



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



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TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 10-09
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: COUNTY PERFORMANCE STANDARDS INSTRUCTIONS FOR
ELIGIBILITY DETERMINATIONS AND ANNUAL REDETERMINATIONS
(Reference All County Welfare Directors Letters No. 02-52, 03-42, 03-48,
03-59, 05-22E, 07-33, 08-01 and 09-12; Medi-Cal Procedures Manual
Article 25A)

This letter is to advise counties that January 1, 2010, began a new review cycle pursuant to Senate Bill X1 26 (Chapter 9, Statutes of 2003, 1st Extraordinary Session) that established standards for eligibility determinations and Annual Redeterminations (RVs). By August 1, 2010, each county, designated below, is required to submit a Self-Certification report to the Policy Development Branch (PDB) of the Department of Health Care Services (DHCS) on the county's results in meeting the performance standards and submit a corrective action plan (CAP) to the Program Review Section (PRS), San Francisco office if the county is not in compliance with one or more of the standards.

Counties that have already submitted their Self-Certification reports for this report period need not submit another report. PDB will review the reports and if additional information or documentation is needed to complete the report, PDB will work individually with those counties to ensure the report is complete.

Reporting Counties

The 25 counties with the largest Medi-Cal population, as identified in All County Welfare Directors Letter (ACWDL) 09-07 dated February 24, 2009, are to sample and report on five performance standards. The reporting counties excerpted from ACWDL 09-07 dated February 24, 2009, are as follows:

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Mateo
Kern	Santa Barbara
Los Angeles	Santa Clara
Madera	Santa Cruz
Merced	Orange
Monterey	Solano
Sacramento	Sonoma
Riverside	Stanislaus
San Bernardino	Tulare
	Ventura

Performance Standards

ACWDL 03-48, dated September 5, 2003, referenced applicable federal and state laws and conveyed instructions on performance standards to counties. These performance standards are unchanged and excerpted from ACWDL 03-48 dated September 5, 2003, as follows:

Pursuant to Welfare and Institutions (W&I) Code, Section 14154(c)(1), counties must complete eligibility determinations as follows:

- (A) Ninety percent of the general applications without applicant errors and are complete shall be completed within 45 days.
- (B) Ninety percent of applications for Medi-Cal based on disability shall be completed within 90 days, excluding delays by the State.

Pursuant to W&I Code, Section 14154(c)(3), counties must perform timely RVs as follows:

- (A) Ninety percent of the annual RV forms shall be mailed to the recipient by the anniversary date.

- (B) Ninety percent of the annual RVs shall be completed within 60 days of the recipient's annual RV date for those RVs based on forms that are complete and have been returned to the county by the recipient in a timely manner.
- (C) Ninety percent of those annual RVs, where the RV form has not been returned to the county by the recipient, shall be completed by sending a Notice of Action (NOA) to the recipient within 45 days after the date the form was due to the county.

Note: Section 14154 (c)(3)(B) does not change the annual RV 12-month period. Beneficiaries must complete and return the annual RV form by the end of the 12-month period, but the county has an additional 60 days under the performance standards to complete the eligibility determination.

Sampling Methodology and Procedures

The methodology and procedures have been modified to:

- Conform with the Medi-Cal Procedures Manual, Article 25 Section A.
- Define a new report period.
- Clarify that Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB) or Qualifying Individual 1 cases should not be included in either the application or RV sample if there is a county-determined Medi-Cal companion or Supplemental Security Income/State Supplementary Payment (SSI/SSP) case.

The sampling methodology and procedures are as follows:

Counties must select a specific month for review of eligibility determinations and RVs, with the sample month determined based upon whether the county is doing a retrospective or prospective review for eligibility determinations. Counties may select the appropriate month based upon whether the county's RV process is automated or manual and the extent to which a county is automated. Counties must select a sample month in order to be able to submit the Self-Certification report by August 1, 2010.

The county may use either a retrospective or prospective methodology for analysis of the performance standards for eligibility determinations, but must use the same methodology every year. Consideration will be given to counties that will be changing from a manual to an automated system or from one automated system to another.

Under either a retrospective or prospective analysis, counties will look at a sample of cases for a county-designated month to determine if 90 percent of the eligibility determinations were completed within the prior 45 days or 90 days, as appropriate. Because the prospective sample month may not allow for completion of the

Self-Certification report by August 1, 2010, for the performance standard requiring 90 percent of disability-based eligibility determinations to be completed within 90 days, those counties using prospective methodology may submit an addendum to the August 1, 2010, report no later than September 3, 2010, with that performance standard. Counties are expected to review and include 100 percent of all cases identified in the universe for the Application and Redetermination Self-Certification month for completion of the Self-Certification reports.

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

For annual RVs, counties will look at the universe of cases, or a State-determined sample of cases that were due in the designated month and determine if:

- 90 percent were mailed to the recipient by the anniversary date;
- 90 percent were completed within 60 days of the recipient's annual RV date for those RVs based on forms that are complete and have been returned by the recipient in a timely manner; and
- 90 percent of the RVs that were not returned to the county were sent a NOA within 45 days after the RV form was due.

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

GENERAL AND DISABILITY-BASED APPLICATIONS

For the purposes of the Self-Certification requirements for applications, an aid code is normally not assigned prior to the determination of eligibility for benefits on a new application. The difference between a general application and an application where disability must be established is that the latter requires a Disability Evaluation Packet be submitted for a formal disability evaluation before Medi-Cal benefits can be determined.

In the general application category, counties should not include QMB, SLMB or Qualifying Individual 1 application if there is a corresponding county-determined Medi-Cal companion or SSI/SSP case.

RV Aid Codes

For purposes of the Self-Certification report requirements for annual RVs, the following aid codes are to be included for each reporting group. The aid codes to be included in the sample of cases are:

02, 13, 14, 16, 17, 1H, 1U, 23, 24, 26, 27, 2H 34, 36, 37, 3N, 3V, 44, 47, 48, 53, 55, 58, 5F, 63, 64, 66, 67, 69, 6A, 6C, 6G, 6H, 6P, 6U, 6V, 6W, 6X, 6Y, 71, 72, 74, 7A, 7C, 7H, 80, 82, 83, 86, 87, 8A, 8C, 8D, 8G, 8N, 8P, 8R, 8T, 9N, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9.

Note: For aid codes 80, 8C, and 8D, do not include in the sample if there is a corresponding county-determined Medi-Cal companion or SSI/SSP case.

Counties are to submit a statistically valid sample of all non-cash Medi-Cal only cases (both general and those based on disability) where the RV due date was within the sample month.

Data Reporting

A sample format of the Self-Certification report is contained in the forms (Enclosure 1). Each reporting section contains space that can be used to identify factors that had an adverse impact on a county's ability to meet their performance standard for general Medi-Cal applications. Two of those factors include the timely processing of applications forwarded from the Single Point of Entry and applications forwarded from the California Work Opportunity and Responsibility to Kids (CalWORKs) program after CalWORKs has been denied. For reporting purposes, counties have been instructed to include these applications in their universe of cases. DHCS will consider factors, such as the shortened timeframe they have to complete the eligibility determinations, when determining any remedy.

The report should be submitted with a cover letter on county welfare department (CWD) letterhead signed by the CWD director or designee. The report format has been revised to include a section to identify the primary county contact responsible for the Self-Certification report. The report should be sent to the following addressee:

Application and Redetermination—Self Certification
Department of Health Care Services
Medi-Cal Eligibility Division/Policy Development Branch
MS 4608
P.O. Box 997417
Sacramento, CA 95899-7417

Definitions

“Completed” means that there has been a disposition of the case by the eligibility worker certifying initial eligibility or eligibility for another 12-month period or notifying the applicant of ineligibility with a timely denial or termination NOA.

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

“In a timely manner” means that the recipient has returned the RV form by the due date specified on the RV notice or by the last date of the month that the RV is to be completed by the recipient.

“Delay caused by the State” is when the agency cannot reach a decision within 90 days because the applicant or an examining physician delays or fails to take a required action or the California Department of Social Services’ Disability Determination Service Division-State Programs fails to make a determination of disability within the 90 days.

Performance Monitoring:

Upon receipt of the August 1, 2010, Self-Certification report, PDB may review and verify county conformance with the performance standards. Counties must be prepared to submit documentation to support the Self-Certification report findings if PDB requests such documentation.

If the county's Self-Certification report indicates that the county has failed to comply with any one or more of the performance standards, the submission of that report shall constitute the determination that a CAP is required within 60 days of the submission of the report. CAPs should be submitted for approval to the PRS San Francisco Field Office at the address below:

Corrective Action Plan
Department of Health Care Services
Program Review Section, San Francisco Field Office
575 Market St. Suite 600
SF, CA. 94105

If a county must submit a CAP, the plan must include the steps the county will take to improve its performance for each of the performance standards that the county has not met. The plan shall establish interim benchmarks for improvement that will be expected to be met by the county in order to enable PRS to measure the extent of any

improvement by the county every three months. PRS and the applicable county will negotiate the CAP, interim steps, and interim reporting on a county-by-county basis. The final review of the benchmarks by PRS will be during the month of October 2011 or such earlier time as may be determined in the CAP.

Counties shall note that if they are currently under a CAP requirement for prior year reporting, it is still necessary for the county to complete a Self-Certification report in August 2010. The CAP requirement and the reporting of milestones under the CAP are separate requirements from the self-certification of meeting the performance standards in 2010.

Because the State did not fund the cost-of-doing-business adjustment for the 2009-10 Fiscal Year (FY), DHCS will not impose sanctions on any county not meeting the performance standards for the 2009-10 FY according to W&I Code, Section 14154 (h)(2) (see excerpt below), but counties must still submit their Self-Certification reports:

"No reduction of the allocation of funds to a county shall be imposed pursuant to this subdivision for failure to meet performance standards during any period of time in which the cost-of-doing-business increase is suspended."

If you have questions regarding the Self-Certification report process, please contact Ms. Amrit Singh at (916) 552-9514 or by email at Asingh@dhcs.ca.gov. If you have questions regarding the CAP process or quarterly reports, contact Mr. John Lim at (415) 904-9702 or by e-mail at John.Lim@dhcs.ca.gov.

Original Signed By

René Mollow, MSN, RN, Chief
Medi-Cal Eligibility Division

Enclosure

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

COUNTY NAME (NUMBER) _____

COUNTY CONTACT _____

COUNTY CONTACT PHONE NUMBER _____

COUNTY CONTACT EMAIL ADDRESS _____

SECTION I: GENERAL

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

2) Name the month selected for retrospective or prospective analysis for eligibility determinations.

3) Identify the total number of cases used to determine the sample for the Self-Certification report. Total applications _____. Total annual redeterminations (RVs) _____.

4) Will the county change automated systems that will affect the sample month or sample methodology in the future?

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

5) For retrospective eligibility determinations – non-disability:

a) Number of non-disability applications in the sample completed in the report month that were done within 45 calendar days: _____

b) Number of non-disability applications in the sample completed in report month:

c) Percent 5a is of 5b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____

6) For prospective eligibility determinations – non-disability

a) Number of non-disability applications in the sample taken in the report month that were completed within 45 calendar days: _____

b) Number of non-disability applications in the sample that were taken in the report month: _____

c) Percent 6a is of 6b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____

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

7) For retrospective eligibility determinations – disability

a) Number of disability applications in the sample completed in the report month that were done within 90 calendar days, excluding delay caused by the State:

b) Number of disability applications in the sample completed in report month, excluding delay caused by the State: _____

c) Percent 7a is of 7b, above: _____

d) If 90 percent of the performance standards was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____

8) For prospective eligibility determinations – disability

a) Number of disability applications in the sample taken in the report month that were done within 90 calendar days, excluding delay caused by the State:

b) Number of disability applications in the sample taken in report month, excluding delay caused by the state: _____

c) Percent 8a is of 8b, above: _____

d) If 90 percent of the performance standards was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____

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

9) RV forms mailed to applicant by anniversary date

a) Number of RVs in the sample due in the review month that were mailed to the recipient by anniversary date: _____

b) Number of RVs in the sample due in the report month: _____

c) Percent 9a is of 9b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____

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

10) RVs completed within 60 calendar days of the recipient's annual RV date for those RVs based on forms that are complete and have been returned to the county by the recipient in a timely manner:

a) Number of RVs in the sample due in report month and returned complete in a timely manner that are completed within 60 calendar days: _____

b) Number of RVs in the sample due in the report month that are complete and returned in a timely manner: _____

c) Percent 10a is of 10b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____

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

11) RVs completed by sending a NOA to the recipient within 45 calendar days after the date the RV form was due to the county and the RV form was not returned to the county by the recipient.

a) Number of RVs in the sample completed in the report month by sending a NOA within 45 calendar days after the form was due to the county when the RV form was not returned to the county: _____

b) Number of RVs in the sample due in the report month that the recipient did not return to the county by the date the RV was due to the county: _____

c) Percent 11a is of 11b, above: _____

d) If 90 percent of the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to not meeting the performance standard. _____
