANDARDS
APPLICATION SAMPLES

The purpose of this All County Welfare Directors Letter is to inform counties that the current two County Performance Standards (CPS) application samples (General and Disability-Based) used by Program Review Section to evaluate county performance in the area of application processing will be integrated into one consolidated CPS Application sample. This does not apply to county sent reports of their performance. This new sampling requirement change is reflected in the enclosed draft copy of the Medi-Cal Eligibility Procedure Manual Article 25 D - County Performance Standards Application Processing (Section II C - Case Sample). This revised policy is effective January 1, 2008, for Department of Health Care Services (DHCS) reviews of CPS application processing.

INTRODUCTION AND BACKGROUND

Senate Bill X1 26 (Chapter 9, Statute of 2003, first Extraordinary Session) established CPS for eligibility determinations and annual redeterminations. Per Welfare and Institutions Code, Section 14154 (c) (1), counties must complete eligibility determinations as follows:

THE CURRENT MEDI-CAL APPLICATION PROCESSING REQUIREMENT:

The current Medi-Cal application processing requirement is that General application processing must be completed within 45 days and Disability-Based application processing shall be completed within 90 days.

CPS FOR MEDI-CAL APPLICATION PROCESSING:

CPS requires that 90 percent of the General applications be processed within 45 days and 90 percent of Disability-Based applications be processed within 90 days. For CPS review purposes, we currently complete two separate application samples (General and Disability-Based). Our experience with separate application samples has resulted in potentially inadequate evaluations of some counties' Disability-Based application processing. Review findings have resulted in either no reviewable Disability-Based application cases or a very small number of reviewable cases for each county. County input and review experience support that an integrated CPS application sample would require minimal lead time to implement, would require no additional programming cost and the integrated sample would be more representative of total application population in each county. Moreover, this should lead to fairer, more representative CPS application evaluation processes.

The DHCS is required to conduct reviews and verify county compliance with the above-established performance standards. For Disability-Based Applications, the DHCS is currently required to request the application samples from each county, which typically results in either no reviewable cases or a very small number of reviewable cases for each county. Due to minimal numbers of reviewable cases, counties have a base of significantly small numbers of cases available for evaluation. Under existing sampling processes, Disability-Based applications cannot be identified separately from General Medi-Cal applications in Medi-Cal Eligibility Data System (MEDS). Proposals to remedy this situation do not appear feasible, due to extensive lead time and cost requirements and labor-intensive manual sampling processes.

INTEGRATE THE TWO CPS APPLICATION SAMPLES (GENERAL AND DISABILITY-BASED) INTO ONE CONSOLIDATED SAMPLE.

The two application samples (General and Disability-Based) used for Medi-Cal county performance standards will now be replaced by one consolidated application sample. The new consolidated application sample will be pulled by DHCS Information

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Technology Services Division rather than from the counties. This process should provide for samples that are more representative of the total application population of counties' General and Disability-Based applications. General applications will continue to be reviewed for the 45 day processing requirement. Disability-Based applications will continue to be reviewed for the 90 day processing requirement for CPS application reviews. Review findings/results will now be reported in a single integrated report for each county. Counties will be evaluated, based on this revised sampling plan and reporting procedure.

IMPLEMENTATION PLAN

This new consolidated CPS Application sampling plan will be effective as of January 1, 2008, for DHCS evaluations of CPS application processing.

A future refinement to identify a larger number of reviewable Disability-Based Application cases is also being examined in terms of mandating the use of the MEDS Application Status field data code D (Pending disability determination on the INQP screen) because of the need for a State disability determination. Counties will be kept informed on the status of any future progress on this possible refinement.

If you have any questions or seek additional information, please contact Mr. Jose Morales, Chief of the Southern Program Review Region at (213) 897-0980.

Original signed by Vivian Auble

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosure

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CPS D – APPLICATION PROCESSING

I. PERFORMANCE EVALUATIONS

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

II. REVIEW GUIDELINES

A. COUNTY INCLUSION

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

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

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

B. ENTRANCE AND EXIT CONFERENCES

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

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

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

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

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

C. CASE SAMPLE

Beginning January 1, 2008, the sample size for the Application Processing review has been set at 75 applications.

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

The general application sample will be obtained directly from MEDS.

The application sample selection process utilizes a program that will identify all applicant records submitted by a CWD for the designated application month. A random selection process will then be performed to

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select 100 person-level application records from this program. Although the number of applications actually studied will be less, over-sampling is needed to guarantee that the applications to be studied meet the criteria as a valid application. In addition, over-sampling is performed to account for dropped cases for any number of reasons.

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

D. SELECTING THE SAMPLE FOR THE APPLICATIONS

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

- An individual comes back into the home but is an additional person for an existing case and does not require a full application.
- A case is reinstated after discontinuance without requiring a new application.
- A Medi-Cal Only (MCO) case is established for non California Work Opportunity and Responsibility to Kids (CalWORKs) eligible persons based on the CalWORKs case.
- A MCO case is established for discontinued CalWORKs, Supplemental Security Income/State Supplementary Payment, or Foster Care cash beneficiaries.
- A Medi-Cal case is established as a result of an intercounty transfer.

A thorough review of the MEDS print file will identify situations which constitute a valid new application. Although only 75 applications will be reviewed, a total of 100 applications or a statistically valid number based on county size will be selected for inclusion for the review. Over sampling

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is done to prevent problems with lost cases or cases not meeting the review criteria.

E. REVIEW METHODOLOGY

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

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

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

F. PREPARING STATISTICS

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

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scope of this review or in the report to the county. However, that information will be shared with the county as part of the exit conference process.

G. 45 AND 90 DAY PROCESSING

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

H. REVIEW DOCUMENTS and FORMS

1. **Project Plan** – this document is to be used to present the Application Processing review to the county selected for inclusion in this project.
2. **Entrance Letters** – formal notification letters to be sent to the CWD director that outlines the purpose of the review and whether the review is new for the review year or the result of a follow-up review because of a CAP from the prior year.
3. **Confirmation Letter** – a formal confirmation letter to be sent to the CWD director that confirms the purpose of the review when requested by the CWD.
4. **Report** – this document is a report of the findings of the review.
5. **Director's Letter** – this document is a cover letter to be used when transmitting the report to the county.
6. **Application Processing Worksheet** – data collection worksheet used to conduct the review.

CPS PROPOSED PROJECT PLAN

PROPOSAL

Name County has been selected to be evaluated for an Application Processing Review under the CPS requirements. Staff from the PRS of the DHCS will conduct the study during the month of MONTH, YEAR. This CPS review is pursuant to Welfare and Institutions Code Section 14154. The most recent detailed instructions for CPS are

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contained in All County Welfare Directors Letter No. 05-22E dated November 2, 2005.

STUDY METHODOLOGY

As part of the study, PRS will review a sample of 75 randomly selected to include applications received by the county during Month YEAR. Both approvals and denials will be reviewed. The sample will be obtained from MEDS. The review will be completed during the month of Month YEAR and will be representative of both general and disability based applications received throughout the year.

STUDY DOCUMENT

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

CONCLUSIONS

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

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

REVIEW CONCEPTS

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

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

REVIEW PROCESS

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

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

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APPLICATION PROCESSING REVIEW ENTRANCE LETTER TO COUNTY

The following text format will be inserted on the appropriate state letterhead and issued to the County to initiate the review process, for reviews other than CAP follow-up reviews.

Dear Mr./Ms. (Director):

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

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

The Applications sample will be obtained from Medi-Cal Eligibility Data System (MEDS). We will normally provide your county liaison with a list of cases at least three weeks prior to our onsite review that includes the cases that will be evaluated. The cases will be randomly. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record and information in your county data system.

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

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

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

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

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

Based on our initial independent evaluation conducted on Month Day, Year (date of CPS review that resulted in finding of Corrective Action Plan (CAP), it was determined that Name County's performance was below the 90 percent processing requirement . Name County's performance was # percent.

As a result your county was required to submit a CAP that addressed the performance noted above and your county was also required to submit quarterly monitoring reports during the 12 months of the CAP period.

As part of CPS monitoring, we plan to conduct a follow-up review of the Application Processing beginning Month Day through Month Day, Year. An entrance conference will be scheduled on the first day of the onsite review. We will also meet with you and/or designated staff at the conclusion of the onsite review to share initial findings and problem case issues. A draft report will be issued shortly after.

We will be obtaining a sample from our state Medi-Cal Eligibility Data System (MEDS). The cases on that sample will be selected at random from applications reported to the State Application Tracking database for the month of Month/Year. The sample list will be provided to Name County three weeks prior to the onsite review. This review is independent of the regular quality control accuracy rate. The reviews are limited to a desk review that will include the case information in the case record, MEDS and the county automated/imagery systems.

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

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

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

Pursuant to Senate Bill X126 Chapter 9, Statutes of 2003, 1st Extraordinary Session, as noted in All County Welfare Director's Letter 05-22E dated November 2, 2005, Name County submitted a Self Certification report for the Annual Application Processing function of the County Performance Standard (CPS) Monitoring on Date.

Based on our evaluation of that self certification it was determined that Name County's performance was below the 90 percent processing requirement. Name County's performance was # percent.

As a result your county was required to submit a Corrective Action Plan (CAP) that addressed the performance noted above and your county was also required to submit quarterly monitoring reports during the 12 months of the CAP period.

As part of CPS monitoring, we plan to conduct a follow-up review of the Application Processing beginning Month Day through Month Day, Year. An entrance conference will be scheduled on the first day of the onsite review. We will also meet with you and/or designated staff at the conclusion of the onsite review to share initial findings and problem case issues. A draft report will be issued shortly after.

We will be obtaining a sample from our state Medi-Cal Eligibility Data System (MEDS). The cases on that sample will be selected at random from applications reported to the State Application Tracking database for the month of Month/Year. The sample list will be provided to Name County three weeks prior to the onsite review. This review is independent of the regular quality control accuracy rate. The reviews are limited to a desk review that will include the case information in the case record, MEDS and the county automated/imagery systems.

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

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

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**PROGRAM REVIEW SECTION
APPLICATION PROCESSING REVIEW FOR INSERT COUNTY**

EXECUTIVE SUMMARY

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

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

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

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

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

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BACKGROUND

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

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

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

ONSITE REVIEW

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

The Program Review Section (PRS) staff reviewed 75 cases that were in the review samples. Of the total **##** cases, **#** cases were considered to have applicant errors or state delays and were not considered in the county's performance evaluation.

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

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

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

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

SUMMARY/CONCLUSIONS/RECOMMENDATIONS

Based on the DHCS review, **Name** County met/did not meet the two performance criteria for application processing. The county's performance for completion of timely applications was % which is below/at/above the required 90 percent

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

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

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BEST PRACTICES

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

CAP

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

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

ATTACHMENTS

1. PRS Application Processing Worksheet

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DIRECTOR COVER LETTER

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

Dear Mr/Ms. (Director):

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

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

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

Sincerely,

Chief
Insert Area Program Review Region
Program Review Section

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APPLICATON PROCESSING WORKSHEET