

North Carolina Division of Medical Assistance

Medicaid Administrative Claiming for Adults and Children (MAC)

Operation Guide

Implementation Effective Date – July 1, 2014

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1. Introduction

This Medicaid Administrative Claiming for Adults and Children (MAC) Operation Guide serves as a resource to consolidate materials and information with regard to Medicaid administrative activities performed by County Departments of Social Services (CDSS) staff to obtain Federal reimbursement.

Federal Medicaid funds are available to reimburse the State of North Carolina at 50% FFP for administrative activities that support North Carolina's Medicaid Plan, as long as those costs are appropriately outlined in the state's federally approved cost allocation plan (<http://www.ncdhhs.gov/control/cost/CAP/ToC.htm>) (please refer to Section 1.4 for more information on MAC reimbursement). As the single state agency for North Carolina, the Department of Health and Human Services (DHHS) through the Division of Medical Assistance (DMA) entered into an Intra-departmental Memorandum of Agreement (IMOA) with the Division of Social Services (DSS) and the Division of Aging and Adult Services (DAAS) to enable CDSS to draw down federal Medicaid funds for Medicaid administrative claiming (MAC) activities. DMA does not allow the selection of Medicaid administrative activities by any agency other than CDSS. Medicaid administrative claiming activities include:

- Referral, Coordination, and Monitoring of Medicaid Services
- Arranging Transportation Services for Client to Access Medicaid Services
- Outreach for Medicaid Services
- Facilitating an Application for the Medicaid Program

The objective of Medicaid administrative claiming is to provide activities to assist individuals in accessing Medicaid services under the North Carolina State Medicaid Plan (<http://www.ncdhhs.gov/DMA/plan/index.htm>). Furthermore, the goal of North Carolina's Medicaid administrative claiming effort is to appropriately claim for those activities performed by CDSS staff. MAC is one of many funding sources available to CDSS, but is specifically for those activities in support of the Medicaid program as defined in the North Carolina State Medicaid Plan.

1.1 Federal Regulation for Medicaid Administration

The authority for claiming Medicaid administrative activities is cited in the Social Security Act (the Act). Under Title XIX of the Act, section 1903(a)(7) (http://www.ssa.gov/OP_Home/ssact/title19/1903.htm) federal payment is available for amounts expended by a state "as found necessary by the Secretary for the proper and efficient administration of the state plan," per 42 Code of Federal Regulations (CFR) 433.15(b)(7). In order for a cost to be reimbursed, it must be in the Medicaid agency cost allocation plan (<http://www.ncdhhs.gov/control/cost/CAP/ToC.htm>).

1.2 Purpose of the MAC Operation Guide

This document serves as the operation guide for Medicaid administrative activities in North Carolina. The purpose of this guide is to provide information to implement MAC at the county level and to detail DMA's oversight of MAC activities for DAAS and DSS. This guide outlines the activity definitions and codes which CDSS follow in claiming Medicaid reimbursement. It also addresses record-keeping and

documentation requirements. This guide will be updated as needed and posted on the DMA website (<http://www.ncdhhs.gov/dma/county/index.htm>). In the event this guide is revised, the revision date will be updated in the document footer

1.3 Administrative Structure for the Management of MAC

The administrative structure for the management of Medicaid administrative activities for the North Carolina Department of Health and Human Services involves three state divisions and up to 100 County Departments of Social Services. The roles and responsibilities of each is explained below:

North Carolina Department of Health and Human Services (DHHS)

DHHS is the Single State Agency for administering the Title XIX Medicaid Program in the State of North Carolina. DHHS oversees the Division of Medical Assistance.

North Carolina Division of Medical Assistance (DMA)

DMA manages the federal Medicaid program in North Carolina. DHHS and DMA, through the IMOAs, delegate administration of MAC to DSS and DAAS, but retain oversight responsibility. DMA assists in training CDSS employees. DMA monitors and reviews findings reported by DAAS and DSS and provides oversight to MAC in accordance with the MAC Compliance Monitoring Plan (<http://www.ncdhhs.gov/dma/county/index.htm>).

North Carolina Division of Social Services (DSS)

DSS provides a variety of social work and economic services. DSS staff offer training, technical assistance, and consultation to the local staff who work in programs for families and children including Child Welfare, Family Support, Work First, Child Support, and Food and Nutrition Services.

In accordance to the MAC Compliance Monitoring Plan (as defined in the IMOA), the DSS Monitoring Team periodically reviews workers' selection of Medicaid administrative activity codes and reports results to DMA.

North Carolina Division of Aging and Adult Services (DAAS)

DAAS provides training, technical assistance, and consultation to local staff who work in programs for adults including Adult Protective Services, Special Assistance, Adult Day Care and In-Home services.

In accordance to the MAC Compliance Monitoring Plan (as defined in the IMOA), the DAAS Monitoring Team periodically reviews workers' selection of Medicaid administrative activity codes and reports results to DMA.

Local County Departments of Social Services (CDSS)

CDSS provide a variety of social work and economic services. Local county staff who perform Medicaid administrative activities can select MAC activities on their day sheets for all time spent on Medicaid administrative activities. CDSS staff completing Medicaid administrative activities

can select a MAC SIS code on their day sheet regardless of the staff position. CDSS staff are trained with regard to understanding what work functions are Medicaid administrative activities and are responsible for ensuring compliance with DMA's directives regarding the selection of Medicaid administrative activities being tracked for claiming. However, DMA does allow CDSS contracted/temporary employees hired through a staffing agency to select MAC activities on their day sheets. Billing for employees with this distinction are covered under Part 1 of the DSS-1571.

1.4 MAC Reimbursement

CDSS MAC activities are supported with 50% federal financial participation (FFP) and matched with county funds. CDSS uses county funds to support activities then requests reimbursement by submitting the DSS-1571 as part of the reimbursement request, which is uploaded directly to the DHHS Office of the Controller's system. The County Administration Reimbursement System (CARS) uses the DSS-1571 data to calculate the reimbursement and the drawing of funds. The established codes to capture the activities eligible for MAC are located in the SIS Manual (<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.pdf>). CDSS case managers and other eligible staff record 100% of their time using the DSS-4263 (daysheet).

The reimbursement of CDSS costs is included in North Carolina's Public Assistance Cost Allocation Plan (PACAP). The methodology for merging DSS-4263 data with expenditure data on the DSS-1571 is described in the PACAP submitted to Cost Allocation Services (CAS), an agency within the U.S. Department of Human Services (HHS).

1.5 North Carolina Medicaid State Plan

Medicaid administrative activities must be directly related to accessing medical assistance to Medicaid covered services under North Carolina's state plan (<http://www.ncdhhs.gov/DMA/plan/index.htm>). A worker selecting Medicaid administrative activities must not assume that every medical or behavioral health service provided to Medicaid beneficiaries is covered by Medicaid. Workers must use their knowledge of the North Carolina state plan, as well as their own judgment in selecting MAC SIS codes for activities that have a reasonable expectation of being covered by Medicaid. It is not appropriate to select Medicaid administrative activities for time spent on activities that are not directly related to Medicaid covered services. Workers should refer to DMA's Administrative Memorandum titled *Billable Activities under Medicaid Administrative Claiming* dated August 18, 2014 for further guidance (<http://www.ncdhhs.gov/dma/county/index.htm>).

1.6 Coordination of Activities

In some instances clients receive services from more than one county agency or program. To avoid duplication of services to a client, CDSS staff should, when needed, develop coordination mechanisms between the CDSS and the additional agency (or agencies) providing services. Activities provided/conducted by another governmental component should also be coordinated.

CDSS staff should not knowingly perform administrative activities that are already being offered or provided by other entities providing assistance to Medicaid eligible adults, children, and their families.

Examples include activities related to the Community Alternatives Program (CAP), Special Assistance In-Home (SA-IH), guardianship, payee services, etc. CDSS staff should constantly strive to become knowledgeable of Medicaid and health care resources in their communities and develop mechanisms to coordinate activities.

Information on coordination activities and resources is provided to CDSS staff during training events (please refer to Section 4 for more information on MAC training). Up to date frequently asked questions are available on the DMA website (<http://www.ncdhhs.gov/dma/county/index.htm>).

2. MAC Allowable Activities and SIS Codes

The purpose of this section is to categorize and define allowable MAC Adults and Children activities and Services Information System (SIS) codes included in the Services Information System (SIS) User's Manual (<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/SIS.pdf>). While MAC is not a service or a program, it is included in the SIS User's Manual as SIS service codes

The CDSS choosing to administer MAC shall develop a protocol on the use of MAC coding as well as other coding to ensure that all staff within the CDSS, including administration, finance/business staff, and service staff, understand, at a minimum:

- the population the agency is serving,
- what staff will use the code under what conditions,
- how and where documentation of activities will be maintained, and
- the application of a quality assurance process to ensure correct claiming.

2.1 MAC SIS Codes

The following SIS codes, as approved by DMA, have been added to the SIS User's Manual.

SIS CODE	340	Referral, Coordination and Monitoring of Medicaid Services
SIS CODE	343	Arranging Transportation Services for Client to Access Medicaid Services
SIS CODE	342	Outreach for Medicaid Services
SIS CODE	341	Facilitating an Application for the Medicaid Program

2.2 Definition of MAC SIS Codes

Definitions and examples of each of the SIS codes for Medicaid administrative activities are listed below. This information is also summarized in a one-page MAC Desk Guide that is distributed to all CDSS staff. The MAC Desk Guide is available for download on the DMA website (<http://www.ncdhhs.gov/dma/county/index.htm>), the DAAS training resources website (http://www.ncdhhs.gov/aging/adultsvcs/afs_training.htm), and the Child Welfare Technical Assistance Gateway (<https://nccwta.org/>).

SIS Code 340: REFERRAL, COORDINATION AND MONITORING OF MEDICAID SERVICES

Staffs use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid services on behalf of clients. Linking the individual and family with Medicaid service providers to plan, carry out and maintain a health service plan. Includes all related paperwork, clerical activities or staff travel required to perform these activities. Medicaid does not pay for administrative expenditures related to, or in support of, services that are not included in North Carolina State Medicaid plan (<http://www.ncdhhs.gov/DMA/plan/index.htm>) or services which are not reimbursed under Medicaid.

Examples:

- Referring and/or coordinating Medicaid covered diagnostic services for individuals that have functional impairments or mental health disabilities, and/or substance abuse/addiction disorders that require specialized health care procedures covered by Medicaid
- Performing functional assessments or strength and need assessments that may be required in advance of referrals or evaluations to Medicaid covered services to assist with case coordination for individuals with specialized medical (physical) or mental health needs
- Coordinating necessary medical, mental health or substance abuse services for clients covered by Medicaid that benefit from care coordination services
- Monitoring and evaluating the Medicaid covered medical components of the individual's service plan and ensuring that service plan objectives are achieved and appropriate for an individual with mental health addiction diagnoses, or functional or physical impairments
- Preparing documentation for a case to be reviewed by interdisciplinary staff planning meetings, case planning meetings, etc.
- Participating in treatment plan meetings to coordinate and monitor the medical portion of a client's service plan with other staff
- Gathering information for facilitating prior authorizations
- In-home training with a parent or family that improves the coordination/delivery of medical/mental health services to the client if not billed as a Direct Service
- Providing follow-up contact to ensure that an individual has received the prescribed medical/mental health services
- Transporting a client to a doctor appointment because the client would otherwise not be able to attend, and wait time during the appointment

SIS Code 343: ARRANGING TRANSPORTATION SERVICES FOR CLIENT TO ACCESS MEDICAID SERVICES

Arranging for or scheduling specific support provisions, such as transportation services, which are necessary for an individual or family to access medical/mental health services. The category is for assisting an individual to obtain transportation for Medicaid-covered services and does not include the provision of the actual transportation service, but rather the administrative activities involved in providing transportation. In addition, it does not include activities that contribute to the actual billing of transportation as a medical or dental service, nor does it include accompanying an individual to Medicaid services as an administrative activity. Includes related paperwork, clerical activities, or staff travel required to perform these activities. For additional information regarding transportation refer to the DAAS training resources website (http://www.ncdhhs.gov/aging/adultsvcs/afs_training.htm). Medicaid does not pay for administrative expenditures related to, or in support of, services that are not included in North Carolina State Medicaid plan (<http://www.ncdhhs.gov/DMA/plan/index.htm>) or services which are not reimbursed under Medicaid.

Examples:

- Scheduling or arranging transportation services that assist the individual or family to access necessary care or treatment by health/mental health care providers

SIS Code 342: OUTREACH FOR MEDICAID SERVICES (Regardless of Client Eligibility Status)

Staff use this code when performing activities that inform individuals about Medicaid, how to access Medicaid and medically related services, the importance of accessing medical, mental health, aging, functional/developmental disability, and alcohol and drug services and the importance of maintaining a routine place for health care. Activities include bringing persons into the Medicaid system for the purpose of determining eligibility and arranging for the provision of medical/health related services. Both written and oral methods may be used. Includes all related paperwork, clerical activities, or staff travel required to perform these activities.

Examples:

- Developing, disseminating or presenting Medicaid outreach materials to inform individuals about Medicaid services and where to obtain services
- Informing individuals and families about the benefits and availability of services provided by Medicaid
- Informing individuals and their families on how to effectively access, use, and maintain participation in all health/mental health resources under the federal Medicaid Program
- Assisting in early identification of individuals who could benefit from the health/mental health services provided by Medicaid as part of a Medicaid outreach campaign
- Assisting the Medicaid agency to fulfill objectives of the Medicaid program by:
 - Informing individuals of the benefits of prevention
 - Helping individuals and families use health/mental health resources
- Assuring that health/mental health problems are diagnosed and treated early

SIS Code 341: FACILITATING AN APPLICATION FOR THE MEDICAID PROGRAM (Regardless of Client Eligibility Status)

Staffs use this code when assisting an individual or family to make application for Medicaid or referring them to the appropriate agency to make application, as well as assisting an individual to maintain Medicaid eligibility. Both written and oral methods may be used. Includes all related paperwork, clerical activities or staff travel required to perform these activities.

Examples:

- Verifying an individual's current Medicaid eligibility status for the purpose of the Medicaid eligibility process
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants

- Assisting individuals or families to complete a Medicaid eligibility application and spend down activities
- Assisting individuals or families to collect/gather information and documents for Medicaid program application
- Arranging for or providing translation or signing services to assist in the completion of a Medicaid application
- Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination
- Referring an individual or family to the local assistance office to make application for Medicaid benefits
- Medicaid prior authorization activities
- Participating as a Medicaid eligibility outreach worker

2.3 Selecting and Documenting MAC Activities

CDSS staff may select MAC 340, MAC 343, MAC 342, and MAC 341 for time spent on Medicaid administrative activities. The program code for all MAC SIS codes is “MAC.” Time may be selected at a minimum of five (5) minute increments. There is no job position requirement to select MAC. However, note that those workers who provide direct, billable Medicaid services (e.g., Transportation aides) should not be coding their time as Medicaid administrative activities, but should continue to direct bill for those services.

When selecting MAC 340 or MAC 343, a worker must verify Medicaid eligibility. Medicaid administrative activities may not be selected for individuals who are not current Medicaid beneficiaries. Local CDSS determine how their agency confirms Medicaid coverage before any Medicaid administrative activities are provided by workers, as well as decide what kind of documentation must be present in the case notes. Please refer section 3.2 for additional information on Medicaid eligibility.

“MAC” is not a service or program, but rather a way to quantify worker time spent on Medicaid administrative activities. Thus, a signature is not required on the DSS-5027 when only MAC activities are provided. However, a signature is required when other services are listed on the DSS-5027 in addition to MAC 340 or MAC 343 activities. The SIS User’s Manual has been revised as follows to reflect this distinction for MAC activities:

A client signature is not required on the DSS-5027 when **only** referral, coordination and monitoring of medical services (SIS Code 340 – Referral, Coordination and Monitoring of Medicaid Services) and/or transportation services for a client to access Medicaid services (SIS Code 343 – Arranging Transportation Services for Client to Access Medicaid Services) are being provided.

MAC activities selected on the DSS-5027 must also be supported in case documentation. The entry in case management notes must reflect the appropriate activity for the code that was utilized on the day sheet and the date of service is referenced. The goal is that if an outside party were to review a worker's DSS-5027, he or she would be able to follow the time and type of MAC activity that was provided by reading the case notes.

MAC SIS Codes 342 and 341 are not required on the DSS-5027. Required documentation for MAC SIS Codes 342 and 341 can be either case notes or day sheet documentation that describes activities related to information about Medicaid services. Time spent on MAC SIS Codes 342 and 341 shall be documented in the comments section of day sheets.

3. Documentation and Record Keeping

3.1 MAC on Day sheets

The program code for all MAC SIS codes is “MAC.” Medicaid administrative activities can be coded on the day sheet in five (5) minute increments. Workers may select more than one MAC SIS code on their day sheets to document an encounter with a client. However, MAC SIS codes must cover exclusive periods of time and not overlap on an individual worker’s day sheet (i.e., a worker cannot code the same period of time to more than one SIS code). Multiple workers can select MAC SIS codes for joint administrative time spent with the same client. The day sheets are meant to capture individual worker time, not “service” units. A worker should complete their day sheet according to the activities they were supporting or performing for a client, regardless of who else may have been with the client at the same time.

3.2 Medicaid Eligibility

It is DMA’s requirement that CDSS’s shall have a means to verify that the individual is a Medicaid beneficiary when selecting MAC 340 and MAC 343. This would be established through an agency policy and procedure within the CDSS for a verification process noted above. DMA understands that this process varies for each county. A signed day sheet serves as an attestation that the worker has confirmed the eligibility status of the Medicaid beneficiary. However other documentation such as worker notes in the eligibility system (if it is available), or other information and can be included as evidence. This is a vital component to the monitoring process for MAC Codes 340 and 343.

It is not required for an individual to be a Medicaid beneficiary for MAC 341 and MAC 342 activities. MAC 342 and MAC 341 may be selected for adults and children served through Medicaid outreach activities (MAC 342) or who need assistance completing a Medicaid application (MAC 341).

3.3 Documentation & Recordkeeping Requirements

It is required that all CDSS maintain documentation supporting the administrative claim. The CDSS must maintain and have available documentation upon request by state or federal entities. Per the MAC Compliance Monitoring Plan, the required documentation is summarized in the table below.

<i>SIS Code</i>	<i>Required Documentation</i>
340	<ul style="list-style-type: none"> • The signed day sheet attests that the worker verifies that the client is a Medicaid beneficiary at the time of activity • A complete and accurate DSS-5027 in the record with SIS codes for MAC 340 • Case notes and/or day sheet documentation that clearly documents activities to refer, coordinate, or monitor Medicaid services supported by the Medicaid State Plan
343	<ul style="list-style-type: none"> • The signed day sheet attests that the worker verifies that the client is a Medicaid beneficiary at the time of activity • A complete and accurate DSS-5027 in the record with SIS codes for MAC 343 • Case notes and/or day sheet documentation that clearly documents activities to

	arrange for or schedule transportation to Medicaid State Plan services
342	<ul style="list-style-type: none"> Case notes and/or day sheet documentation according the CDSS's policies and procedures that describes activities related to information about Medicaid services
341	<ul style="list-style-type: none"> Case notes and/or day sheet documentation according the policies and procedures that describes activities related to assisting with a Medicaid application

3.4 Record Retention Period

CDSS shall retain all MAC documentation and related correspondence in compliance with all applicable federal and state laws, rules and regulations, and agency policy from the date of claiming. The state's requirement is for CDSS to maintain the MAC documentation for six (6) years or until such time all outstanding audit issues and/or exceptions are resolved.

4. MAC Training

MAC training (provided by DAAS and DSS) is available for county workers on how to understand and document time to MAC. Training curriculums for appropriately identifying work activities that are Medicaid administrative activities and correlate to the MAC SIS codes were developed by DAAS and DSS. The trainings cover the established MAC codes descriptions and examples, how to implement MAC in counties, and how to bill in accordance with rules and regulations. DAAS-specific and DSS-specific case studies are used to walk through and closely examine various scenarios of coding time to MAC.

Trainings are offered as both online webinars and in-person classroom trainings throughout the year and in different regions of the state. This training is free and available to any employee of a CDSS. Note that any worker may attend a classroom training, however only social work staff are eligible to register for the classroom-based courses through ncswLearn (www.ncswlearn.org/). Counties can register non-social work staff by emailing their names and email addresses to DAAS (for adult staff) or DSS (children staff).

Training schedules are posted on the DAAS and DSS websites and also on ncswLearn. Both DAAS and DSS develop the training schedule and procure training sites across the state to afford CDSS workers the flexibility in choosing a training that is best for them. Information for upcoming training events is communicated through the director's listserv, the adult services supervisor's listserv, and the children services supervisor's listserv. The calendar of DHHS trainings is available to download from DMA's website (<http://www.ncdhhs.gov/dma/county/index.htm>), ncswLearn (www.ncswlearn.org/), the DAAS Calendar of Education and Training Events (<http://www.ncdhhs.gov/aging/trngcal.htm>), and the Child Welfare Technical Assistance Gateway (<https://nccwta.org/>).

A variety of training materials are used in classroom MAC trainings, including a PowerPoint presentation, case studies, and a quiz to test participants' understanding. Updated training materials that are used for MAC trainings are available to download from DMA's website (<http://www.ncdhhs.gov/dma/county/index.htm>) and the DAAS Training Resources website (http://www.ncdhhs.gov/aging/adultsvcs/afs_training.htm).

5. MAC – Adults and Children Compliance Monitoring

DMA established and maintains a plan for monitoring (monitoring henceforth is synonymous with auditing) as well as a tool and instructions for use by those monitoring that allows counties to be reviewed on a regular basis.

The purpose of the monitoring plan is to ensure that utilization of MAC results in compliance with applicable federal and state laws and regulations. The plan will help to ensure the integrity of claiming allowable activities that supports a Medicaid beneficiary and a non-Medicaid beneficiary to access and receive Medicaid covered services under the Medicaid State Plan Amendment (SPA). The plan will also provide baseline data to determine if MAC is applied and evaluated appropriately. The results will be derived cumulatively using the monitoring tool. The cumulative results gathered from all counties monitored may show areas of performance that may require additional consultation and training.

The purpose of the monitoring tool instructions document is to provide instructions to compliance staff in evaluating whether activities performed by County Department of Social Services (CDSS) case managers are appropriately claimed according to the federal regulations governing MAC activities. The tool is Excel based and contains a value scale of 0-2 on targets for each MAC code.

The MAC Compliance Monitoring Plan, Tool, and Tool Instructions are available to download from DMA's website (<http://www.ncdhhs.gov/dma/county/index.htm>).

5.1 Financial Liability of Payment Adjustments

As noted in the MAC Compliance Monitoring Plan, the success rate based on the sample of claims monitored is irrespective of a CDSS financial liability of payment adjustments for disallowed claims. All non-reimbursable activities discovered during an audit are subject to repayment in accordance to MAC guidelines.

5.2 Corrective Action Plans

As noted in the MAC Compliance Monitoring Plan, each CDSS is required to achieve a minimum ninety-five percent (95%) success rate based on the sample of claims monitored. Any CDSS with an error rate below this standard value is subject to corrective action. Once the desk review or on-site monitoring is completed, results, as determined through the use of the MAC Compliance Monitoring Tool, will be summarized and communicated to the county during the exit conference. An audit summary letter will be sent to the counties according to the respective monitoring plans to identify their success rate and any areas indicating a need for corrective action. Staff conducting the monitoring will compile the findings and provide the findings to the CDSS to develop a corrective action plan if needed and respective Division staffs will arrange additional training or technical assistance to address specific problems. Adult and Children's Programs Representatives (APRs and CPRs), assigned to CDSS will follow up on the plan to assure all areas needing remediation have been addressed and completed.