**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 DaysTimely 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** |
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| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** |
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| **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** |
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| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** |
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| **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** |
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| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** |
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| **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** |
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| **TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF** |
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| **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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**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:**  |