

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



November 8, 1984

ALL-COUNTY INFORMATION NOTICE NO. 1-100-84

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY CORRECTIVE ACTION PLANNING PROCESS-
FORMAT AND HANDBOOK FOR FOOD STAMPS

REFERENCE: ALL COUNTY INFORMATION NOTICES 1-09-84 AND 1-26-84

Attached for your review and comment is a draft of the Food Stamp County Corrective Action Handbook. This handbook is based on the same conceptual model of a county corrective action planning process as the AFDC County Corrective Action Plan Handbook described in the above-referenced All-County Information Notices. However, because Food Stamp corrective action deals with issues identified through a variety of information sources, this handbook differs from the AFDC handbook which is focused on quality control errors.

This handbook has been prepared as a guide to county staff who have corrective action responsibility. The concepts presented in this handbook are inherent in any problem solving process. The specific forms and instructions outlined in this handbook are basically the same as the counties have been using all along.

We plan on distributing the final version of this handbook in late December, 1984. Therefore, we ask that counties respond with their comments no later than December 7, 1984. Please address your written comments to Lynne Yoshimura, Chief, Food Stamp Corrective Action Bureau, Department of Social Services, Mail Station 15-54, 744 P Street Sacramento, CA 95814. If you have any questions concerning this package please contact Mike Farrell of the Food Stamp Corrective Action Bureau at (916) 322-5475.

Sincerely,


ROBERT A. HOREL
Deputy Director

Enclosure

FOOD STAMP
COUNTY CORRECTIVE ACTION
HANDBOOK

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INTRODUCTION

This Food Stamp County Corrective Action Handbook has been developed as a guide to county staff who have corrective action responsibility. The purpose of the handbook is to facilitate the development of county corrective action plans by providing a description of the process into which all deficiencies are directed and to provide instructions on corrective action plan development.

The handbook is composed of two separate sections and an appendix. Section one of the handbook describes the steps involved in a corrective action planning process. Section two provides specific instructions on what items counties are to submit as part of their corrective action plan. The appendix contains a flowchart of the corrective action plan development activities and the appropriate forms to be used.

The concepts and instructions presented in this handbook are inherent in any problem solving process and encompass activities that many counties are currently practicing. The specific instructions and forms outlined in this handbook are basically the same as they have always been in the Food Stamp Program with some improvements made. As these concepts and instructions become familiar, counties can begin to implement corrective action immediately when program errors occur, even prior to receipt of the formal corrective action letter

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Need for Corrective Action

Corrective action on identified deficiencies in the Food Stamp Program is a shared state/county responsibility mandated by the Food and Nutrition Service Performance Reporting regulations, 7 CFR 275.16. On a statewide basis, corrective action is addressed by the State Department of Social Services, Food Stamp Program Management Branch. County specific corrective action is developed and implemented by each county in which program deficiencies are cited. Two types of county specific corrective action are required: remedial, by which past errors in individual cases are recertified through issuance of retroactive benefits, sending claim determination, etc., and preventive, by which patterns of deficiencies are corrected in such a way that they do not recur.

Purpose of Corrective Action

The purpose of corrective action is to reduce substantially or eliminate deficiencies in program operations. And, although reducing the payment error rate and program dollar loss is of prime importance, equity issues such as timely processing and expedited services are areas also requiring corrective action by counties.

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Frequency of Corrective Action

Counties with dollar error rates below the sanction level, minor deficiencies in operational procedures and infrequent audits will experience minor corrective action activity level. Conversely, counties with deficiencies in multiple areas and high error rates will be required to perform corrective action measures at frequent intervals.

Flexibility

We intend for the corrective action process and the reporting of that process to be flexible. Do not be misled by the examples that are used. These examples are intended to be illustrative, not definitive.

Length of Plan

The plan is not intended to be an exercise in superfluous documentation. There is, however, no simple guideline to how long it should be. The report should be long enough to communicate the essential information; it ought to be thorough without being tedious. Remember that the quality of a plan is not measured by its length.

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SECTION I

CORRECTIVE ACTION PLANNING PROCESS

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CORRECTIVE ACTION PLANNING PROCESS

The corrective action planning process is based on the concept that a standardized, systematic approach to corrective action can be used to correct deficiencies identified by any source and encompassing any issue or area. Regardless of the information source or the type of deficiency, the components and steps involved in the corrective action planning process are the same.

Components

Problem
Identification
and
Analysis

Corrective
Action
Planning and
Development

Implementation

Monitoring
and
Evaluation

Steps

- o Measure/Evaluate Performance
- o Identify problem areas needing attention
- o Analyze specific nature of the problem
- o Determine the cause based on the analysis

- o Develop alternative solutions
- o Select an alternative based on explicit criteria

- o Develop an implementation plan with specific activities and target dates

- o Monitor implementation
- o Evaluate results

In this section of the handbook each step of the corrective action planning process will be described. We recognize that the county may not need to complete each of the problem identification steps depending on the information source. Information sources are described in section A.1 below.

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A. Problem Identification and Analysis

Described below are the four steps which comprise the problem identification and analysis portion of the corrective action planning process. Again, depending on the information source and the degree of analysis therein, it may not be necessary for the county to complete each of these steps. In some cases all the problem identification and analysis steps will have already been completed for the county and included in the information source.

1. Measure and Evaluate Performance

In the Food Stamp Program the information sources to measure and evaluate performance are varied. The primary information sources through which deficiencies are identified are: Quality Control Management Information System (QCMIS) reports which display state and federal quality control findings; Integrated Review and Improvement Study (IRIS) reviews for error rate reduction and management effectiveness; audits and reviews conducted by sources outside of SDSS such as Food and Nutrition Services, the Office of Inspector General, the U.S. Department of Agriculture and the State Controller's Office; and other sources such as Welfare Rights Organizations, Legal Aid, recipient calls to Public Inquiry and Response, etc.

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Following is a brief description of each information source:

a. QCMIS Reports

The QCMIS is a series of tables which display the data from quality control reviews. Quality control reviews are mandated by the Performance Reporting System regulations, 7 CFR 275.10. The QCMIS Handbook which was sent to the counties in July 1983 provides a description of quality control reviews, a description of the QCMIS tables and information on how to use the QCMIS tables. The QCMIS Handbook and this handbook should be used jointly when doing problem analysis on QCMIS reported deficiencies.

b. IRIS Reviews

IRIS reviews are conducted by SDSS Operations Assessment Bureau. These reviews are mandated by the Performance Reporting System regulations, 7 CFR 275.5. The methodology used for these reviews involves case review, interviews with county staff, review of county procedures and observation.

c. Audits/Reviews

Periodically, outside agencies conduct reviews and audits of the Food Stamp Program in California. These agencies include Food and Nutrition Service (FNS), OIG, the Auditor General (AG) and the State Controller's Office (SCO).

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d. Other Information Sources

Although IRIS, QC and audits/reviews are the primary sources for problem identification in the counties, the following sources also identify potential countywide problems:

o Office of Chief Referee (OCR)

A state hearing request may indicate a county has a practice in place that is contrary to regulations. Hearing Officers refer such findings to the Food Stamp Corrective Action Bureau (FSCAB) for follow up with the county.

Public Inquiry and Response (PIAR)

In responding to complaints from recipients, PIAR becomes aware of county policy which may not be in keeping with Food Stamp regulations. Their findings are referred to FSCAB.

Legal Services Groups

As advocates of public assistance clientele who are dissatisfied with some aspect of their public assistance cases, these groups will contact FSCAB when they encounter a county compliance problem which has countywide implications.

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2. Identifying Problem Areas Which Need Attention

As a general rule, in order to identify which problem areas need to be addressed through corrective action, we must first know the magnitude of the problem, i.e., frequency of occurrence, dollar impact, percent of total deficiencies, etc. Except for the QCMIS reports, the information sources described generally will have already made an assessment of magnitude and identified those problem areas to be addressed.

For IRIS reviews information on deficiencies is provided to counties in the format of findings, conclusions and recommendations. The problem areas which need to be addressed are already identified in the conclusions section of the report. In the case of audits/reviews and other information sources, the problem areas needing corrective action are often identified for the county in a findings and conclusions type format, also.

For deficiencies identified in the QCMIS, tables 1 and 7 will be the tables primarily used by the counties to assess magnitude and select problem areas. On a statewide basis, tables 3,4,5 and 10 are the tables used to assess magnitude and select problem areas. Counties should refer to the QCMIS Handbook beginning on page 3 for a description of these tables. The QCMIS Handbook also contains a section beginning on page 12 on how to assess magnitude.

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3. Analyzing the Specific Nature of the Problem (Error Specification)

Again, this step in the corrective action planning process has already been completed for problem areas identified in IRIS reviews, audits and other reviews. Therefore the following description will apply primarily to those problem areas identified through the QCMIS and those information sources that do not include a complete description of the problem.

Once the problem areas have been selected for further analysis, the process begins of discovering why the problem exists. This process involves describing the problem as fully as possible in order to determine the underlying cause of the problem. All available information should be used to describe the problem. It is important to avoid the temptation to leap directly from problem identification to implementing an "obvious" corrective action. Implementing the wrong corrective action is wasteful, demoralizing, and may even increase errors.

One technique used to describe errors is to review all available information and develop an "is/is not" list to determine what is unique to the problem. For example, a county's analysis of case review findings may show three-fourths of the recent unearned income errors were occurring subsequent to certification. Further analysis shows that the errors are occurring in only two out of four district offices and that most cases were public assistance or mixed cases. Using the "is is/not" approach, the major findings are summarized as follows:

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The Problem Is

- o Occuring subsequent to certification
- o In public assistance and mixed cases
- o In CWD district offices "B" and "C"
- o Failure of EWs to take action on information

The Problem Is Not

- o Occuring at certification
- o In non assistance cases
- o In CWD district offices "A" and "D"
- o Client failure to report the information

Analyzing the specific nature of problems is a very important and critical task to the next step in the process, determining error cause. Again, each problem area should be described as fully as possible using all available information.

4. Determining Cause Based on the Results of the Analysis

This step in the corrective action planning process is to be completed for problem areas identified through the QCMIS and other information sources which do not contain an error cause determination. IRIS reviews, audits and a number of other reviews already contain an error cause determination and therefore the county would not need to complete this step.

Completing the error description process discussed in A.3. above will help make the search for cause an efficient and accurate one. However, specification of the problem is not the same as determining the cause.

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At this point, a distinction should be made between the description of an error and the cause of an error. Describing an error involves determining the "what", "when", "where" and "how" associated with the error. Identifying the cause of an error involves determining as precisely as possible the "why". For example, using available information a QCMIS identified problem could be described as follows: unearned income changed (what), subsequent to certification (when), in public assistance food stamp cases (where), and the change was not reflected (how). The cause, however, could be identified as the change in unearned income was recorded in the AFDC file but never got transferred to the food stamp file (why). Further examination may show that different workers handle the Food Stamp and AFDC portion of the case and no system exists to transfer the information.

Another way to think of cause is to think of that action or lack of action which resulted in the problem (deficiency). The key question here is "what" could we have done differently to prevent the problem? Thinking of cause in this way will help in identifying effective corrective actions.

Once you have determined what you believe the error cause is, the cause should be thoroughly analyzed and tested against the information you have. The county should use the following checklist as a guide in evaluating each cause.

Checklist

- o Have you tested the causes against the facts from A.3. to see which cause best explains the facts?

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- o Did you stop to consider several possible causes rather than jumping to an unexamined conclusion?
- o Did you gather enough information to be able to verify the cause?
- o Did you test your analysis with those close to the case errors?
- o Have you attempted to "attack" your analysis to see whether it can withstand a strict critique?
- o Are you sure enough about the cause that you can proceed to expend resources to eliminate it?
- o Is this cause possibly generating other types of errors as well?

B. Corrective Action Planning and Development

Whereas, the problem identification and analysis steps discussed previously applied only to certain information sources. This component of the corrective action planning process will apply to all information sources. Therefore no distinction between information sources will be made when discussing the steps below. These steps apply to all information sources.

1. Develop Alternative Solutions

Once the county is satisfied that the cause of the deficiency has been identified, the county can begin correcting the deficiency. Even though the solution to the problem may seem obvious, resist the temptation to implement the "obvious" solution before considering alternatives. Even if the solution

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you first thought of is eventually selected, you will have more reason to have confidence that it is the best alternative.

The county should develop a list of criteria to use to compare alternatives. The criteria checklist should include, at a minimum, the following areas:

Checklist

- o Does the alternative eliminate or reduce the deficiency?
- o Will the alternative be effective within the prescribed timeframes?
- o Does the alternative create errors in another area?
- o Is the alternative in compliance with food stamp regulations?
- o Is the alternative applicable for use within existing resources?
- o Is the alternative feasible, given the county's operational procedures?
- o Has the alternative proven unsuccessful before in the county?
- o Does the alternative disadvantage recipients?

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2. Select An Alternative Based on Explicit Criteria

The county should now have a solid basis for choosing a corrective action strategy. You have a set of alternatives and a set of criteria to measure the alternatives against. Each alternative should be tested against the criteria and, based on this measurement, the alternative which best meets this evaluation should be selected.

Once an alternative has been selected, the county should describe the selected alternative in more detail. If possible, the county should develop a flowchart to describe the selected alternative. The county should then take time to consider any potential problems with the selected alternative. Are there potential problems which are both serious and highly likely to occur? If so, you may want to reconsider your choice.

The county may want to use the following checklist to test the selected alternative.

Checklist

- o Will the chosen solution solve the problem?
- o Did you consider and evaluate all the alternatives?
- o Is the solution legal?
- o Is the solution consistent with program regulations?
- o Is the solution politically acceptable in your environment?

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- o Does your agency have the resources to implement your chosen alternative?
- o Is your selected option cost effective?
- o Have you considered the impact the proposed solution will have on those not directly involved?

Testing the selected option is good for several reasons. First, the county needs to test the suitability and appropriateness for achieving the desired result. Secondly, the quality of corrective action will directly impact the workload of the county in numerous ways. The goal of corrective action is to reduce errors to the greatest degree possible which, in turn, directly benefits counties by reducing the workload associated with those errors. The more time and thought given to planning corrective action, the better the chances are to eliminate or reduce the time spent "after the fact" in correcting errors.

C. Corrective Action Implementation Plan

Once the county is satisfied with the selected option, the county should prepare an implementation plan. The implementation plan should lay out the steps involved in achieving the corrective action. The plan should be detailed enough so that it is a useful tool for managing the implementation and for communicating to everyone involved his role and where that role fits in the overall picture. At a minimum, the plan should show separate activities, completion dates, and responsible parties.

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As the implementation plan is being developed, counties should continually assess the suitability of the activities in relation to the cause of the deficiency. Generalized activities are likely to result in less effective results. The more specific the activity, the more targeted the corrective action with the desired result

The following are questions counties can ask themselves when preparing the implementation plan:

Checklist

- o Is each activity clearly defined?
- o Are the activities in sequential order?
- o Is the timeframe for implementation feasible to the best of your knowledge?
- o Have the activities been developed to achieve the maximum result with the minimum staff involvement?
- o What potential barriers to the successful implementation can be seen?
- o Are there any contingency plans when and if the item cannot be implemented as envisioned?

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D. Monitoring and Evaluation

1. Monitoring Plan

As part of the corrective action planning process, the county should prepare a plan to monitor the implementation of corrective action activities. The monitoring plan should include dates along with the plan of review. The purpose of monitoring is to ensure that consistent and timely implementation of corrective action activities has taken place. The methods used to monitor are varied, including onsite monitoring of district offices, interviews, status reports, etc.

2. Evaluation of Effectiveness

At the same time that activities are developed to implement each corrective action item, counties should plan the evaluation methodology to assess the effectiveness of the corrective action. Pre and post measurements can be utilized in addition to other valid methods of assessment.

Without rigorous evaluation of specific corrective action efforts, corrective action is doomed to be an inefficient, hit or miss affair. If the effects of your corrective action are not carefully measured, you will not know whether one change should be continued, altered or abandoned.

No evaluation can take place without having clear, measurable goals set before the evaluation begins. The goals should be set before

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implementation. Also, it is crucial that the design of the evaluation take place before implementing the corrective action so that the implementation and data gathering for the evaluation can take place simultaneously.

There are several considerations to keep in mind when designing the data gathering. First, the data gathered should be specific enough to determine whether the desired change takes place. And the data should be timely, coinciding with the implementation process if possible. Counties should never wait for QC data to become available to assess specific corrective action. Rather, the county should use current reviews such as supervisory or quality assurance reviews to evaluate specific corrective action items.

The method of evaluation needs to address the type of deficiency and corrective action being implemented. For example, if case errors are involved, targeted case reviews will probably be needed. Also, your data gathering should be extensive enough to enable you to reach conclusions with a high degree of confidence.

Precise, well-defined quantitative measurement is normally preferable to subjective measures such as interviews and questionnaires. Another consideration is that the measurement should be unobtrusive and easy to administer. While careful evaluation design is important, there is an opposite danger of unnecessary rigor. Some corrective action is so logical and makes such common sense that elaborate measurements using test and control groups are not needed.

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SECTION II

PREPARATION OF THE CORRECTIVE ACTION PLAN

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PREPARATION OF THE CORRECTIVE ACTION PLAN

Section I of this handbook covered the steps involved in a corrective action planning process. This section of the handbook covers the preparation of the corrective action plan including the forms currently required, who needs to submit a corrective action plan, what should be included in the plan, and when the plan is to be submitted.

As discussed in the introduction there are two types of county corrective action required when program deficiencies occur: preventive corrective action to address patterns of deficiencies so that they do not recur; and remedial corrective action by which individual cases are corrected and claims or restorations completed as appropriate. Two separate forms are used to record each type of corrective action. Each form is discussed below.

A. Corrective Action Plan Form

The Corrective Action Plan (CAP) form is used to record preventive corrective action. The form consists of four primary parts: a description of the problem, the corrective action option selected, an implementation plan, and an evaluation plan. These four parts constituted what is to be included in a CAP and will be discussed below under the section titled CAP Format. Also discussed below is who needs to submit a CAP and when, the numbering of CAP items, and quarterly status reports.

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1. CAP Format

As noted above the CAP which is submitted by the county must address four key areas: a description of the problem, the corrective action option selected, an implementation plan, and an evaluation plan. Basically these reflect the recording of the steps which the county went through in Section I of this handbook. The amount of documentation to be included will depend on the information source from which the deficiency was identified and the complexity of the corrective action required. As referenced in the introduction there is no simple guideline to how long the plan should be. The plan should be long enough to communicate the essential information; it should be thorough without being tedious. Again, remember that the quality of a plan is not measured by its length.

a. Description of the Problem/Deficiency

In this portion of the CAP the county should provide a complete description of the problem being addressed. The amount of documentation included here will vary depending on the information source and the nature of the problem. For QCMIS identified problems, the county should provide their documentation of the four problem identification and analysis steps discussed in Section I.A of this handbook. This information needs to be included since it has not been previously identified for the county.

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For IRIS reviews a statement of the problem area to be addressed is generally all that is necessary in this section of the CAP. (Note: the problem areas to be addressed are included in the conclusions section of the IRIS Report). This is because the IRIS Report already contains a complete problem analysis and determination of cause as perceived by the review team. In most cases the same is true for deficiencies identified by audits and other reviews. For deficiencies identified through other information sources, the amount of documentation to be included will depend on the amount of analysis that has already been completed and included in the information source.

b. Corrective Action Option Selected

In this portion of the CAP the county should provide a detailed description of the selected alternative. The methodology and selection criteria should also be included. This should consist of a statement detailing why the selected alternative meets the criteria established by the county to a greater degree than other options considered by the county.

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c. Implementation Plan

On the CAP form, the implementation plan should be detailed in two ways. Step one is to list the activities that will be taken to implement the corrective action. These activities should be noted in sequential order and detail what each event encompasses. Step two is to delineate the timeframe for implementation of each activity.

Depending upon the complexity of the corrective action, the number of activities included in the implementation plan will vary. Also, counties should be sure to evaluate both the individual activities and timeframes to ensure that the end result will bring about the desired effect.

d. Evaluation of Effectiveness Plan

As part of the CAP, counties are to provide an evaluation of effectiveness plan. The scope of the evaluation plan will vary depending on the complexity of the corrective action. Precise, well defined, quantitative measurement is normally preferable to subjective measures such as interviews and questionnaires.

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To help make the evaluation process a successful one counties should develop implementation activities that are measureable, having specific goals and objectives. One way to do this is to prepare the implementation and evaluation of effectiveness plans simultaneously. The evaluation plan should also have a set timeframe. For more information on evaluation of effectiveness see Section I.D.2 of this handbook.

2. Who Needs to Submit a CAP?

Who needs to submit a CAP will depend on the information source and which counties are cited for deficiencies.

a. QCMIS

Any county with at least one error identified in either the active or negative case sample.

b. IRIS

Any county in which an IRIS was completed and a report issued citing deficiencies. The problem areas which need to be addressed are identified in the conclusions section of the report.



c. Audits and Other Reviews

The criteria here on who needs to submit a CAP is similar to an IRIS review. After SDSS receives the final report, counties will be notified of any county specific deficiencies that were identified by the federal/state review teams.

d. Other Information Sources

Any county in which a problem has been identified once the problem has been validated by FSCAB.

3. When Is A CAP Required?

Once county deficiencies are cited, FSCAB will release letters to those counties formally requiring corrective action. As a general rule, counties will be required to submit a CAP within 60 days. In some instances, depending on the severity of the problem, the timeframes could be shorter.

As the corrective action concepts and instructions become familiar, counties can begin to implement corrective action immediately when program errors occur, even prior to receipt of the formal corrective action letter from FSCAB.

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a. QCMIS

QCMIS related CAPs are generally required twice a year coinciding with the release of the QCMIS tables to the counties. The QC six-month review period covers the periods of October through March and April through September. Results are usually released mid-August and mid-February, respectively.

b. IRIS

IRIS reports are released on a flow basis. IRIS CAPs are required after release of the final report and the formal letter from FSCAB.

c. Audits and Other Reviews

A CAP will be required as reviews occur and counties are notified by SDSS of those deficiencies which need to be addressed.

d. Other Information Sources

A CAP will be required once a county is notified that corrective action is needed.

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4. Numbering of CAP Items

CAPS are to be numbered in sequential order, i.e., 1,2,3, etc. The first deficiency the county develops a CAP item for after receipt of this Handbook will be number 1. Each subsequent deficiency will be the next number in sequence. Each CAP item must be placed on a separate CAP form with the appropriate number in the upper right-hand corner. CAP item numbers will not be reassigned. For example, if CAP item #1 is closed and a new CAP item is added, the new item would be assigned the next number in sequence. If a later deficiency is reported by a different information source but is the same as one previously cited and which has a CAP still open, then the county should simply note on the new CAP sheet that corrective action for this new deficiency is addressed in CAP item #5, for example, no new number would appear in the right top corner. If the CAP item has been closed and is subsequently reidentified, then a new number will be assigned.

5. Quarterly Status Reports

As part of the CAP implementation and evaluation of effectiveness steps, counties are required to submit Quarterly Status Reports (See Appendix _____). These reports will provide information to FSCAB in the following areas:

- o Status of implementation schedule for CAP item, i.e., on target, delayed, etc.

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- o County evaluation of effectiveness including preliminary results if available.
- o CAP items the county considers ready for FSCAB monitoring, or necessary for revision, or ready for closure.

Every county with an open CAP item needs to submit a Quarterly Status Report. These reports are due to your FSCAB consultant by the tenth day of the first month of each quarter (January, April, July, and October).

B. Certification of Case Correction Form

Anytime a case is determined to be in error, a case correction must take place. Counties with error cases must correct each case and submit a certification form to FSCAB certifying that all cases have been corrected and claims or restorations have been completed as appropriate. This is a required part of the county corrective action process. The form must be signed by the person who can attest to the fact that the necessary case actions have been taken.

The cases to be included on this form are ones involving an error in benefits. This includes error cases identified by any information source. However, the primary review sources affected by this form will be QCMIS and IRIS (ERR) reviews.

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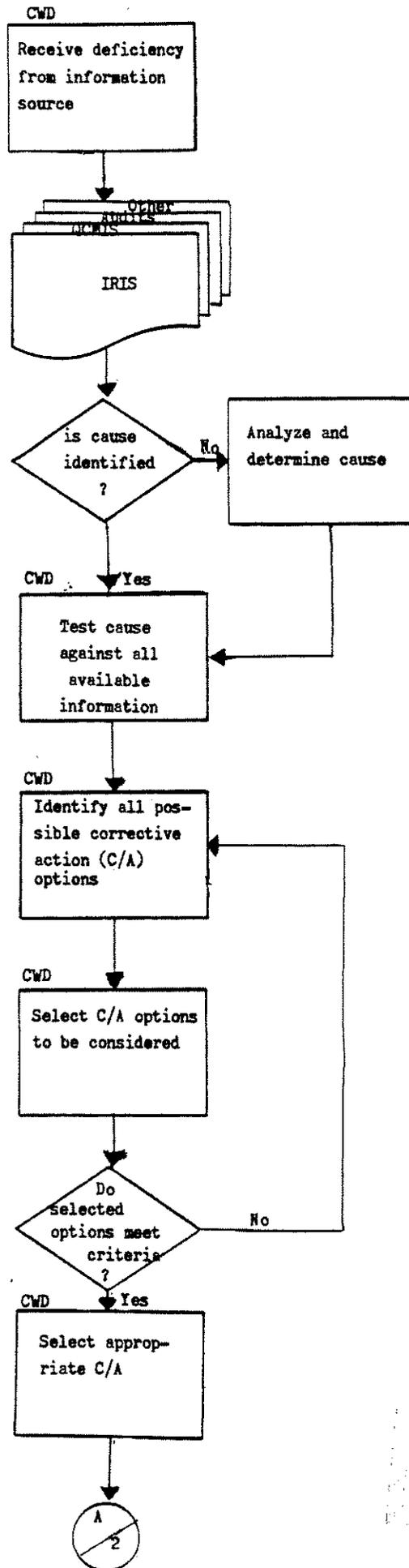
Remember that this is a certification of case correction form. The county should have actually corrected the case when first notified of the deficiency, and not wait for the formal notice requiring corrective action. For example, an error case identified by a state quality control review should be corrected when the county received the formal error letter from the State Quality Control Bureau. The county should not wait for the QCMIS report to correct the case.

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APPENDIX

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CORRECTIVE ACTION PLAN (CAP) PROCESS



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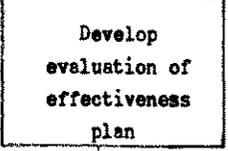
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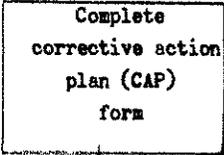
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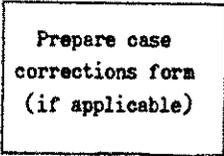
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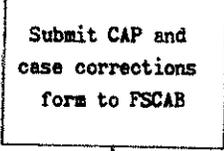
CWD



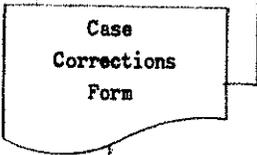
CWD



CWD



CAP



CORRECTIVE ACTION PLAN

CAP COORDINATOR:		DATE
PHONE NUMBER:	COUNTY	
Problem Source		CAP ITEM NUMBER
<input type="checkbox"/> QC/MIS	<input type="checkbox"/> IRIS Review	Date _____ <input type="checkbox"/> Audit/Review <input type="checkbox"/> Other

Description of Problem/Deficiency: (For QCMIS deficiencies, attach county's analysis of the problem including determination of cause.)

2. Corrective Action Option Selected: (Provide a description of the selected alternative, methodology and selection criteria, and the rationale for selecting this alternative over other options.)

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CORRECTIVE ACTION PLAN STATUS REPORT

DATE

COUNTY

CAP ITEM SOURCE

CORRECTIVE ACTION PLAN NUMBER

QCMIS IRIS REVIEW AUDIT/REVIEW OTHER DATE

CORRECTIVE ACTION PLAN STATUS:

A. NO CHANGE IN STATUS

B. CORRECTIVE ACTION IMPLEMENTED

C. PROBLEMS ENCOUNTERED IN IMPLEMENTATION

D. MONITORING COMPLETED

E. EFFECTIVENESS EVALUATION COM.

F. REVISION REQUESTED

G. CLOSURE REQUESTED

For each item checked above, describe in detail and attach any related documentation (e.g., copy of newly published county procedures). For items B., D., and E. include the date completed.

STATE USE ONLY

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CERTIFICATION OF CASE CORRECTION

Review Period Date _____

Signature _____

Title _____

Date _____

Case Number	Date Case Corrected	Restoration of Benefits Yes/No	Claim Determination Completed Yes/No	Offset of Restoration Against Prior Claim Yes/No	Referral to Fraud Unit Yes/No