I. NON-COMPLIANCE

A.	A. APT/PPT Thresholds				
	1. Which program cate	gory(s) failed threa	shold(s)?		
	2. Give APT and PPT	2. Give APT and PPT for affected Month			
	Month	PRO/CATPRO/CAT		PPT PPT	
	Month	PRO/CATPRO/CAT	APT APT	PPT PPT	
	Month	PRO/CAT PRO/CAT	APT APT	PPT PPT	
В.	Denial, Withdrawal and	Inquiry Threshold	s		
	What is compliance rate	for 12 month mor	nitoring sample?		
	DenialsInquiry Thresholds		Withdrawals		
PLEASE ANSWER THE FOLLOWING QUESTIONS WHERE RELEVANT					
A.	A. Organization and Management				
	1. Was one worker or u	unit responsible?			
	2. What action has been taken to notify the responsible worker/unit?				
	What measures have	been implemente	d to improve performance	e for that worker/unit?	
	Is disciplinary action	n indicated/date tal	ten?		

II.

(II.A)	
3.	Was non-compliance due to excessive illness or absenteeism? Yes No If so, what is your plan to cover vacant caseloads due to excessive absence?
4.	Was non-compliance due to unexpected turnover? Yes No What is your evaluation of the reasons for the turnover?
5.	Do supervisory staff use the application management reports, and other best practices recommended to keep abreast of each worker's performance? Yes No
6.	Do the workers use the application management reports to handle their caseloads? Yes \sum No
7.	How is work assigned to ensure workloads are evenly divided? Please explain.
8.	Analyze the flow of work from receptionist to IMC to identify any problems.

B.	Staffing and Productivity	
	1.	Was understaffing the cause for non-compliance? Yes No If so, what is your current staffing level and what is your staffing shortage?
		What is supervisory to worker ratio?
		Using the last three months of data, illustrate your staffing needs.
		What, if any, action has been taken to obtain the needed staff?
	2.	What is the productivity level of:
		a. Each worker?
		b. Each unit?
		c. All workers/units?
C.	2. Policy and Procedure	
	1.	Was non-compliance a result of incorrect policy interpretation regarding application processing (e.g. use of client statement)?

(II.C. 1)
What was the incorrect interpretation?
What steps have been taken to arrange for or provide training? 2. Was non-compliance a result of failure by the worker or data entry to correctly exclude time? Yes No
Cite specific case examples.

(II.C.)

3.	If	non-compliance was in the Other category:
	a.	Was it caused by worker failure to recognize potential for coverage under other categories and not authorizing benefits until late in the application process?
	b.	Is training needed in this area? For a worker? The entire unit? Who will give it? When?
	c.	Is this a problem for an individual worker or an entire unit?
	d.	Is this a problem that would have been identified by 2 nd party review? What steps were taken to strengthen 2 nd party review?

(II)D. External Forces 1. Did your county experience an unexpected influx of applications in the non-compliance month? Yes No Please provide number of applications for the prior three months as well as the month of non-compliance. 2. Did a catastrophic occurrence cause or contribute to the non-compliance (fire, flood, hurricane, etc.)? Yes No Please explain. 3. Did excessive downtime of NCFAST or Help Desk tickets cause non-compliance? Yes No Please show date if citing system downtime. If so, please indicate number of applications not keyed timely as a result. Please list these indicating date completed by IMC and date keying was attempted. Please list Help Desk ticket numbers.

4. Was non-compliance caused by excessive processing time by DDS? Yes No

Please cite specific cases and pertinent dates.

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(II)
E. Other - Any other reason not listed above.
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1. Was non-compliance due to supervisor's inability to manage the supervisory workload? What actions have been taken to prevent recurrence?

I) Please detail your plan of action including action dates and person(s) responsible to prevent future non-compliance with the thresholds. Incorporate in your plan action steps to deal with any of the factors listed above which contributed to non-compliance.