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## COUNTY PERFORMANCE STANDARDS

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**COUNTY PERFORMANCE STANDARDS**

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## COUNTY PERFORMANCE STANDARDS

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### COUNTY PERFORMANCE STANDARDS

County Performance Standards (CPS) is an evaluation process to be used by the California Department of Health Care Services' (DHCS) Program Review Section for review and verification of a County Welfare Department conformance with Medi-Cal policies and procedures. There are currently two standards being evaluated - Initial Eligibility Determination Applications and Annual Redeterminations (RV). Two additional standards are anticipated to be added during calendar year 2007 - Medi-Cal Eligibility Data System (MEDS) Reconciliations and Alerts and Medi-Cal to Healthy Families Bridging.

Senate Bill X1 26 (Chapter 9, Statutes of 2003, 1<sup>st</sup> Extraordinary Session) establishes CPS for eligibility determinations and annual RV. Beginning in fiscal year 2003-2004, the Medi-Cal budget provided that costs would be reduced by a total of \$376 million based upon increased funding for the counties and the requirement that counties timely perform eligibility determinations and annual RVs. To ensure this savings and the continuation of full funding of county administrative costs, it is critical that counties ensure that initial applications and annual RVs be processed following state timeliness requirements and meet the state performance standards. Enacting regulations are to be found in Welfare and Institutions (W&I) Code Section 14154.

Senate Bill 1103 (Chapter 224, Statutes of 2004) establishes CPS for MEDS Reconciliations and Alerts. This statute requires counties to submit quarterly reconciliation files to CDHS, according to the MEDS Renewal and Reconciliation schedule. The statute also requires that counties routinely process all worker alerts and error alerts from the MEDS reconciliation and the daily and renewal update processes. Enacting statutes are to be found in W&I Code Section 14154.5.

Medi-Cal to Healthy Families Bridging was added to the CPS. Enacting statutes are to be found in W&I Code Section 14154 (c)(3)(D), Statutes of 2005, Chapter 80, Section 28 and Statutes of 2003, Chapter 230, Section 22 that added Section 12693.98 to the Insurance Code. These statutes will be repealed on implementation of Senate Bill 437, Chapter 328, Statutes of 2006, which will replace the existing Bridging program with the Healthy Families Presumptive Eligibility Program.

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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### CPS A – SELF-CERTIFICATION REPORTS

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

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

##### A. INTRODUCTION AND BACKGROUND

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

##### B. SAMPLING METHODOLOGY AND PROCEDURES

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

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

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

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

### **C. AID CODES**

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

### D. DATA REPORTING

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

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

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

### E. DEFINITIONS

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

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

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

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

### F. FORMS

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

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

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

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

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

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

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

#### SECTION I: GENERAL

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

\_\_\_\_\_

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

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

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

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

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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### II. BRIDGING

#### A. INTRODUCTION AND BACKGROUND

The California Department of Health Care Services (DHCS), in collaboration with counties and stakeholders, developed procedures to be used in order to implement the Bridging County Performance Standards (CPS). These procedures establish county review cycles, sampling methodologies and procedures, and data reporting requirements. Beginning November 30, 2007, the 25 counties with the largest Medi-Cal population were required to submit a Report to the DHCS on the county's results in meeting the CPS for Medi-Cal to Healthy Families Bridging. Beginning January, 2009 counties are required to submit a self-certification for eligibility determinations and annual redeterminations (RV) every two years. The next self-certification will be due by the first working day after March 31, 2009.

#### B. SAMPLING METHODOLOGY AND PROCEDURES

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

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

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

The enacting state legislation for performance standards only addressed children who change from no share of cost (SOC) to SOC. These Bridging performance standards will only measure that specific situation. Other situations requiring Bridging will not be included in the performance standards. For example, children who are eligible for Bridging and

reported in aid code 7X but who are ineligible for Bridging due to excess

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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property are not included in the Bridging performance standards process. Children who are made eligible for Bridging in a prior period will also not be included in performance standards.

### C. DATA REPORTING

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

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

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

### D. DEFINITIONS

For purposes of these instructions the following definitions are provided.

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

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

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

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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

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

### E. FORMS

#### 1. SELF-CERTIFICATION FOR BRIDGING

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

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**COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS**

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

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

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

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

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

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

THIS REPORT IS FOR THE BRIDGING MONTH OF OCTOBER 2XXX

**PERFORMANCE STANDARD FOR BRIDGING**

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

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

**PERFORMANCE STANDARD 1**

**Ninety Percent of the children qualifying for the Bridging Program shall be sent a notice informing them of the Healthy Families Program within five working days from the determination of an SOC.**

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

**PERFORMANCE STANDARD 2**

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

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## COUNTY PERFORMANCE STANDARDS SELF-CERTIFICATION REPORTS

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to the HFP within five working days from the determination of an SOC if the parent has given consent to send this information to the HFP.

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

### **PERFORMANCE STANDARD 3**

Ninety Percent of the children placed in the Medi-Cal to HF Bridging Program who have not consented to sending the child's annual RV form to the HFP shall be sent a request, within five working days of the determination of an SOC, to consent to send the information to the HFP.

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

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**COUNTY PERFORMANCE STANDARDS  
COUNTY ADMINISTRATIVE FUNDS ALLOCATION REDUCTION**

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**CPS B – COUNTY ADMINISTRATIVE FUNDS ALLOCATION REDUCTION**

State legislation has adopted County Performance Standards (CPS) under which the State will measure county performance specific to:

- Eligibility Determination Processing
- Annual Redetermination Processing
- Eligibility Worker and Error Alert Processing
- Medi-Cal to Healthy Families Bridging Processing

Performance will be evaluated through the Self-Certification and Performance Monitoring policies. When county performance is determined to be below the mandatory CPS, the county will be required to complete a corrective action plan. The county may be subject to a reduction in county administrative funds by two percent in the next fiscal year if the county does not meet any one of the CPS.

Funding may be restored if it is determined that the county has made sufficient improvement in meeting the CPS during any year for which the funds were reduced.

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**COUNTY PERFORMANCE STANDARDS  
WELFARE AND INSTITUTIONS CODE**

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**CPS C - WELFARE AND INSTITUTIONS CODE SECTION 14154 and 14154.5**

**14154. (a)** The department shall establish and maintain a plan whereby costs for county administration of the determination of eligibility for benefits under this chapter will be effectively controlled within the amounts annually appropriated for that administration. The plan, to be known as the County Administrative Cost Control Plan, shall establish standards and performance criteria, including workload, productivity, and support services standards, to which counties shall adhere. The plan shall include standards for controlling eligibility determination costs that are incurred by performing eligibility determinations at county hospitals, or that are incurred due to the outstationing of any other eligibility function. Except as provided in Section 14154.15, reimbursement to a county for outstationed eligibility functions shall be based solely on productivity standards applied to that county's welfare department office. The plan shall be part of a single state plan, jointly developed by the department and the State Department of Social Services (SDSS), in conjunction with the counties, for administrative cost control for the California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamp, and Medical Assistance (Medi-Cal) programs. Allocations shall be made to each county and shall be limited by and determined based upon the County Administrative Cost Control Plan. In administering the plan to control county administrative costs, the department shall not allocate state funds to cover county cost overruns that result from county failure to meet requirements of the plan. The department and the State Department of Social Services shall budget, administer, and allocate funds for county administration in a uniform and consistent manner.

- (b). Nothing in this section, Section 15204.5, or Section 18906 shall be construed so as to limit the administrative or budgetary responsibilities of the department in a manner that would violate Section 14100.1, and thereby jeopardize federal financial under the Medi-Cal program.
- (c) The Legislature finds and declares that in order for counties to do the work that is expected of them, it is necessary that they receive adequate funding, including adjustments for reasonable annual cost-of-doing business increases. The Legislature further finds and declares that linking appropriate funding for county Medi-Cal administrative operations, including annual cost-of-doing-business adjustments, with performance standards will give counties the incentive to meet the performance standards and enable them to continue to do the work they do on behalf of the state. It is therefore the Legislature's intent to provide appropriate funding to the counties for the effective administration of the Medi-Cal program at the local level to ensure that counties can reasonably meet the purposes of the performance measures as contained in this section.

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- (d) The department is responsible for the Medi-Cal program in accordance with state and federal law. A county shall determine Medi-Cal eligibility in accordance with state and federal law. If in the course of its duties the department becomes aware of accuracy problems in any county, the department shall, within available resources, provide training and technical assistance as appropriate. Nothing in this section shall be interpreted to eliminate any remedy otherwise available to the department to enforce accurate county administration of the program. In administering the Medi-Cal eligibility process, each county shall meet the following performance standards each fiscal year.
- (1) 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 the applications for Medi-Cal based on disability shall be completed within 90 days, excluding delays by the state.
  - (2)
    - (A) The department shall establish best-practice guidelines for expedited enrollment of newborns into the Medi-Cal program, preferably with the goal of enrolling newborns within ten days after the county is informed of the birth. The department, in consultation with counties and other stakeholders, shall work to develop a process for expediting enrollment for all newborns, including those born to mothers receiving CalWORKs assistance.
    - (B) Upon the development and implementation of the best-practice guidelines and expedited processes, the department and the counties may develop an expedited enrollment timeframe for newborns that is separate from the standards for all other applications, to the extent that the timeframe is consistent with these guidelines and processes.
    - (C) Notwithstanding the rulemaking procedures of Chapter 3.5, commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement this section by means of all-county letters or similar instructions, without further regulatory action.
  - (3) Perform timely annual redeterminations (RV), as follows:
    - (A) Ninety percent of the annual RV forms shall be mailed to the recipient

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**COUNTY PERFORMANCE STANDARDS  
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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 to the recipient within 45 days after the date the form was due to the county.
- (D) When a child is determined by the county to change from no share of cost to a share of cost and the child meets the eligibility criteria for the Healthy Families Program (HFP) established under Section 12693.98 of the Insurance Code, the child shall be placed in the Medi-Cal-to-Healthy Families Bridge Benefits Program, and these cases shall be processed as follows:
  - (I) Ninety percent of the families 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.
  - (II) Ninety percent of all annual RV forms for these children shall be sent to the Healthy Families Program within five working days from the determination of a share of cost if the parent has given consent to send this information to the Healthy Families Program.
  - (III) Ninety percent of the families of these children placed in the Medi-Cal to-Healthy Families Bridge Benefits Program who have not consented to sending the child's annual RV form to the Healthy Families Program shall be sent a request, within five working days of the determination of a share of cost to consent to send the information to the Healthy Families Program.
- (E) Subparagraph (D) shall not be implemented until 60 days after the Medi-Cal and Joint Medi-Cal and Healthy Families applications and the Medi-Cal redetermination forms are revised to allow the parent of a child to consent to forward the child's information to the Healthy Families Program.

(e) The department shall develop procedures in collaboration with the counties and

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**COUNTY PERFORMANCE STANDARDS  
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stakeholder groups for determining county review cycles, sampling methodology and procedures, and data reporting.

- (f) On January 1 of each year, each applicable county, as determined by the department, shall report to the department on the county's results in meeting the performance standards specified in this section. The report shall be subject to verification by the department. County reports shall be provided to the public upon written request.
- (g) If the department finds that a county is not in compliance with one or more of the standards set forth in this section, the county shall, within 60 days, submit a corrective action plan to the department for approval. The corrective action plan shall, at a minimum, include steps that the county shall take to improve its performance on the standard of standards with which the county is out of compliance. The plan shall establish interim benchmarks for improvement that shall be expected to be met by the county in order to avoid a sanction.
- (h) If a county does not meet the performance standards for completing eligibility determinations and redeterminations as specified in this section, the department may, at its sole discretion, reduce the allocation of funds to that county in the following year by 2 percent. Any funds so reduced may be restored by the department if, in the determination of the department, sufficient improvement has been made by the county in meeting the performance standards during the year for which the funds were reduced. If the county continues not to meet the performance standards, the department may reduce the allocation by an additional 2 percent for each year thereafter in which sufficient improvement has not been made to meet the performance standards.
- (j) The department shall develop procedures, in collaboration with the counties and stakeholders, for developing instructions for the performance standards established under subparagraph (D) of paragraph (3) of subdivision (c), no later than September 1, 2005.
- (j) No later than September 1, 2005, the department shall issue a revised annual redetermination form to allow a parent to indicate parental consent to forward the annual redetermination form to the Healthy Families Program if the child is determined to have a share of cost.
- (k) The department, in coordination with the Managed Risk Medical Insurance Board, shall streamline the method of providing the Healthy Families Program with information necessary to determine Healthy Families eligibility for a child who is receiving services under the Medi-Cal-to-Healthy Families Bridge Benefits Program.

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**14154.5.**

- (a) Each county shall work on a routine basis any error alert from the department's Medi-Cal Eligibility Data System (MEDS). Any alert that affects eligibility or the share of cost that is received by the 10<sup>th</sup> working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Any alert that affects eligibility or share of cost that is received after the 10<sup>th</sup> working day of the month, shall be processed in time for the change to be effective the beginning of the month after the following month. The department shall consult with the County Welfare Directors Association to define those alerts that affect eligibility of the share of cost.
- (b) The county shall submit reconciliation files of its Medi-Cal eligible population to the department every three months, based upon a schedule determined by the department, in a format prescribed by the department to identify any discrepancies between eligibility files in the county records and eligibility as reflected in MEDS. Counties shall be notified of any changes to the standard format for submitting reconciliation files sufficiently in advance to allow for budgeting, scheduling, development, testing and implementation of any required change in county automated eligibility systems.
- (c) For those records that are on the county's files, but not on MEDS, the county shall receive worker alerts from the department that identify these cases, and the county shall fix any data discrepancies. Any worker alert received by the 10<sup>th</sup> working day of the month, shall be processed in time for the change to be effective the beginning of the following month. Any worker alert received after the 10<sup>th</sup> working day of the month, shall be processed in time for the change to be effective the beginning of the month after the following month.
- (d) In regard to any record that is on MEDS but not on the county's file, the county shall either correct the county record or MEDS, whichever is appropriate within the same timeframes cited in (c) above.
- (e) The department shall terminate a MEDS eligible record if the person is not eligible on the county file when there has been no eligibility update on the MEDS record for six months.
- (f) (1) If the department finds that a county is not performing all of the following activities, the county shall, within 60 days, submit a corrective action plan to the department for approval.
  - (A) Conducting reconciliations as required in subdivision (b).

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- (B) Processing 95 percent of worker alerts as referred to in (c) and (d) within the timeframes specified,
  - (C) Processing 90 percent of the error alerts as referred to in subdivision (a) that affect eligibility or the share of cost, within the timeframes specified,
- (2) The corrective action plan, shall, at a minimum, include steps that the county shall take to improve its performance on the requirements with which the county is out of compliance. The plan shall establish interim benchmarks for improvement that shall be expected to be met by the county in order to avoid sanctions.
- (g) If the county does not meet the interim benchmarks for improvement standards, the department may, in its sole discretion, reduce the allocation of funds to that county in the following year by 2 percent. Any funds so reduced may be restored by the department if, in the determination of the department, sufficient improvement has been made by the county in meeting the performance standards during the year for which the funds were reduced.
  - (h) The department in consultation with the County Welfare Directors Association shall investigate features that could be installed in MEDS to reduce the number of alerts and streamline the reconciliation process.
  - (i) Notwithstanding the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret or make specific this section by means of all county letters, provider bulletins, or similar instructions. Thereafter, the department may adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

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**COUNTY PERFORMANCE STANDARDS  
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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.

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

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## **COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING**

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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 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

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## **COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING**

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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 90<sup>th</sup> 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 is done to prevent problems with lost cases or cases not meeting the review criteria.

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## **COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING**

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### **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 SPE 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 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.

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## COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING

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### 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** –a 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 Corrective Action Plan 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 contained in All County Welfare Directors Letter No. 05-22E dated November 2, 2005.

#### **STUDY METHODOLOGY**

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## **COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING**

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As part of the study, PRS will review a sample of 75 randomly selected cases 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**

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

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**COUNTY PERFORMANCE STANDARDS  
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- 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 Corrective Action Plan 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-selected. 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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## COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING

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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, 1<sup>st</sup> 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 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 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](mailto:name@dhcs.ca.gov). You may also contact me at (999) 999-9999 or via email at [name@dhcs.ca.gov](mailto:name@dhcs.ca.gov). Please feel free to contact us at your convenience.

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## COUNTY PERFORMANCE STANDARDS APPLICATION DETERMINATION PROCESSING

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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, 1<sup>st</sup> 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](mailto:name@dhcs.ca.gov). You may also contact me at (999) 999-9999 or via email at [name@dhcs.ca.gov](mailto:name@dhcs.ca.gov). Please feel free to contact us at your convenience.

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**COUNTY PERFORMANCE STANDARDS  
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The following text format will be inserted in the appropriate state letterhead and issued to the county to confirm the planned review.

At Name County's request, this letter confirms the criteria that was outlined in the formal letter that was issued on Month Day, Year, advising Name County of the planned review of County Processing Standards for Application Processing.

We have scheduled the review for Month Day-Day, year and plan to complete the field work on the last day. (Enter one of the following sentences. (1) At your request, an entrance conference will be held on the first day of the onsite review. (2) you have confirmed that an entrance conference will not be required.) We will 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 have selected a random sample of 100 cases which meet the criteria for Application processing. That list is included for your use in preparing the cases for the onsite review. We will review a maximum of 75 cases for County Performance Standards purposes.

As previously indicated, we will 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.

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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**COUNTY PERFORMANCE STANDARDS  
APPLICATION PROCESSING**

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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	#	(percent)
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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## COUNTY PERFORMANCE STANDARDS APPLICATION PROCESSING

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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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## COUNTY PERFORMANCE STANDARDS APPLICATION PROCESSING

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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 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 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.

### 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.*

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**COUNTY PERFORMANCE STANDARDS  
APPLICATION PROCESSING**

**CORRECTIVE ACTION PLAN (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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**COUNTY PERFORMANCE STANDARDS  
APPLICATION PROCESSING**

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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 (DHCS) 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.

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

Enclosure

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**COUNTY PERFORMANCE STANDARDS  
APPLICATION PROCESSING**

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**APPLICATON PROCESSING WORKSHEET**

PROGRAM REVIEW SECTION  
 GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							45	90			
							D A Y	D A Y			
1						N					
2						N					
3						N					
4						N					
5						N					
6						N					
7						N					
8						N					
9						N					
10						N					
11						N					
12						N					
13						N					
14						N					
15						N					
16						N					
17						N					
18						N					
19						N					
20						N					
21						N					
22						N					
23						N					
24						N					
25						N					
26						N					
27						N					
28						N					

PROGRAM REVIEW SECTION  
 GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							Y or N	Y or N			
							45 D A Y	90 D A Y			
29						N					
30						N					
31						N					
32						N					
33						N					
34						N					
35						N					
36						N					
37						N					
38						N					
39						N					
40						N					
41						N					
42						N					
43						N					
44						N					
45						N					
46						N					
47						N					
48						N					
49						N					
50						N					
51						N					
52						N					
53						N					
54						N					
55						N					
56						N					

PROGRAM REVIEW SECTION  
 GENERAL APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 3

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							Y or N	Y or N			
							45 D A Y	90 D A Y			
57						N					
58						N					
59						N					
60						N					
61						N					
62						N					
63						N					
64						N					
65						N					
66						N					
67						N					
68						N					
69						N					
70						N					
71						N					
72						N					
73						N					
74						N					
75						N					
76						N					
77						N					
78						N					
79						N					
80						N					
81						N					
82						N					
83						N					
84						N					



PROGRAM REVIEW SECTION  
 DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							45	90			
							D A Y	D A Y			
1						Y					
2						Y					
3						Y					
4						Y					
5						Y					
6						Y					
7						Y					
8						Y					
9						Y					
10						Y					
11						Y					
12						Y					
13						Y					
14						Y					
15						Y					
16						Y					
17						Y					
18						Y					
19						Y					
20						Y					
21						Y					
22						Y					
23						Y					
24						Y					
25						Y					
26						Y					
27						Y					
28						Y					

PROGRAM REVIEW SECTION  
 DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							Y or N				
							45 D A Y	90 D A Y			
29						Y					
30						Y					
31						Y					
32						Y					
33						Y					
34						Y					
35						Y					
36						Y					
37						Y					
38						Y					
39						Y					
40						Y					
41						Y					
42						Y					
43						Y					
44						Y					
45						Y					
46						Y					
47						Y					
48						Y					
49						Y					
50						Y					
51						Y					
52						Y					
53						Y					
54						Y					
55						Y					
56						Y					

PROGRAM REVIEW SECTION  
 DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 3

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							45	90			
							D A Y	D A Y			
57						Y					
58						Y					
59						Y					
60						Y					
61						Y					
62						Y					
63						Y					
64						Y					
65						Y					
66						Y					
67						Y					
68						Y					
69						Y					
70						Y					
71						Y					
72						Y					
73						Y					
74						Y					
75						Y					
76						Y					
77						Y					
78						Y					
79						Y					
80						Y					
81						Y					
82						Y					
83						Y					
84						Y					

PROGRAM REVIEW SECTION  
 DISABILITY-BASED APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 4

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	APP DATE	CASE ACTION DATE	D E D  Y or N	PROCESSED BY Y or N		APPLICANT ERRORS SOF/VERIF  Y or N	N O A  Y or N	COMMENTS
							45	90			
							D A Y	D A Y			
85						Y					
86						Y					
87						Y					
88						Y					
89						Y					
90						Y					
91						Y					
92						Y					
93						Y					
94						Y					
95						Y					
96						Y					
97						Y					
98						Y					
99						Y					
100						Y					

Totals

0

Yes

0

0

0

No

0

0

0

PROGRAM REVIEW SECTION  
 GENERAL (DISABILITY-BASED) APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS #  SEE NOTES	E APP DATE	F CASE ACTION DATE	G D E D  Y or N	H/I PROCESS BY Y or N		J APPLICANT ERRORS SOF/VERIF Y or N	K N O A  Y or N	L COMMENTS
							H 45 D A Y	I 90 D A Y			

**Header**

The County name goes in the Header section of each worksheet. 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 # Review number 1 - 100 is entered.
- B CASE NAME Enter the last name only of the case name.
- C CASE NUMBER Enter the 7 digit case serial number.
- D PRS # Enter the PRS reviewer number **FOR CASES REVIEWED**. Leave blank if a non-reviewable case or case not reviewed. **A non-reviewable case is a case that is not a MCO application, i.e a Food Stamp application, a CalWORKs application, an add person on an ongoing MC case, etc. A non-reviewable case is NOT a case with an applicant error or state delayed. IF CASE IS STATE DELAYED, ENTER YOUR PRS NUMBER AND LEAVE THE REST OF THE ROW BLANK.**
- E APP DATE Enter the application date from case record information.
- F CASE ACTION DATE Enter the date the action to approve or deny the case is taken, usually the date of the NOA.
- G DED CASE Y or N N is automatically entered on General application check list. Y is automatically entered on DDS application check list.
- H # OF DAYS TO PROCESS 45 DAYS For general applications, enter Y if processed within the 45 day time limit. Enter N if not processed within the 45 day time limit. Leave blank for DDS applications.
- I # OF DAYS TO PROCESS 90 DAYS For DDS applications, enter Y if processed within the 90 day time limit. Enter N if not processed within the 90 day time limit. Leave blank for general applications.
- J APPLICANT ERROR SOF/VERIF/STATE DELAYED Enter Y if the application was delayed beyond the time limits .due to the applicant not providing a complete and timely statement of facts, verification or is State delayed. Enter N if the applicant did provide a complete and timely statement of facts and verification or was not State delayed.
- K NOA Y or N Enter Y if a timely NOA was issued to approve or deny the application. Enter N if a timely NOA was not issued to approve or deny the application
- L COMMENTS Enter comments appropriately to explain drops or errors. More space available if not CAPS.

PROGRAM REVIEW SECTION  
 GENERAL (DISABILITY-BASED) APPLICATION PROCESSING – COUNTY PERFORMANCE STANDARDS  
 <COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS #  SEE NOTES	E APP DATE	F CASE ACTION DATE	G D E D  Y or N	H/I PROCESS BY Y or N		J APPLICANT ERRORS SOF/VERIF Y or N	K N O A  Y or N	L COMMENTS
							H 45 D A Y	I 90 D A Y			

When giving the worksheet to the county to request cases, you may want to delete the Instructions and Totals sheets and save with a different name.

When giving the worksheet to the county for review the cases that were dropped or not reviewed may be deleted from the worksheet. Any cases with issues may be highlight to make it easier for the county to identify these cases .

## EXECUTIVE SUMMARY

Number of all Completed Reviews	0	100.0%
Number of General Applications Completed Reviews	0	
Number of Disability-Based Application Completed Reviews	0	

For all General Applications without applicant errors, the following compliance with the 45-day timeliness criteria applied:

Total all General Applications reviewed	0	
Number of General Applications processed timely	0	#DIV/0!

For all Disability-Based applications without application errors, the following compliance with the 90-day timeliness criteria applied:

Total all Disability-Based applications reviewed	0	
Number of Disability-Based applications processed timely	0	#DIV/0!

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Number of General Application cases reviewed	0	
Number of General Application cases processed within the required 45-day processing timelines	0	#DIV/0!
Number of General Application cases not processed within the required 45-day processing timelines	0	#DIV/0!
Number of Disability-Based Application cases reviewed	0	
Number of Disability-Based Application cases processed within the required 90-day processing timelines	0	#DIV/0!
Number of Disability-Based Application cases not processed within the required 90-day processing timelines	0	#DIV/0!
Number of All Application cases processed	0	
Number of all application cases processed timely	0	#DIV/0!
Number of all application cases not processed timely	0	#DIV/0!

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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**CPS E – ANNUAL REDETERMINATION (RV) PROCESSING**

**I. PERFORMANCE EVALUATIONS**

Performance evaluations for County Performance Standards (CPS) Annual RV 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 Annual RV Processing reviews.

**II. REVIEW GUIDELINES**

**A. COUNTY INCLUSION**

Counties will be included in these reviews based on four 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 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 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

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## **COUNTY PERFORMANCE STANDARDS ANNUAL REDETERMINATION PROCESSING**

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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. 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 Annual RV Processing Worksheet 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 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**

The sample size for the Annual RV Processing review has been set at 75 cases. At the sole discretion of DHCS, sample sizes for smaller counties 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 County Welfare Department (CWD) director will be asked for a list of all cases which included at least one Medi-Cal Only beneficiary with an annual RV due in the sample month regardless of the outcome of county actions to perform that RV. The list should include all Medi-Cal aid codes as specified in All County Welfare Directors Letter (ACWDL) No. 05-22E, regardless of the disposition of the RV action. On receipt of the entire list, 100 (or a statistically valid sample) will be randomly selected to be included in the review. Although the actual number of cases to be studied will be less, over sampling is performed to account for dropped cases for any number of reasons.

The sample month is based on the review schedule and the processing timeframe for the review, which allows 14 months rather than 12 months

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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under Medi-Cal regulations. For example, if the field work is to be conducted in August, the notification letter would be issued in June. Therefore the RV month to be sampled would normally be March, with the 14<sup>th</sup> month ending in May.

**D. REVIEW METHODOLOGY**

The Annual RV 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 this review.

The review will follow current Medi-Cal program and procedural guidelines including SB 87, based on the specific situations that are identified in the county case.

**E. PREPARING STATISTICS**

The statistics to be included for the county report will be automatically generated from the Annual RV Processing worksheet. 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 or in the report to the county. However, that information will be shared with the county as part of the exit conference process.

**F. REVIEW DOCUMENTS and FORMS**

1. **Project Plan** – this document is to be used to present the Annual RV Processing review to the county selected for inclusion in this project.
2. **Entrance Letter** –a formal notification letter to be sent to the CWD director that outlines the purpose of the review.
3. **Confirmation Letter** - a formal confirmation letter to be sent to the CWD director that confirms the purpose of the review.
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.

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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6. **Annual Rv Processing Worksheet** – data collection worksheet used to conduct the review.

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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**CPS PROPOSED PROJECT PLAN**

**PROPOSAL**

**Name** County has been selected to be evaluated for a RV Processing 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 detailed instructions for CPS are contained in ACWDL 05-22E dated November 22, 2005.

**STUDY METHODOLOGY**

As part of the study, we will review 75 randomly selected cases with annual RVs scheduled for **Month Year**. Cases will be included for situations in which the RV was completed or the case was discontinued for noncompletion. The review will be completed during the month of **Month YEAR** and will be representative of the applications received throughout the year.

**STUDY DOCUMENT**

The CPS Annual RV Worksheet will be used to collect the data necessary to perform the CPS evaluation. DHCS 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 Annual RVs for:

- Issuance of Medi-Cal Annual RV packets.
- Processing Medi-Cal RVs.
- Issuance of an appropriate discontinuance Notice of Action (NOA).

**REVIEW CONCEPTS**

The purpose of the Annual RV Processing Review is to determine the effectiveness of the county's Annual RV processing compliance for all Medi-Cal cases.

- A review of the most recent RV based on sample selection criteria.
- A review of the county's case information as documented in the case record and county automated systems.

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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- A review of the County's internal process for monitoring the processing timeliness for RVs.
- A determination of the county's compliance in mailing annual RV forms, processing annual RVs, or issuing discontinuance NOA.
- A determination of the county's compliance in determining whether an RV is or is not complete.

**REVIEW PROCESS**

When completing the RV 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 and when and what CAP will be required.
- The final report will include Best Practices documents as approved by the review county.

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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**ANNUAL REDETERMINATION 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 when needed.

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 Annual Redetermination (RV) Processing. 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 – 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.

We are requesting that Name County provide us with a list that includes all cases with at least one eligible Medi-Cal beneficiary for the month of Month Year for which an annual RV was scheduled to be completed in that same month. This list should include all cases whether the case is currently active or discontinued for any reason. We will provide your county liaison with a list at least three weeks prior to our onsite review that includes the cases that will be evaluated. The cases will be randomly selected from your initial list. 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 Medi-Cal Eligibility Data System 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 and NAME. NAME will have LEAD responsibility for the review and will be available at xxx-xxx-xxxx or [name@dhcs.ca.gov](mailto:name@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 999-999-9999 or via email at name@dhcs.ca.gov.

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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

**EXECUTIVE SUMMARY**

The Program Review Section (PRS) recently conducted a County Performance Standards (CPS) Redetermination (RV) Processing Review on **Month Day, Year**. The RV Processing Review was performed in **Name** County. The purpose of this review was to determine the effectiveness of **Name** County RV processing compliance for all Medi-Cal recipients pursuant to Welfare and Institutions (W&I) Code Section 14154.

Number of All Completed Case Reviews 75 (100 percent)

**Of the completed case reviews, the following findings apply:**

**RV Forms Mailed**

Of the 75 cases reviewed, the number of annual RV forms mailed to the recipient by the anniversary date Xx Xx

**Complete and Timely RV Forms Returned**

Of the xx with timely RV packets mailed to the beneficiary, xx cases were found to have complete and timely RV forms returned to the county during the Anniversary month.

Of the xx cases, the number of eligibility RVs completed within 14 months xx xx

**Terminations Notices**

Of the xx cases reviewed without complete and timely RV forms returned to the county during the Anniversary month, xx cases were found to have complete and timely RV forms returned to the county during the Anniversary month.

Of those xx cases, the number of cases issued a Notice of Action (NOA) within 45 days after the date the form was due to the county. xx xx

*Enter here specific findings. A brief overview of any exceptional county Best Practices should be highlighted in this section with detail at the end of the report.*

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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**BACKGROUND**

PRS staff has completed a CPS RV Processing Review in **Name** County, on **Month Year**. A review of 75 cases with RVs due for the anniversary month of **Month Year** was completed. This review specifically evaluated processing timelines and the completeness of the RV forms as submitted by the Medi-Cal recipient.

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 **Number** MCO RVs.
- A review of the **Name** County case information as documented in the case record and county automated systems.
- A review of the County's internal process for monitoring the processing timeliness for RVs.
- The review will include a determination of compliance with W&I Code, Section 14154(c) (3), that counties have performed timely RVs with 90 percent of the annual RVs mailed the month before the RV Anniversary Month; 90 percent returned (complete) forms completed within 60 days of the RV Anniversary Month; 90 percent of the NOAs issued within 45 days when a complete RV form is not returned.
- Findings of the review will be used in the determination of CPS and possible computation of any fiscal or dollar error rate determination.

**ONSITE REVIEW**

The onsite review was conducted on **Month, Day, YEAR**. desk review was completed on the 75 RVs in the random sample of all scheduled RV required during the sample month of **Month YEAR** using the case file and county/state system. Based upon that information, the review team determined whether or not **Name** County was in compliance with the processing requirements for Medi-Cal Only (MCO) annual RVs.

PRS staff reviewed 75 cases that were in the review sample. Of the total, xx cases (xx percent) were mailed RV forms the month before the RV Anniversary month. The county self-certified at xx percent in their self-certification. The county was below/at/exceeded the 90 percent timeliness criteria for issuance of the RV forms.

The county processed xx cases (xx percent) with complete RVs within 14 months. The county self-certified at xx percent for RV processing. The county was below/at/exceeded the 90 percent timeliness criteria for processing annual Rvs.

The county issued NOAs on xx cases (xx percent) by the 45<sup>th</sup> day when a complete RV

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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was not submitted by the beneficiary. The county self-certified at xx percent in their self-certification. The county was below/at/exceeded the 90 percent timeliness criteria for issuance of NOAs.

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 CPS review, Name County met all/two/one/none of the three performance criteria for annual RV processing. The county's performance for issuance for timely RV packets was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %. The county's performance for issuance of timely NOAs was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %. The county's performance for completion of timely RVs was % which is below/at/above the required 90 percent and is/is not consistent with the county's self-certification of %.

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

The (CPS) Review, RV Processing Review 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.

**BEST PRACTICES**

PRS 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.*

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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**CORRECTIVE ACTION PLANS**

Based on these findings, Name County will/will not be required to submit a corrective action plan (CAP) for any/one/two/all areas of performance (timely issuance, timely completion and issuance of notices. We will be providing a letter and sample CAP format in the near future.

PRS will be initiating the CAP process for Name County in the near future and will be monitoring the county's actions to improve in this area.

Or,

There are no plans for follow-up action at this time as Name County met or exceeded 90 percent in all three performance areas for Annual RV Processing.

**ATTACHMENTS**

*List all attachments including the case summary findings.*

1. PRS RV Processing Worksheet

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**COUNTY PERFORMANCE STANDARDS  
ANNUAL REDETERMINATION PROCESSING**

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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 Program Review Section recently completed an Annual Redetermination (RV) Processing Review 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 RV Processing Review. If you wish to discuss the findings of the review please contact either *Insert Name*, Lead Analyst, at *Insert Phone Number*, or myself at *Insert Phone Number*.

Sincerely,

Chief  
Insert Area Program Review Region  
Program Review Section

Enclosure

Be sure to cc county staff per supervisor approval. Only cc Branch Chief reports with outstanding issues.







PROGRAM REVIEW SECTION  
RV PROCESSING – COUNTY PERFORMANCE STANDARDS  
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 4

REV. NO	CASE NAME	CASE NUMBER	PRS #  SEE NOTES	RV MONTH	COMPLETION DATE AND STATUS					COMMENTS
					MAILED TIMELY Y or N	COMPLETE FORMS FROM CLIENT Y or N	NOAS ISSUED TIMELY Y or N	DATE	TIMELY Y or N	
97										
98										
99										
100										

Totals			0	Yes	0	0	0		0	
				No	0	0	0		0	

PROGRAM REVIEW SECTION  
RV PROCESSING – COUNTY PERFORMANCE STANDARDS  
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS #  SEE NOTES	E RV MONTH	COMPLETION DATE AND STATUS					K COMMENTS
					F MAILED TIMELY Y or N	G COMPLETE FORMS FROM CLIENT Y or N	H NOAS ISSUED TIMELY Y or N	I DATE	J TIMELY Y or N	

**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 # Review number 1 - 100 is entered.
- B CASE NAME Enter the last name only of the case name.
- C CASE NUMBER Enter the 7 digit case serial number.
- D PRS # Enter the PRS reviewer number **FOR CASES REVIEWED**. Leave blank if a non-reviewable case or a case not reviewed. **A non-reviewable case is a case that is not a MCO RV, i.e a Food Stamp RV, an RV for a different month than the sample month, not an RV, etc.**
- E RV MONTH Enter the RV month and year.
- F MAILED TIMELY Enter a Y if the RV packet was mailed timely. **Enter an N if the RV packet was not mailed timely and leave the rest of the row blank.**
- G COMPLETED FORMS FROM CLIENT Enter a Y if the RV forms were received from the client. **Enter an N if the RV forms were not received from the client and answer column H only. Leave column I and J blank.**
- H NOAS ISSUED TIMELY Enter a Y if the RV forms were not received from the client and a NOA was mailed timely. **Enter an N if the RV forms were not received from the client and a NOA was not mailed timely. Leave column I and J blank. If the RV forms were received timely, leave blank**
- I DATE Enter the date the action to complete the RV was taken. If the RV forms were not received timely, leave blank.
- J TIMELY Enter a Y if the action to complete the RV was timely. Enter an N if the action to complete the RV was not timely. If the RV forms were not received timely, leave blank
- K COMMENTS Enter comments appropriately to explain drops or errors

When giving the worksheet to the county to request cases, you may want to delete the Instructions and Totals sheets and save with a different name.

When giving the worksheet to the county for review the cases that were dropped or not reviewed may be deleted from the worksheet. Any cases with issues may be highlighted to make it easier for the county to identify these cases.

**EXECUTIVE SUMMARY**

Number of all Completed Reviews 0

Of the completed case reviews, the following compliance with the 90% criteria applied:

RV Forms Mailed

Of the 0 cases reviewed, the number of annual redetermination forms mailed to the recipient by the anniversary date. 0 #DIV/0!

Complete and Timely RV Forms Returned

Of the 0 cases with timely RV forms mailed, 0 cases were found to have complete and timely RV forms returned to the county during the Anniversary month

Of those 0 cases, the number of eligibility determinations completed within 14 months 0 #DIV/0!

Termination Notices

Of the 0 cases with timely RV forms mailed, 0 cases were found to not have complete and timely RV forms returned to the county during the Anniversary month.

Of those 0 cases, the number of cases issued a Notice of Action (NOA) within 45 days after the date the form was due to the county 0 #DIV/0!

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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**CPS F – EW WORKER AND ERROR ALERT PROCESSING**

**I. PERFORMANCE EVALUATIONS**

Performance evaluations for County Performance Standards (CPS) Eligibility Worker (EW) Worker and Error Alert 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 EW Worker and Error Alert review.

**II. REVIEW GUIDELINES**

**A. COUNTY INCLUSION**

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

- Prior Related County Focused Reviews
- Corrective Action Plans (CAP)
- Medi-Cal Eligibility Quality Control Performance

**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 Director and those persons identified from prior CPS reviews. The letter confirms the parameters of the review including on-site review dates.

A confirmation letter has been developed to be used for all counties requesting that action. This letter will normally be issued three weeks prior to the 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 the first day of the onsite review. An informal telephone

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## **COUNTY PERFORMANCE STANDARDS EW WORKER AND ERROR ALERT PROCESSING**

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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 EW Worker and Error Alert 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 95 percent for the EW Error Alerts and/or 90 percent for the EW Worker Alerts, 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**

The sample size for the CPS EW Worker and Error Alert review has been set at 150 beneficiary records. The total of 150 records is broken into two segments to differentiate between the 95 percent compliance for EW Error Alerts from the Reconciliation process and the 90 percent compliance for EW Worker Alerts from the Renewal and Daily processes. Segment one will include 75 beneficiary records with EW Error Alerts from the most recent Reconciliation process for the selected county. Segment two will include a combination of 75 beneficiary records with EW Worker Alerts from the most recent Renewal process and from Daily processes for the first week of the sample month following the renewal process.

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 record selection process utilizes a program that will identify all beneficiary records for the designated EW Worker and Error Alert numbers for the three file processes for a predetermined period of time. A random selection process will then be performed to select 100 beneficiary

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## COUNTY PERFORMANCE STANDARDS EW WORKER AND ERROR ALERT PROCESSING

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records with EW Error Alerts from the Reconciliation process, 50 beneficiary records with EW Worker Alerts from the Renewal process, and 50 beneficiaries records with EW Worker Alerts from the Daily processes. Although the number of beneficiary records actually studied will be less, over-sampling is traditionally performed by PRS.

The review is based on the single EW Worker or Error Alert identified in this sample selection process for the specific beneficiary record for which the alert was created. Beneficiary records not identified during the specific Medi-Cal Eligibility Data System (MEDS) process being studied, or for the specific EW Worker or Error Alert being studied, will not be included for review. Although other alerts may be generated in the same process, only the primary alert will be the basis of the review. The reviewer will consider the companion generated alerts in determining the cause of the alert being evaluated and the county's actions in resolving the primary alert.

Based on the guidelines contained in the All County Welfare Director's Letter No. 05-19 entitled "Medi-Cal Eligibility Data System (MEDS) Reconciliations and Alerts", there are three EW Error Alerts from the Reconciliation process that may be included in the CPS review. For RECON purposes, counties are not required to submit records for individuals who received Minor Consent Services or were identified under aid codes IE and RR and are not included in the CPS review. Individuals in aid codes IE and RR may impact share of cost spend down for other family members but do not receive Medi-Cal benefits under those aid codes. Those alerts are:

- 6005 - Recon record on MEDS/Not on County – Recon Hold Generated
- 6006 - Dup records on county recon file – recon hold generated
- 6008 - Dup records on county recon file - no match on MEDS

There are eight EW Worker Alerts from the Daily and Renewal processes that may be included in the CPS review. Those alerts are:

- 1503 - Client Index Number/MEDS-ID Conflict
- 1504 - Client Index Number/MEDS-ID vs County-ID/MEDS-ID Conflict
- 1510 - Transaction failed MEDS Name/Birthdate Match Criteria
- 2005 - Transaction County-ID Does not Match MEDS
- 9546 - Over two months Accel Enroll – APP Determination Overdue

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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9548 -	Over two months Extended Elig – Medi-Cal Determ Overdue
9532 -	Over three Edwards Months – Medi-Cal Determination Overdue
9550 -	Ongoing Burman Eligible – MEDS Eligibility Update Overdue

The sample month for the CPS review will normally be three months before the actual field work. The three months should give ample time for the county to complete all processing activities for the Error and Worker Alerts within the timeframes established for processing. Because of delays as a result of weekends, holidays, state and county system interfaces and other situations beyond the control of the county, the receipt date for the specific CPS EW Worker and Error Alert will be evaluated in determining compliance with CPS requirements.

**D. READING THE MEDS ALERTS**

The following examples are included in this procedure for reference purposes only and are specific to this CPS review. More detailed guidelines are found in the MEDS User Manual and MEDS website. All MEDS alerts have the same basic information.

**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                COUNTY WORKER ALERT REPORT
* * * * RECONCILIATION ALERTS * * * * (A)

REPORT NO:  RS-MED110-R003                COUNTY:    NAME    (B)
PRINT DATE:  99/99/2999                DISTRICT:
PAGE:        269                        WORKER:    9A9A

===== C O N F I D E N T I A L =====

CASE-NAME TUTU ,CLAR PERSON-NAME TUTU , CLARA (C)
COUNTY-ID 69-17-9999999-9-99 MEDS-ID 999-99-9999 (E) BIRTHDATE 09/09/1999 (F)
(D) CIN

TRANSACTION-CODE RC20 SOURCE CREATION-DATE 99/99/2999 (G)

MESSAGE
1501 COUNTY ID/MEDS-ID CONFLICT (H) *URGENT*

DED# DATA-ELEMENT CONTENTS
H074 (I) TRANS HDR COUNTY-ID 691799999999999 (D)
X001 (J) XREF COUNTY-ID KEY 6999999999A143 (K)
H054 (I) TRANS HDR MEDS-ID 555555555 (E)
X002 (J) XREF MEDS-ID 444444444 (L)

** MEDS MATCHING MASTER ** (M)
CASE-NAME NAMEE NAMEE DISTRICT 099 EW-CODE 9999 GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99 PERSON-NAME NAMEE , NAMEE
MEDS-ID 555-55-5555 SSN-VER J BIRTHDATE 99/99/1999 SEX F
LAST-EW-CHG 99/99/99 ELIG-STAT 999
TERM-DT 99/99/99 LAST-NON-CNTY-CNG 9/99/99 SOC-AMT

- - - - - PENDING STATUS INFORMATION - - - - - (N)
CASE-NAME DISTRICT EW-CODE ELIG-STAT
COUNTY-ID - - - - - TERM-DT / /

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- (A) Identifies the type of process that created this report – Reconciliation, Renewal, Daily.
- (B) Name of the County the report was created for.
- (C) Beneficiary name.
- (D) County ID Number includes the 2-digit county number, followed by the 2-character Aid Code, followed by the 7-character case serial number, followed by a 1-character FBU, followed by a 2-digit person number. The CDS non CalWIN counties have a 2-character FBU in their system. When this number is sent to MEDS only the second digit will display in MEDS.
- (E) The MEDS-ID is the beneficiary’s Social Security Account Number or MEDS Pseudo if there is not a valid SSAN. At this time, only the CDS non CalWIN counties send a MEDS Pseudo on transactions. All other counties send the Client Index Number (CIN). For those counties you will see the CIN number that was sent rather than the MEDS Pseudo number. When that occurs, the XREF CIN will display in the body of the alert message.
- (F) The beneficiary’s birthdate.

**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM                COUNTY WORKER ALERT REPORT
          * * * * RECONCILIATION ALERTS * * * * (A)

REPORT NO:  RS-MED110-R003                COUNTY:    NAME    (B)
PRINT DATE:  99/99/2999                DISTRICT:
PAGE:        269                        WORKER:    9A9A

===== C O N F I D E N T I A L =====

CASE-NAME TUTU ,CLAR PERSON-NAME TUTU , CLARA (C)
COUNTY-ID 69-17-9999999-9-99 MEDS-ID 999-99-9999 (E) BIRTHDATE 09/09/1999 (F)
          (D)                CIN

TRANSACTION-CODE RC20 SOURCE CREATION-DATE 99/99/2999 (G)

MESSAGE
1501 COUNTY ID/MEDS-ID CONFLICT (H) *URGENT*

DED# DATA-ELEMENT CONTENTS
H074 (I) TRANS HDR COUNTY-ID 6917999999999999 (D)
X001 (J) XREF COUNTY-ID KEY 6999999999A143 (K)
H054 (I) TRANS HDR MEDS-ID 555555555 (E)
X002 (J) XREF MEDS-ID 444444444 (L)

          ** MEDS MATCHING MASTER ** (M)
CASE-NAME NAMEE NAMEE DISTRICT 099 EW-CODE 9999 GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99 PERSON-NAME NAMEE , NAMEE
MEDS-ID 555-55-5555 SSN-VER J BIRTHDATE 99/99/1999 SEX F
LAST-EW-CHG 99/99/99 ELIG-STAT 999
TERM-DT 99/99/99 LAST-NON-CNTY-CNG 9/99/99 SOC-AMT

- - - - - PENDING STATUS INFORMATION - - - - - (N)
CASE-NAME DISTRICT EW-CODE ELIG-STAT
COUNTY-ID - - - - - TERM-DT / /

```

- (G) The creation date is the actual date that the MEDS Alert was posted to MEDS. This date may differ from the date that the report is received at the county level. The LEAD Analyst will need to confirm the actual receipt date at the county level for determining the compliance with timeliness.
- (H) This is the primary number and definition for the MEDS Alert.
- (I) When a DATA-ELEMENT begins TRANS, this information was received from the county in the transaction that created the MEDS Alert.
- (J) When a DATA-ELEMENT begins XRED, this information was present in MEDS and is being provided in the MEDS Alert to indicate what MEDS believes to be correct.
- (K) The cross reference county identification number is a truncated version than what displays for (D). This number does not contain the aid code and the person number is followed by check indicator.
- (L) When there is information in MEDS that the beneficiary is known by another SSAN or MEDS Pseudo the number will display in this field.

**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
MEDI-CAL ELIGIBILITY DATA SYSTEM COUNTY WORKER ALERT REPORT
* * * * RECONCILIATION ALERTS * * * * (A)

REPORT NO: RS-MED110-R003 COUNTY: NAME (B)
PRINT DATE: 99/99/2999 DISTRICT:
PAGE: 269 WORKER: 9A9A

===== C O N F I D E N T I A L =====

CASE-NAME TUTU ,CLAR PERSON-NAME TUTU , CLARA (C)
COUNTY-ID 69-17-9999999-9-99 MEDS-ID 999-99-9999 (E) BIRTHDATE 09/09/1999 (F)
(D) CIN

TRANSACTION-CODE RC20 SOURCE CREATION-DATE 99/99/2999 (G)

MESSAGE
1501 COUNTY ID/MEDS-ID CONFLICT (H) *URGENT*

DED# DATA-ELEMENT CONTENTS
H074 (I) TRANS HDR COUNTY-ID 691799999999999 (D)
X001 (J) XREF COUNTY-ID KEY 6999999999A143 (K)
H054 (I) TRANS HDR MEDS-ID 55555555 (E)
X002 (J) XREF MEDS-ID 444444444 (L)

** MEDS MATCHING MASTER ** (M)
CASE-NAME NAMEE NAMEE DISTRICT 099 EW-CODE 9999 GOVT-CODE 1
COUNTY-ID 69-17-9999999-9-99 PERSON-NAME NAMEE , NAMEE
MEDS-ID 555-55-5555 SSN-VER J BIRTHDATE 99/99/1999 SEX F
LAST-EW-CHG 99/99/99 ELIG-STAT 999
TERM-DT 99/99/99 LAST-NON-CNTY-CNG 9/99/99 SOC-AMT

- - - - - PENDING STATUS INFORMATION - - - - - (N)
CASE-NAME DISTRICT EW-CODE ELIG-STAT
COUNTY-ID - - - - - TERM-DT / /

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- (M) When the MEDS ID has current MEDS information, including for a different person, that information will display.
- (N) When MEDS has pending information that will be updated at MEDS Renewal, that information will display.

**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

**E. REVIEW METHODOLOGY**

There will be a minimum of five steps in the EW Error and Worker Alert review. The first step will cover the processing of the initial reports received from ITSD and the supplemental MEDS steps required. The second and third steps will begin the actual review of the alerts and information on MEDS. At this step, there are some beneficiary records that can be completed as information in MEDS will document that the alert has been processed and corrective action taken. The fourth and fifth steps will cover additional MEDS reviews to eliminate additional beneficiary records that have been corrected. It is recommended that the fourth step be completed before actual request for case records to minimize the number of cases that will be needed for review.

Step One: ITSD will provide four separate files for use in the MEDS CPS review for each of the MEDS processes. The first file to be reviewed is the file named "Worker Alert Sample". This file will be sorted by the MEDS-ID which is the Social Security Account Number (SSAN) or Pseudo for those beneficiaries without valid SSANs. Because the report is electronic and in word format, page breaks can be completed to separate each MEDS record to a separate page. As a result there will be 50-100 pages to be printed for this review. (The numbers on this form relate to the fields noted on the EW Worker and Error Alert Worksheet.)

9/02/05	STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES WORKER ALERT SAMPLE			PAGE	1
=MEDS-ID=	===DATE===	=====	=====MESSAGE=====	=====	=====
666666666	2005-08-15	2000	MEDS-ID NOT ON FILE		PRI-REJ
↑					
(10)	2005-08-15	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
	2005-08-15	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
(7)→	2005-07-06	1501	COUNTY ID/MEDS-ID CONFLICT		CRITICL
	2005-07-06	6016	CRITICAL ELIG ERROR ON CO RECORD - NO MATCH ON MEDS		URGENT
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9) ↑	CRITICL
	2005-06-29	2000	MEDS-ID NOT ON FILE	←(8/9)	PRI-REJ
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL
	2005-06-29	1501	COUNTY ID/MEDS-ID CONFLICT	←(8/9)	CRITICL

**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

This report will include the SSAN (or pseudo) and all MEDS alerts displaying for that number on MEDS as of the day that the sample is obtained from MEDS. Using this report, a EW Worker and Error Alert Review Worksheet should be completed. Minimum entries include the (1) County Number, (2) Process type which will be either Recon, Renewal or Daily, (7) Alert No and Description, (8) Prior/After Alert Dates, (9) Prior/After Review Numbers, and (10) SSAN or MEDS-ID. This worksheet becomes the control document for all actions to be taken for this review.

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
(1)	(2)	(3)			
ALERT NOs & DESCR	(7)				
PRIOR or AFTER ALERT	DATE				
	NO	(8)			
		(9)			
<b>TRANSACTION INFORMATION FROM ALERT</b>					
MEDS ID NUMBER		CIN FOR MEDS ID		NAME	
(10)		(11)		(12)	
AC	CASE SERIAL	FBU	PN	DOB	
(13)	(14)	(15)	(16)	(17)	

The second file to be reviewed is the file named “Daily, Renewal or Reconciliation Alerts”. For our purposes, this will be the file that contains the actual alert that triggered the inclusion of this beneficiary for the County Performance Review. This file will sort by the MEDS-ID which is the Social Security Account Number (SSAN) or Pseudo for those beneficiaries without valid SSANs. The report is electronic and in word



**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

TERM-DT	/	/	LAST-NON-CNTY-CHG	07/10/05	SOC-AMT
- - - - - PENDING STATUS INFORMATION - - - - -					
CASE-NAME			DISTRICT	EW-CODE	ELIG-STAT
COUNTY-ID	-	-	TERM-DT	/	/
					SOC-AMT

The third file to be reviewed is the file named "MEDS Screens". The INQM, INQ1, INQ2, and INQ3 will be provided for each of the MEDS-IDs listed that were known to MEDS. These screens will not be displayed for those MEDS-IDs not known to MEDS. Additional work will be required for those records. The report is electronic and in word format and should be printed and sorted to the worksheets that were previously prepared.

INQM	** PRIMARY MEDI-CAL/CMSP INFORMATION **	09-02-05
MED910		
CASE-NAME	DISTRICT	NONAME , SAMUEL T
COUNTY-ID	40-10-5555555-4-24	EW-CODE
MEDS-ID	666-66-6666 SSN-VER J	REDET-DT - 99 NINTH CT
BIRTHDATE	11-26-1906 DOB-VER	SEX M GOV-RSP 3 PASO ROBLES CA 99999
CHAINED-ID	- -	LAST-MC/CP-CHG - - ADDRESS-FLAG A RES-COUNTY
PRIOR-MEDS-ID	- -	LAST-OTH-CHG 07-10-05 APDP PICKLE RECOVERY
WELFARE-PGM	001 DEATH-DT	DEATH-CD TERM-DT TERM-REAS
CIN	99999999E 8 HIC-NO	BIC-ISSUE - - PAPER-ISSUE
PGM:	M 1	2 3 FS CW
	2005=====> 2004=====>	
	09-05 PEND	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY	40	
AID-CODE	10	
ELIG-STAT	999	
SOC-AMT		
CERT-DAY		
OHC		
RESTRICT		
MEDICARE		
HCPL-NUM		
HCPL-STAT		

The fourth file to be reviewed is the file named "MEDS ID NOT FOUND LIST". This list should be compared to all of the worksheets without MEDS Screen Prints. A worksheet should either have a set of MEDS Screen Prints or be on this list.

***** M E D S - I D N O T F O U N D L I S T *****
** REQUESTED RECORD NOT FOUND; MEDS-ID: 66666666
** REQUESTED RECORD NOT FOUND; MEDS-ID: 66606066
** REQUESTED RECORD NOT FOUND; MEDS-ID: 66666660
** REQUESTED RECORD NOT FOUND; MEDS-ID: 66066606
** REQUESTED RECORD NOT FOUND; MEDS-ID: 60666606

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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Step Two – The beneficiary records on the MEDS-ID Not Found List should be reviewed to determine if the MEDS record has been resolved. Because MEDS Screen Prints were not found, the first step should be to complete a regular INQR clearance. If the beneficiary has been correctly added to MEDS the review may be complete at this point.

For example, the transaction from the county included a valid SSAN but the XREF MEDS-ID returned in the alert identified that the recipient was known by a MEDS Pseudo. If the new clearance results in a record on MEDS for the recipient under the SSAN with the MEDS Pseudo listed as a Chained-ID or a Prior-MEDS-ID, the alert has been resolved. The EW Worker and Error Alert Worksheet would be completed as follows:

REVIEW NOTES	11/1/05 – new MEDS clearance completed for SSAN. INQM shows current eligibility for beneficiary under SSAN with MEDS Pseudo listed as Chained-ID.
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The bottom line on the worksheet is completed during the review process when either the alert has been corrected or at the time of the onsite review.

Case Status	(20) C N CW/I	Status Date	(21)	Update Due by 1 <sup>st</sup> of	(22)	Timely	Yes No (23)
-------------	---------------------	-------------	------	----------------------------------	------	--------	----------------

(20) Circle C if the alert was corrected and there are no additional alerts or information regarding MEDS. Circle N if the alert has not been resolved. Circle CW/I if the listed alert has been resolved but there are additional alerts or information regarding MEDS.

(21) The status date is the date that the alert was resolved or the date of the onsite review in all other situations. This date can be found on the INQM or INQD screen or in the case or automated system. Because this field in MEDS is updated when new transactions occur, information in the case can be used to determine the earliest completion date.

(22) The updates are required to be completed based on when the alerts are received by the county. When the alerts are received by the county by the 10<sup>th</sup> calendar day of the month, updates are required by the end of the receipt month to update benefits for the first of the following month. When the alerts are received by the county after the 10<sup>th</sup> calendar day, an additional month is provided for updates from the county. For RECON

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**COUNTY PERFORMANCE STANDARDS  
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and RENEWAL, this date should be the same for all alerts reviewed from those processes. If the reviews include dailies throughout a month, attention will be needed to guarantee that the correct date for timeliness criteria is identified.

(23) Circle Yes or No based on a comparison of (21) to (22). When the date in (21) is after (22), "No" should be circled in number (23).

If the beneficiary record cannot be found under the SSAN, clearances to INQW whole case serial, INXC client cross reference for other county identification numbers, INXM client cross reference for other MEDS-IDs that the beneficiary may be known by. At this step the analyst will need to search MEDS for any information that may be available. Following are some actual scenarios from reviews.

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
	11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudos identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child. Last change was 3/7/05
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 4/11/01 with pseudo on xref. Recheck MEDS for updates.

Step Three – following the same methodology in Step Two, an attempt to reconcile those beneficiary records with MEDS Screen prints with information on the MEDS Screen prints and the Worker Alert. Following are some actual scenarios from reviews:

XREF INFO	Xref SSAN identified as belonging to a different child with current eligibility but not j verified but person number may be in conflict.
REVIEW NOTES	11/1/05-trans SSAN on MEDS with aid code 34 but FBU is different than in transaction. SSAN is J verified but is in Burman hold with last update 10/4/05. Child A already known to MEDS with PN 15 so Child B cannot use that PN. Recheck MEDS.

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**COUNTY PERFORMANCE STANDARDS  
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Steps Four and Five – based on timing, a second and third review of the worksheets not resolved during Step Two and Step Three should be completed. As with the prior steps, additional beneficiary records may be resolved eliminating the need to request cases to be pulled for onsite review. For example, at the time of the first MEDS review the transaction SSAN did not appear in MEDS and only a terminated record displayed for the Pseudo. On the subsequent clearance, a clearance for the SSAN identified that MEDS has been updated.

REVIEW NOTES	11/1/05 – No record for SSAN. Termed benefits for child under Pseudo for same Co-ID. No new transactions on INWA. 11/24/05 -new MEDS clearance completed for SSAN. INQM shows current eligibility for beneficiary under SSAN with MEDS Pseudo listed as Chained-ID.
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Additional examples follow:

XREF INFO	Xref SSAN identified as belonging to a different child with current eligibility but not j verified but person number may be in conflict.
REVIEW NOTES	11/1/05-trans SSAN on MEDS with aid code 34 but FBU is different than in transaction. SSAN is J verified but is in Burman hold with last update 10/4/05. Child A already known to MEDS with PN 15 so Child B cannot use that PN. Recheck MEDS.
	12/15/05 – child B out of Burman hold and PN is correct based on update sent to MEDS on 12/3/05 for address change. Trans id shows Child B with PN 16 which does not conflict with Child A. Alert corrected.

Onsite Review: At the onsite review, complete clearances to the county automated system and the case records to determine what actions the county has taken to correct the alert. Additional clearance to MEDS at the time of the onsite may also be required. Potential examples follow:

XREF INFO	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
REVIEW NOTES	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
	11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudo identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.

**COUNTY PERFORMANCE STANDARDS  
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12/15/05 – INQR still has no current eligibility for child. Record to be reviewed at county.
12/24/05-case indicates that the SSAN is not valid but no indication that worker removed the SSAN from the county system. Alert has not been worked. MEDS still has no eligibility for the child.

<b>XREF INFO</b>	11/1/05 – cleared pseudo listed in xref. No info on INQM. INQ1 has termed 8W for child.
<b>REVIEW NOTES</b>	11/1/05- no record in INQR for trans SSAN. INQW has child born 2/6/04 with different pseudo than xref. Recheck MEDS prior to onsite.
11/20/05-no INQR for trans SSAN. New worker alerts created after RECON alert. Most recent alert indicates rejected because county sent through pseudo but xref pseudo now displays as linked to different pseudo identified on 11/1. Child has no eligibility on MEDS. Recheck MEDS prior to onsite.	
12/15/05 – INQR still has no current eligibility for child. Record to be reviewed at county.	
12/24/05-case indicates that the SSAN is not valid. Worker changed to MEDS pseudo in county system. INQM on file in the case dated 12/17/05 validates updates were completed on 12/16/05.	

On completion of the worksheet, enter the final review date (4) when the alert has been resolved, the review number (5) if not already entered and your analyst number (6). The worksheet will be used by the LEAD Analyst to complete the Checklist that is given to the county.

**MEDS WORKER ALERT WORKSHEET**

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
			(4)	(5)	(6)

**F. PREPARING STATISTICS**

The statistics to be included for the county report will be automatically generated from EW Worker and Error Alert 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 the EW Worker and Error Alerts based on the date of receipt and the applicable percentages. Although other information may be identified, that information will not be included in the 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.

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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**G. REVIEW DOCUMENTS AND FORMS**

The following documents have been created for this review and are provided as part of this document and/or as attachments to this document.

1. **Project Plan** – this document is to be used to present the EW Worker and Error ALERT Focused Review to the County selected for inclusion in this project.
2. **Entrance Letter** – a formal notification letter to be sent to the county welfare agency director that outlines the purpose of the review.
3. **Confirmation Letter** – a formal confirmation letter to be sent to the county welfare agency director that confirms the purpose of the review.
4. **EW Worker and Error Alert Document** – individual beneficiary case document used to document error case situations.
5. **EW Worker and Error Alert Worksheet** – data collection worksheet used to conduct the review.
6. **Report** - this document is a report of the findings of the review.
7. **Director's Letter** – this document is a cover letter to be used when transmitting the report to the county.

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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**CPS PROPOSED PROJECT PLAN**

**PROPOSAL**

Name County has been selected to be evaluated for an Eligibility Worker (EW) Worker and Error Alert Review under the County Performance Standards (CPS) requirements. Staff from the Program Review Section (PRS) of the California Department of Health Services will conduct the study during the month of MONTH, YEAR. This CPS review is pursuant to Welfare and Institution Code Section 14154.5. The most recent detailed instructions for CPS are contained in All County Welfare Directors Letter No. 05-22E, dated November 2, 2005.

**STUDY METHODOLOGY**

As part of the study, we will review two samples to be studied independently. One sample will include 75 randomly selected beneficiary records with EW Error Alerts from the RECON sample month of MONTH YEAR, and 75 randomly selected beneficiary records with EW Worker Alerts from both the monthly RENEWAL sample month of MONTH YEAR and the DAILY processes of MONTH DAY – DAY, YEAR. Cases have been selected from a random computer generated sample based on one or more EW Worker and Error Alert Numbers 1501, 1502, 1503, 1504, 1510, 2003, 2005, 6005, 6006, 6008, 9033, 9034, 9531, 9532, 9546, 9548, 9550. The review will be completed during the month of MONTH YEAR and will be representative of the EW Worker and Error Alerts generated throughout the year.

**STUDY DOCUMENT**

PRS will study only the beneficiary information contained in Medi-Cal Eligibility Data System (MEDS) and the county case records and automated system. The EW Worker and Error Alert Worksheet will be used to collect the data necessary to perform the CPS evaluation.

**CONCLUSIONS**

The information collected during the review will be compiled into a report that will identify the County's:

- Accuracy of resolving MEDS Alert.
- Timeliness of resolving MEDS Alerts.

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## **COUNTY PERFORMANCE STANDARDS EW WORKER AND ERROR ALERT PROCESSING**

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### **REVIEW CONCEPTS**

The purpose of the EW Worker and Error Alert Processing is to determine the effectiveness of the county's processing compliance for alerts as identified in this plan.

- The review will consider all actions performed by the county to resolve the MEDS Alert prior to the onsite review and the timeliness of those actions.
- The review will include all California Work Opportunity and Responsibility to Kids, Foster Care, and Medi-Cal beneficiaries that are managed by the County Welfare Department except for persons receiving Minor Consent services or under aid codes IE and RR.

### **REVIEW PROCESS**

When completing the EW Worker and Error Alert Review, the following will apply:

- Each county review will be documented independently and follow the established template.
- The 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 review report will include information to the county when the county does not meet the mandated CPS and when and what corrective action plans will be required.
- The final Review report will include Best Practices as approved by the Review County.

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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ENTRANCE LETTER: The following text may be inserted onto the appropriate regional letterhead for use.

(INSERT DATE)

, Director  
INSERT County  
Department  
COUNTY ADDRESS  
CITY, CA ZIP CODE

Dear Ms. (Director):

As part of 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 Eligibility Worker (EW) Worker and Error Alert Processing to be conducted in MONTH, YEAR. Findings of the review will be used in a determination of CPS compliance and possible computation of any fiscal or dollar error rate determination as specified in Welfare and Institutions Code Section 14154.5. 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.

We will be providing a list of the Medi-Cal beneficiary cases to be included for the review at a later time. The cases have been selected from the State Medi-Cal Eligibility Data System (MEDS) Database based on the identification of specific EW Worker and Error Alerts from designated DAILY, RENEWAL and RECON processes. The review will be limited to your county's compliance in correctly and timely processing the alerts. 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, information in your county data system and MEDS.

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 confidentially 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 NAME will have LEAD responsibility for the review and will be available

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

at xxx-xxx-xxxx 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@dhs.ca.gov.

Sincerely,

Region Chief Name  
Program Review Region

cc: County Contact, Title  
Address  
Lead Analyst, Title  
Address

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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**CONFIRMATION LETTER:** The following text may be inserted onto the appropriate regional letterhead for use.

(INSERT DATE)

, Director  
INSERT County  
Department  
COUNTY ADDRESS  
CITY, CA ZIP CODE

Dear Ms. (Director):

As part of the County Performance Standards (CPS) activity, the Program Review Section of the California Department of Health Care Services conducts County Performance Reviews in various counties throughout the State of California. We advised you of these plans in a letter dated MM/DD/YY of a review for the Eligibility Worker (EW) Worker and Error Alert processing. Findings of the review will be used to verify compliance with the CPS specified in Welfare and Institutions Code Section 14154.5, the need for corrective action plans and possible reduction of county administrative allocations for failure to meet the CPS. A report will be issued to your county at the conclusion of the review process. We plan to conduct the review beginning [Month Day, Year], and ending on [Month Day, Year].

We are requesting that the Medi-Cal cases on the enclosed list be made available for the review. The cases have been selected from a randomly generated computer selection process. The review will be limited to your county's compliance in correctly and timely processing the Medi-Cal Eligibility Data System (MEDS) Worker and Error Alerts. 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, information in your county data system and MEDS.

Sincerely,

Program Review Region

**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

Enclosure

**EW WORKER AND ERROR ALERT REVIEW DOCUMENT** - this document is used to track the review and provide the statistical data for the county report. The worksheet will be used to communicate the findings for each case in error to the county prior to finalization of the report. Information from the review document will be transferred to the EW WORKER and ERROR ALERT Worksheet.

**MEDS WORKER ALERT REVIEW DOCUMENT**

CO NO	PROCESS	PROCESS DATE	REVIEW DATE	REVIEW NO.	PRS #
ALERT NOs & DESCR					
PRIOR or AFTER ALERT	DATE				
	NO				
<b>TRANSACTION INFORMATION FROM ALERT</b>					
MEDS ID NUMBER		CIN FOR MEDS ID		NAME	
AC	CASE SERIAL		FBU	PN	DOB
XREF INFO					
REVIEW NOTES					

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

Case Status	C N CW/I	Status Date		Update Due by 1 <sup>st</sup> of		Timely	Yes No
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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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**EW WORKER AND ERROR ALERT REVIEW WORKSHEET**

Excel worksheet to be inserted on this page.

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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**REPORT** – the report will be completed based on statistical data to be collected from the MEDS ALERT FR Checklist. A report template has been created and will need modifications only for specific situations of each individual county

*EXECUTIVE SUMMARY*

The Program Review Section (PRS) recently conducted a County Performance Standards (CPS) Eligibility Worker (EW) Worker and Error Alert Review on insert date. The review was performed in Insert County. The purpose of this review was to determine the effectiveness of Insert County compliance with processing EW Worker and Error Alerts.

PRS identified the following results:

Number of Completed Reviews                      (100 percent)                      Insert number

**Of the completed case reviews, the following findings apply:**

Insert Number                      Total Cases with EW Worker Alerts received from the DAILY and RENEWAL Medi-Cal Eligibility Data System (MEDS) processes

**Insert %                      Percentage processed timely (number / total). This percentage is above/at/below the mandatory 90 percent requirement.**

Insert Number                      Total Cases with MEDS Error Alerts received from the RECON MEDS processes

**Insert %                      Percentage processed timely (number / total). This percentage is above/at/below the mandatory 95 percent requirement.**

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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## COUNTY PERFORMANCE STANDARDS EW WORKER AND ERROR ALERT PROCESSING

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### BACKGROUND

PRS staff completed an EW Worker and Error Alerts CPS review in *Insert* County on *Insert Date*. The EW Worker and Error Alert review focused on EW Worker and Error Alerts from the DAILY, RENEWAL and RECON processes for the following time periods:

DAILY –  
RENEWAL-  
RECON –

This CPS review encompassed an evaluation of *Insert* County's EW Worker and Error Alert processing in effect for those timeframes and *Insert* County compliance with the EW Worker and Error Alert processing policy.

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

- Desk reviews of a random sample of 75 Medi-Cal cases with beneficiary EW Error Alerts from the quarterly Reconciliation process. (This number may be lower based on actual sample size as predetermined by California Department of Health Care Services (DHCS) due to Medi-Cal population size in the county. When that has occurred, all numbers in this report specified as 75 will be updated to reflect that change).
- Desk reviews of a random sample of 75 Medi-Cal cases with beneficiary EW Worker Alerts from both the monthly RENEWAL and DAILY processes. (This number may be lower based on actual sample size as predetermined by DHCS due to Medi-Cal population size in the county. When that has occurred, all numbers in this report specified as 75 will be updated to reflect that change).
- A review of the NAME County case information as documented in the case record.
- A review of the NAME County system/data imagery information.
- A review of the state MEDS system including Worker Alert databases.
- A determination of the accuracy of NAME County's EW Worker and Error Alert processing for each beneficiary record under review.

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## COUNTY PERFORMANCE STANDARDS EW WORKER AND ERROR ALERT PROCESSING

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- A determination of the timeliness of Insert County's EW Worker and Error Alert processing for each beneficiary record under review.
- Review of NAME County internal process for processing EW Worker and Error Alerts to the 90 and 90 percent requirements.
- Findings of the review will be used in the verification of compliance with CPS, determination of whether a CAP is required, and 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 beneficiary records in the two random samples for the time periods designated above, using the case file, MEDS and county automated and data imagery system information. Based upon that information the review team determined whether or not **Name** County correctly and timely processed the EW Worker and Error Alerts.

PRS staff reviewed 75 beneficiary records with EW Error Alerts from the Reconciliation sample and the 75 beneficiary records with EW Worker Alerts from the Renewal and Daily samples. As part of our review process, we considered actions performed by the county prior to our desk review only to the extent the actions were performed within the timeframes required under the CPS processing guidelines. Changes occurring after those timeframes are noted but not considered for timeliness purposes. An informal exit conference was held with *Insert name of Persons* to discuss the preliminary findings of the CPS EW Worker and Error Alert review. PRS staff presented the draft report to *Insert County* on Insert Date.

Of the 150 beneficiary records from both random samples selected for review, we found that xxx cases (% of the total) of the Reconciliation beneficiary records with EW Error Alerts had MEDS alerts processed correctly and timely and xxx cases (% of the total) of the Renewal and Daily beneficiary records with EW Worker Alerts had been processed correctly.

For the remaining xx cases we found the following:

- # (%)      Records from the MEDS daily or renewal alerts received on or before the tenth working day not processed for the next month eligibility process. This percentage was above/at/below the mandatory 90 percent.
  
- # (%)      Records MEDS daily or renewal alerts received after the tenth working

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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day not processed for the second month eligibility process. This percentage was above/at/below the mandatory 90 percent.

# (%) Records MEDS reconciliation alerts received on or before the tenth working day not processed for the next month eligibility process. This percentage was above/at/below the mandatory 95 percent.

# (%) Records MEDS reconciliation alerts received after the tenth working day not processed for the second month eligibility process. This percentage was above/at/below the mandatory 95 percent.

Based on those findings, PRS has determined that NAME County:

- Did (did not) process 95 percent of the MEDS Reconciliation EW Error Alerts within the mandated timeframes. We could find no substantiation in the county case record or automated system to substantiate delayed processing for those cases not meeting the timeliness criteria.
- Did (did not) process 90 percent of the MEDS Renewal and Daily EW Worker Alerts within the mandated timeframes. We could find no substantiation in the county case record or automated system to substantiate delayed processing for those cases not meeting the timeliness criteria.

A draft report was provided to NAME County for review prior to completion. This is the final report.

**SUMMARY/CONCLUSIONS/RECOMMENDATIONS**

Based on the PRS review, Name County is (is not) processing EW Worker and Error Alerts timely. Explain here results and any unusual, mitigating or specifics to this review, statements.

The EW Worker and Error Alert review was completed within the time frames allowed. This was due in part to the full cooperation of the Insert County staff and the coordination efforts of Insert Quality Control Contact. This enabled the review to run smoothly and without delays. We would like to especially thank Insert County Names for their assistance in developing and participating

**BEST PRACTICES**

PRS would like to recognize exceptional county best practices that were identified

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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during the review.

1. Use this section to list forms, practices, training, policies, etc and include as attachments as appropriate.

**CORRECTIVE ACTION PLANS**

Use this area to discuss the counties plans for CAP plans if warranted based on the county's performance under the 90 and 95 percent level. Any performance under the 90 or 95 percent level will require reference to CAP efforts and timeframes.

During the focused review, PRS staff identified various errors and case issues. These errors and issues are documented in the attached Case Control Log. State and County staff agrees that county staff will take timely and appropriate action to address each case error and issue finding.

**ATTACHMENTS**

*List all attachments including the case summary findings.*

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**COUNTY PERFORMANCE STANDARDS  
EW WORKER AND ERROR ALERT PROCESSING**

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DIRECTOR LETTER – this document is a template of the letter to be used when transmitting the report to the County. As with the report, modifications will be needed specific to the county (Attachment No. 5).

(INSERT DATE)

, Director  
INSERT County  
Department  
COUNTY ADDRESS  
CITY, CA ZIP CODE

Dear Ms. (Director):

The Program Review Section recently completed an EW Worker and Error Alert County Performance Review 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.

*If corrective action efforts are required the letter needs to address that as an issue.*

We wish to express our appreciation for the able assistance and tremendous cooperation of *Insert County* staff in the completion of this review. If you wish to discuss the findings of the review please contact either *Insert Name*, Lead Analyst, at *Insert Phone Number*, or myself at *Insert Phone Number*.

Sincerely,

Chief  
Insert Area Program Review Region  
Program Review Section

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.

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

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

**COUNTY PERFORMANCE STANDARDS  
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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.

**COUNTY PERFORMANCE STANDARDS  
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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.

**COUNTY PERFORMANCE STANDARDS  
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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.

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

**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.

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

**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](mailto: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](mailto:name@dhcs.ca.gov).

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

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](mailto: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](mailto: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](mailto: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](mailto:name@dhcs.ca.gov).

**COUNTY PERFORMANCE STANDARDS  
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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

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

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).

**COUNTY PERFORMANCE STANDARDS  
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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

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

**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**

<b>A</b> REV. NO	<b>B</b> CASE NAME	<b>C</b> CASE NUMBER	<b>D</b> PRS #  <b>SEE NOTES</b>	<b>E</b> BRIDGE MONTH	<b>F</b> SOC CORR.  Y or N	<b>G</b> ISSUE 7X BENE. IN MEDS  Y or N	<b>H</b> SOC NOA ISSUED  Y or N	<b>I</b> CONSENT FORMS NEEDED  Y or N	<b>J</b> CONSENT FORMS TIMELY  Y or N	<b>K</b> # of CHILD BRIDGE D	<b>L</b> BRIDGE NOA TIMELY  Y or N	<b>M</b> # of CHILD REFERRED	<b>N</b> CASE CORRECT	<b>O</b> 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 #  <b>SEE NOTES</b>	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**

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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**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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**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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**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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**HEALTHY FAMILIES BRIDGING CPS CHECKLIST**

A REV. NO	B CASE NAME	C CASE NUMBER	D PRS #  <b>SEE NOTES</b>	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
100														

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!

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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 #  <b>SEE NOTES</b>	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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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.

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
		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%

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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%

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## **COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING**

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### **CPS H - CORRECTIVE ACTION PLANS (CAP)**

#### **I. INTRODUCTION**

Effective April 1, 2006, the California Department of Health Care Services (DHCS) implemented the CAP component of the County Performance Standards (CPS) Monitoring process. The responsibility for implementation and monitoring of the CAP has been assigned to the Program Review Section (PRS) of the Medi-Cal Eligibility Division. This procedure includes the procedures to be followed for the CAP process.

#### **II. BACKGROUND**

PRS is responsible for the CPS Monitoring process in four specific Medi-Cal Eligibility areas:

- Annual Redetermination (RV) Processing
- Application Processing
- Eligibility Worker (EW) Worker and Error Alert Processing
- Bridging Processing

PRS will review and verify county conformance with specific CPS and complete case reviews in select counties based on the following criteria:

- Annual County Self-Certification reports of performance below the established CPS benchmarks.
- Trend data or other information that identifies CPS below the established CPS standards benchmarks.
- Random selection of counties for case reviews to determine if counties are meeting CPS.

Per Welfare and Institutions Code Section 14154(f) and 14154.5(f), counties found not to be in compliance with CPS for Applications, Annual Redeterminations, Medi-Cal to Healthy Families Bridging and EW Worker and Error Alerts will be required to submit a CAP to document how the county will bring performance to the established benchmarks.

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## **COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING**

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If it is determined that a county must submit a CAP, the plan must include corrective steps the county will take. The plan shall establish the interim benchmarks for improvement that will be expected to be met by the county in order to avoid a reduction, in the following year, of two percent of its county administrative funds. The plan must enable DHCS to measure the extent of improvement by the county every three months. The final review of the benchmarks by DHCS will begin the month of June 2007 or such earlier time as may be determined in the CAPs.

If the county does not meet the performance standards, DHCS, at its sole discretion, may reduce the allocation of county administration funds beginning in July of the year that the final review is completed. For those final reviews conducted in June 2007 the allocation reductions would be effective in July 2007. Any funds reduced may be restored by DHCS if, in the determination of DHCS, sufficient improvement has been made by the county in meeting the CPS during the year for which the funds were reduced. The county may use the CAP 12<sup>th</sup> month milestone report or the self-certification report, to claim that sufficient improvement has been made. That report will be reviewed and validated by DHCS to determine if sufficient improvement has been made. If the county continues not to meet the CPS, DHCS may reduce the county administrative fund allocation by an additional two percent for each year, thereafter, in which sufficient improvement has not been made to meet the CPS.

### **III. DETERMINATION THAT A CAP IS REQUIRED**

Based on the requirements as stated in section II above, the following guidelines have been established to ensure that DHCS performs the review and corrective action activities in a uniform manner. When one of the following determinations is made, the CAP process will be implemented:

- County submits a self-certification report of performance below 90 percent for the Application Processing Performance Standards.
- County submits a self-certification report of performance of less than 90 percent for the Annual Redetermination Performance Standards.
- County submits a self-certification report of performance of less than 90 percent for the Medi-Cal to Healthy Families Bridging Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for the Application Processing Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for the Annual Redetermination Performance Standards.

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## **COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING**

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- PRS completes a review and determines a county performance of less than 90 percent for the Medi-Cal to Healthy Families Bridging Performance Standards.
- PRS completes a review and determines a county performance of less than 90 percent for the MEDS EW Error Alert Performance Standards.
- PRS completes a review and determines a county performance of less than 95 percent for the MEDS EW Worker Alert Performance Standards.

### **Exception to CAP requirement if performance is less than 90 percent for Disability-Based Applications – minimum sample size requirement for CAP**

The processing standard for CPS Application for Disability-Based applications is set at 90 days unless the application is delayed because the disability determination is not received from the Department of Social Services (DSS). Delayed application processing by DSS has created a major problem for completing this component of the CPS reviews and increased the probability of requiring CAPs for more counties. Normally, less than 21 of the 75 sampled cases can be used for CPS review purposes. In these situations, counties have a base of significantly smaller numbers of cases available for evaluation to achieve the 90 percent requirement. Therefore, a CAP will only be required for Disability-Based Application performance under 90 percent associated with a review of a minimum of 21 reviewable cases

### **Corrective Action Plan (CAP) Notifications**

When one or more of the situations listed occurs, a corrective action plan notification letter will be issued to the county. The CAP letter will consist of a notification to the county that includes:

- County performance area(s) that requires the CAP and the degree of noncompliance with established standards.
- Consequences for failure to meet mandatory benchmarks.
- Steps the county must include in the CAP.
- Timeframes for submission of the initial CAP.
- Timeframes for three-month follow-up for PRS measurement of county improvement.
- Timeframes for final review.

The CPS review report will also include a draft format that the county may use to submit the CAP.

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## **COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING**

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### **IV. CAP FORMAT**

PRS has developed a format for the counties to use for creation of a CAP.

Counties may utilize this format to respond to specific issues or potential problems identified through the review process in the event that a CAP is necessary.

As noted above, a CAP is a formal component as a result of CPS reviews or county self-certifications. Having a formal CAP format will achieve the following:

- Collaboration between DHCS and county Medi-Cal program administrators on the mutual goal of ensuring integrity in the Medi-Cal program.
- Confirmation to ensure that counties are meeting the specific performance standard accuracy rates for the review areas identified by the CAP.
- Formal framework through which both DHCS and county Medi-Cal program staff can work together on specific actions to correct the errors and issues identified in the review.
- Specific timeframes and milestones on various remedial actions the county staff will implement.
- Formal outline to be used by DHCS staff to monitor county progress on remedial actions.

DHCS will review the submitted CAP to determine if the county plan meets the criteria specified above. If the plan does not include the necessary components, the county will be advised of the need for modifications and the timeframes in order to submit a corrected CAP.

Once a CAP has been ratified between DHCS and the county, the county will be notified via email or letter that the CAP has been received and to confirm the timeframes and benchmarks in the CAP. DHCS will contact the county at the designated intervals to determine if the county has met the benchmarks on a timely basis and identify the remaining benchmarks that will be monitored.

### **V. DHCS FOLLOW-UP ACTIVITIES**

The main component of CAP follow-up activities is that counties will be required to submit three-month interval reports on their CAP compliance efforts and accomplishments. The CAP will be monitored by DHCS staff based on the designated timeframes on a county-by-county basis. The issues to be monitored include the following:

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## **COUNTY PERFORMANCE STANDARDS CORRECTIVE ACTION PLAN MONITORING**

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- County report timeliness – counties are required to report at three-month intervals once the CAP is implemented.
- Timeframes – estimated dates for follow-up reviews as appropriate.
- Steps involved for follow-up review which include required benchmarks.
- Methodology of follow-up review based on data submitted by county.
  - What materials were submitted to substantiate benchmark evaluation.
  - Does material substantiate county performance improvement.
  - Does material warrant ongoing CAP needs.
  - Does material warrant follow-up CPS eligibility evaluation.
- Methodology of follow-up review based on CPS evaluation guidelines
  - Random sample of a selected number of cases for focused review error type.
  - Sample month to be subsequent to county implementation of CAP.
- State Conclusions and Summary of follow-up review.
- Notification to county of status of corrective action effort requirements.

Affected counties need to document all of the elements that are needed for a formal plan to correct identified problems and issues. By documenting the CAP, the counties will have an opportunity to correct all identified errors and issues. At some time subsequent to the county's implementation of the remedial actions outlined in the CAP, DHCS staff will contact designated county staff to schedule a follow-up review to evaluate the efficacy of the county's CAP. Upon the implementation of the CAP and the completion of the follow-up review, DHCS and the county will work together to ensure performance consistent with CPS standards.

### **VI. COMPLIANCE WITH CPS AS A RESULT OF CAP**

DHCS will monitor county performance for improvement based on the CAP agreements. Notification will be made to the county when DHCS has determined that the county's performance now meets or exceeds the performance criteria as designated for the individual performance area. At the time of that notification, the county will be considered to be in compliance for the current CPS cycle.

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

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**VII. NON-COMPLIANCE WITH CPS AS A RESULT OF CAP**

When it is determined that the county has not met the requirements of the CPS, PRS will refer the documentation to departmental authority for consideration of possible fiscal sanctions. This decision may be impacted by the degree of improvement that is identified at the county level for the specific performance standard that is required by the CPS.

**VIII. FORMS**

The following forms have been created for use by the DHCS staff assigned to perform County Performance Corrective Action duties. These forms are mandatory and modifications can only be approved at the direction of DHCS.

1. **LETTER – COUNTY NOTIFICATION OF REQUIREMENT FOR CAP** – this letter is to be used to notify the county that a CAP is required.
2. **COUNTY CAP SAMPLE** – this document is to be given to the county as a sample format to be used to develop the CAP.
3. **LETTER – COUNTY NOTIFICATION OF ACCEPTANCE OF CAP** – this letter may be sent to the county to advise that the CAP has been accepted. An email may also be used at DHCS discretion and on agreement with the county.
4. **LETTER – COUNTY NOTIFICATION OF NONRECEIPT OF CAP** – this letter will be sent to the county to advise that the CAP has not been received. (pending)
5. **LETTER – COUNTY NOTIFICATION OF NONACCEPTANCE OF CAP** – this letter will be sent to the county to advise that the CAP has not been accepted and the reasons for non-acceptance. (pending)
6. **LETTER – COUNTY NOTIFICATION OF THREE- MONTH BENCHMARK EVALUATION** – this letter may be sent to the county to advise that the three-month benchmark has not been received. An email may also be used at DHCS discretion and on agreement with the county. (pending)
7. **LETTER – COUNTY NOTIFICATION OF CPS FOLLOW-UP ELIGIBILITY REVIEW** – this letter will be sent two months in advance of the planned CPS follow-up review and is a modified version of the letter that is currently used for the specific type of review. (pending)

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

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8. **LETTER** – COUNTY NOTIFICATION OF COMPLIANCE AND SUCCESSFUL COMPLETION OF CAP – this letter will be issued on completion of the CPS follow-up review when county performance attains mandatory percentages (pending)
  
9. **LETTER** – COUNTY NOTIFICATION OF NONCOMPLIANCE AND RESULTS OF CPS CAP FOLLOW-UP – this letter will be issued on completion of the CPS follow-up review when county performance is determined to continue to be out of compliance with county performance standards (pending)

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

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**Date**

**Name, Director**

**County**

**Agency**

**Address**

**Dear:**

**County was evaluated under the Application/Redetermination Processing function of the County Performance Standards (CPS) Monitoring. This review is pursuant to Welfare and Institutions Code Section 14154 (14154.5) as noted in All County Welfare Director's Letter 05-22E November 2, 2005.**

**Based on our independent evaluation, it was determined that County's performance was below the 90/95 percent processing requirement in one or more of the CPS. As a result, your county will be required to develop a Corrective Action Plan (CAP) that addresses these components and submit it to our office within 60 days of this letter.**

**The CPS Processing component(s) that was (were) identified under 90 (95) percent are:**

**Application Processing:**

**General Applications – performance was %**

**Disability Applications – performance was %**

**Annual Redetermination Processing:**

**Mailing RV packets – performance was %**

**Completion of RVs – performance was %**

**Issuance of Notice of Actions – performance was %**

**Medi-Cal to Healthy Families Bridging Processing:**

**Notices advising of Referral to Healthy Families – performance was %**

**Forwarding RV packets to Healthy Families – performance was %**

**Requesting consent for Healthy Families Referral – performance was %**

**A sample copy of the format for the CAP, as well as the CAP guidelines, is included for your use in preparing the CAP. An electronic version is also available if you desire. I am available at your convenience to review the CAP guidelines and assist in the preparation of the CAP.**

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

**When completed, the CAP should be submitted to:**

**CAP Manager  
County Performance Standards Monitoring Office  
California Department of Health Care Services  
Program Review Section/Medi-Cal Eligibility Division  
311 South Spring Street, Room 217  
Los Angeles, California 90013**

**The CAP office will be monitoring the three-month county performance benchmarks after your plan has been reviewed and approved. In the meantime you may contact me directly at (phone) or by email at (email address). Please contact me at your convenience**

**Sincerely,**

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

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**I. Executive Summary**

The summary should be a concise outline as to the issues that the Corrective Action Plan (CAP) is concerned with and a brief description of the proposed county corrective action measures.

**II. Introduction and Background**

**a. County Performance Standards (CPS) Report Findings**

The county should provide an overview of the specific findings noted in the original CPS Self-Certification or California Department of Health Care Services (DHCS) report.

**b. Specific Details of CPS Issue**

The county should identify problem areas or issues which have adversely impacted the county from meeting the CPS.

**c. County Steps to Implement Benchmarks**

The county should identify the steps the county plans to implement benchmarks to correct the reason for the CAP.

**III. CAP Details**

**a. Expected impact of county CAP**

This section should reflect the county plan to achieve the required CPS for the specific performance monitoring area. That is, the report should be specific to one or more of the following: Application Processing – General and/or Disability Based; Annual Redetermination Processing; Eligibility Worker or Error Alerts; Bridging.

**b. Planned date for implementation of CAP**

The county shall submit a CAP within 60 days of notification by DHCS that a CAP is required. The implementation date should be no later than 60 days after the CAP submittal timeframe. DHCS will review the CAP and advise the county of approval prior to the planned implementation date.

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

**c. Proposed remedial action steps for each noncompliance or issue identified in the CPS report.**

This section should include a detailed description of each proposed remedial action steps that are planned for the CAP.

**d. Final Milestone to achieve mandatory performance**

The county should identify the final milestone and the date that the milestone is anticipated to be met.

**IV. Conclusion and Summary**

**a. County commitment to implement CAP**

The county shall summarize the major elements of the CAP in this section. Essentially, the county shall include a brief description of how the proposed remedial actions will be effective in resolving the identified problems or issues, outline the major milestones which the county will use to monitor the efficacy of the proposed remedial actions and the anticipated completion dates for the remedial actions.

**b. Name and Phone Number of county liaison for the CAP**

The name and phone number of the county staff person responsible for coordination of the CAP with DHCS should be included in this section.

This section should include a detailed description of each proposed remedial action steps that are planned for the CAP.

**c. Advantages and benefits of the proposed remedial actions**

The county must indicate the advantages and benefits of each of the proposed remedial actions to be taken. The benefits and advantages should be stated in terms of timeliness of actions taken and efficiency and effectiveness of the actions from the county and State perspective.

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

**d. Three-Month Milestones to achieve mandatory performance**

The county shall identify the three-month milestones based on the implementation date of the CAP. The county may not need the maximum of three-month intervals to complete the CAP.

**V. Attachments**

**a. Statistical Data in support of the CAP**

As appropriate, the county should include statistical data to support the CAP implementation.

**b. Training Plans in support of the CAP**

As appropriate, the county should include training plans if those plans are part of the CAP, whether the training will be one time or ongoing and the scheduled timeframes the training is proposed. The quarterly benchmarks reports should include training that has been conducted during that three-month period.

**c. County Automated System Changes in support of the CAP**

As appropriate, the county should include planned system change information to support the CAP.

**d. Others**

Other documents as deemed appropriate by the county.

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**COUNTY PERFORMANCE STANDARDS  
CORRECTIVE ACTION PLAN MONITORING**

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This page is a listing of the forms that need to be included. These are in progress. Until the form is finalized this page will not be issued.