



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



EDMUND G. BROWN JR.  
Governor

November 13, 2012

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 12-29  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: Data Reporting and Performance Standards for the Healthy Families Program (HFP) to Medi-Cal Transition

The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties of the changes to the Medi-Cal program data reporting and performance standards pursuant to Assembly Bills 1494 (Chapter 28, Statutes of 2012) and 1468 (Chapter 438, Statutes of 2012). These bills provide authority for the transition of children from the current State Children's Health Insurance Program, known as the Healthy Families Program (HFP), to the Medi-Cal program. On September 22, 2012, Assembly Bill (AB) 1468 was chaptered. AB 1468 includes language regarding collection of data reports and performance standards during the HFP transition to Medi-Cal program.

**Data Reporting for the HFP to Medi-Cal Transition**

The following excerpt from AB 1468 describes the data reports required on the processing of applications during the transition:

Welfare & Institutions Code Sections 14005.27 and 14154

(j) In conducting eligibility determinations for individuals pursuant to this section and Section 14005.27, the following reporting and performance standards shall apply to all counties:

(1) Counties shall report to the department, in a manner and for a time period prescribed by the department, in consultation with the County Welfare Directors Association, the number of applications processed on a monthly basis, a breakout of the applications based on income using the federal percentage of poverty levels, the final

disposition of each application, including information on the approved Medi-Cal program, if applicable, and the average number of days it took to make the final eligibility determination for applications submitted directly to the county and from the single point of entry (SPE).

In consultation with the County Welfare Directors Association and consumer advocates, the Department of Health Care Services (DHCS) has decided on the following data reporting requirements in order to meet the language of AB 1468:

1. The county data reports will be submitted on a monthly basis beginning in March 2013 and continue through February 2014. The data month will be the month that is two months prior to the report month. (Example: The report due in March 2013 will be for activity in January 2013.) Reports will be due from counties by the 15<sup>th</sup> of the report month so that they may be compiled and posted by the state no later than the last day of the report month.

The reports will include data on applications submitted directly to the county and from the SPE that were not granted Accelerated Eligibility (AE). AE gives children full Medi-Cal benefits while the county determines if the children are eligible for Medi-Cal. The data for those cases that the SPE granted AE (8E is the only AE aid code that the SPE grants) will be reported as part of the ongoing County Performance Standards for Medi-Cal Applications. Those applications from SPE that have been granted aid code 8U, 8V, 8W, or 8X, the CHDP Gateway aid codes, will be processed under the 45 day requirement and are not subject to the monthly reporting requirement.

2. The county data reports will be based on dispositions in the monthly data month that entail a finding of eligibility for the following aid codes with its corresponding Federal Poverty Level (FPL):

H1	Infant up to 1 age group with 200% FPL- 250% FPL
H2	1 up to 6 age group up to and including 150%FPL
H3	1 up to 6 age group above 150% FPL to 250% FPL
H4	6 up to 19 age group up to and including 150% FPL
H5	6 up to 19 age group above 150% FPL – 250% FPL

3. The following is the proposed format for this report:
  - a. Total number of applications approved for aid codes H1, H2, H3, H4, or H5 in the data month.

- b. Of the total number of applications approved, the number of children approved for each of the aid codes: H1, H2, H3, H4, or H5.
- c. The average number of days it took to make the final eligibility determination for the applications submitted directly to the counties or from the SPE that were not granted AE. The processing period begins with the date the county received the application.
- d. For applications submitted from the SPE that were not granted AE, the data reports will show the total number of cases denied during the data month.

**See Attachment I**

#### **Data Reports from MAXIMUS for SPE Activities**

In addition to the county data reports, DHCS is seeking the following reports from MAXIMUS on a monthly basis:

1. Total number of applications received by the SPE.
2. The average number of days for the SPE to screen applications.
3. The number of applications screened and sent to the county that were up to and including 150% FPL and the number above 150% FPL.
4. The number of applications by county that were granted accelerated enrollment and forwarded to the counties.
5. The number of applications by county that were not granted accelerated enrollment and forwarded to the counties, and the reasons for not granting AE.

In consultation with MAXIMUS, it is expected that it will be ready to report on this data by the middle of the month following the implementation month. For example, if the HFP to Medi-Cal Program transition takes place on January 1st, 2013, MAXIMUS will deliver these reports by mid-February 2013.

#### **Performance Standards for the HFP to Medi-Cal Transition**

DHCS is requiring that the counties report on meeting the Performance Standards semi-annually during the first year of the HFP to Medi-Cal transition. The first Performance Standard report for the HFP to Medi-Cal transition report will be due in the month after the first quarter following implementation. The subsequent Performance Standard report will be due six months after the first report. To the extent possible, the Performance Standard reports will align with the ongoing County Performance Standards for county self-certifications for Medi-Cal Applications.

#### Example of Timeline for the Performance Standards Reports

HFP to Medi-Cal Transition Implementation Month	January 2013
Report Month is First Month after First Quarter	April 2013
Data Month is two months prior to Report Month	February 2013

The months noted in the example are for reference only. The specific months will vary depending on the actual month of HFP to Medi-Cal Transition implementation.

The following excerpt from AB 1468 describes the performance standards during the HFP to Medi-Cal transition:

#### Welfare & Institutions Code Section 14154

(2) Notwithstanding any other provision of law, the following performance standards shall be applied to counties regarding eligibility determinations for individuals eligible pursuant to this section:

(A) For children whose applications are received by the county human services department from the SPE, the following standards shall apply:

(i) Applications for children who are granted accelerated enrollment by the SPE shall be processed according to the timeframes specified in subdivision (d) of Section 14154.

(ii) Applications for children who are not granted accelerated enrollment by the SPE due to the existence of an already active Medi-Cal case shall be processed according to the timeframes specified in subdivision (d) of Section 14154.

(iii) For applications for children who are not described in clause (i) or (ii), 90 percent shall be processed within 10 working days of being received, complete and without client errors.

(iv) If an application described in this section also contains adults, and the adult applicants are required to submit additional information beyond the information provided for the children, the county shall process the eligibility for the child or children without delay, consistent with this section while gathering the necessary information to process eligibility for the adults.

(B) The department, in consultation with the County Welfare Directors Association, shall develop reporting requirements for the counties to provide regular data to the state regarding the timeliness and outcomes of applications processed by the counties that are received from the SPE.

(C) Performance thresholds and corrective action standards as set forth in Section 14154 shall apply.

(D) For applications submitted directly to the county, these applications shall be processed by the counties in accordance with the performance standards established under subdivision (d) of Section 14154.

(3) This subdivision shall be implemented 90 days after the effective date of the act that added this section, or October 1, 2012, whichever is later.

(4) Twelve months after implementation of this section pursuant to subdivision (f), the department shall provide enrollment information regarding individuals determined eligible pursuant to subdivision (a) to the fiscal and appropriate policy committees of the Legislature.

The following Performance Standards concern applications that are to be processed according to the timeframes of subdivision (d) of Section 14154:

(i) Applications for children who are granted accelerated enrollment by the SPE shall be processed according to the timeframes specified in subdivision (d) of Section 14154.

(ii) Applications for children who are not granted accelerated enrollment by the SPE due to the existence of an already active Medi-Cal case shall be processed according to the timeframes specified in subdivision (d) of Section 14154.

These two Performance Standards will be reported as part of the ongoing County Performance Standards for Medi-Cal Applications as described in ACWDL 10-09 dated May 17, 2010. ACWDL 10-09 references the following standard from Section 14154:

(A) Ninety percent of the general applications without applicant errors and are complete shall be completed within 45 days.

The following standard will be reported on the Performance Standard reports for the HFP to Medi-Cal Transition:

For applications for children who are not described in clause (i) or (ii), 90 percent shall be processed within 10 working days of being received, complete and without client errors.

The processing period for both the 45 days and the 10 working days period begins with the date the county receives the application.

AB 1468 does not limit the number of counties which are required to report on the performance standards for the HFP to Medi-Cal. Therefore, all 58 counties will be required to report on the performance standards as the transition is implemented in each county.

### **Definitions**

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

“Complete and Without Client Error” means that all questions on the application or RV form were answered and that no further action is required from the recipient and only county action is required because the county has the information necessary to make a disposition of initial or ongoing eligibility or ineligibility.

### **See Attachment II**

### **Corrective Action Plan Requirements**

Welfare and Institutions Code Section 14154(d) specifies the performance thresholds and corrective action standards as follows:

(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.

Welfare and Institutions Code Section 14154 (f) and (g) specify the corrective action steps that a county must take if it is found not to be in compliance with performance standards. If a county reports to DHCS that it is not in compliance with one or more of the performance standards, the county must submit a corrective action plan to DHCS within 60 days.

The corrective action plan must include, for each of the performance standards that the county is out of compliance, steps that the county will take to improve its performance. The plan shall establish interim benchmarks for improvement that the county will be expected to meet.

The plan must enable DHCS to measure the extent of any improvement by the county every three months. DHCS and the applicable county will negotiate the corrective action plan, interim steps, and interim reporting on a county-by-county basis. Where appropriate, the Program Review Branch will conduct Focused Reviews (FRs) in selected counties to evaluate compliance with the HFP to Medi-Cal transition performance standards. These FRs will focus on potential problem areas identified through the data reports and/or the Performance Standards reports.

Questions relating to the contents of this letter should be directed to Mr. John Lim at (415) 904-9702 or [john.lim@dhcs.ca.gov](mailto:john.lim@dhcs.ca.gov) or Mr. Robert Sugawara at 916-558-1802 or by email at [robert.sugawara@dhcs.ca.gov](mailto:robert.sugawara@dhcs.ca.gov).

Original signed by Terri Stratton for

Azadeh Fares, Chief (Acting)  
Medi-Cal Eligibility Division

**MONTHLY DATA REPORT  
HEALTHY FAMILIES PROGRAM TO MEDI-CAL TRANSITION  
REPORT MONTH \_\_\_\_\_**

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

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

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

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

- a. Total number of applications that were approved for aid codes H1, H2, H3, H4 or H5 in the data month submitted directly to the county and from the SPE **that were not granted AE** \_\_\_\_\_
- b. Of the total number of applications that were approved for aid codes H1, H2, H3, H4, or H5 in the data month, the number of children approved for each of the following aid codes:
  - a. H1 \_\_\_\_\_
  - b. H2 \_\_\_\_\_
  - c. H3 \_\_\_\_\_
  - d. H4 \_\_\_\_\_
  - e. H5 \_\_\_\_\_
- c. The average number of days it took to make the final eligibility determination for the applications submitted directly to the county and from the SPE that were not granted AE (the number of days begins with the day the application is received at the county)  
  
\_\_\_\_\_
- d. For the applications received from the SPE that were not granted AE, the total number of applications denied during the data month.  
  
\_\_\_\_\_



**SEMI-ANNUAL PERFORMANCE STANDARDS REPORT  
HEALTHY FAMILIES PROGRAM TO MEDI-CAL TRANSITION  
REPORT PERIOD \_\_\_\_\_**

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

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

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

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

Per AB 1468 – W&I Section 14154:

(A) For children whose applications are received by the county human services department from the SPE, the following standards shall apply:

(i) Applications for children who are granted accelerated enrollment by the SPE shall be processed according to the timeframes specified in subdivision (d) of Section 14154.

(ii) Applications for children who are not granted accelerated enrollment by the SPE due to the existence of an already active Medi-Cal case shall be processed according to the timeframes specified in subdivision (d) of Section 14154.

**PERFORMANCE STANDARD**

**For applications for children who are not described in clause (i) or (ii), 90 percent shall be processed within 10 working days of being received, complete and without client errors.**

The 10 working days processing period begins with the date the county receives the application.

- 1) Number of applications received from the Single Point of Entry that were not granted accelerated enrollment and did not have an active Medi-Cal case (that were received complete and without client error) that were completed by the county in the data month and were completed within 10 working days:

\_\_\_\_\_

- 2) Total number of applications received from the Single Point of Entry that were not granted accelerated enrollment and did not have an active Medi-Cal case (that were received complete and without client error) that were completed by the county in the data month:

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## Attachment II

- 3) Divide the number from item 1 above by the number from item 2 above, and multiply by 100 to arrive at the percent item 1 is of 2:

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- 4) The performance standard for these applications is 90 percent completed within 10 days. If item 3 above is less than 90 percent, indicating that the performance standard was not achieved, provide an explanation as to the reasons or factors that may have caused or contributed to the county not meeting the performance standard.

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