

In-Home Supportive Services Quarterly Report On Quality Assurance/Quality Improvement (QA/QI) For Personal Care Services Program (PCSP), IHSS Plus Option (IPO) And IHSS Residual (IHSS-R) Programs				
County:				
County Code:		Reporting Quarter:		
Name/Title of Person Completing Report:				
Telephone Number:		Date Completed:		
ROUTINE SCHEDULED REVIEWS OF SUPPORTIVE SERVICES CASES				
1. Desk Reviews		PCSP	IPO	IHSS-R
A. Number Of Desk Review Cases With No Further Action Required				
B. Number Of Desk Review Cases Requiring Additional Action				
C. Number Of Desk Review Cases Conducted (1A plus 1B)		0	0	0
2. Home Visits		PCSP	IPO	IHSS-R
A. Number Of Home Visits With No Further Action Required				
B. Number Of Home Visits Requiring Additional Action				
C. Number Of Home Visits Conducted (2A plus 2B)		0	0	0
3. Total Number Of Desk Reviews And Home Visits Conducted		PCSP	IPO	IHSS-R
A. Total Number Of Reviews (1C plus 2C)		0	0	0
B. Total Number Of Reviewed Cases With No Further Action Required (1A plus 2A)		0	0	0
C. Total Number Of Reviewed Cases Requiring Case Action That <u>Did Not</u> Result In A Change In Service Authorizations				
D. Total Number Of Reviewed Cases Resulting In A Change In Service Authorizations				
E. QA Cases Reviewed This Quarter Still Pending Final Determination				
F. Total Number Of Reviewed Cases With Individual Emergency Back-Up Plan (SOC 827) On File				
4. Resolution Of Cases Pended Last Quarter		PCSP	IPO	IHSS-R
A. Cases Pended Last Quarter (CPLQ) (3E from last quarter)				
B. CPLQ Determined To Have No Further Action Required				
C. CPLQ Determined To Require Case Action That <u>Did Not</u> Result In A Change In Service Authorizations				
D. CPLQ Determined To Require Case Action Resulting In A Change In Service Authorizations				
E. CPLQ Not Yet Resolved				
5. Fraud Prevention/Detection And Over/Underpayment		PCSP	IPO	IHSS-R
A. Number Of Cases Identified Through QA/QI Activities Requiring Further County Review				
B. Number Of Cases Identified Through QA/QI Activities Referred To California Department Of Health Care Services For Investigation				
C. Number Of Underpayment Actions Initiated As A Result Of QA/QI Activities				
D. Number Of Nonfraud-Related Overpayments Initiated As A Result Of QA/QI Activities				
E. Number Of Fraud-Related Overpayments Initiated As A Result Of QA/QI Activities				
F. Other: (specify)				

6. Critical Event/Incident Identified (Complete All That Apply)		PCSP	IPO	IHSS-R
A.	Number Of Neglect Cases			
B.	Number of Abuse Cases (Physical, Sexual, Mental, Financial, Exploitation)			
C.	Number Of Provider "No Show" Cases That Pose A Threat To The Health And Safety Of The Recipient			
D.	Number Of "Harmful To Self" Cases			
E.	Number Of Cases With More Than One Critical Event/Incident			
F.	Other: (specify)			
7. Actions Taken On Critical Events/Incidents Requiring A Response Within 24 Hours (Complete All That Apply)		PCSP	IPO	IHSS-R
A.	Adult Protective Services Referral			
B.	Child Protective Services Referral			
C.	Law Enforcement Referral			
D.	Public Authority Referral			
E.	911 Call Center Referral			
F.	Out-Of-Home Placement Referral			
G.	Other: (specify)			
8. Targeted Reviews (Complete All That Apply)		PCSP	IPO	IHSS-R
A.	Timely Assessments			
B.	Timely Reassessments			
C.	Provider Enrollment Statement (SOC 823)			
D.	Voluntary Services Certification (SOC 450)			
E.	Request For Order And Consent-Paramedical Services (SOC 321)			
F.	Protective Supervision Medical Certification Form (SOC 821)			
G.	Hours Exceed Guidelines			
H.	Able And Available Spouse			
I.	Proration Calculations			
J.	Services For Children			
K.	Provider 300+ Paid Hours Report			
L.	Other: (specify)			
9. Quality Improvement Efforts (Check All That Apply)				
A.	Developed QA Tools/Forms And/Or Instructional Materials	<input type="checkbox"/> 9A		
B.	Ensured Staff Attended IHSS Training Academy	<input type="checkbox"/> 9B		
C.	Offered County Training On Targeted Areas	<input type="checkbox"/> 9C		
D.	Established Improvement Committees	<input type="checkbox"/> 9D		
E.	Established Tools For QA/QI Fraud Prevention/Detection	<input type="checkbox"/> 9E		
F.	Conducted Corrective Action Updates (attach a brief summary)	<input type="checkbox"/> 9F		
G.	Utilized Customer Satisfaction Surveys	<input type="checkbox"/> 9G		
H.	Other: (specify)	<input type="checkbox"/> 9H		

INSTRUCTIONS FOR COMPLETING SOC 824

COUNTY INFORMATION:

County – Enter county name.

County Code – Enter county number.

Reporting Quarter – Enter the months covered in the report (Jan-Mar 08).

Name/Title of Person Completing Report – Enter name/title of person completing report.

Telephone Number – Enter the telephone number of the person completing report.

Date Completed – Enter the date the report was completed.

SECTION I - Desk Reviews: Case files reviewed by county QA Staff for the quarter.

- 1A. **Number Of Desk Review Cases With No Further Action Required** – For each program (PCSP, IPO, and IHSS-R), enter the number of case files reviewed during the reporting period that did not require further action. (i.e., file does not require follow up – documentation complete, forms filled out properly, etc.).
- 1B. **Number Of Desk Review Cases Requiring Additional Action** – For each program, enter the number of case files reviewed during the reporting period that required additional action to be taken.
- 1C. **Number Of Desk Review Cases Completed** – For each program, this will equal the sum of Items 1A and 1B.

SECTION 2 - Home Visits: Home visits conducted by county QA Staff for the quarter.

- 2A. **Number Of Home Visits With No Further Action Required** – For each program, enter the number of home visits conducted during the reporting period that did not require further action. (i.e., file does not require follow up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.).
- 2B. **Number Of Visits Requiring Additional Action** – For each program, enter the number of home visits conducted during the reporting period that required additional action.
- 2C. **Number Of Home Visits Conducted** – For each program, this will equal the sum of Items 2A and 2B.

SECTION 3 - Total Number Of Desk Reviews and Home Visits: Desk reviewed case files and home visits completed by QA Staff for the quarter.

- 3A. **Total Number Of Reviews** – For each program, this will equal the sum of Desk Reviews and Home Visits completed during the reporting period (1C plus 2C). This must also equal the sum of 3B, 3C, 3D, and 3E.
- 3B. **Total Number Of Reviewed Cases With No Further Action Required** – For each program, this will equal the sum of Desk Reviews with no further action required, and Home Visits with no further action required completed during the reporting period (1A plus 2A). This number will ALWAYS be less than or equal to 3A.
- 3C. **Total Number Of Reviewed Cases Requiring Case Action That Did Not Result In A Change In A Change In Service Authorizations** - For each program, enter the number of Desk Reviews and Home Visits completed during the reporting period which required case action that did not result in a change in service authorizations. This number will ALWAYS be less than or equal to the difference of 3A minus 3B.
- 3D. **Total Number Of Reviewed Cases Resulting In A Change In Service Authorizations** - For each program, enter the number of Desk Reviews and Home Visits completed during the reporting period which resulted in a change in service authorizations. This number will ALWAYS be less than or equal to the difference of 3A minus 3B and 3C.
- 3E. **QA Cases Reviewed This Quarter Still Pending Final Determination** - For each program, enter the number of Desk Reviews and Home Visits completed during the reporting period for which a final determination is still pending. This number will ALWAYS be equal to the difference of 3A minus 3B, 3C, and 3D.

INSTRUCTIONS FOR COMPLETING SOC 824

- 3F. **Total Number Of Reviewed Cases With Individual Emergency Back-Up Plan (SOC 827) On File** – For each program, enter the number of cases reviewed which contained completed and signed Individual Emergency Back-Up Plans (SOC 827). This number will ALWAYS be less than or equal to 3A.

SECTION 4 – Resolution Of Cases Pended Last Quarter: The outcome of those cases from the previous reporting period which were reported as “Still Pending Final Determination.”

- 4A. **Cases Pended Last Quarter (CPLQ)** – Enter the number of cases from the previous reporting period which were reported as “Still Pending Final Determination” (3E from previous report). This number must equal the sum of 4B, 4C, 4D, and 4E.
- 4B. **CPLQ Determined To Have No Further Action Required** – From those cases on the previous report “Still Pending Final Determination” (3E), enter the number that were determined to have no further action required. This number will ALWAYS be less than or equal to 4A.
- 4C. **CPLQ Determined To require Case Action That Did Not Result In A Change In Service Authorizations** - From those cases on the previous report “Still Pending Final Determination” (3E), enter the number that were determined to require case action that did not result in a change in service authorizations. This number will ALWAYS be less than or equal to the difference of 4A minus 4B.
- 4D. **CPLQ Determined To Require Case Action Resulting In A Change In Service Authorizations** - From those cases on the previous report “Still Pending Final Determination” (3E), enter the number that resulted in a change in service authorizations. This number will ALWAYS be less than or equal to the difference of 4A minus 4B and 4C.
- 4E. **CPLQ Not Yet Resolved** - From those cases on the previous report “Still Pending Final Determination” (3E), enter the number that remain unresolved. The resolution of these cases will not be reported in future quarters. This number will ALWAYS be equal to the difference of 4A minus 4B, 4C, and 4D.

SECTION 5 - Fraud Prevention/Detection And Over/Underpayment Activities: Complete this section for each program when the county QA staff has suspected, discovered, or been given evidence of fraudulent IHSS activity.

- 5A. **Number Of Cases Identified Through QA/QI Activities Requiring Further County Review** – For each program, enter the number of case files identified during the reporting period requiring further county review due to suspected fraud.
- 5B. **Number Of Cases Identified Through QA/QI Activities Referred to Department of Health Care Services (DHCS) for Investigation** – For each program, enter the number of cases identified during the reporting period referred to DHCS for further investigation or suspected fraud.
- 5C. **Number Of Underpayment Actions Initiated as a Result of QA/QI Activities** - For each program, enter the total number of underpayments identified during the reporting period as a result of QA activities.
- 5D. **Number Of Nonfraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program, enter the total number of nonfraud-related overpayments identified during the reporting period as a result of QA activities.
- 5E. **Number Of Fraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program, enter the total number of fraud-related overpayments identified during the reporting period as a result of QA activities.
- 5F. **Other (specify)** - For each program, enter the number of cases reviewed during the reporting period for any other types of fraudulent overpayments and identify the types.

SECTION 6 - Critical Event/Incident Identified: Use this section to track those occasions when QA/QI activities lead to the discovery of an immediate threat, or risk to the health and safety of a recipient. Complete this section only if you became aware of any critical events/incidents, as defined here, during the quarter being reported. Complete each (A-E) that applies.

- 6A. **Number of Neglect Cases** – For each program, enter the number of cases that indicated neglect.

INSTRUCTIONS FOR COMPLETING SOC 824

- 6B. **Number Of Abuse Cases (physical, sexual, mental, financial, exploitation)** – For each program, enter the number of cases that indicated abuse.
- 6C. **Number Of Provider “No Show” Cases That Pose a Threat to the Health and Safety of the Recipient** For each program, enter the number of cases that indicated a provider “no show” which posed a threat to the health and safety of a recipient.
- 6D. **Number Of “Harmful to Self” Cases** – For each program, enter the number of cases that indicated a threat of the recipient causing harm to him/herself.
- 6E. **Number Of Cases With More Than One Critical Event/Incident** – For each program, enter the number of cases that indicated more than one critical event or incident.
- 6F. **Other Types Of Critical Events/Incidents (specify)** – For each program, enter the number of cases with any other types of critical events/incidents and identify the types.

SECTION 7 - Actions Taken On Critical Events/Incidents Requiring a Response Within 24 hours:

Enter the number and type of each case referral made during the quarter being reported.

- 7A. **Adult Protective Services (APS) Referral** – For each program, enter the number of completed case referrals.
- 7B. **Child Protective Services (CPS) Referral** – For each program, enter the number of completed case referrals.
- 7C. **Law Enforcement Referral** – For each program, enter the number of completed case referrals.
- 7D. **Public Authority (PA) Referral** – For each program, enter the number of completed case referrals.
- 7E. **911 Call Center Referral** - For each program, enter the number of completed case referrals.
- 7F. **Out-Of-Home Placement Referral** – For each program, enter the number of completed case referrals.
- 7G. **Other (specify)** – For each program, enter the number of any other types of completed cases referrals and identify the types.

SECTION 8 - Targeted Reviews: Targeted case reviews differ from routine scheduled reviews. Focus is limited to a single issue rather than the focus being on the entire case file. Identify the focused areas (A-M) of each targeted review and the number of cases reviewed during the quarter.

- 8A. **Timely Initial Assessments** - For each program, enter the number of targeted case files reviewed for timely initial assessments.
- 8B. **Timely Reassessments** – For each program, enter the number of targeted case files reviewed for timely reassessments.
- 8C. **Provider Enrollment Form (SOC 426)** – For each program, enter the number of targeted cases files reviewed focusing on the Provider Enrollment Form.
- 8D. **Voluntary Services Form (SOC 450)** – For each program, enter the number of targeted case files reviewed focusing on the Voluntary Services Form.
- 8E. **Request For Order And Consent-Paramedical Services (SOC 321)** – For each program, enter the number of targeted case files reviewed focusing on the Paramedical Services Form.
- 8F. **Protective Supervision Medical Certification Form (SOC 821)** – For each program, enter the number of targeted case files reviewed focusing on the Protective Supervision Medical Certification Form.
- 8G. **Hours Exceed Guidelines** – For each program, enter the number of targeted case files reviewed for hours exceeding applicable time guidelines.
- 8H. **Able And Available Spouse** – For each program, enter the number of targeted case files reviewed for appropriate applications of Able and Available Spouse.
- 8I. **Proration Calculations** - For each program, enter the number of targeted case files reviewed for proration calculations.
- 8J. **Services For Children** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for services authorized appropriately for children.
- 8K. **Over-300-Hours Report** – For each program, enter the number of targeted case files reviewed that were generated by a review of the Over-300-Hours Report.

INSTRUCTIONS FOR COMPLETING SOC 824

8L. **Other (specify)** – For each program, enter the number of case files reviewed for any other targeted areas and identify the types.

SECTION 9 - Quality Improvement Efforts: Quality Improvement efforts initiated during the quarter. For each (A-H) check all that applies.

- 9A. **Developed QA Tools/Forms And/Or Instructional Materials** – Check box if any tools, forms, and/or other instructional materials were developed for QA activities.
- 9B. **Ensured Staff Attended IHSS Training Academy** – Check box if staff attended IHSS Training Academy.
- 9C. **Offered County Training on Targeted Areas** – Check box if training was offered for county staff on targeted areas.
- 9D. **Established Improvement Committees** – Check box if QA/QI committees were established.
- 9E. **Established tools for QA/QI Fraud Prevention/Detection** – Check box if any tools, forms and/or other materials were developed for fraud prevention/detection.
- 9F. **Conducted Corrective Action Updates (attach a brief summary)** – Briefly describe any corrective action updates developed as part of State or County QA review efforts.
- 9G. **Utilized Customer Satisfaction Surveys** – Check box if customer satisfaction surveys were utilized.
- 9H. **Other (specify)** – Check box if any other Quality Improvement efforts occurred and identify the types.