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Department of Health Care Services



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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 312

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

Subject: Article 25 – County Performance Standards

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

Filing Instructions

Remove Pages:

Pages 25 G-1 thru 25 G-14

Insert Pages:

Pages 25 G-1 thru 25 G-26

If you have any questions, please contact Mr. Jose Morales of my staff at (312) 897-0890.

Original signed by:

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosure

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

CPS G – MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING

I. PERFORMANCE EVALUATIONS

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

II. REVIEW GUIDELINES

A. COUNTY INCLUSION

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

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

B. ENTRANCE AND EXIT CONFERENCES

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

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

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

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

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

C. DEFINITION OF “CASE” AND CASE SAMPLE

The Bridging performance standard for a case is child based, not family based, as there can be more than one child in a family eligible for the Bridging Program. Therefore, this performance standard should be interpreted as, “Ninety percent of *these children (i.e., one child equals one case)* shall be sent a notice informing them of the Healthy Families Program within five working days from the determination of a Share of Cost.”

The sample size for the Bridging Processing review has been set at 75 children. At the sole discretion of DHCS, sample sizes may be adjusted to smaller numbers, as long as the sample size allows for reasonable statistical validity. In those situations, DHCS staff will advise county staff in advance.

The DHCS Information Technology Services Division will be asked for a list of all children with an annual Redetermination (RV) due in the month before the sample month resulting in a child’s eligibility changing from a no share of cost (SOC) to a SOC in the sample month. A child, for the purposes of this component of CPS, is defined as a person under the age of 19 who is a citizen or alien with Satisfactory Immigration Status (SIS). Children without SIS are not to be included. A child who becomes 19 during the sample month will be excluded from the performance standards evaluation process as no

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referral to Healthy Families is made even though the child is entitled to the month of Bridging under aid code 7X for the sample month.

On receipt of the requested sample list, approximately 75 children (or a statistically valid sample) will be randomly selected to be included in the review. Although the actual number of children to be studied will be less, over sampling (i.e., approximately 100 cases) is performed in anticipation of some potentially dropped cases.

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

D. REVIEW METHODOLOGY

The Bridging Performance Checklist (Attached) 25 G-16 thru 25 G-28 will be used to document the review findings. The checklist is in Excel format and has been designed to capture data for the integral elements of this review.

The review will follow current Medi-Cal program and procedural guidelines based on the specific situations that are identified in the county case and automated system based on the most recent state policy and procedures.

E. PREPARING STATISTICS

The statistics to be included for the county report will be automatically generated from the Bridging Processing Checklist. A review of the comments section will provide additional information as needed. The checklist will provide the data needed to complete the report which is specific to the three components of the review. Although other information may be identified, that information will not be included in the scope of this review but will be reported to the county.

F. REVIEW DOCUMENTS AND FORMS

1. **Project Plan** – this document is used to present the Bridging Processing review to the county selected for inclusion in this project, when requested.

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2. **Entrance Letter** – formal notification letters to be sent to the County Welfare Department (CWD) director that outlines the purpose of the review and whether the review is new for the review year, or the result of a follow-up review because of a CAP from the prior year.
3. **Confirmation letter** – a formal confirmation letter to be sent to the CWD director that confirms the purpose of the review when requested by the CWD. This action may be completed via an email.
4. **Report** – this document is a report of the findings of the review.
5. **Director’s Letter** – this document is a cover letter to be used when transmitting the report to the county.
6. **Medi-Cal to Healthy Families Bridging CPS checklist** – data collection worksheet used to conduct the review.

CPS PROPOSED PROJECT PLAN

PROPOSAL

Name County has been selected to be evaluated for a Medi-Cal to Healthy Families Bridging Performance Review under the CPS requirements. Staff from the PRS of the DHCS will conduct the study during the month of Month Year. This County Performance review is pursuant to Welfare and Institutions Code Section 14154. The most recent instructions for CPS Bridging are contained in All County Welfare Directors Letter No. 07-09, 07-03, 03-01, 01-57, and 99-06.

STUDY METHODOLOGY

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

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STUDY DOCUMENT

The Medi-Cal to Healthy Families Bridging CPS Checklist will be used to collect the data necessary to perform the CPS evaluation. DHCS will study only the child case record information and county/state automated system information.

CONCLUSIONS

The information collected during the review will be compiled into a report that will identify the County's timeliness of processing Medi-Cal to Healthy Families Bridging for these children by the fifth working day:

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

REVIEW CONCEPTS

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

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

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REVIEW PROCESS

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

- Each county review will be documented independently and follow the established template.
- The review report will be sent under separate Director's Letter cover and the findings will not be combined with any other review.
- The review county will be provided a copy of the draft report for review and comment before becoming final.
- The final report will include information to the county when the county does not meet the mandated CPS.
- The final report will include Best Practices documents as approved by the review county.
- The final report will include information related to the CAP process when the county's performance is less than 90 percent.

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BRIDGING PROCESSING REVIEW ENTRANCE LETTER TO COUNTY

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

As part of the County Performance Standards (CPS) Monitoring activity, the Program Review Section of the Department of Health Care Services (DHCS) conducts reviews in counties throughout the State of California. NAME County has been selected for a review of the CPS Bridging Processing. Pursuant to Welfare and Institution Code Section 14154, as implemented in All County Welfare Director's Letter (ACWDL) 07-03 dated February 2, 2007, and ACWDL 07-09 dated May 14, 2007, findings of the review will be used in a determination of CPS and possible computation of any fiscal or dollar error rate determination. A report will be issued to your county at the conclusion of the review process.

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

We plan to conduct a review of approximately 75 children (who have citizenship/SIS and are under the age of 19) who lost their zero share of cost (SOC) Medi-Cal during the annual redetermination evaluation and move to SOC for the first month of the new 12-month Continued Eligibility Coverage period. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record and information in your county data system and Medi-Cal Eligibility Data System (MEDS).

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

The DHCS staff who will be participating in this review are Name and Name. Name will have LEAD responsibility for the review and will be available at 999-999-9999 or via email at name@dhcs.ca.gov.

If you have any questions or concerns regarding this review, please feel free to contact me at 999-999-9999 or via email at name@dhcs.ca.gov.

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

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

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

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

Enclosed please find a list of approximately 100 children in your county. Please have all case records and information in your county data system related to these 100 children available at the time of the onsite visit. We plan to conduct a review of approximately 75 children (the remaining 25 cases in the sample are for over sampling purposes only). This list includes children (who have citizenship/SIS and are under the age of 19) who lost their zero share of cost (SOC) Medi-Cal during the annual redetermination evaluation and move to SOC for the first month of the new 12-month Continued Eligibility Coverage period. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record and information in your county data system and Medi-Cal Eligibility Data System (MEDS).

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

If you have any questions or concerns regarding this review, please feel free to contact me at 999-999-9999 or via email at name@dhcs.ca.gov.

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

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

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

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

Enclosed please find a list of approximately 100 children in your county. Please have all case record and information in your county data system related to these 100 children available at the time of the onsite visit. We plan to conduct a review of approximately 75 children (the remaining 25 cases in the sample are for over sampling purposes only). This list includes children (who have citizenship/SIS and are under the age of 19) who lost their zero share of cost (SOC) Medi-Cal during the annual redetermination evaluation and move to SOC for the first month of the new 12-month Continued Eligibility Coverage period. The review is independent of the regular quality control accuracy rate. The review is limited to a desk review that will include the case record and information in your county data system and Medi-Cal Eligibility Data System (MEDS).

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

The Department Health Care Services staff who will be participating in this review are Name and Name. Name will have LEAD responsibility for the review and will be available at 999-999-9999 or via email at name@dhcs.ca.gov. If you have any questions or concerns regarding this review, please feel free to contact me at 999-999-9999 or via email at name@dhcs.ca.gov.

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**PROGRAM REVIEW SECTION
MEDI-CAL TO HEALTHY FAMILIES BRIDGING REVIEW FOR NAME COUNTY**

EXECUTIVE SUMMARY

California Department of Health Care Services (DHCS) staff conducted a County Performance Standards (CPS) Medi-Cal to Healthy Families Bridging Processing Review on Month Day, Year. The review was performed in Name County. The purpose of this review was to determine the effectiveness of Name County bridging processing compliance for Medi-Cal recipient children pursuant to Welfare and Institutions Code Section 14154.

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

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

- Number of All Correct Children for which a Notice informing of a referral to Healthy Families was completed # (# %)
- Number of All Correct Children for which the Annual Redetermination (RV) Forms were mailed to Healthy Families # (# %)
- Number of All Correct Children for which a Notice requesting Consent/permission to forward the Annual RV forms to Healthy Families # (# %)

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

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

COUNTY PERFORMANCE STANDARDS MEDI-CAL TO HEALTHY FAMILIES BRIDGING PROCESSING

BACKGROUND

DHCS staff completed a CPS Medi-Cal to Healthy Families Bridging Processing Review in Name County, on Month Day, Year. A review was completed on # Children. The reviewable child (who have citizenship/SIS and are under the age of 19) was determined to have lost Medi-Cal benefits without a SOC during the annual RV process, but who continued to be eligible to Medi-Cal with a SOC for the following month.

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

- Desk reviews of a random sample of approximately 75 Medi-Cal Only (MCO) children (i.e., oversampling of approximately 100 cases).
- A review of Name County case information as documented in the case record and county automated systems.
- A review of the State Medi-Cal Eligibility Data System (MEDS).
- A review of the county's internal process for monitoring the five-day timeliness for the steps within the Medi-Cal to Healthy Families Bridging processing.
- A determination of the county's compliance with the five-day timeliness for the steps within the Medi-Cal to Healthy Families Bridging processing.
- Findings of the review will be used in the verification of compliance with CPS, determination of whether a CAP is required

The Bridging performance standard for a case is child based, not family based, as there can be more than one child in a case eligible for the Bridging Program. Therefore, this performance standard should be interpreted as, "Ninety percent of *these children* shall be sent a notice informing them of the Healthy Families Program within five working days from the determination of a Share of Cost."

ONSITE REVIEW

The onsite review was conducted on Month Day, Year. A desk review was completed on a random sample of

REVIEW AND COMMENT## children in which an annual RV was due in the month before the sample month resulting in a child's eligibility changing from a no SOC to a SOC in the sample month. A child, for the purposes of this component of CPS, is defined as a person under the age of 19 who is a citizen or alien with Satisfactory Immigration Status (SIS). Children without SIS are not to be included. A child who becomes 19 during the sample month will be excluded from the performance standards evaluation process as no referral to Healthy Families is made even though the child is

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entitled to the month of Bridging under aid code 7X for the sample month. This review is limited to children moving to aid code 37 or 83 for the sample month from any no SOC Medi-Cal program.

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

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

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

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

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

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

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

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

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

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

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

SUMMARY/CONCLUSIONS/RECOMMENDATIONS

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

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

The CPS Review for Medi-Cal to Healthy Families Bridging Processing was completed within the time frames allowed. This was due in part to the full cooperation of the Name County staff and the coordination efforts of Name. This enabled the review to run smoothly and without delays.

BEST PRACTICES

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

CAP

Based on these findings, name County will/will not be required to submit a CAP for Medi-Cal to Healthy Families Bridging processing.

(Add the following if a CAP is required.)

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

ATTACHMENTS

PRS Medi-Cal to Healthy Families Bridging CPS Checklist

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DIRECTOR COVER LETTER

The following text format will be inserted on the appropriate state letterhead and issued to the County as a cover letter to the Medi-Cal to Healthy Families Bridging Processing report.

Dear Mr./Ms.(Director)

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

We wish to express our appreciation for the able assistance and appropriate cooperation of Name County staff in the completion of this County Performance processing review. If you wish to discuss the findings of the review please contact either Name at phone number or myself at phone number. If you or staff wishes, we will also arrange a conference at a convenient date and time.

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

HEALTHY FAMILIES BRIDGING CPS CHECKLIST

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E BRIDGE MONTH	F SOC CORR. Y or N	G ISSUE 7X BENE. IN MEDS Y or N	H SOC NOA ISSUED Y or N	I CONSENT FORMS NEEDED Y or N	J CONSENT FORMS TIMELY Y or N	K # of CHILD BRIDGE D	L BRIDGE NOA TIMELY Y or N	M # of CHILD REFERRED	N CASE CORRECT	O COMMENTS
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- Header** The County name goes in the Header section. Click View on the Window Menu Bar. Select Header and Footer. Click the Custom Header button. In the Center section replace <County> with the county name. Click the OK button twice.
- A** REV NO Review number 1 - 100 is entered.
- B** CASE NAME Enter the last name only of the case name. **Each potential Bridged child is a case.**
- C** CASE NUMBER Enter the 7 digit case serial number. **If there is more than one child in a family selected, add the MEDS PN number in comments.**
- D** PRS # Enter the PRS reviewer number **FOR CHILD REVIEWED**. Leave blank if a non-reviewable child or a child not reviewed. **A non-reviewable child is a child who does not meet the requirements for Bridging under County Performance Standards. For example, a child who has no legal alien/citizenship status, a child who became 19 during the review month, a child who went to share of cost for reasons other than completion of an RV, if the family income exceeds the 250% FPL.**
- E** BRIDGE MONTH Enter the month that the child went to Share of Cost as a result of the RV completion and loss of zero Share of Cost benefits
- F** SOC CORRECT Enter Y if the change to the share of cost benefits was correct.
Enter N If the child should not have been changed to Share of Cost, **leave the remaining columns blank and enter I in column M**
- G** ISSUE 7X BENE. IN MEDS Enter Y if the Share of Cost determination was correct **and** benefits were established under aid code 7X for the first month of the new CEC period within 5 days. Enter N if not.
- H** SOC NOA ISSUED Enter Y if a SOC NOA was issued for the SOC change.
Enter N if no NOA was issued.
- I** CONSENT FORMS NEEDED Enter Y if the family did not previously authorize referral to the Healthy Family Program.
Enter N if previous authorization had been given **and do not complete Column J.**
- J** CONSENT FORMS TIMELY Enter Y if the family did not previously authorize referral to the Healthy Family Program **and** the county sent a timely NOA to the family to advise of the Healthy Family Program.
Enter N if the county did **not** timely send a NOA to the family to advise of the Healthy Family Program.
Enter X if **no** NOA was sent to the family to advise of the Healthy Family Program.
Leave blank if previous authorization had been given.
- K** # of CHILD BRIDGED Enter the number of child that should be referred if consent was given to mail RV. **Leave blank for no child or enter 1 for one child.**
- L** BRIDGE NOA TIMELY Of those child in Column K:
Enter Y if a timely NOA was sent informing the family the RV forms would be sent to HF.
Enter N if a timely NOA was **not** sent informing the family the RV forms would be sent to HF.
- M** # of CHILD REFERRED Enter the number of those in column K who were actually referred with RV forms timely to HF. **Leave blank for no child or enter 1 for one child.**
- N** CASE CORRECT Enter C if column G, H and J = Y and was timely referred in column M.
Enter I if there is any N in column G, H and J or was not timely referred in column M.
- O** COMMENTS Enter comments appropriately to explain errors or non-reviewable cases. If a case is not reviewed due to over-sampling delete the case information.

HEALTHY FAMILIES BRIDGING CPS CHECKLIST

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E BRIDGE MONTH	F SOC CORR. Y or N	G ISSUE 7X BENE. IN MEDS Y or N	H SOC NOA ISSUED Y or N	I CONSENT FORMS NEEDED Y or N	J CONSENT FORMS TIMELY Y or N	K # of CHILD BRIDGE D	L BRIDGE NOA TIMELY Y or N	M # of CHILD REFERRED	N CASE CORRECT	O COMMENTS
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When giving the worksheet to the county to request cases, you may want to delete the Instructions and Sample sheets and save with a different name.

When giving the worksheet to the county for review, cases with issues may be highlighted to make it easier for the county to identify these cases.

HEALTHY FAMILIES BRIDGING CPS CHECKLIST

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E BRIDGE MONTH	F SOC CORR. Y or N	G ISSUE 7X BENE. in MEDS Y or N	H SOC NOA ISSUED Y or N	I CONSENT FORMS NEEDED Y or N	J CONSENT FORMS TIMELY Y or N	K # of CHILD BRIDGED	L BRIDGE NOA TIMELY Y or N	M # of CHILD REFERRED	N CASE CORRECT C or I	O COMMENTS
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Confidentiality Statement: Because this document, including any attachments, may contain client information we ask that you treat these documents according to the confidentiality guidelines as required under the Health Insurance Portability Accountability Act to guarantee the confidentiality of each beneficiary identified.

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HEALTHY FAMILIES BRIDGING CPS CHECKLIST

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HEALTHY FAMILIES BRIDGING CPS CHECKLIST

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HEALTHY FAMILIES BRIDGING CPS CHECKLIST

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HEALTHY FAMILIES BRIDGING CPS CHECKLIST

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HEALTHY FAMILIES BRIDGING CPS CHECKLIST

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E BRIDGE MONTH	F SOC CORR. Y or N	G ISSUE 7X BENE. in MEDS Y or N	H SOC NOA ISSUED Y or N	I CONSENT FORMS NEEDED Y or N	J CONSENT FORMS TIMELY Y or N	K # of CHILD BRIDGED	L BRIDGE NOA TIMELY Y or N	M # of CHILD REFERRED	N CASE CORRECT C or I	O COMMENTS
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Totals	0	Yes	0	0	0	0	0	0	0	0	0	0	0
		No	0	0	0	0	0	0	0	0	0	0	0
		None						0					

HEALTHY FAMILIES BRIDGING CPS CHECKLIST

EXECUTIVE SUMMARY

Number of All Completed Reviews 0

Number of Children (i.e. cases) in which a determination was made that the Share of Cost determination was incorrect and the child should have remained in a zero Share of Cost program 0

Number of Children for which a Medi-Cal to Healthy Families Bridging Program Evaluation was required 0

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

Number of All Correct Children for which a Notice informing of a referral to Healthy Families was completed 0 #DIV/0!

Number of All Correct Children for which the Annual Redetermination Forms were mailed to Healthy Families. 0 #DIV/0!

Number of All Correct Children for which a Notice requesting Consent/permission to forward the Annual Redetermination form to Healthy Families. 0 #DIV/0!

Of the total number of children 0 found not to have consent at the time of the annual redetermination:

Number of Children without a request to the family requesting consent for a referral to HFP within five working days. 0

Of the total number of children 0 found to have consent at the time of the annual redetermination or for which the CWD obtained consent as a result of a response for consent:

Number of Children with issuance of a Notice within five working days informing that the annual RV forms will be forwarded to Healthy Families. 0 #DIV/0!

Number of Children with Referral within five working days to Healthy Families for an evaluation of eligibility. 0 #DIV/0!

HEALTHY FAMILIES BRIDGING CPS CHECKLIST

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS # SEE NOTES	E BRIDGE MONTH	F SOC CORR. Y or N	G ISSUE 7X BENE. in MEDS Y or N	H SOC NOA ISSUED Y or N	I CONSEN T FORMS NEEDED Y or N	J CONSENT FORMS TIMELY Y or N	K # of CHILD BRIDGED	L # of CHILD REFERRED	M BRIDGE NOA TIMELY Y or N	N CASE CORRECT C or I	O COMMENTS
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1	Rodriguez	2013788	500	05/08	N								I	No RV for change of SOC
2	Sanchez	1B253476	500	05/08	Y	Y	Y	Y	Y	1	1	Y	C	
3	Melendez	1955465	500	05/08	Y	N	N	Y	N	1		N	I	Consent not timely but returned by client no NOA issued should have
4	Harrison	2007348	500	05/08	Y	Y	Y	Y	Y	1	1	Y	C	
5	Yeng	A127943	500	05/08	Y	Y	Y	N		1	1	Y	C	
6														
7	White	1192761	500	05/08	Y	N	Y	N					I	Child not issued 7X
8	Gutierrez	2124371	500	05/08	Y	Y	Y	Y	Y	1	1	Y	C	
9	Warren	2037549	500	05/08	Y	Y	N	Y	X	1			I	No NOA's issued - RV not referred
10	Alvarez	1B25D47	500	05/08	Y	Y	Y	Y	Y	1	1	Y	C	
11	Smith	1334550	500	05/08	N								I	No RV for change of SOC
12	Gonzalez	2137548												
100														

Totals	10	Yes	8	6	6	6	4	7	5	5	5	5
		No	2	2	2	2	1			1	5	
		None					1					

HEALTHY FAMILIES BRIDGING CPS CHECKLIST

EXECUTIVE SUMMARY

Number of All Completed Reviews 10

Number of Children (i.e. cases) in which a determination was made that the Share of Cost determination was incorrect and the child should have remained in a zero Share of Cost program 2

Number of Children for which a Medi-Cal to Healthy Families Bridging Program Evaluation was required 8

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

Number of All Correct Children for which a Notice informing of a referral to Healthy Families was completed 7 87.5%

Number of All Correct Children for which the Annual Redetermination Forms were mailed to Healthy Families. 5 71.4%

Number of All Correct Children for which a Notice requesting Consent/permission to forward the Annual Redetermination form to Healthy Families. 4 66.7%

Of the total number of children 6 found not to have consent at the time of the annual redetermination:

Number of Children without a request to the family requesting consent for a referral to HFP within five working days. 4

Of the total number of children 7 found to have consent at the time of the annual redetermination or for which the CWD obtained consent as a result of a response for consent:

Number of Children with issuance of a Notice within five working days informing that the annual RV forms will be forwarded to Healthy Families. 5 71.4%

Number of Children with Referral within five working days to Healthy Families for an evaluation of eligibility. 5 71.4%