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*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

March 10, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-12  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAMS SPECIALIST/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: BRIDGING PERFORMANCE STANDARDS  
(References: All County Welfare Directors Letter (ACWDL) 07-03 and  
ACDWL 07-09)

The purpose of this letter is to provide clarification and information regarding the Bridging performance standards and reporting requirements set forth in ACWDL 07-03. This letter will address four subjects: clarification regarding the documentation of a “case”; county reporting frequency; sampling methodology; and the data elements counties must report in the declarations of meeting the three Bridging Program performance standards.

1. Definition of “Case”

Currently, Welfare & Institutions (W&I) Code, Section 14154(c)(3)(D)(i) states: “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.”

The Bridging performance standards 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.”

## 2. Reporting Frequency

As stated in ACWDL 07-03, the counties were required to submit a report annually. This reporting requirement has been changed to bi-annually (every two years) in odd numbered years. Therefore, the next Bridging Self-Certification reporting for the counties will be due on April 30, 2009. After April 2009, counties will not be required to self-certify their Bridging Program performance again until January 1, 2011.

## 3. Sampling Methodology – Supporting Documentation Requirement

For purposes of submitting the required Current Population Survey (CPS) Bridging self-certification supportive documentation, counties can use the whole universe of children found in the Bridging self-certification month or counties can use a sub sample. When the universe of cases for the CPS Bridging process is less than 1,000, the sample size for the supportive documentation shall be the actual number up to 50 cases. When the universe of cases is 1,000 to 4,999, the sample size for the supportive documentation shall be 100 cases. When the universe of cases is 5,000 or more, the sample size for the supportive documentation shall be 200 cases.

## 4. CPS Supporting Documentation – Data Elements

When a county certifies that it has attained at least a 90 percent success rate in any of the performance standards, it must include identifiable data elements in its report for review purposes. Attachments 1 and 2 are integral parts of the self-certification and must be submitted with the self-certification. The spreadsheet in Attachment 2 (sample provided) provides the data elements that must be collected and reported from a sampling of the cases to support the certification. However, for 2009 only, if counties are unable to meet the exact supporting documentation requirements indicated in Attachment 2, the county shall, to the extent possible, use its “equivalent” to provide the required data elements that support its certification of meeting the performance standards. After 2009, the requirement to submit documentation will be eliminated once the county is able to show the methodology used in the county system to support derivation of the information provided in Attachments 1 and 2 and this information is verified by the Department of Health Care Services (DHCS). For any performance standard that is self-certified at less than ninety percent, Attachment 1 is not required for that performance standard.

Performance Standards Calculations

The methodology counties must use to determine whether they have met each of the three Bridging performance standards specified in W&I Code, Sections 14154 (c)(3)(D)(i), (ii) and (iii) is as follows:

a. Performance Standard (i):

Ninety percent of these children shall be sent a notice informing them of the Healthy Families Program (HFP) within five working days from the determination of a share-of-cost (SOC).

1. Determine the number of children with full-scope, no SOC Medi-Cal eligibility in one month who are then determined eligible for Medi-Cal with a SOC in the following month. This number does NOT include children who will be ineligible for Medi-Cal due to excess property, who will be turning age 19 in the Bridging month, who were made eligible for Bridging in a prior period, or who are already enrolled into the HFP. Counties shall note that children with excess property or who will turn age 19 in the Bridging month are eligible for Bridging; however, these children shall not be included in the Performance Standard census.
2. Subtract the number of children whose family income exceeds the HFP income standard.
3. Subtract the number of children who are undocumented aliens, (not due to Deficit Reduction Act requirements). The remaining children are eligible during the month of Bridging under Aid Code 7X. Each HFP eligible child remaining in the same Medi-Cal Family Budget Unit is considered to be one case.
4. Determine the number of these children who were sent at least one notice informing them of the HFP within five working days of the SOC determination.
5. Divide the number in Step 4 by the number in Step 3 and convert to a percent.

Example for Performance Standard (i):

Step 1	The county determines that on January 25, 2009, 97 children who are eligible for full-scope, no SOC Medi-Cal in January 2009, will be eligible for Medi-Cal with a SOC in February 2009.	97
Step 2	The county determines that seven of these children have family income that exceeds the HFP income standard. [Subtract these seven.]	97 <u>-7</u> 90
Step 3	The county determines that there are ten children who are undocumented aliens. [Subtract these ten]  The 80 children remaining will be put into aid code 7X.	90 <u>-10</u> 80
Step 4	The county determines that 78 of these 80 children were sent at least one notice of HFP information within five working days, or by January 21, 2009.	78
Step 5	Divide the number of children in Step 4 that received the notice by the total number of eligible children in Step 3.	78/80
Result	The county has met performance standard (i).	97.5%

b. Performance Standard (ii)

Ninety percent of all annual redetermination (RV) forms for these children shall be sent to the HFP within five working days from the determination of a SOC if the parent/caretaker has given consent to send this information to the HFP.

1. Determine the number of children with full-scope, no SOC Medi-Cal in one month who will be eligible for Medi-Cal with a SOC in the following month. This number does NOT include children who will be ineligible for Medi-Cal due to excess property, who will turn age 19 in the Bridging month, who were made eligible for Bridging in a prior period, or who are already enrolled in the HFP.
2. Subtract the number of children whose family income exceeds the HFP income standard.
3. Subtract the number of children who are undocumented aliens. The remaining children are eligible during the month of bridging under Aid Code 7X.

4. Subtract the number of children for whom consent to forward the case information to HFP was not given.
5. Determine the number of children remaining after Step 4, whose applications were sent to the HFP within five working days of the SOC determination.
6. Divide the number of remaining children in Step 5 by the number in Step 4 and covert to a percent.

Example for Performance Standard (ii):

Step 1	The county determines that on January 25, 2009, 97 children who are eligible for full-scope, no SOC Medi-Cal in January 2009, will be eligible for Medi-Cal with a SOC in February 2009.	97
Step 2	The county determines that seven of these children have family income that exceeds the HFP income standard. [Subtract these seven]	$\begin{array}{r} 97 \\ -7 \\ \hline 90 \end{array}$
Step 3	The county determines that there are ten children who are undocumented aliens. [Subtract these ten]  The 80 children remaining will be put into aid code 7X.	$\begin{array}{r} 90 \\ -10 \\ \hline 80 \end{array}$
Step 4	The county determines that 8 of these 80 children did not give consent. [Subtract these 8]	$\begin{array}{r} 80 \\ -8 \\ \hline 72 \end{array}$
Step 5	The county determines that annual RV forms for 70 of the children in Step 4 were sent to the HFP within five working days of the SOC determination.	70
Step 6	Divide the number of RV forms that were sent to the HFP in Step 5 by the number in Step 4.	70/72
Result	The county has met performance standard (ii).	97.2%

c. Performance Standard (iii):

Ninety percent of these children placed in the Medi-Cal to HFP Bridging Program whose parent/caretaker 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. Determine the number of children with no SOC in one month who will be eligible for Medi-Cal with a SOC in the following month. This number does not include children who will be ineligible for Medi-Cal due to excess property, who will turn age 19 in the Bridging month, who were made eligible for Bridging in a prior period, or who are already enrolled in the HFP.
2. Subtract the number of children whose family income exceeds the HFP income standard.
3. Subtract the number of children who are undocumented aliens. The remaining children are eligible during the month of bridging under Aid Code 7X.
4. Determine the number of children for whom consent was given and subtract this amount.
5. Determine the number of remaining children.
6. Determine the number of these children whose parent/caretaker received at least one request to give consent to share the child's case information with the HFP within five days of the SOC determination.
7. Divide the number of children in Step 6 by the number of children in Step 5 and convert to a percent.

Example for Performance Standard (iii):

Step 1	The county determines that on January 16, 2009, 97 children who are eligible for full-scope, no SOC Medi-Cal in January 2009, will be eligible for Medi-Cal with an SOC in February 2009.	97
Step 2	The county determines that seven of these children have family income that exceeds the HFP income standard. [Subtract these seven]	97 -7 90
Step 3	The county determines that there are ten children who are undocumented aliens. [Subtract these ten]  The 80 children remaining will be put into aid code 7X.	90 -10 80
Step 4	The county determines that families of 72 of these 80 children gave consent. [Subtract these 72]	80 -72 8
Step 5	The county determines that the parent/caretaker of these eight children must be sent a consent form.	8
Step 6	The county determines that three children in eight received a request to give consent to share case information with the HFP within five working days of the SOC determination.	3
Step 7	Divide the number of children in Step 6 by the number of children in Step 5.	3/8
Result	The county has not met performance standard (iii).	37.5%

Counties Subject to Performance Standards

The 25 largest counties identified in ACWDL 08-11 are subject to Medi-Cal Eligibility Quality Control monthly samples and case reviews and must complete a Bridging Self-Certification and submit it to the Department of Health Care Services (DHCS) by April 30, 2009. The 25 largest counties are: Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Madera, Merced, Monterey, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Ventura.

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#### Submission of Report

Counties, when submitting the Bridging Self-Certification, must submit on county letterhead signed by the executive officer the certification with the documentation described in this letter to support their declarations of meeting the Bridging performance standards to:

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

#### Corrective Action Plan (CAP)

If the county self reports, or DHCS finds that the county did not meet one or more of the performance standards as required, the county shall be advised by written correspondence to submit a CAP as outlined in the Medi-Cal Eligibility Procedures Manual, Article 25 H, CPS, CAP Monitoring, 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, CA 90013

The CAP shall, at a minimum, include steps that the county shall take to improve its performance on the standard which the county is out of compliance. The CAP shall establish interim benchmarks for improvement that shall be expected to be met by the county in order to avoid a sanction. After review of all reports submitted by the 25 counties, the Medi-Cal Eligibility Division (MCED) will post the Bridging performance standard results on the MCED website.

Counties shall note that if they are currently under a CAP requirement for prior year reporting, it is still necessary for the county to complete a Bridging Self-Certification, reporting the performance outcome of its Bridging Program in April 2009. The CAP requirement and the reporting of milestones under the CAP are separate requirements from the certification of meeting the Bridging Program performance standards in 2008. Because Legislature did not appropriate funds for the cost-of-doing-business



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adjustment for the 2008-09 Fiscal Year (FY), DHCS will not impose sanctions on any county not meeting the Performance Standards for the 2008-09 FY according to W&I Code, Section 14154 (h)(2), but counties must still submit their performance reports:

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

If you have any questions regarding this letter, please contact Ms. Coleen Keelan at (916) 445-4062. If you have questions regarding the CAP, please contact Mr. Jose Morales of the Program Review Section at (213) 897-0980.

Original Signed By:

Vivian Auble, Chief  
Medi-Cal Eligibility Division

Attachments

## ATTACHMENT 1

Please use County letterhead

Date:

Subject: Bridging Self Certification Reporting Format

County:

Self-Certification Period:

Type of County Self-Certification Action: BRIDGING

County Contact:      Name:

Title:

Telephone Number

E-mail address:

Summarization of self certification results:

Please use the following Summary of Findings format for self certification purposes:

### EXECUTIVE SUMMARY

Number of All Completed Reviews	
Number of Children 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.	
Number of Children for which a Medi-Cal to Healthy Families Bridging Program Evaluation was required.	

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

Number of All Correct Children for which a Notice informing children of the Healthy Families Program was completed within five days of the determination of a share of cost.	#	%
Number of All Correct Children for which the Annual Redetermination (RV) Forms were mailed to the Healthy Families Program within five days of the determination of a share of cost if there was parental consent.	#	%
Number of All Correct Children for which a request for consent/permission to forward the RV forms to Healthy Families was sent within five days of the determination of a share of cost.	#	%

Attach detailed spreadsheet of findings by case review, as documented in Attachment 2.

A REV. NO	B CASE NAME	C CASE NUMBER	D COUNTY WKR #  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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**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.

<b>A</b>	REV NO	Review number 1 - 200 is entered.
<b>B</b>	CASE NAME	Enter the last name only of the case name. Each potential Bridged child is a case.
<b>C</b>	CASE NUMBER	Enter the 7 digit case serial number. If more than one child in the family was selected, add the MEDS PN number in comments.
<b>D</b>	COUNTY WKR #	Enter the county worker 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% income FPL.
<b>E</b>	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
<b>F</b>	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
<b>G</b>	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.
<b>H</b>	SOC NOA ISSUED	Enter Y if a Share of Cost NOA was issued for the SOC change. Enter N if no NOA was issued.
<b>I</b>	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.
<b>J</b>	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.
<b>K</b>	# 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.
<b>L</b>	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.
<b>M</b>	# 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.
<b>N</b>	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

A REV. NO	B CASE NAME	C CASE NUMBER	D COUNTY WKR #  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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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.

<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 1

A REV. NO	B CASE NAME	C CASE NUMBER	D COUNTY WKR #  SEE NOTES	E BRIDGE MONTH	F SOC CORR.  Y or N	G ISSUE 7X BENE. in MEDS	H SOC NOA ISSUED  Y or N	I CONSENT FORMS NEEDED  Y or N	J CONSENT FORMS TIMELY  Y ro N	K # of CHILD BRIDGED	L BRIDGE NOA TIMELY  Y or N	M # of CHILD REFFERED	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.

[illegible]

<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 2

[illegible]

<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 3

[illegible]

## &lt;COUNTY&gt; COUNTY CHECKLIST/CONTROL LOG PAGE 4

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<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 5

[illegible]

<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 6

[illegible]

<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 7

[illegible]

<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 8

[illegible]

## &lt;COUNTY&gt; COUNTY CHECKLIST/CONTROL LOG PAGE 9

[illegible]

BRIDGING PROCESSING – SELF-CERTIFICATION REPORT  
<COUNTY> COUNTY CHECKLIST/CONTROL LOG PAGE 10

A REV. NO	B CASE NAME	C CASE NUMBER	D COUNTY WKR #  SEE NOTES	E BRIDGE MONTH	F SOC CORR.  Y or N	G ISSUE 7X BENE. in MEDS	H SOC NOA ISSUED  Y or N	I CONSENT FORMS NEEDED  Y or N	J CONSENT FORMS TIMELY  Y ro N	K # of CHILD BRIDGED	L BRIDGE NOA TIMELY  Y or N	M # of CHILD REFFERED	N CASE CORRECT  C or I	O COMMENTS
188														
189														
190														
191														
192														
193														
194														
195														
196														
197														
198														
199														
200														

Totals	0	Yes	0	0	0	0	0	0	0	0	0	0	0	
		No	0	0	0	0	0	0	0		0		0	
		None							0					

BRIDGING PROCESSING - SELF-CERTIFICATION REPORT  
<COUNTY> COUNTY CHECKLIST/CONTROL LOG 1

Note: Counties are expected to review 100% of the universe for all children identified in the Bridging self-certification month. For purposes of submitting required CPS Bridging self certification supportive documentation, counties can use the whole universe of children found in the Bridging self certification month or counties can use a sub sample when the universe of cases for the CPS Bridging process is less than 1,000, the sample size 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.

**EXECUTIVE SUMMARY**

Number of All Completed Reviews	0
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Number of Children 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
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Number of Children for which a Medi-Cal to Healthy Families Bridging Program Evaluation was required	0
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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!
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Number of All Correct Children for which the Annual Redetermination Forms were mailed to Healthy Families	0	#DIV/0!
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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 these Children whose families did not receive a request for consent for referral to HFP within five working days	0
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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 request 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!
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Number of Children with Referral within five working days to Healthy Families for an evaluation of eligibility.	0	#DIV/0!
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BRIDGING PROCESSING – SELF-CERTIFICATION REPORT  
ALL COUNTY CHECKLIST/CONTROL LOG PAGE 1

A REV. NO	B CASE NAME	C CASE NUMBER	D COUNTY WKR #  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
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	11/08	N								I	No RV for change of SOC
2	Sanchez	1B253476	500	11/08	Y	Y	Y	Y	Y	1	Y	1	C	
3	Melendez	1955465	500	11/08	Y	N	N	Y	N	1	N		I	Consent not timely but returned by client no NOA issued should have
4	Harrison	2007348	500	11/08	Y	Y	Y	Y	Y	1	Y	1	C	
5	Yeng	A127943	500	11/08	Y	Y	Y	N		1	Y	1	C	
6														
7	White	1192761	500	11/08	Y	N	Y	N					I	Child not issued 7X
8	Gutierrez	2124371	500	11/08	Y	Y	Y	Y	Y	1	Y	1	C	
9	Warren	2037549	500	11/08	Y	Y	N	Y	X	1			I	No NOA's issued - RV not referred
10	Alvarez	1B25D47	500	11/08	Y	Y	Y	Y	Y	1	Y	1	C	
11	Smith	1334550	500	11/08	N								I	No RV for change of SOC
12														
200														

Totals	10	Yes	8	6	6	6	4	7	5	5	5
		No	2	2	2	2	1		1		5
							1				



BRIDGING PROCESSING - SELF-CERTIFICATION REPORT  
ALL COUNTY CHECKLIST/CONTROL LOG 1

Note: Counties are expected to review 100% of the universe for all children identified in the Bridging self-certification month. For purposes of submitting required CPS Bridging self certification supportive documentation, counties can use the whole universe of children found in the Bridging self-certification month or counties can use a sub sample when the universe of cases for the CPS Bridging process is less than 1,000, the sample size 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.

**EXECUTIVE SUMMARY**

Number of All Completed Reviews	10
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Number of Children 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
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Number of Children for which a Medi-Cal to Healthy Families Bridging Program Evaluation was required	8
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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%
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Number of All Correct Children for which the Annual Redetermination Forms were mailed to Healthy Families	5	71.4%
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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 these Children whose families did not receive a request for consent for referral to HFP within five working days	4
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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%
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Number of Children with Referral within five working days to Healthy Families for an evaluation of eligibility	5	71.4%
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