

Special Assistance Corrective Action Plan SFY 2024-2025

_____ Department of Social Services

DATE CAP APPROVED: _____

DATE CAP TO BE COMPLETED BY: _____

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-ASSESSMENT

[Brief summary of county self-assessment that lists reasons for compliance monitoring 30% threshold failures]

Special Assistance Corrective Action Plan SFY 2024-2025
 _____ Department of Social Services

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 <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	STATUS <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	STATUS <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	STATUS <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	
ACTIONS	ACTIONS	ACTIONS	ACTIONS	

Special Assistance Corrective Action Plan SFY 2024-2025
 _____ Department of Social Services

<input type="checkbox"/> Remove from CAP	<input type="checkbox"/> Remove from CAP	<input type="checkbox"/> Remove from CAP	<input type="checkbox"/> Remove from CAP	
<input type="checkbox"/> Revise/Re-evaluate goal	<input type="checkbox"/> Revise/Re-evaluate goal	<input type="checkbox"/> Revise/Re-evaluate goal	<input type="checkbox"/> Revise/Re-evaluate goal	
<input type="checkbox"/> Continue to Implement	<input type="checkbox"/> Continue to Implement	<input type="checkbox"/> Continue to Implement	<input type="checkbox"/> Continue to Implement	
<input type="checkbox"/> Continue to Monitor	<input type="checkbox"/> Continue to Monitor	<input type="checkbox"/> Continue to Monitor	<input type="checkbox"/> Continue to Monitor	

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

Special Assistance Corrective Action Plan SFY 2024-2025

Department of Social Services

Quarter 1	Quarter 2	Quarter 3	Quarter 4	
<p>STATUS</p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<p>STATUS</p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<p>STATUS</p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<p>STATUS</p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	
<p>ACTIONS</p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p>ACTIONS</p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p>ACTIONS</p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p>ACTIONS</p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	

ACTION PLAN – TO BE COMPLETED BY DSS STAFF				
<p>GOAL #3 (e.g. "Achieve 85% timeliness for 3 subsequent months").</p>				
<p>Strategies & Actions for Improvement (Must enter at least one action per goal)</p>				
<p>ACTION(S) FOR GOAL #3 (detailed description):</p>				
Desired Outcome (including associated metrics):	Target Dates and Checkpoints (including targeted completion date):	Strategy/Action Owner	Resources Needed	State Actions/Support Required

Special Assistance Corrective Action Plan SFY 2024-2025
 _____ Department of Social Services

--	--	--	--	--

TARGETED IMPROVEMENT UPDATES – TO BE COMPLETED BY STATE STAFF

Quarter 1	Quarter 2	Quarter 3	Quarter 4	
<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	
<p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	

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):

Special Assistance Corrective Action Plan SFY 2024-2025
 _____ Department of Social Services

Desired Outcome <i>(including associated metrics):</i>	Target Dates and Checkpoints <i>(including targeted completion date):</i>	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	
<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started <p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started <p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started <p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	<p><u>STATUS</u></p> <input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started <p><u>ACTIONS</u></p> <input type="checkbox"/> Remove from CAP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	

Special Assistance Corrective Action Plan SFY 2024-2025
_____ Department of Social Services

Date of CAP Review Q1: _____

Reviewed By: _____

Next Projected review of CAP: _____

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:

Special Assistance Corrective Action Plan SFY 2024-2025
_____ Department of Social Services

Date of CAP Review Q2: _____

Reviewed By: _____

Next Projected review of CAP: _____

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: