**DATE CAP APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE CAP TO BE COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **REQUIREMENT:**  Timely processing of Special Assistance applications.  SAD – 60 Calendar Days SAA- 45 Calendar Days  Timely processing of Special Assistance redeterminations.  Determination of financial eligibility for Special Assistance beneficiaries correctly and timely | | | | |
| **STATE POINT OF CONTACT**  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **COUNTY POINT OF CONTACT**  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **COUNTY SELF-ASSESMENT**  **[Brief summary of county self-assessment that lists reasons for compliance monitoring 30% threshold failures]** | | | | |
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| **ACTION PLAN – TO BE COMPLETED BY DSS STAFF** | | | | |
| **GOAL #1** (*e.g. “Achieve 85% timeliness for 3 subsequent months”)*: | | | | |
| **Strategies & Actions for Improvement**  **(Must enter at least one action per goal)** | | | | |
| **ACTION(S) FOR GOAL #1** *(detailed description)***:** | | | | |
| **Desired Outcome** *(including associated metrics):* | **Target Dates and Checkpoints** *(including targeted completion date):* | **Strategy/Action Owner** | **Resources Needed** | **State Actions/Support Required** |
|  |  |  |  |  |
| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | | | | | |

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| **ACTION PLAN – TO BE COMPLETED BY DSS STAFF** | | | | |
| **GOAL #2** (*e.g. “Achieve 85% timeliness for 3 subsequent months”)*: | | | | |
| **Strategies & Actions for Improvement**  **(Must enter at least one action per goal)** | | | | |
| **ACTION(S) FOR GOAL #2** *(detailed description)***:** | | | | |
| **Desired Outcome** *(including associated metrics):* | **Target Dates and Checkpoints** *(including targeted completion date):* | **Strategy/Action Owner** | **Resources Needed** | **State Actions/Support Required** |
|  |  |  |  |  |
| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | | | | | |

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| **ACTION PLAN – TO BE COMPLETED BY DSS STAFF** | | | | |
| **GOAL #3** (*e.g. “Achieve 85% timeliness for 3 subsequent months”)*: | | | | |
| **Strategies & Actions for Improvement**  **(Must enter at least one action per goal)** | | | | |
| **ACTION(S) FOR GOAL #3** *(detailed description)***:** | | | | |
| **Desired Outcome** *(including associated metrics):* | **Target Dates and Checkpoints** *(including targeted completion date):* | **Strategy/Action Owner** | **Resources Needed** | **State Actions/Support Required** |
|  |  |  |  |  |
| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | | | | | |

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| **ACTION PLAN – TO BE COMPLETED BY DSS STAFF** | | | | |
| **GOAL #4** (*e.g. “Achieve 85% timeliness for 3 subsequent months”)*: | | | | |
| **Strategies & Actions for Improvement**  **(Must enter at least one action per goal)** | | | | |
| **ACTION(S) FOR GOAL #4** *(detailed description)***:** | | | | |
| **Desired Outcome** *(including associated metrics):* | **Target Dates and Checkpoints** *(including targeted completion date):* | **Strategy/Action Owner** | **Resources Needed** | **State Actions/Support Required** |
|  |  |  |  |  |
| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | **STATUS**  ☐ Achieved  ☐ In Progress – On Schedule  ☐ In Progress – Behind  ☐ Not Started  **ACTIONS**  ☐ Remove from CAP  ☐ Revise/Re-evaluate goal  ☐ Continue to Implement  ☐ Continue to Monitor | | | | | |

**Date of CAP Review Q1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next Projected review of CAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CAP PROGRESS REVIEW AND UPDATES – TO BE COMPLETED BY STATE STAFF**  ***Section to be completed by authorized reviewer [INSERT TIME FREQUENCY] and findings reviewed by [COUNTY NAME] Director.*** | |
| **SUMMARY (key findings of review):** | **KEY STEPS PRIOR TO NEXT REVIEW:** |

**Date of CAP Review Q2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next Projected review of CAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **CAP PROGRESS REVIEW AND UPDATES – TO BE COMPLETED BY STATE STAFF**  ***Section to be completed by authorized reviewer [INSERT TIME FREQUENCY] and findings reviewed by [COUNTY NAME] Director.*** | |
| **SUMMARY (key findings of review):** | **KEY STEPS PRIOR TO NEXT REVIEW:** |