

Medi-Cal Program Guide (MPG) Letter #667

April 13, 2009

Subject	MEDI-CAL PERFORMANCE STANDARDS
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Effective Date	Upon receipt
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Reference	MEPM Letters #305, #308, #309, ACWDLs #03-42, 03-48, and 05-22 07-33, 08-09, 08-01, 08-45
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Purpose	The purpose of this letter is to inform staff of a new section of the MPG containing performance standards information.
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Background	<p>The County Performance Standards (CPS) were initiated through various legislation as a method to ensure that counties conform to Department of Health Care Services (DHCS) policies and procedures. The CPS include:</p> <ul style="list-style-type: none">• Applications must be processed within 45 and 90 day timelines.• Annual Redeterminations (RV) must be processed within required timelines.• MEDS Reconciliations and Alerts must be processed timely.• The Medi-Cal to Healthy Families Bridging performance standards (timely notification, referral to Healthy Families and consent) must be met. <p>The 25 counties with the largest Medi-Cal population are required to submit self-certification reports every other year for the eligibility determinations, annual RV standards and Bridging performance standards. San Diego County is one of the 25 largest in the state. DHCS Program Review Section (PRS) also completes independent performance evaluations of the CPS.</p>
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Changes	Added Article 20 with information about the performance standards.
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Automation Impact	None.
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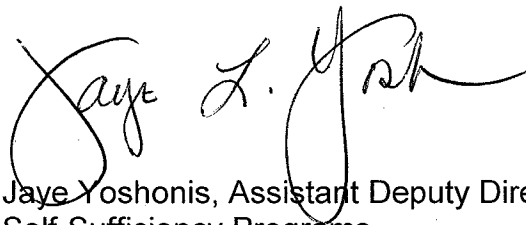
Forms Impact None.

Quality Assurance Impact None.

Summary of Change

Article	Change
Article 20	Added Article 20

Manager Approval



Jaye Yoshonis, Assistant Deputy Director
Self-Sufficiency Programs
Strategic Planning & Operational Support Division

MK

20.01.01 Performance Standards

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A. General

County Performance Standards (CPS) is an evaluation process used by DHCS Program Review Section (PRS) for review and verification of a County Welfare Department conformance with Medi-Cal policies and procedures. DHCS is required to monitor county performance based on the CPS evaluation process. The monitoring includes evaluation of the county through a review of the self-certification process for application processing, annual RV processing and Med-Cal to Healthy Families bridging processing. The PRS will also conduct independent performance reviews of the self certifications as well as the Medi-Cal Eligibility Data System (MEDS) alert processing.

MEPM
Article 25

Senate Bill X1 26 (Chapter 9, Statutes of 2003, 1st Extraordinary Session) established the CPS for eligibility determinations and annual redeterminations. Senate Bill 1103 (Chapter 224, Statutes of 2004) established the CPS for MEDS Reconciliations and Alerts. W&I Code Section 14154 (c)(3)(D) established the CPS for Medi-Cal to Healthy Families Bridging (Bridging).

If the county does not meet the performance standards we may be subject to a two percent reduction in the county administration allocation.

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B.

The table below is a summary of the performance standards and

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Compliance Requirements

includes the percentage of cases that must meet the standards in order for the county to be in compliance with the CPS requirements.

Article 25

Performance Standard	Components	%
Application processing	<ul style="list-style-type: none"> • Regular Applications – within 45 days of application • Applications based on disability – within 90 days of application 	90
Annual Redetermination (RV) processing	<ul style="list-style-type: none"> • RV form mailed to recipient by anniversary date • RV completed within 60 days of redetermination date • NOA mailed within 45 days after redetermination form was due 	90
Bridging	<p>The following must occur within 5 days of the share of cost determination for eligible children:</p> <ul style="list-style-type: none"> • Notice sent informing family of Healthy Families Program (HF) • RV forms sent to HF if parent consents • Request to consent sent if parent has not consented 	90
MEDS Alerts processing	<ul style="list-style-type: none"> • MEDS daily and renewal alerts • MEDS reconciliation/worker alerts 	90 95

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C. Review Schedule

Self-Certification Schedule

Performance Standard	Schedule
Application and RV processing	Every two years beginning in October 2009.
Bridging	Every two years beginning October 2008.
MEDS Alerts processing	There is no self-certification process at this time

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03-42

ACWDL
07-03

State Review

DHCS Program Review Section (PRS) also completes independent performance evaluations of the CPS. At this time, they do have a specified schedule for these reviews. PRS sends a notification of review letter two months in advance of the planned onsite review. A

confirmation letter will include a list of the cases requested for the review. Entrance conferences are scheduled for the first day of the onsite review and the county receives a report of its performance at the exit conference.

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**D.
Sampling
Methodology**

Geographic Sampling Project(GSP)

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Prior to approval of the GSP pilot project, the PRS annually reviewed random samples of Medi-Cal cases for all 58 counties. The number of Medi-Cal Eligibility Quality Control (MEQC) case reviews selected for each county was proportionate to its share of the statewide Medi-Cal beneficiary population. Small counties had only limited numbers of cases reviewed annually. These minimal numbers of case reviews may not have accurately reflected the performance of these counties in determining Medi-Cal eligibility. The GSP sampling strategy provides for MEQC case reviews in the 25 largest counties in terms of Medi-Cal population.

Minimum Sample Requirements

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The sample sizes for PRS review of self certification and independent performance reviews will normally be 75 cases for any CPS review. However, in some instances, there may be fewer than 75 cases to select from for one or more of the self-certification or independent reviews. When it is determined that any one component of any one performance standard has less than 21 cases, that component will not require a corrective action plan (CAP) if the performance is below the required threshold. This applies to the review of self certifications, independent PRS review and follow-up reviews associated with potential two percent sanctions.

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**E.
Corrective
Action Plans**

When the county self-certifies or when DHCS determines, whether through review of a self-certification or an independent performance review, that a county has failed to meet the mandatory performance percentages, the county is required to complete a CAP. The CAP provides an opportunity for the county to implement changes and improvements. It also allows time for the county to meet the mandatory performance requirements and avoid being subject to the two percent reduction in county funding.

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Article 25

The CAP must contain a plan with interim benchmarks for

improvement throughout the year that will be met by the county in order to avoid a reduction of two percent of its county administrative funds.

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**F.
Administra-
tive
Sanctions**

If the county does not meet the CPS, DHCS may reduce the allocation of county administration funds beginning in July of the year that the final corrective action plan review is completed. Any funds reduced may be restored by DHCS if sufficient improvement has been made by the county in meeting the CPS during the year for which the funds were reduced.

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MEPM
Article 25

20.01.02 Eligibility Determinations and Redeterminations

A. General

DHCS established performance standards, which measure whether counties are meeting the Medi-Cal application and annual redetermination timelines mandated by Federal law.

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Federal law requires that:

- Applications for Medi-Cal must be processed within 90 days for applications that are disability based, requiring a DDS evaluation and 45 days for all other applications; and
- Eligibility for Medi-Cal must be reevaluated on a yearly basis.

Note: The process time can be extended if unusual circumstances occur and the worker cannot reach a determination of eligibility because of delays caused by the applicant, DDS, examining physician, or other factors not within the worker's control.

Counties are required to report to DHCS the percentage of applications and redeterminations which have been processed within the timeframes specified by Federal law. The reported information will be evaluated for compliance and will require corrective action and counties will be subject to sanctions if not in compliance.

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B. Eligibility Determinations

The Medi-Cal application performance standards require:

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- General Medi-Cal applications to be processed within 45 days of the application date; and
- Applications based on disability (a DDS evaluation is required) to be processed within 90 days of the application date.

Applications are excluded from the 45/90-day processing requirement if:

- The applicant provides partial information/verification, is attempting to comply and requests additional time to provide; or
- DDS has received the application prior to the 90 day timeframe, but is unable to provide a determination within 90 days of the application date.

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C.

The Medi-Cal redetermination performance standards require:

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Redeterminations

Annual redetermination forms to be mailed to the beneficiary by the due date (the first day of the month in which the redetermination is due);

- Annual redeterminations, which are **complete** and have been returned **timely**, to be processed within 60 days of the redetermination due date;
- Annual redeterminations for which the packets have not been returned, to have a Notice of Action (NOA) mailed to the beneficiary within 45 days after the date the forms were due.

For the purpose of these redetermination performance standards:

- “**Complete**” means all questions on the RV form were answered, all verifications were provided, and no further action is required from the recipient. Only County action is required because the County has the information necessary to make a determination.
- “**Timely**” means that the recipient has returned the RV form by the due date specified on the RV notice. Use an RV due in October for example: October 1 (10/01/07) or by the last day of the month that the RV is to be completed by the recipient (October 31, 2007).

Redeterminations will be excluded from the 60-day requirement if:

- Redetermination forms/verifications are incomplete and the SB 87 process results in a delay or if the beneficiary requests additional time to provide and is given good cause.
- Redetermination forms/verifications are returned complete within 30 days of the discontinuance date.

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D. Required Actions

Applications

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Workers are required to:

Step	Action
1	Complete the eligibility determination within the 45 day timeline.
2	Document delays caused by unusual circumstances in the case file narrative.
3	Complete entries in the automated system to assist in the monitoring and tracking of the performance standards (see appendix A for monitoring and tracking information).

Redeterminations

Workers are required to:

Step	Action
1	Ensure that RV forms are mailed to the beneficiary by the due date (the first day of the month in which the RV is due).
2	Process annual RVs that have been returned complete and timely within 60 days of the RV due date.
3	Send a NOA to beneficiaries who do not return the intake packet within 45 days of the RV due date.
4	Document the reasons for delays in processing the annual RV within 60 days of the RV due date in the case file narrative. For example, the forms were returned incomplete and the SB 87 process causes a delay.
5	Complete entries in the automated system to assist in the monitoring and tracking of the performance standards (see appendix A for monitoring and tracking information).

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E. Monitoring and Tracking

See Appendix A for Monitoring and Tracking information for the application and redetermination performance standards.

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20.01.03 Medi-Cal to Healthy Families (HF) Bridging

A. General

Performance Standards

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When a child is determined by the worker to change from zero SOC to SOC Medi-Cal and the child meets the eligibility criteria for HF, the child shall be placed in Bridging.

The Bridging Performance Standards state that:

- Ninety (90) percent of the families of these children shall be sent a notice informing them of HF within five working days from the determination of a SOC.
- Ninety (90) percent of all annual RV forms for these children shall be sent to HF within 5 days from the determination of a SOC if the parent has given consent to send this information to HF.
- Ninety (90) percent of the families of these children placed in the Bridging who have not consented to sending the child's annual RV form to HF shall be sent a request for consent to send the information to HF within five days of the determination of a SOC.

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B. Report Month

The report cycle for the bridging performance standards will be every other year beginning with October 2008. October is the report month. This means that any cases that consist of a child under 19 previously without a SOC who has a budget change in October that would result in a SOC for that child on November 1 is to be reviewed for eligibility to the bridging program. Cases with bridging eligible children must meet the bridging performance standards processing timeframes in that report month.

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C. Worker Actions

When a worker is making changes on a case that move a child from zero SOC to a SOC and that child is eligible to HF, workers must complete the required actions below within five days of the SOC determination.

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In order to assist workers in meeting these timeframes, the automated system generates a daily report (see Appendix B) of possibly eligible children. Workers must review that list daily and take the below actions for eligible children in order to meet the performance standards:

Notification

Step	Action
1	Ensure that the Bridging informing notice (MC 239 – Bridging) was sent via the automated system within 5 days of the SOC determination.

Referral

Step	Action						
1	Review the most current application form (MC 210, MC321) or annual re-determination form (MC 210RV) for eligible children who meet the criteria for HF, to determine whether the parent has provided consent.						
2	Complete automated system entries to indicate whether or not parent has consented to the referral to HF.						
3	<table border="1"><thead><tr><th>If ...</th><th>Then ...</th></tr></thead><tbody><tr><td>The family consented</td><td><ul style="list-style-type: none">• Send the referral packet to HF within 5 days of the SOC determination.• Document actions in the case file narrative.<p>NOTE: It is very important to document this step in the narrative as there is no automated way to track this performance standard at this time.</p></td></tr><tr><td>Family did not consent or refused to consent</td><td><ul style="list-style-type: none">• Do not send the referral.• See worker actions for the consent process below.</td></tr></tbody></table>	If ...	Then ...	The family consented	<ul style="list-style-type: none">• Send the referral packet to HF within 5 days of the SOC determination.• Document actions in the case file narrative. <p>NOTE: It is very important to document this step in the narrative as there is no automated way to track this performance standard at this time.</p>	Family did not consent or refused to consent	<ul style="list-style-type: none">• Do not send the referral.• See worker actions for the consent process below.
If ...	Then ...						
The family consented	<ul style="list-style-type: none">• Send the referral packet to HF within 5 days of the SOC determination.• Document actions in the case file narrative. <p>NOTE: It is very important to document this step in the narrative as there is no automated way to track this performance standard at this time.</p>						
Family did not consent or refused to consent	<ul style="list-style-type: none">• Do not send the referral.• See worker actions for the consent process below.						

Consent Process

Step	Action
1	Review the most current application form (MC 210, MC 321) or annual redetermination form (MC 210RV) to determine whether the parent has provided consent.
2	Indicate whether or not the parent has provided consent to send their information to HF on the automated system.
3	Contact the parent by phone to request consent within 5 working days of the SOC determination.

If...	Then...
successful in reaching parent by phone and the parent gives consent	<ul style="list-style-type: none"> • enter the date of contact on the automated system. • enter case comment and complete the referral to HF as usual. No further action needed.
successful in reaching the parent by phone and the parent DOES NOT give consent	<ul style="list-style-type: none"> • enter the date of contact on automated system. • enter case comment and do not complete the referral to HF.
unsuccessful in reaching parent by phone	<ul style="list-style-type: none"> • Send the consent request notice to the family. • Enter a Case Comment that the consent form was mailed and the date it was sent.

D. Monitoring and tracking

See Appendix B for instructions for monitoring and tracking Bridging performance standards using the automated system.

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20.01.04 MEDS Alerts

A. General

Unlike the CPS for eligibility and annual redeterminations which require the counties to self report, the CPS for the worker and error alerts require DHCS to make a finding of compliance.

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Performance standards require counties to submit quarterly reconciliation files. Quarterly reconciliation submissions must be based upon a schedule determined by DHCS and in a format prescribed by DHCS. The intent is to identify any discrepancies between eligibility files in the county records and eligibility as reflected in the MEDS. Quarterly reconciliation performance will be continuously monitored by the Medi-Cal Eligibility Division.

Eight MEDS daily and renewal error alerts deemed to be critical alerts and three worker alerts were identified through this process and will be used to determine if counties are meeting worker and error alert performance standards.

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B. Error alerts

CPS for the worker and error alerts will be monitored by the Program Review Section (PRS).

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MEDS daily and renewal error alerts subject to review are:

Alert Number	Alert Definition
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
9532	OVER 3 EDWARDS MONTHS - MEDI-CAL DETERMINATION OVERDUE
9546	OVER 2 MONTHS ACCEL ENROLL - APP DETERMINATION OVERDUE
9548	OVER 2 MONTHS EXTENDED ELIG - MEDI-CAL DETERM OVERDUE
9550	ONGOING BURMAN ELIGIBLE - MEDS ELIGIBILITY UPDATE

OVERDUE

Workers are required to process 90 percent of these error alerts within the following designated timeframes:

- The MEDS daily and renewal error alerts received on or before the tenth working day of the month must be processed in time for the change to be effective the beginning of the following month.
- The MEDS daily and renewal error alerts received after the tenth working day of the month must be processed in time for the change to be effective the beginning of the month after the following month.

Some of the alerts listed above are not generated by a specific county action. However, the county must process the alert in order to initiate steps to identify and document the source of the error and initiate steps to address the error.

For example, alert number 9546 is created when a child is aided through the Accelerated Enrollment process under aid code 8E. The alert identifies that the child has been in aid code 8E for over two months and an evaluation of ongoing Medi-Cal eligibility is required. An evaluation of this alert would include the determination of whether the county took timely action to process the alert within the guidelines specified above.

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**C. MEDS
Worker Alerts**

The reconciliation worker alerts subject to review are:

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Alert Number	Alert Definition
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

Workers are required to process 95 percent of worker alerts that stem from records that are on the county files but not on MEDS or on MEDS but not on the county files within the following timeframes:

- Reconciliation worker alerts received by the tenth working day of the month must be processed in time for the change to be effective the beginning of the following month.

- Reconciliation worker alerts received after the tenth working day of the month must be processed in time for the change to be effective the beginning of the month after the following month.

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D. DHCS monitoring

PRS has the responsibility for performing the evaluations for CPS. The first counties selected for review will be notified by DHCS. The review will be initiated approximately two months after the county has been notified of the impending review. The sample that will be used for the CPS evaluation will include all alerts from the daily, renewal, and quarterly reconciliation processes. The specific dates for the alerts will depend on the actual dates determined for the onsite reviews.

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E. Worker Actions

Workers must review their MEDS alerts daily and process them within the timelines specified above in sections B and C. Guides for resolving critical MEDS alerts can be found on the CalWIN intranet at the following address:

ACWDL
08-09

<http://cosda428p/calwin/MediCal/MEDSPerformanceStandards/tabid/171/Default.aspx>

F. Monthly Reports

A listing of the critical alerts for each office is updated monthly and can be found on the county S drive at the following location:

S:\ENTERPRISE\MEDS Alerts

|

Appendix A: Application Processing and Redeterminations Performance Standards Self-Certification Monitoring and Tracking

Required Action for Application

Application Processing Requirements

Applications shall be processed according to the application performance standards, as stated in article 20.01.02.A. The 45/90-day time period starts on the date of the application, including mail-in applications and those sent from SPE, not the date of receipt.

Application Coding Requirements

Workers will use the Special Indicators in CalWIN (see Automation section below) to identify:

- Disability based applications (requires a DAPD evaluation)
- Applications not processed timely due to delays caused by the applicant who is attempting to comply
- Applications not processed timely due to delays by the State
- Craig vs. Bonta applications

Narrative Entries

Workers shall utilize CalWIN Case Comments to document intake activities and reason(s) for applications not processed within the 45-day or 90-day requirement.

Application Processing Reminders

To minimize delays and ensure timely processing of applications, staff are reminded to:

- Complete the **Collect DED Referrals and Results Detail** window in CalWIN for disability based applications (requires a DDSD evaluation). Do not forget to indicate “Pending” in the *Status* field of the Disability Evaluation Division section for those pending DDSD evaluation, as shown below.

The screenshot displays the 'Collect DED Referrals and Results Detail' window in CalWIN. The window title is 'Display Disability/Medical Conditions Summary'. The 'Case' section shows 'Status: Closed'. The 'Name' field is empty. Below this is a table with the following data:

Able to Work [Y/N]	Date DED Packet Sent to Client	Status	Status Reason	Status Reason Date	Result
N	00/00/0000	Pending		00/00/0000	
N					

Below the table, the 'Effective Begin Date' is set to 02/21/2006. The 'Type of Referral' section includes checkboxes for IRCA, Retro-Onset, Resubmitted Packet, Re-examination, SGA-IHSS, Initial Referral, Re-determination, Re-evaluation, SGA-Disabled, and IHSS. The 'Date DED Packet Received from Client' is 02/21/06, and the 'Date Referral Sent to DED' is 03/16/2006. The 'Disability Evaluation Division' section is highlighted with a red box, showing 'Status: Pending'. The 'Status Reason' and 'Result' fields are empty. The 'Remarks' field is also empty.

- Activate Medi-Cal benefits for children as soon as they are determined eligible to one of the Federal Poverty Level (FPL) programs. Do not delay enrollment of children if parents request Medi-Cal.
- Activate pregnancy-only Medi-Cal for pregnant women under the 200% FPL Program as soon as eligibility is established. Continue to evaluate for full-scope Medi-Cal if the pregnant woman requests.
- Activate full-scope or LTC benefits for individuals claiming PRUCOL status and who are determined otherwise eligible prior to the 30-day deadline in which the applicant must provide documentation of alien status.
- Complete the MC 223, Applicant’s Supplemental Statement of Facts for Medi-Cal, if needed, via an over-the-phone interview with the applicant and mail to the applicant for review and signature.

**Required
Action for
Ongoing
Cases**

Redetermination Processing Requirements

Redeterminations shall be processed according to the Medi-Cal redetermination performance standards, as stated in 20.01.02.C.

Application Coding Requirements

Workers will use the Special Indicators in CalWIN (see Automation section below) to identify:

- Redeterminations that are received complete (no pending verifications) and timely.

Narrative Entries

Workers shall utilize CalWIN Case Comments to document redetermination activities and reason(s) for redeterminations not processed within 60 days of the redetermination due date.

**Redetermina-
-tion
Processing
Reminders**

To minimize delays and ensure timely processing of redeterminations, staff are reminded that:

- The most recent pay stub available to the beneficiary is acceptable proof of income.
 - The most recent bank statement available to the beneficiary is acceptable proof of current bank balance.
-

Automation

The following Special Indicators shall be used for all applications dated October 1 through October 31, 2007 and all cases with an October 2007 redetermination date. Special Indicators will be recorded on the **Collect Case Special Indicators** window, as shown below.

Type of Special Indicator	Description	When
MC PS-DAPD	Disability-based application	DDSD required
MC PS-Craig vs. Bonta	Craig vs. Bonta application	Open pending
MC PS-Client Error	App. over 45 or 90 days - Applicant caused	By 45 th /90 th day
MC PS-State Delay	Disability-based App. over 90 days – State caused	By 90 th day
MC PS-Rec'd complete & timely	RV packet received in report month and is complete, with no pending verifications	By the last date of the report month

Using the drop down menu, select the appropriate Type of Special Indicator

Note: Applications over 45 or 90 days without the aforementioned Special Indicators will be reviewed and recorded as worker error unless indicated otherwise.

Appendix B: Bridging Performance Standards Self Certification Monitoring and Tracking

Required Actions for Workers Performance Standard #1 (Notification)

The first Bridging performance standard requires that ninety percent of the families of children who moved from zero SOC to a SOC shall be sent a notice informing them of HF within five working days from the determination of the SOC.

When the SOC is determined, CalWIN is programmed to automatically generate and mail in batch a notice informing beneficiaries of the HF program (MC 239 - Bridging).

Workers must take the following actions to ensure they meet the first Bridging Performance Standard:

Step	Action				
1	<p>Each day review the Daily Bridging Performance Report (MRV012R) for individuals in their caseload that have moved from zero SOC to a SOC in the report month. (see automation section for instructions for generating the daily report).</p> <table border="1" data-bbox="553 1031 1393 1289"> <thead> <tr> <th data-bbox="553 1031 906 1073">If...</th> <th data-bbox="906 1031 1393 1073">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 1073 906 1289">Cases appear on the report that should not bridge (ie the child is not eligible to bridge in the month following the report month).</td> <td data-bbox="906 1073 1393 1289">Fix the case in CalWIN as needed and enter a case comment narrating the changes made and the reason the child would be ineligible to bridge.</td> </tr> </tbody> </table> <p>Note: Cases that appear on the daily report will be counted in the sample of cases if there is no case comment delineating why the case is not eligible.</p>	If...	Then...	Cases appear on the report that should not bridge (ie the child is not eligible to bridge in the month following the report month).	Fix the case in CalWIN as needed and enter a case comment narrating the changes made and the reason the child would be ineligible to bridge.
If...	Then...				
Cases appear on the report that should not bridge (ie the child is not eligible to bridge in the month following the report month).	Fix the case in CalWIN as needed and enter a case comment narrating the changes made and the reason the child would be ineligible to bridge.				
2	Review printed correspondence for eligible cases and ensure that the MC 239 – Bridging NOA was mailed to client.				

**Required
Actions for
Workers
Performance
Standard #2
(Referral)**

The second measure of the Bridging performance standards requires that ninety percent of all annual RV forms for these children shall be sent to HF within five working days from the SOC determination if the parent has given consent to send this information to HF. To help meet this standard and monitor this measure, workers are required to:

Step	Action							
1	<p>Review the Daily Bridging Performance Report (MRV012R) for children in their caseload that have moved from zero SOC to a SOC in the report month (see automation section below for instructions for generating the daily report).</p> <table border="1" data-bbox="548 751 1393 993"> <thead> <tr> <th data-bbox="548 751 889 789">If...</th> <th data-bbox="889 751 1393 789">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 789 889 993">Cases appear on the report that should not bridge (ie the child is not eligible to bridge in the month following the report month).</td> <td data-bbox="889 789 1393 993">Fix the case in CalWIN as needed and enter a case comment with the changes made and the reason the child would be ineligible to bridge.</td> </tr> </tbody> </table> <p>Note: Cases appearing on the daily report will be counted in the sample of cases if no case comment explains why the child is ineligible.</p>		If...	Then...	Cases appear on the report that should not bridge (ie the child is not eligible to bridge in the month following the report month).	Fix the case in CalWIN as needed and enter a case comment with the changes made and the reason the child would be ineligible to bridge.		
If...	Then...							
Cases appear on the report that should not bridge (ie the child is not eligible to bridge in the month following the report month).	Fix the case in CalWIN as needed and enter a case comment with the changes made and the reason the child would be ineligible to bridge.							
2	Review the most current application form (MC 210) or annual re-determination form (MC 210RV) for eligible children to determine whether the parent has provided consent.							
3	Indicate whether or not the parent has provided consent to send their information to HF on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window.							
4	<table border="1" data-bbox="548 1304 1393 1787"> <thead> <tr> <th data-bbox="548 1304 776 1341">If...</th> <th data-bbox="776 1304 1393 1341">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 1341 776 1650">the parent has provided consent to send their information to HF</td> <td data-bbox="776 1341 1393 1650"> <ul style="list-style-type: none"> • Complete a Healthy Families Transmittal form (MC 363) • Complete the referral process to HF within 5 working days of the SOC determination • Enter a Case Comment that the HF referral was completed and the date that it was sent by selecting the case comment type – “H/F Referral Sent” (see automation section for a sample). </td> </tr> <tr> <td data-bbox="548 1650 776 1787">the parent has not consented or refused to consent</td> <td data-bbox="776 1650 1393 1787"> <ul style="list-style-type: none"> • Do not send the referral. • See performance standard 3 worker actions for the consent process. </td> </tr> </tbody> </table> <p>NOTE: This is the least automated of the three bridging performance standards. The county is especially reliant on case comments for validation of this standard.</p>		If...	Then...	the parent has provided consent to send their information to HF	<ul style="list-style-type: none"> • Complete a Healthy Families Transmittal form (MC 363) • Complete the referral process to HF within 5 working days of the SOC determination • Enter a Case Comment that the HF referral was completed and the date that it was sent by selecting the case comment type – “H/F Referral Sent” (see automation section for a sample). 	the parent has not consented or refused to consent	<ul style="list-style-type: none"> • Do not send the referral. • See performance standard 3 worker actions for the consent process.
If...	Then...							
the parent has provided consent to send their information to HF	<ul style="list-style-type: none"> • Complete a Healthy Families Transmittal form (MC 363) • Complete the referral process to HF within 5 working days of the SOC determination • Enter a Case Comment that the HF referral was completed and the date that it was sent by selecting the case comment type – “H/F Referral Sent” (see automation section for a sample). 							
the parent has not consented or refused to consent	<ul style="list-style-type: none"> • Do not send the referral. • See performance standard 3 worker actions for the consent process. 							

**Required
Actions for
Workers
Performance
Standard #3
(Consent)**

The third measure of the Bridging performance standards requires that ninety percent of the families with children in the Bridging Program who have not provided consent for a HF referral, shall be mailed a Healthy Families Consent Form within five working days of determination of the SOC. To monitor this measure, workers must take the following actions for eligible children:

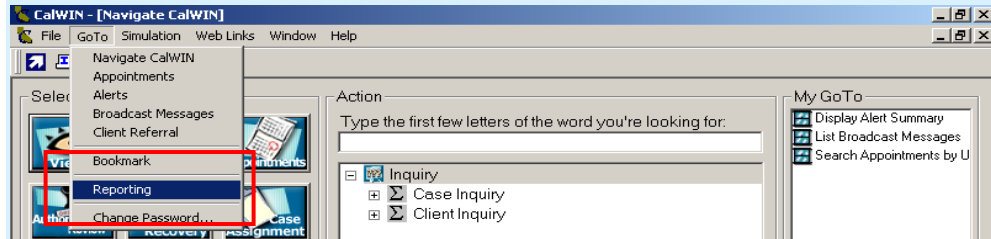
Step	Action								
1	Review the most current application form (MC 210, MC 321) or annual redetermination form (MC 210RV) to determine whether the parent has provided consent.								
2	Indicate whether or not the parent has provided consent to send their information to HF on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window.								
3	<p>Contact the client by phone to request consent within 5 working days of the SOC determination.</p> <table border="1" data-bbox="537 877 1386 1648"> <thead> <tr> <th data-bbox="537 877 797 915">If...</th> <th data-bbox="797 877 1386 915">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 915 797 1150">successful in reaching parent by phone and the parent gives consent</td> <td data-bbox="797 915 1386 1150"> <ul style="list-style-type: none"> enter the date of contact on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window. enter case comment and complete the referral to HF as usual. No further action needed. </td> </tr> <tr> <td data-bbox="537 1150 797 1350">successful in reaching parent by phone and the parent DOES NOT give consent</td> <td data-bbox="797 1150 1386 1350"> <ul style="list-style-type: none"> enter the date of contact on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window. enter case comment and do not complete the referral to HF. </td> </tr> <tr> <td data-bbox="537 1350 797 1648">unsuccessful in reaching parent by phone</td> <td data-bbox="797 1350 1386 1648"> <ul style="list-style-type: none"> After authorizing the case, view client correspondence in print queue to ensure that the MC 0021 Medi-Cal to Healthy Families Bridging Consent Form prints in batch. Print manually if necessary. Enter a Case Comment that the consent form was mailed and the date it was sent. Select case comment type, "Bridging Consent Mailed." </td> </tr> </tbody> </table>	If...	Then...	successful in reaching parent by phone and the parent gives consent	<ul style="list-style-type: none"> enter the date of contact on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window. enter case comment and complete the referral to HF as usual. No further action needed. 	successful in reaching parent by phone and the parent DOES NOT give consent	<ul style="list-style-type: none"> enter the date of contact on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window. enter case comment and do not complete the referral to HF. 	unsuccessful in reaching parent by phone	<ul style="list-style-type: none"> After authorizing the case, view client correspondence in print queue to ensure that the MC 0021 Medi-Cal to Healthy Families Bridging Consent Form prints in batch. Print manually if necessary. Enter a Case Comment that the consent form was mailed and the date it was sent. Select case comment type, "Bridging Consent Mailed."
If...	Then...								
successful in reaching parent by phone and the parent gives consent	<ul style="list-style-type: none"> enter the date of contact on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window. enter case comment and complete the referral to HF as usual. No further action needed. 								
successful in reaching parent by phone and the parent DOES NOT give consent	<ul style="list-style-type: none"> enter the date of contact on the <i>Healthy Families</i> tab of the Collect CHDP-Social Services Request Detail window. enter case comment and do not complete the referral to HF. 								
unsuccessful in reaching parent by phone	<ul style="list-style-type: none"> After authorizing the case, view client correspondence in print queue to ensure that the MC 0021 Medi-Cal to Healthy Families Bridging Consent Form prints in batch. Print manually if necessary. Enter a Case Comment that the consent form was mailed and the date it was sent. Select case comment type, "Bridging Consent Mailed." 								

Automation

Management Reporting

Workers can access The Daily Bridging Performance Report in CalWIN (MRV012R) by taking the following actions:

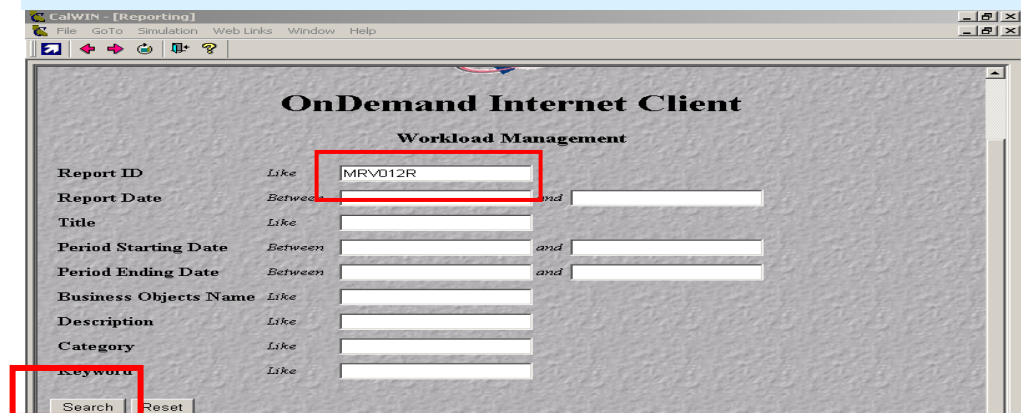
1. Select **Reporting** from the GoTo pull down menu. The OnDemand Internet Client menu screen comes up.



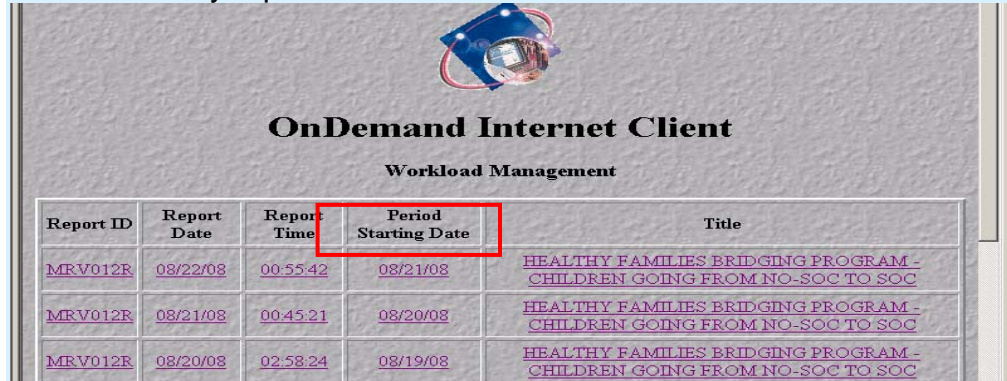
2. Choose **Workload Management** from the 'Select a folder' menu and click the 'open' button.




3. Enter MRV012R in the **Report ID** field and press the 'search' button. This will pull up a list of the daily reports.



4. Click the report for the day you wish to view. The 'period starting date' is the day reported.




OnDemand Internet Client
Workload Management

Report ID	Report Date	Report Time	Period Starting Date	Title
MRV012R	08/22/08	00:55:42	08/21/08	HEALTHY FAMILIES BRIDGING PROGRAM - CHILDREN GOING FROM NO-SOC TO SOC
MRV012R	08/21/08	00:45:21	08/20/08	HEALTHY FAMILIES BRIDGING PROGRAM - CHILDREN GOING FROM NO-SOC TO SOC
MRV012R	08/20/08	02:58:24	08/19/08	HEALTHY FAMILIES BRIDGING PROGRAM - CHILDREN GOING FROM NO-SOC TO SOC

Sample Report

REPORT ID: MRV012R
 RUN DATE: 08/14/2008
 RUN TIME: 01:00:28

COUNTY OF SAN DIEGO
 HEALTHY FAMILIES BRIDGING PROGRAM - CHILDREN GOING FROM NO-SOC TO SOC
 FOR PERIOD OF 08/13/2008 - 08/13/2008

Page 4 of 4

CASELOAD MW25		CWIN	CIN	CURRENT AID	PREVIOUS AID	NEXT AID (PRM)	NEXT AID (SEC)	HFP CONSENT	REQ FOR CNSNT BY PHONE DT
CASE	NAME								
1B	S	00	93	3N	3N	37	7X	N	

CASELOAD MW53		CWIN	CIN	CURRENT AID	PREVIOUS AID	NEXT AID (PRM)	NEXT AID (SEC)	HFP CONSENT	REQ FOR CNSNT BY PHONE DT
CASE	NAME								
00	N	00	94	34	34	37	7X	N	
00	C	00	95	34	3N	37	7X	N	

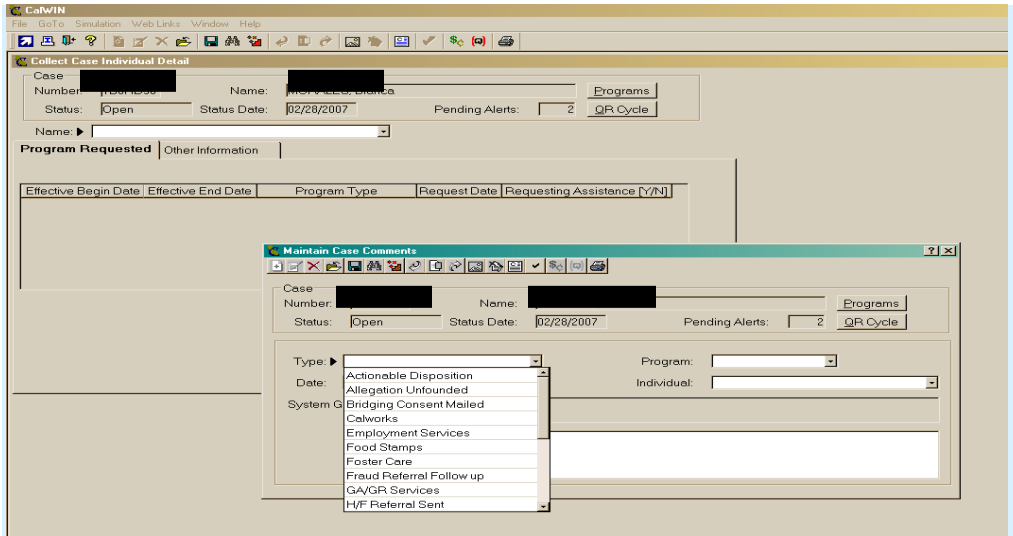
CASELOAD VC44		CWIN	CIN	CURRENT AID	PREVIOUS AID	NEXT AID (PRM)	NEXT AID (SEC)	HFP CONSENT	REQ FOR CNSNT BY PHONE DT
CASE	NAME								
EM	G	00	96	37	37	37	7X	N	
EM	S	00	93	37	37	37	7X	N	

CASELOAD VC83		CWIN	CIN	CURRENT AID	PREVIOUS AID	NEXT AID (PRM)	NEXT AID (SEC)	HFP CONSENT	REQ FOR CNSNT BY PHONE DT
CASE	NAME								
1B	P	00	93	37	3N	37	7X	N	
1B	P	00	94	37	3N	37	7X	N	

CASELOAD VC80		CWIN	CIN	CURRENT AID	PREVIOUS AID	NEXT AID (PRM)	NEXT AID (SEC)	HFP CONSENT	REQ FOR CNSNT BY PHONE DT
CASE	NAME								
BL	M	00	93	83	83	83	7X	N	
BL	N	00	90	83	83	83	7X	N	

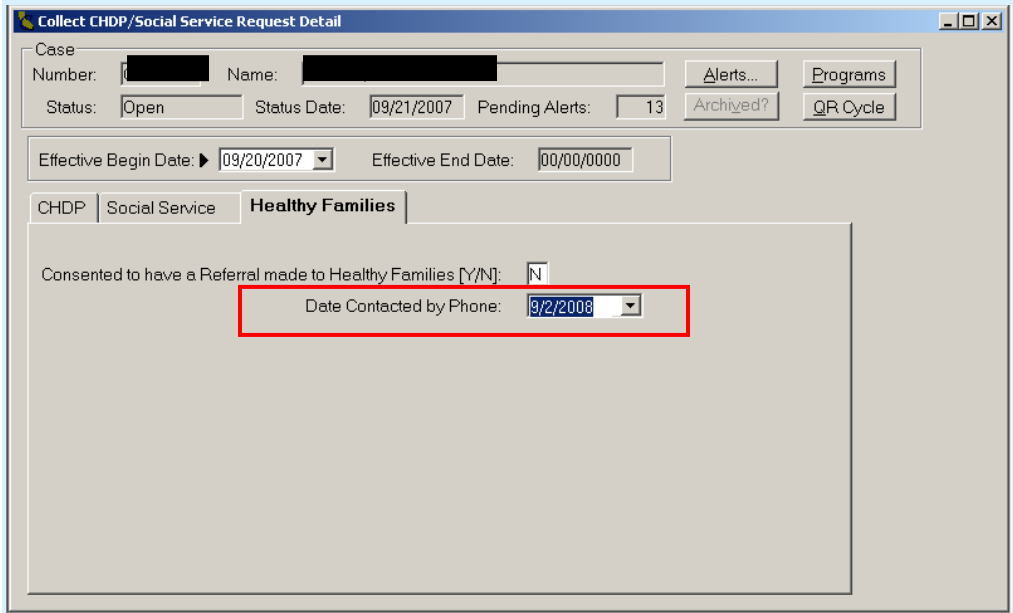
Case Comments

Performance standard #2 is the least automated of the three bridging performance standards. The county is especially reliant on case comments for validation of this standard. For ease of validation, a special case comment type was added to the 'Maintain Case Comments' screen. Workers must enter a Case Comment that the HF referral was completed and the date that it was sent by selecting the case comment type – "H/F Referral Sent" (see screenshot below).



Data Collection

Workers must use the “Date Contacted by Phone” field to indicate the date which they made phone contact to gain consent to send the referral to the HF program. See below for a screenshot.



CAS Monthly Bridging Monitoring Process

Introduction

In order to meet the bridging performance standards each Medi-Cal CAS will monitor their FRCs bridging performance by following the instructions outlined in this section.

Process

1. Review cases on Daily Bridging report – MRV012 in CalWIN and certify performance standards.

If	Then
The worker has taken appropriate action	Complete items B – I on the Daily Bridging log.
The worker has not taken appropriate action	<ul style="list-style-type: none"> • Contact the worker and instruct them to complete the required actions or narrate why they did not. • Follow up to ensure workers complete the required actions within the 5 business day processing requirement. • Complete items B - I after the worker completes the required action or the 5 working day deadline passes.

2. Enter each child that shows up on the list and is not excluded (see 'Huge update at BOM' section below) on your Bridging log located on the Shared drive and the following location:

<S:\ENTERPRISE\Corrective Action\Bridging Reports>.

3. Certify the performance standards on the spreadsheet for the non-excluded individuals on columns E-I of the Daily Bridging Worksheet.

Example workflow

- Go into MRV012R and print it out.
- Cut and paste each child from your district onto the report to your spreadsheet. Each CAS must save a copy to their computer so they can work the list without locking it up for editing so no one else can use it.
- Contact the worker and let them know about the bridging.
- Follow up in 5 days and validate the standards on Cal WIN.
- Repeat until NOA cutoff for the month.
- Copy completed spreadsheet onto the copy on the S drive by the 5th of the following month.

**Completing
the Daily
Bridging
Worksheet -
Item F**

Item F: Informing Notice Sent

Enter Y if the informing notice was sent to the family within 5 days of the SOC determination.

Enter N if the informing notice was not sent to the family within 5 days of the SOC determination

- To determine the SOC determination date: Check wrap up screen and click the history button. Generally this will be the same date as the report date on the MRV012R, but it can vary.
- To determine the date the notice was sent to the Family: Check Mailed date for MC 239- Bridging on the view printed correspondence screen.

**Completing
the Daily
Bridging
Worksheet -
Item G**

Item G: Consent to Healthy Family Referral

Enter Y if previous authorization had been given and do not complete Column H.

Enter N if the family did not previously authorize referral to the HF program.

- To determine if they consented: Check the Healthy Families tab of the **Collect CHDP/ Social Services Request Detail** screen in CalWIN.
-

**Completing
the Daily
Bridging
Worksheet -
Item H**

Item H: Consent form Timely

Enter Y if the family did not previously authorize referral to the HF Program and the worker sent a notice or made a phone call to the family to advise of the HF Program within 5 working days of the SOC determination.

Enter N if the if the family did not previously authorize referral to the Healthy Family Program county **did not** send a timely form (within 5 days of the SOC determination) or make the phone call to the family to advise of the HF Program.

Leave blank if previous authorization had been given.

- To determine the date of SOC determination: To determine the SOC determination date: Check wrap up screen and click the history button. Generally this will be the same date as the report date on the MRV012R, but it can vary.
- To determine date of phone call: Check the “Date Contacted by Phone” field on the Healthy Families tab of the **Collect CHDP/ Social Services Request Detail** screen in CalWIN or view narrative.
- To determine date of consent form: Check the date mailed for the consent form on the Client correspondence screen in CalWIN or view narrative.

**Completing
the Daily
Bridging
Worksheet -
Item I**

Item I: RV to Healthy Families Timely

Enter Y if consent was given and the county mailed RV forms to the HF Program within 5 days of the SOC determination.

Enter N if consent was given and the county did not mail RV forms to the Healthy Family Program within 5 days of the SOC determination.

Enter NA if consent was not given.

- To determine if they consented: Check the HF tab of the **Collect CHDP/ Social Services Request Detail** screen in CalWIN.
 - To determine the SOC determination date: Check wrap up screen and click the history button. Generally this will be the same date as the report date on the MRV012R, but it can vary.
 - To determine the referral date: Check narrative fields in CalWIN Client Correspondence.
-

Issues with the MRV012R report - Mass update at BOM.

There are two issues with report MRV012R that must be addressed. The first issue is there is one report day that generates an abnormally large number of cases. Usually there are 4-8 cases per day.

This is part of EDBC functionality. A mass update runs EDBC on all cases with CEC ending and will grant bridging if eligible based on the income information in the case. This is an error when a redetermination is due in the report month and the new information has not been entered in CalWIN.

CAS Actions

1. Clear cases on the list via view RRR detail listing.

If the RRR status is ...	Then ...
Pending or Initiated	<ul style="list-style-type: none"> • Remove these cases from the Sample. Place them on the log, but highlight them yellow and indicate duplicate on the comment section. <p><u>Reasons for Exclusion</u></p> <ul style="list-style-type: none"> • If the worker completes the renewal, and they child still bridges, they will show up on the list at that point. That starts their 5 day time clock. • If the case closes for no RRR we don't want to count them anyway. • If the children don't bridge, we don't want to count them. • If the renewal is completed after NOA cutoff, we don't want to count them.
Started or Completed	<ul style="list-style-type: none"> • The 5 day clock for informing client of Bridging and Sending the RRR to HF and/or requesting consent STARTS.
Overdue or Discontinued	Remove these cases from the sample.

Issues with the MRV012R report - Duplicate Cases

The second issue with the MRV012R report is that cases may show up multiple times. This can make the start date for the 5 business day time clock difficult to determine. The most common instances are the following:

1. Mass update grants Bridging for a child with a renewal due in the month and the case shows up on the list at BOM. When workers complete the RRR later in the month and the child still bridges they will show up again.

How to determine the start date

If ...	Then ...
The RRR had been started or completed by the Mass update day	That is the start date of the 5 day clock.
The RRR had not been started or completed	The start date of the 5 day clock is the day the RRR is actually completed. NOTE: If CalWIN has already sent the MC239 and the MC 0021 consent request at the time of the BOM mass update, workers must ensure that CalWIN sends those notices again within 5 days of the completion of the renewal.

2. The case information is changed and updated multiple times in the month.

How to determine the start date

If ...	Then ...
There are no SOC or case changes	The earliest date is the start date
There are SOC or case changes	The latest date is the start date