

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



April 17, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-31-06

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERSSUBJECT: QUALITY ASSURANCE/QUALITY IMPROVEMENT  
DRAFT PROCEDURE MANUALREFERENCE: **California Department of Social Services'**  
**ACIN No. I-69-04, Dated September 30, 2004**  
**CDSS ACIN No. I-24-05, Dated May 20, 2005**

The purpose of this All-County Information Notice (ACIN) is to transmit the draft Quality Assurance/Quality Improvement (QA/QI) Procedures Manual which provides a comprehensive guide for QA/QI activities and "best practices" pertaining to mandates as set forth in Welfare and Institutions Code (W&IC) Section 12305.71(c), enacted by Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004). This ACIN also transmits Questions and Answers regarding QA/QI activities. At this time the manual and Questions and Answers are being transmitted for informational purposes only. It is not intended to implement, interpret, or make specific W&IC Section 12305.71 or any other provision of law. Regulations Implementing WIC 12305.71 are currently pending. Since the Manual reflects proposed regulations, one or more of its provisions may possibly change as a result of changes to the regulations that may occur after public testimony.

**Background**

The W&IC Section 12305.71 requires that the California Department of Social Services (CDSS) and county welfare departments develop policies, procedures, implementation timelines, and instructions under which county QA/QI programs will perform mandated activities regarding In-Home Supportive Services (IHSS) programs--Residual, Personal Care Services Program, and Independence Plus Waiver. The State and County Procedures Workgroup was established by CDSS for this purpose, and a QA/QI Procedures Manual was developed by their joint efforts with the input of other Stakeholders. The QA/QI Procedures Manual is intended to provide guidance to counties as they establish their QA/QI functions.

**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The Manual contains the updated Quarterly QA/QI Report Form (SOC 824) and Instructions, and the Excel version of the SOC 824 can be accessed on our IHSS QA website at [www.dss.cahwnet.gov/dapd/](http://www.dss.cahwnet.gov/dapd/). The SOC 824 Quarterly QA/QI Report is the form that counties use to report their QA/QI activities to CDSS which needs to be submitted to CDSS by the 15th of the month following the end of the report quarter. The form was updated primarily to facilitate automated data collection, and we are requesting that counties submit the SOC 824 electronically to [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov). The updated version also includes a section to report any critical incidents (as specified in ACIN I-64-05) that counties discover as part of the QA monitoring efforts.

### **Questions and Answers**

The following are Questions and Answers regarding the QA/QI Procedures Manual:

1. Q. **How will a CDSS/county review be scheduled? Will counties have to submit a request or will CDSS initiate the contact with the county? Are these only for fraud cases and/or automated data matches that were performed?**
  - A. The CDSS will collaborate with the California Welfare Directors Association and counties to develop a process to inform and schedule county reviews. The counties will pull a random sample of cases encompassing all district offices and all staff who perform IHSS assessments. For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual. Regarding the automated data matches and fraud cases reviewed, these activities differ from desk reviews. More information regarding these activities is included in *Data Matches* (Page 23) and *Fraud Detection/Prevention* (Page 35) of the Manual.
2. Q. **Will CDSS change the county's case file set-up/procedure/order/forms?**
  - A. The CDSS has no intention in changing the way the counties set-up their files, procedures, orders, forms, etc. For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual.
3. Q. **Can CDSS send out letters to consumers requesting them to participate in county reviews?**

- A. When the county pulls sample cases, a sub-sample should be pulled for home visits to be conducted. The county is responsible for contacting the consumer to participate. For further details, please review *Desk Review and Home Visits* (Pages 13 through 17) of the Manual.
4. Q. **Are counties expected to develop procedures for all of the components of the QA Initiative (Routine Scheduled Reviews, Targeted Case Reviews, Data Matches, Fraud Detection/Prevention, Third-Party Liability, etc.) right away; or can counties focus on routine scheduled reviews and targeted case reviews before developing procedures for the remaining requirements?**
- A. Each county has the responsibility to develop procedures for all required components. It is at the discretion of the county to determine what should be developed first, second, third, etc. For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual.
5. Q. **Can findings be determined from desk reviews alone?**
- A. Some findings may be determined from desk reviews and others may require home visits and/or optional telephone validation efforts. Please review *Desk Review Procedures* (Pages 13 through 15) of the Manual.
6. Q. **Should all “Action Items” be corrected? Does it have to be noted “Action Items” and/or “Information Items?”**
- A. All “Action Items” require correction and documentation needs to be included in the case file. Any finding that requires a response or a correction to be made would be considered an “Action Item.” For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual.
7. Q. **What documentation is required for Domestic Services or Related Services to show that a person is at risk?**
- A. If a person is at risk that situation is considered a “critical incident,” and requires immediate action and documentation in the case file. For further details, please review *Immediate Actions Identified during QA Process* (Page 17) of the Manual.

8. Q. **How thorough should counties be when documenting the need for domestic services (i.e., listing number of rooms in the house, rooms used in common or solely by consumer and others in the household, etc.)?**
- A. Counties need to be thorough throughout the whole assessment process. When documenting the need for domestic services, all the above information is required to be noted in the case file. For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual.
9. Q. **What level of documentation is needed for a change in a consumer's condition/circumstances?**
- A. The SOC 293A, "IHSS Needs Assessment Face Sheet," should be included in the case file documenting the change in condition circumstances. For further details, please review *Desk Review Procedures* (Page 13) of the Manual.
10. Q. **Does CDSS have any suggestions on the QA process for Third-Party Liability?**
- A. It is recommended that each county develop a process for reporting Third-Party Liability as part of the county's QA procedures. For further details, please review *Identify Potential Sources of Third-Party Liability*, (Page 30) of the Manual.
11. Q. **Should counties add Detection of Potential Third-Party Liability to desk/field review forms?**
- A. It is at the discretion of the county as to whether or not the detection of potential Third-Party Liability is to be incorporated into the county's desk/field review forms. For further details, review *Identify Potential Sources of Third-Party Liability* (Page 30) of the Manual.

12. Q. **What is the recommendation on the number of cases for regular QA reviews? Is one case per social worker per month adequate to begin with? Does the county need to be more specific in the selection methodology? Should the sampling be a stratified random sample?**
- A. At the minimum, the county sample size must include at least 250 desk reviews that include a sub-sample of 50 cases for home visits per Fiscal Year (FY) for each allocated QA position. Additionally, the county sample must include files from all district offices encompassing all staff involved in the IHSS assessment process. For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual.
13. Q. **How many cases are to be reviewed on a monthly basis and a yearly basis?**
- A. See answer to Question 12.
14. Q. **Is there a caseload to staff ratio?**
- A. Only as specified in the answer to Question 12.
15. Q. **How many cases from the social worker should be pulled to detect trends?**
- A. See answer to Question 12.
16. Q. **In the months that counties do targeted reviews, are counties required to continue the routine scheduled reviews? If so, how many?**
- A. This would be at the discretion of the county and depend on the way the county schedules their reviews. For further details, please review *Routine Scheduled Reviews of Supportive Services* (Page 11) of the Manual.
17. Q. **Do targeted case reviews have to be for all cases in a certain category, or can it be done for a sampling of identified cases (i.e., Protective Supervision cases)?**

- A. Targeted case reviews can address any area which the county determines may lead to the overall improvement of the quality of the IHSS program. If the county chooses to pull all Protective Supervision cases, the county may do so. For further details, please review *Targeted Reviews* (Page 20) of the Manual.
18. Q. **What is a QA/QI Plan? When should this be done?**
- A. This is an annual plan that each county is required to submit addressing how the county plans to utilize information obtained through mandated QA activities to improve the quality of the IHSS program. The QA/QI Plan should be submitted no later than June 1<sup>st</sup> of each year. For further details, please review *Appendix B*, ACIN I-64-05 (Page 96) of the Manual.
19. Q. **Must the county plan include a schedule to perform targeted QA studies?**
- A. Counties will be expected to identify targeted case review activities on the SOC 824, Quarterly Report Form, which will be submitted to QAB. For further details, please review *Targeted Reviews* (Page 20) of the Manual.
20. Q. **The CDSS is requiring that target review activities be reported on a Quarterly Report and submitted to QAB. What is this report? When do we start reporting?**
- A. Beginning October 1, 2005, each county needs to prepare and submit a Quarterly Report (October 1, 2005, through December 31, 2005) to QAB by January 15, 2006. This Report shall summarize the QA/QI activities conducted during that quarter, and may be accessed on our IHSS QA website: [www.dss.cahwnet.gov/dapd/](http://www.dss.cahwnet.gov/dapd/). For further details, please review *Reports* (Page 43) of the Manual.
21. Q. **Are there specific forms/templates/narrative/charts, etc., for the reports that CDSS is requiring?**
- A. See the answer to Question 20 above. The SOC 824 is also included in the *Forms* section of the Manual (Page 44).

22. Q. **What data is CDSS requesting for its reports? Would a spreadsheet suffice?**
- A. Information regarding the various desk case reviews, home visits, etc., is required on the Quarterly Report. See answer to Question 20 above.

If you have further questions regarding this ACIN, please contact the Adult Programs Branch, Quality Assurance Bureau, at (916) 229-3494 or by E-mail, at [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov).

Sincerely,

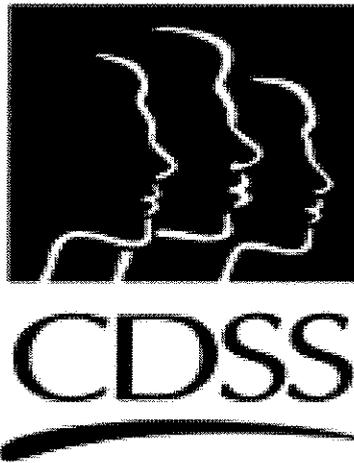
JOSEPH M. CARLIN  
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Attachment

c: CWDA

# California Department of Social Services

## In-Home Supportive Services Quality Assurance/Quality Improvement Procedures Manual



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April 2006

# 2006 Quality Assurance/Quality Improvement Procedures Manual

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# A BRIEF BACKGROUND ON QUALITY ASSURANCE



## I. BACKGROUND

Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004), Budget Trailer Bill, contained important provisions regarding the development and implementation of a Quality Assurance (QA) program for the In-Home Supportive Services/Personal Care Services Programs (IHSS/PCSP). These provisions were jointly created by the Administration, Legislature, counties, and advocates to address the need for IHSS recipients (hereinafter referred to as "consumers") to receive appropriate services in a consistent manner statewide and to address quality and integrity for a program that has seen significant growth in recent years.

## PURPOSE OF MANUAL



# 2006 Quality Assurance/Quality Improvement Procedures Manual

## II. PURPOSE OF MANUAL

The purpose of the Quality Assurance/Quality Improvement (QA/QI) Procedures Manual (hereinafter referred to as “this Manual”) is to assist counties in the performance of QA/QI activities required by the QA Initiative. This Manual does not supercede regulations. CDSS’ goal in developing this Manual is to provide a guide that incorporates:

- QA/QI regulations pertaining to core QA/QI requirements;
- County flexibility to include additional activities to meet county-specific needs; and
- “Best practices” identified by the State/County Procedures Workgroup.

The CDSS recognizes that there are significant differences between counties in caseload size and in the resources that are available to implement QA/QI activities. **The information in this Manual reflects minimum requirements for counties in order to meet the mandates of the QA Initiative. It is not intended to limit counties to the QA/QI activities contained in this Manual.**

Throughout this Manual CDSS refers to social workers as the key line staff who are responsible for the assessment of the consumers’ needs for supportive services. However, CDSS recognizes that the level of staff involved in the assessment process varies from county to county. For example, some counties use nurses and other staff whose titles vary from county to county who are essential to the quality of the assessment process. In addition, other county staff who are involved in vital payroll activities also play a key role in the overall quality of services received by consumers.

**State and county QA/QI activities shall address all functions that are involved in the assessment process beginning with the initial contact with the county office.** The primary focus of the QA/QI activities must be the quality of the assessment process to ensure that the consumers’ needs for supportive services are assessed accurately to allow them to remain safely and independently in their home and avoid institutionalization. In order to validate the quality of the assessment process, many counties will read cases, interview consumers by telephone, and conduct home visits.

**ALL INFORMATION CONTAINED IN THIS PROCEDURE MANUAL APPLIES TO THE PERSONAL CARE SERVICES PROGRAM (PCSP), IHSS PLUS WAIVER (IPW), AND IHSS RESIDUAL (IHSS-R) PROGRAMS, HEREINAFTER REFERRED TO AS “SUPPORTIVE SERVICES.”**

## REQUIRED ACTIVITIES



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### III. REQUIRED ACTIVITIES

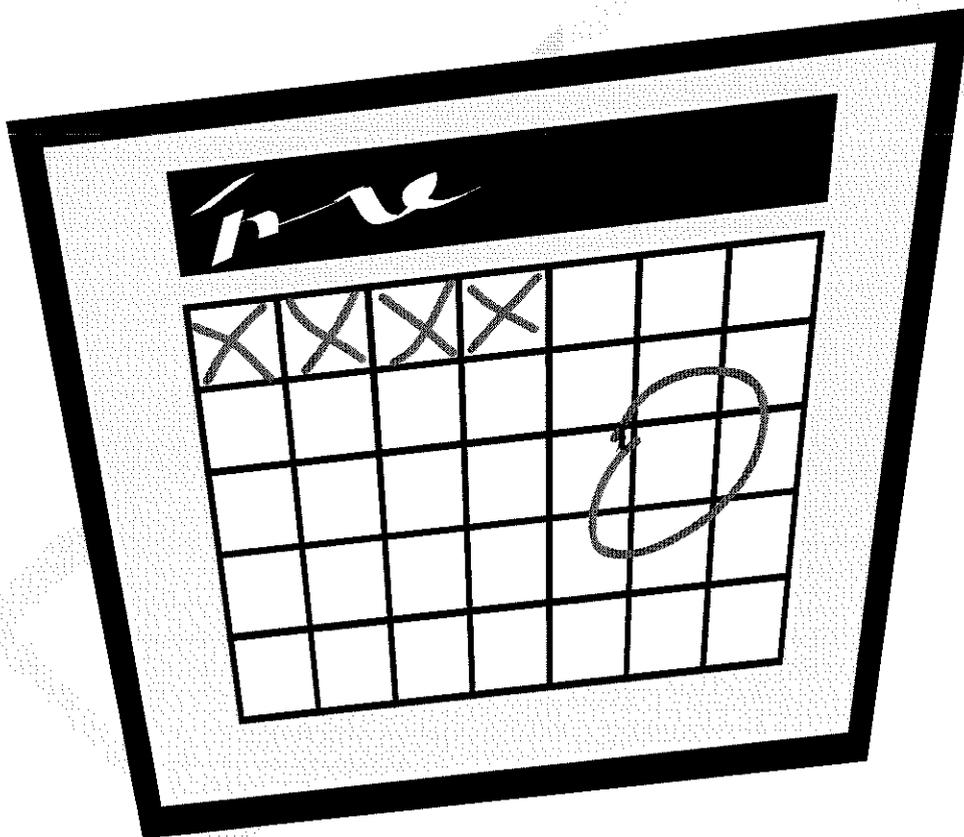
A summary of the QA Initiative mandates are as follows:

- (a) Requires CDSS to conduct an annual error rate study beginning Fiscal Year (FY) 2004/05 to estimate the extent of payment and service authorization errors and fraud in the provision of supportive services. Findings shall be used to prioritize and direct State/County fraud detection and QI efforts.
- (b) Requires CDSS and the California Department of Health Services (DHS) to conduct automated data matches between supportive services paid hours data and Medi-Cal claims payment data to identify potential service overlap, third-party liability, and other types of data matches. Other areas for automated data matches may be identified through QA activities.
- (c) Requires CDSS to develop methods for verifying recipient receipt of services.
- (d) Requires CDSS to provide QA information on its website.
- (e) Requires CDSS to notify providers, consumers, and the general public of the toll-free Medi-Cal hotline and website for reporting suspected fraud and abuse.
- (f) Requires CDSS to work in consultation with counties to develop a statewide training program.
- (g) Requires CDSS to monitor county QA program, which may include on-site visits.
- (h) Requires CDSS to conduct a review of supportive services regulations.
- (i) Requires counties to perform routine scheduled and targeted reviews of supportive services cases.
- (j) Requires counties to develop a schedule for targeted QA studies.
- (k) Requires CDSS and the counties to develop procedures under which the county QA functions will perform specified activities.
- (l) Requires CDSS to develop a Provider Enrollment form and a Protective Supervision Medical Certification form.

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- (m) Requires DHS to notify CDSS, the counties, Public Authority (PA), and Non Profit Consortium (NPC) when DHS has reliable evidence that a provider has engaged in fraud activities against government health care or supportive services and requires PA(s) and NPC(s) to exclude providers from the Provider Registry.
- (n) Requires CDSS, in consultation with the counties and stakeholders, to identify, define, and develop policies, procedures, and applicable due process requirements under which overpayments of supportive services to providers will be identified and recovered.
- (o) Requires counties to recover an overpayment made to a supportive services provider to the extent permissible under existing labor laws and/or by offsetting future provider payments, executing a repayment agreement with the provider, by civil court actions, or by offsetting five or ten percent of the warrants under certain conditions.

## ROUTINE SCHEDULED REVIEWS



#### IV. ROUTINE SCHEDULED REVIEWS OF SUPPORTIVE SERVICES

**Welfare and Institutions Code (W&IC) Section 12305.71(b)** requires that counties perform routine scheduled reviews of supportive services cases to ensure that caseworkers appropriately and accurately apply the supportive services rules and policies for assessing recipients' need for services as reflected in recipients' authorization hours. This section further provides that counties may consult with State QA staff for technical assistance and shall cooperate with State monitoring of the county's QA activities and findings.

**Each county shall define their QA/QI procedures for completing routine scheduled reviews of supportive services. Counties shall develop and implement a standardized process for completing desk reviews of cases and conducting home visits.** This process shall also include standardizing any forms used during the review. The CDSS, in consultation with counties, will develop the minimum number of cases to be reviewed and home visits to be conducted by each county. CDSS will transmit this information to counties through an All-County Letter (ACL) or other appropriate means.

**The county's QA/QI procedures shall ensure that each county's QA staff reviewing cases reviews the same components of a case to interpret any finding in the same manner as other county QA staff. Findings shall be reported in a uniform manner and any deficiencies identified shall be resolved in a specified time and include measures to respond to immediate-need situations.** Supervisors and line staff performing assessments should provide input, give approval to the process, and understand what their responsibilities are in responding to and correcting findings. This will ensure that the necessary corrections were made by the appropriate staff. For counties that have line staff other than social workers (supervisors, nurses, field workers, etc.) involved in the assessment process, the county shall ensure that their QA/QI procedures incorporate a review of all workers involved in the assessment process and that the feedback process reflects appropriate reporting responsibilities of these staff.

**The purpose of routine scheduled reviews is to detect inappropriate trends and inconsistencies in the application of policy and procedures to ensure accurate uniform assessments of consumers' needs for supportive services.** Evaluating and utilizing the QA review results enables counties to gain program-wide uniformity, prevent recurring errors, improve the quality of the assessment process, and identify training needs. **The county shall ensure that corrective actions address any systemic problems.**

**Note:** The QA Initiative specifically delineates between "routine scheduled reviews of supportive services cases" and "targeted QA studies." Please refer to the section on "Targeted Case Reviews" in this Manual for further information.

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**In establishing the number of cases county QA staff are to review, the county sample size must include at least 250 desk reviews that include a sub-sample of 50 cases for home visits per FY for each allocated QA position. The county's review sample must also include all district offices and all staff involved in the assessment process.** The number of cases reviewed and home visits conducted will vary depending on available resources and the necessity to allocate QA resources to other required activities. Counties should review a sufficient number of cases from each social worker to identify any inappropriate trends or inconsistencies in the assessment process. Most counties will be able to define a methodology that encompasses each district office and all staff involved in the assessment process. **However, if counties are unable to meet these sample requirements designated by CDSS, a written alternative proposal shall be submitted to CDSS, Quality Assurance Bureau (QAB), outlining the sampling methodology the county desires to use and the reason.** The QAB will review the proposal and work with the counties in defining the criteria to be used.

**As specified above, counties shall identify a sub-sample of at least 50 cases for home visits for each allocated QA position.** Home visits are a critical QA function to ensure the needs and services of consumers have been assessed accurately and uniformly. For further information, please refer to the "Home Visits" section of this Manual. Although some program components can be validated by telephone interviews, in order to determine if the needs were accurately assessed, it is important for county QA staff to evaluate the consumer in his/her home environment.

**Counties shall define an internal process for ensuring that all QA reviews are conducted in a uniform and routine manner in their QA procedures.** The process may vary by county. For example, in some counties, the QA supervisor/manager may review all cases; whereas in other counties the QA supervisor/manager may review only a random sample of cases. The process utilized shall ensure that desk reviews and validations by the number of required home visits and by any additional optional telephone contact are conducted in a uniform manner.

**The county QA procedures shall also identify a standardized process for communicating the results of routine scheduled reviews to management, line staff, and their immediate supervisors.** The procedures should include a process for notifying staff and management of exemplary work and identifying best practices.

**County procedures shall specify a time frame for responses to QA findings and a process for following up if responses are not received within the timelines.** Additionally, the process shall identify how disagreements between line staff, district staff, and QA staff are resolved.

### Assigning Cases to QA Staff

After county staff has developed the methodology for determining the number of cases to be included in the routine scheduled reviews, workload standards should be established for county QA staff. **Each county QA staff shall have a predetermined number of desk/home/target cases for review per month or quarter.**

### Desk Review Procedures

**There shall be core components of a desk review to verify all necessary and completed forms, Notices of Actions (NOAs), applicable calculations, and documentation are in the case files.** In addition to the required identified forms, county QA staff may wish to incorporate other county-specific forms and/or policies into the desk review process (keeping in mind the purpose of the desk review as identified in W&IC Section 12305.71(b), which is to ensure that caseworkers appropriately apply the supportive services rules and policies for assessing consumers' need for services). County QA staff should also incorporate other county-specific requirements into their review process. For instance, some counties require that supportive services nurses be involved in specific types of cases. If the county requirement is that nurses review all cases with Paramedical Services requested or authorized, county QA staff should review the request or authorization in the same manner.

**Counties shall ensure that their desk review procedures include a sample of cases which have been denied.** The purpose of the review of denied cases is to validate that the denial is consistent with regulations and that the county has taken all necessary steps prior to denying a case. Necessary steps include, but are not limited to, making appropriate contacts to obtain required information and providing assistance when needed.

**State QA Monitoring:** The core components that State QAB Monitoring staff will be reviewing for include the following:

- **Verification that all required SOC forms are present, completed, and contain appropriate signatures:**
  - **SOC 293 (IHSS Needs Assessment)** - Verify that the latest version of this document is accurate and consistent with the other information in the case record.
  - **SOC 293A (IHSS Needs Assessment Face Sheet)** – Verify that a form was completed at the initial assessment and updated (or a new form completed) at each reassessment that reflects the most recent information.

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- **SOC 321 (Paramedical Services)** - If Paramedical Services are authorized, check to see if a form was received and signed from the physician prior to the authorization of services. If the services identified on the form are Paramedical in nature, verify that the authorization period has not expired and that the county staff initiated contact with the physician when questions were identified.
  - **SOC 426 (Provider Enrollment Form)** – Verify that there is a signed and dated form for each supportive services provider who is currently providing services.
  - **SOC 821 (Protective Supervision Medical Certification Form)** - Verify that all sections of the form are completed, signed, and dated by the consumer's physician and/or medical professional. Confirmation that the need for Protective Supervision is documented and that the calculations on the SOC 293 for protective supervision are correct. On reassessments, verify that the continued need for Protective Supervision has been addressed.
  - **NOAs** - Check to see if there is a dated NOA in the case file for the current assessment period.
- **Services that Contain Regulatory Guidelines (Domestic, Laundry, Food Shopping and Other Shopping/Errands)** - Verification that the case file contains appropriate documentation when the need exceeds the regulatory guidelines. If fewer hours than specified in the guidelines are assessed, verify that the hours identified as "Total Need" are consistent with the functional index ranking.
  - **Shared Living Situations** - Verification that the proration requirements contained in Manual of Policies and Procedures (MPP) Section 30-763.3 have been met.
  - **All Cases** - Verification that the case files contain documentation showing how the need for services and hours authorized were determined. This information may be contained in the narrative notes or in forms designed by the county for this process.
  - **Timely Assessments/Reassessments** - Check to see that the assessment or reassessment has been conducted in the time period specified in the regulations. If the county policy is to allow reassessments at 18-month intervals for non-IPW cases, verify that the criteria established in accordance with W&IC Section 12301.1 have been met.

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**Following the desk review, county QA staff shall validate the information in the case file for a sub-sample of cases.** Some case information may be validated by telephone. However, to ensure that an accurate assessment of the consumer's needs has been done, it will be necessary to conduct home visits on a sub-sample of cases as well.

**Note:** All QA staff should be trained on the Uniformity System and need to attend the IHSS Training Academy. QA staff conducting home visits should also be trained on factors to be taken into consideration when assessing the need for services.

### Desk Review Followed By an Optional Telephone Review

**Some counties may wish to utilize a telephone validation process in addition to the desk review.** The telephone review is conducted with the consumer unless the consumer is not self-directed, unable to speak on the telephone, or is a child. In these situations, county QA staff will speak to a responsible family or household member, which may be the supportive services provider. **The purpose of the telephone validation is to confirm information obtained by county staff performing assessments and the information that was entered into Case Management, Information and Payrolling System (CMIPS).** If QA staff does not speak directly to the consumer, it will be documented in the summary of the review along with the name(s) of the person(s) to whom the county QA staff spoke to. **The review does not require a home visit. However, based on the information provided, county QA staff may choose to take additional actions such as conducting a home visit, further investigatory actions, or referrals.**

### Home Visits

The purpose of the home visit by county QA staff is to validate the information in the case file and to ensure that the services authorized are consistent with the consumer's needs at a level which allows him/her to remain safely and independently in his/her home. **Counties are required to notify consumers prior to the QA home visits.** All of the following shall be addressed during the home visit:

- **Identification of Consumer** - Check photo ID.
- **Verification of all Data on the G-Line of the SOC 293** - Verify specific information that may impact the assessment of need and compare to G-Line.
- **Discussion of Health Issues/Physical Limitations** - Questions should be designed to assist in identifying functional limitations (functional index ranking). Questions should assess the functional ability on a good day versus a bad day.

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- **Discussion of Any Changes in Condition or Functional Abilities** - Questions about changes since last assessed by line staff.
- **Discussion of Quality of Supportive Services Provided by the County** - Questions to identify the consumer's awareness of name and telephone number of social worker, the ability to contact the social worker with ease, and the ability to effectively communicate (language difficulty or other communication issues).
- **Verification of Consumer's Understanding of Services and Hours Authorized**- Identify and discuss the services and hours with consumer.
- **Verification of Consumer's Understanding of the Right to Request a Fair Hearing** – Identify and discuss consumer's understanding of Fair Hearing.
- **Discussion of All of the Supportive Services Tasks and Tasks the Consumer Needs Help With versus Only Discussing Authorized Tasks** - This will give insight to county QA staff regarding a change in the consumer's condition and/or the need for additional services. Specific questions need to be asked regarding tasks within service categories, the number of times per day service is required, and the amount of time assistance is needed.
- **Discussion of the Need for Additional Services** - Discuss additional services that are necessary and whether the need has been communicated to the social worker.
- **Discussion of Available Alternative Resources** - Discuss any alternative resources.
- **Discussion of Medical Appointments** - Discuss the number of appointments per month, number of doctors, and the distance (time to get to/from the appointment).
- **Questions about Quality of Care Provided:**
  - How many providers does the consumer have?
  - What type of relationship does the consumer have with the provider?
  - How does the consumer communicate with the provider? Are there communication issues?
  - Does the consumer need assistance in finding a provider?
  - How often does the provider come to perform services (if the provider does not reside in the household)?
  - How many hours does the provider spend providing services each time?

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- Does the provider work all of the hours as authorized and how frequently? Can the provider complete the authorized services within the authorized time? If not, why?
  - How does the provider know what to do? Who helps supervise the provider if needed? Does the provider work at times that are convenient for you? If not, why?
  - How is the reliability of the provider? Is there a substitute provider if needed? Does your provider do more or stay longer than he/she is paid by IHSS?
  - Does anyone pay your provider extra? Are you usually satisfied with the services?
  - How does your provider treat you? Does your provider bring other people? If so, how do you feel about this?
- **Questions relating to potential Adult Protective Services (APS) issues** - Any pertinent questions related to observations.
  - **Questions About the Time Sheet** - Who fills it out and who signs the time sheet.

**Note:** A sample questionnaire that was used by CDSS to conduct home visits in conjunction with county monitoring activities prior to the QA Initiative is included in the Forms Section of this Manual.

### Immediate Actions Identified During QA Process

**County procedures shall address protocols to be used when a need for immediate action is identified.** Occasionally, county QA staff will identify a critical incident, supportive services ineligibility, or suspected fraud during the course of a desk case review, telephone validation, or home visit:

- **A critical incident** is when a consumer's health and/or safety are at risk.
- **Program ineligibility exists** when a basis for eligibility does not appear to be present.
- **Suspected fraud** is when the county QA staff has discovered, or has been given evidence of fraudulent activity.

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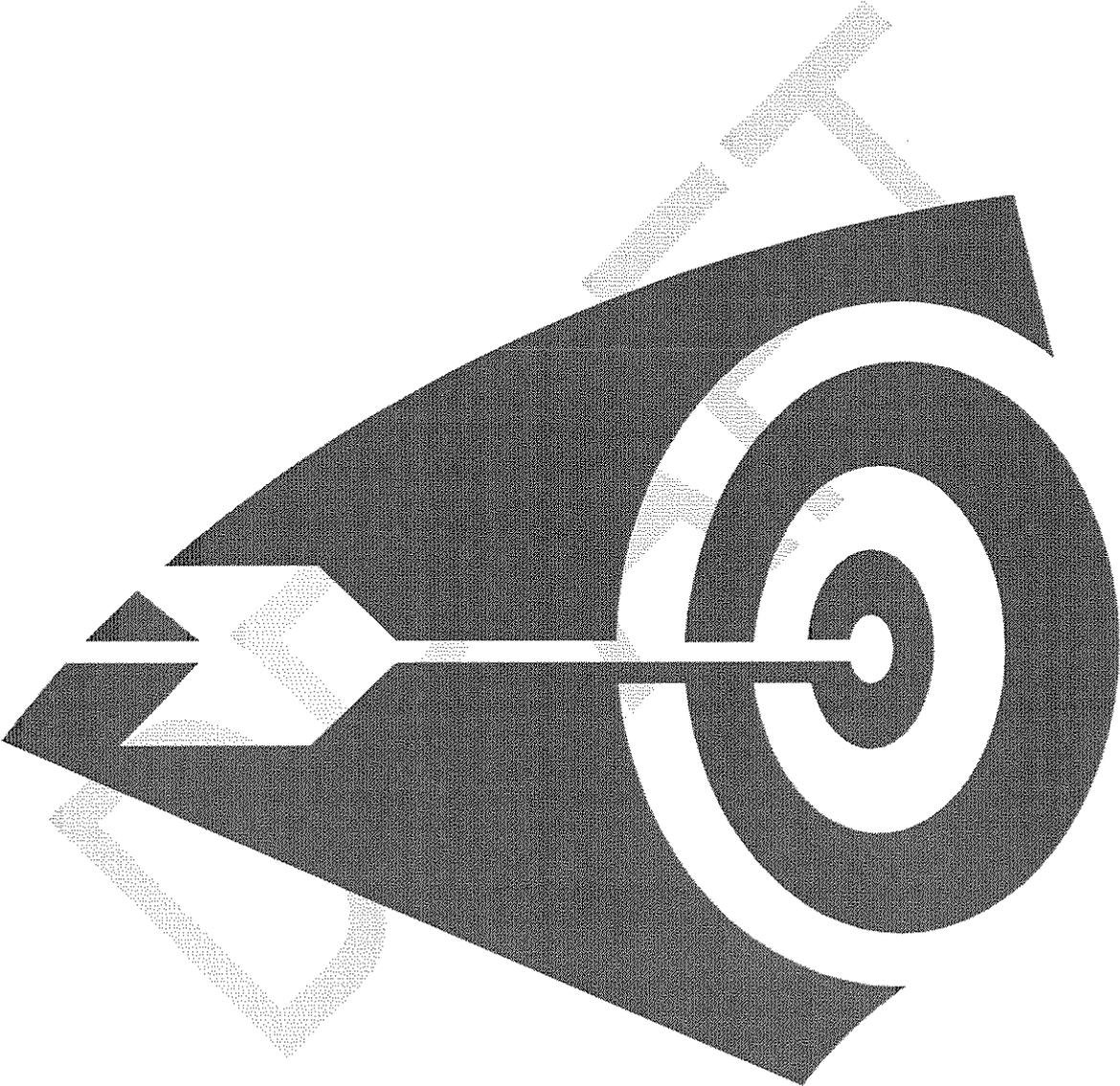
### Inability to Complete QA Process

At times, county QA staff will not be able to complete the QA process for one of the following reasons:

- **The consumer moved** out of the county or State.
- **The consumer is unwilling** to give information/complete a home call.
- **The QA staff is unable to locate** the consumer (whereabouts unknown).
- **A home call cannot be performed** because the consumer is temporarily not in the home.

**When county QA staff is prevented from completing a review on a specific case, the information shall be conveyed to appropriate staff and an alternate case shall be selected using county criteria.**

# TARGETED CASE REVIEWS



## V. TARGETED REVIEWS

**W&IC Section 12305.71(d)** requires that counties develop a schedule and perform targeted QA studies.

**Targeted case reviews provide opportunities to look at key populations, problematic program issues, or other specific program elements.** Targeted case reviews differ from routine scheduled reviews because the focus is limited to a single issue rather than the focus being on the consumer receiving the correct services at a level which allows him/her to remain safely and independently in his/her home.

**Targeted case reviews can address any aspect of the supportive services process and any areas that are identified through QA activities, program and county management staff, State monitoring staff, PA, or advocacy groups.** Targeted case reviews can address any area which the county determines may lead to overall improvement of the quality of the supportive services programs. Activities do not have to be limited to actions performed by social workers, but should address activities performed by all levels of staff involved in the supportive services programs at the county level.

The areas to be addressed through targeted case reviews can be identified in several ways which include, but are not limited to, the following:

- Data developed from QA case review findings and home visits.
- Data derived from use of the CMIPS' Ad Hoc tool.
- Data derived from CMIPS Management Report.
- Input from line staff.
- Input from PA(s) and other consumer groups.

**Targeted case reviews can address specific service categories.** The following are examples of some of the types of data that may indicate a valid subject for a targeted case review:

- When reviewing the management statistics, QA staff noted that in their county, 20 percent of the consumers receive a particular service; whereas on a statewide basis only 2 percent of the consumers receive this service. The targeted case review would include reviewing all cases with this particular authorized service.

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- Another criterion that may be used is looking at average hours authorized for a particular service and then targeting all cases that exceed the average hours for review.
- Counties may also wish to compare data from different district offices and/or units to develop areas for targeted case reviews.

**Depending on the magnitude of the issue to be targeted, counties may wish to identify areas for targeted review each quarter.** In medium to large counties, targeted case reviews may be conducted on a semi-annual basis.

**Counties will be expected to identify targeted case review activities on the Quarterly Report (SOC 824) that is required to be submitted to the QAB.**

Information regarding the Quarterly Report is included in the "Reports" section of this Manual and may be accessed in the Excel version online on the CDSS IHSS QA website [www.dss.cahwnet.gov/dadpd/](http://www.dss.cahwnet.gov/dadpd/). Counties will be expected to report on new projects, progress on ongoing projects, and results of completed projects. The CDSS recognizes that not all counties will have information to report in each quarter. A copy of the Quarterly Report form is included in the "Forms" section of this Manual.

## DATA MATCHES



## VI. DATA MATCHES

**W&IC Section 12305.71(c)(1)** requires that county QA staff shall receive, resolve, and respond appropriately to claims of data match discrepancies or to other State level QA and program integrity information indicating potential overpayments for supportive services.

**The goal of the supportive services data matches is to ensure that duplicate payments are not issued for identical services or for services that supplant the services provided by supportive services programs.** A data match consists of matching data elements maintained in separate locations. The separate locations may be separate files within one organization or entity, or located in separate organizations or entities. **State-level data match activities require follow-up with counties to ascertain specific information in case files and/or payment information.** An example of a data match is the Death Match reports that are generated by the State Controller's Office (SCO). A description of the Death Match report procedures currently used that includes State and county roles is as follows:

### Death Match Report

**On a quarterly basis, SCO sends CDSS, Adult Programs Branch (APB), a listing of consumers and providers for whom supportive services payments were made subsequent to consumers/providers reported date of death.** The SCO derives this information by matching IHSS payroll records with DHS' Vital Statistics Death file and the Social Security Administration's (SSA) National Death File. The match is based on the consumers'/providers' Social Security Number (SSN) and includes the number of payments and amounts paid made after the reported date of death.

### CDSS' Role

**The CDSS QAB staff review the Death Match report and transmit the information to the counties with a cover letter attached. Worksheets are provided for the county to report the results of their investigation.** Prior to the State's transmission requesting a county to conduct follow-up activities, QAB staff will electronically delete any information included in the original report which will not have to be followed up by the county. A sample letter and form used to transmit this information to counties is included in the "Forms" section of this Manual. **After receiving the results of the counties' follow-up investigations of the Death Match reports, the QAB staff review the county responses to ensure that the findings indicate that appropriate actions were taken at the county level.** If QAB staff has questions, they will contact the county staff person who completed the worksheet. As of July 2005, QAB staff has been tracking results of the statewide data match.

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### County Role

The worksheet sent to the county with the Death Match report has the following fields:

1. Time Period;
2. County Name;
3. District Number;
4. Consumer/Provider Name and Social Security Number (A separate worksheet is used for each Consumer/Provider.);
5. Dates payment covered (List the "PAID FROM/TO" dates, which are on the match listing.);
6. Dollar amount paid;
7. Legitimate Payment (YES/NO);
8. Overpayment dollar amount (If it is not a legitimate payment, enter the overpayment amount.);
9. Total Overpayment Dollar amount Recouped to Date. (This includes checks that were returned, cancelled, and voided and instances where an individual is making restitution payments.);
10. Dollar Amount Referred to County Special Investigations, DHS, and/or the District Attorney's office;
11. Dollar Amount Noted Requires Further Review. (Use this category when a match requires further review or when the investigation is incomplete. If a case requires further review, be advised that the State will require you to report your investigation's findings when the investigation is complete); and
12. Remarks. (Enter a brief description of the county investigation results.)

**The CDSS QAB reports the results of the counties' investigations to SCO in a spreadsheet format which includes the following elements:**

1. County Name;
2. Total Cases of Consumers/Providers;
3. Overpayments;
4. Amounts Recouped; and
5. For Further Review.

### Other Types of Data Matches

**Counties may also wish to initiate data matches based on information obtained through QA activities or other information which becomes available in conjunction with their responsibilities related to administration of the supportive services programs.** The CDSS QAB staff is responsible for providing technical assistance to counties in reviewing and resolving issues identified by data matches.

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The QAB staff is also responsible for monitoring follow-up activities with county staff when questions arise and for tracking counties' overpayment collection efforts. **In performing activities related to data matches, counties shall take necessary steps to ensure that confidentiality requirements are adhered to.**

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## ERROR RATE STUDIES



## VII. ERROR RATE STUDIES

**W&IC Section 12305.7(a)** requires CDSS, in consultation with DHS and the counties, to design and conduct an annual IHSS/PCSP payment error rate study beginning in the 2004/05 FY to estimate the extent of payment and service authorization error and fraud in the provision of supportive services. The findings of error rate studies shall be used to prioritize and direct State and county fraud detection and quality improvement efforts.

**CDSS QAB staff will initiate annual error rate studies to evaluate the potential for duplicate Medi-Cal payments regarding hospital stays, etc.** In addition to the death match activities described, CDSS is required to periodically match specified Medi-Cal provider payment records against supportive services provider payment records. The purpose of error rate studies for the supportive services programs is:

- To examine if there are duplicate Medi-Cal payments made for services that cover the same period;
- To examine any errors in the application of program regulations, and the authorization of services; and
- To prevent and detect misuse and/or abuse of programs funds and maximize recovery of overpayments.

Many of the services routinely billed to Medi-Cal (such as physician visits, emergency room visits, laboratory work, prescription drugs) are services that will not result in potential overpayments. Therefore, the types of CDSS/DHS data matches performed will initially be limited to those Medi-Cal services that result in duplicate payments, such as matches to identify supportive services payments made to providers while consumers are in skilled nursing facilities or acute hospitals.

**CDSS QAB staff will identify the parameters to be matched with DHS' Medi-Cal payment records and/or other payment records for data matches initiated by the State.** Data match results will be reviewed by QAB staff to ensure that the appropriate information has been captured. When the results do not provide sufficient data, QAB staff may request a second match using different criteria.

**QAB Staff will provide direction to counties regarding the areas requiring further county follow-up.** QAB staff will transmit (via cover letter) information to counties regarding data matches identified that require further county follow-up and indicate the specific follow-up action counties are to conduct. For instance, the QAB staff would ask the county to access and review supportive services timesheets submitted by the provider and to contact the provider to obtain additional information. A sample letter counties may use to obtain additional information from providers is attached in the "Forms" section of this Manual.

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**Although CDSS recognizes that the majority of the payments made to providers are probably correct, there are many program factors which may contribute to payment errors.** Contributing factors include the fact that there are a large number of vulnerable consumers served by supportive services providers, and the unique nature of this vulnerable population of consumers acting in an employer role to their providers with limited oversight by county staff.

Payment errors occur for various reasons which may include, but are not limited to:

- Consumer/provider misunderstandings regarding timesheet submission and/or program regulations;
- Provider errors in completing timesheets; and
- Consumer/provider fraud.

**The results of the error rate studies will assist CDSS in determining the amount of program funds loss due to payment errors.** Error rate studies will also aid in identifying areas where the greatest risk for payment errors occurs. Based on the results of the error rate studies, CDSS, with assistance from the counties, will be able to identify the reasons for payment errors and design measures to prevent these errors.

Examples of preventive measures for errors include, but are not limited to:

- System/timesheet modifications;
- Increased data matches; and
- Consumer and provider education.

**CDSS conducted the FY 2004/05 error rate study by matching provider payments in two counties (large and small county) against the DHS Medi-Cal payments made to skilled nursing facilities and acute hospitals for the first quarter in FY 2004/05 (July 1, 2004 through September 30, 2004).** CDSS is currently analyzing the results of this match and will prepare a written report which is anticipated to be released in May 2006.

Other QA Initiative requirements which assist in determining whether payments made to providers are correct are also addressed in the "Third-Party Liability, Verification of Receipt of Services, and Fraud Detection and Prevention," sections of this Manual.

# THIRD-PARTY LIABILITY



## VIII. IDENTIFY POTENTIAL SOURCES OF THIRD-PARTY LIABILITY

**W&IC Section 12305.71(c)(2)** requires that counties implement procedures to identify potential sources of third-party liability for supportive services.

**As part of the Medi-Cal application process, questions are asked regarding the availability of other insurance coverage.** Information about the existence of the sources of third-party liability may become available after the application process is completed for various reasons. **The applicant may not understand the requirements to report the existence of third-party liability information, or may become eligible for these benefits after the Medi-Cal application process is completed.**

The following are examples of resources of third-party liability that may be identified:

- Long-Term Care insurance;
- Workers' Compensation insurance;
- Civil judgments/pending litigations; and
- Victim Compensation Program payments

The existence of any of the above resources may indicate one of the following:

- (1) There are other funds available to cover the costs of services;
- (2) Lump sum payments may have been made or will be made in the future that may result in ineligibility for Medi-Cal due to excess resources; or
- (3) Resources that would be counted as income may be available and may result in a share of cost for consumers who do not currently have a share of cost or in an increased share of cost for other consumers.

**Counties shall establish a process for identifying and reporting the existence of such coverage in their QA/QI procedures. At a minimum, the existence of third-party liability resources should be referred to the staff responsible for determining eligibility or the line staff.** As part of the assessment process and as part of the QA validation efforts, county or State staff may become aware of the existence of resources of third-party liability. They may become aware of such information because it is voluntarily, verbally provided during the assessment or QA process. In some cases, the existence of such resources may have been disclosed as

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part of the application process and may have already been reported to appropriate agencies or individuals. The county/State QA staff should not assume that the information has been reported. Staff who have questions about reporting third-party liability may also contact DHS Third-Party Liability Unit at (916) 323-4836, or visit their website at [www.dhs.ca.gov/mcs/psd/TPL/RecoverySec.htm](http://www.dhs.ca.gov/mcs/psd/TPL/RecoverySec.htm).

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## VERIFICATION OF RECIPIENT RECEIPT OF SERVICES



## IX. VERIFICATION OF RECIPIENT RECEIPT OF SERVICES

**W&IC Section 12305.7(2) (c)** requires CDSS to develop methods for verifying the receipt of supportive services by program consumers. The CDSS shall, in consultation with the county welfare departments, also determine, define, and issue instructions describing the roles and responsibilities of the CDSS and the county welfare departments for evaluating and responding to identified problems and discrepancies.

**To ensure consumers receive the services they were authorized to help them remain safely in their own home and avoid institutionalization, the QA Initiative also requires developing approaches to verify receipt of services. The primary focus of verifying receipt of services should be on the quality of care to ensure that the consumer is receiving services at a level which allows him/her to remain safely and independently in his/her own home.** Some recommended approaches to verify receipt of services were identified in All-County Information Notice (ACIN) I-04-06, Quality Assurance Initiative Fraud Detection and Prevention Activities (See Appendix A). Home visits and telephone validations performed as a routine part of the QA function are one of the existing methodologies that should be used by county QA staff and CDSS QAB monitoring staff to verify the receipt of services. **When County QA staff and/or QAB monitoring staff discover that a consumer's assessed hours are correct, but the consumer is not receiving needed services, the consumer may be at risk and the county/State QA staff should report this to the appropriate county staff for immediate follow-up.**

Prior to conducting home visits, county QA staff and QAB monitoring staff access CMIPS to verify the number of hours claimed on the timesheet during the three-month period prior to conducting the home visit.

**During the home visits or telephone validations, routine questions should be asked about the number of times per week the provider comes to provide services to the consumer. Questions would be appropriate if the provider does not reside in the same home and after consideration of the consumer's cognitive functioning by reviewing the Functional Index rankings for Memory, Orientation, and Judgment.** The county QA staff should also take into consideration the narrative notes which may indicate that the consumer would not be able to respond appropriately to these questions. The consumer should also be asked about how many hours per day the provider spends providing services. If the consumer tracks the days the provider works on the calendar or through some other method, QA staff should go over the tracking document with the consumer. If the consumer has multiple providers, these questions should be asked about each provider.

**If the consumer indicates that the provider is currently working significantly fewer hours than indicated on the timesheet, further follow-up is required.**

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Discrepancies between the hours the consumer reports as worked and hours claimed on the timesheet do not always indicate fraud. One reason for such a discrepancy may be that the consumer's health or functional limitations changed after the last assessment and he/she requires fewer supportive services than authorized. **When there is potential for the existence of a discrepancy, county/State QA staff will report their case findings by protocol to the appropriate staff for resolving discrepancy issues. Further investigations into discovered discrepancies can be followed by placing a telephone call to the provider(s) involved or the consumer's designated authorized representative.** The county/State QA staff should first discuss with the consumer the discrepancy between the hours on the timesheet and the hours the consumer reports as worked. **The consumer should be reminded of his/her responsibility as an employer to sign timesheets that accurately reflect the hours worked.**

**When a consumer has indicated that his/her provider works more hours than what he/she has been authorized to receive, a review of supportive services authorized will become part of the overall validation of the quality of care process.** There are a number of possibilities that might indicate the county or State QA staff will have to conduct a reassessment of the consumer's need as part of the routine validation efforts to identify each service and the number of hours needed and report the findings. When the county/State QA staff find that a consumer or the consumer's designated authorized representative requests that the provider perform a service not authorized by the supportive services programs, the county/State QA staff will have to remind the consumer of the services authorized and what tasks he/she cannot request of the provider when it is not an available paid supportive service. This also applies to requests for someone to provide certain services voluntarily that are not the type of services authorized. **If after appropriate review/follow-up, county or State QA staff believes that an underpayment has occurred, current underpayment procedures should be followed.**

## FRAUD DETECTION/PREVENTION



**X. MONITOR THE DELIVERY OF SUPPORTIVE SERVICES TO DETECT AND PREVENT POTENTIAL FRAUD**

**W&IC Section 12305.71(c) (3)** requires that counties monitor the delivery of supportive services in the county to detect and prevent potential fraud by providers, consumers, and others and to maximize the recovery of overpayments.

**County QA staff will need to consult with county administration and line staff responsible for performing need assessments to assist in the development of indicators that will alert county staff of potential fraudulent activities.** County staff performing need assessments and their immediate supervisors are key components in the detection, prevention, and reporting of fraudulent activities. Some counties already have staff and/or units established for detecting program fraud and performing follow-up activities. CDSS issued ACIN I-04-06, Quality Assurance Initiative Fraud Prevention and Detection Activities, to inform counties about the QA Initiative provisions which provide for the DHS to investigate all supportive services fraud. The ACIN informs counties to work with DHS when counties have sufficient information and suspect fraud as part of the QA/QI activities. A copy of ACIN I-04-06 is available in Appendix A.

**Fraud indicators established by counties as part of the QA/QI functions may vary from county to county.** Fraud indicators may vary between smaller counties with fewer social workers and smaller caseloads than larger counties with many social workers, district offices, and larger caseloads for various reasons. Counties shall identify fraud indicators and the process for follow-up on suspected fraud as part of their written QA/QI procedures.

**County fraud detection and prevention procedures shall also include control measures to address potential internal fraud.** Methodologies for addressing potential internal fraud may vary from county to county. **Due to the sensitive nature of internal fraud, counties may wish to separate internal fraud from normal QA activities as a “best practice.”** County management should issue directives to county QA staff regarding the protocols for investigating internal fraud. In some cases, internal fraud can be identified through such avenues as routine supervisory review and validation of cases. **When internal fraud is suspected as a result of county QA activities, counties are required to have clear guidelines in place to deal with these situations as part of their county QA/QI procedures.**

**Some of the existing measures to prevent and detect fraud may include the following:**

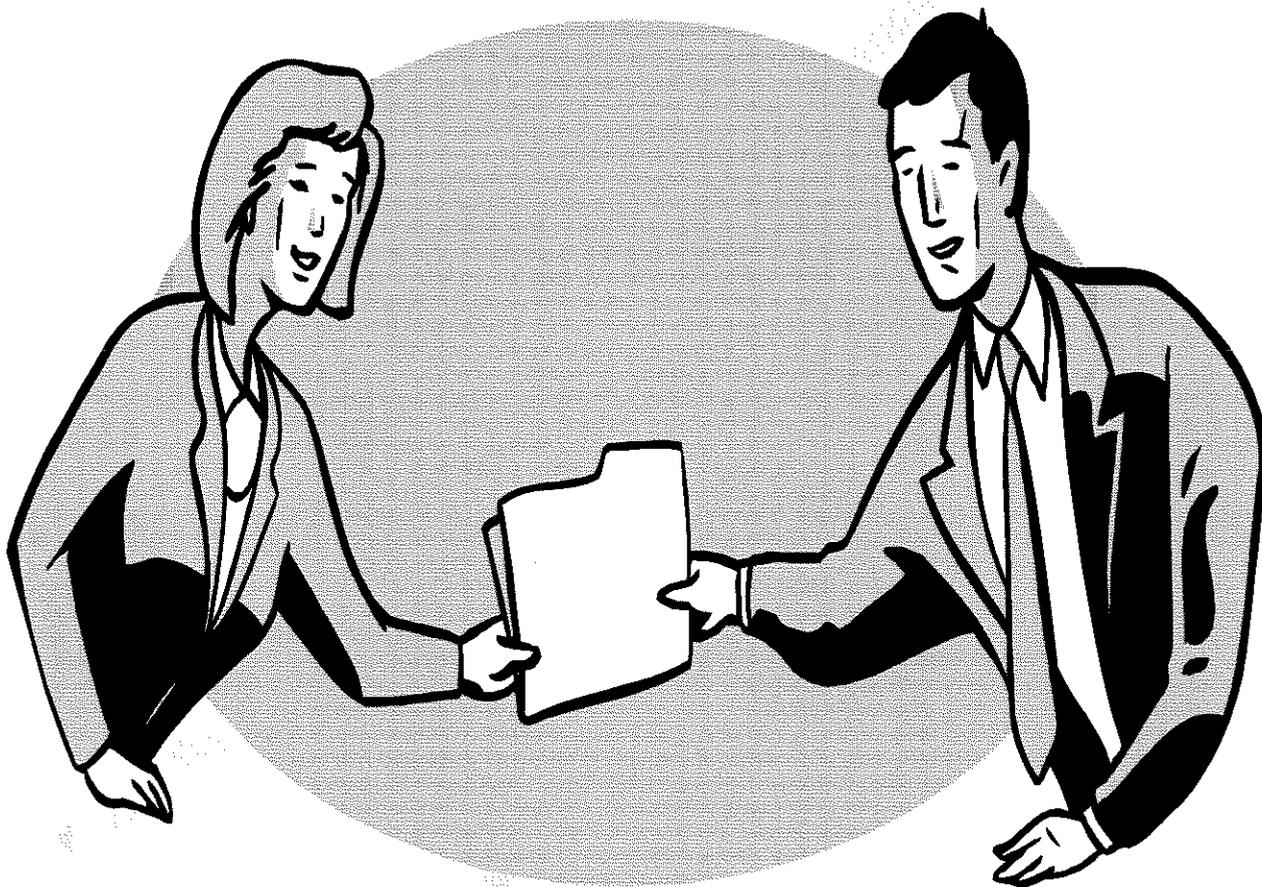
- **Separating the intake and authorization functions**, when possible, and establishing a clear policy prohibiting staff from being assigned to cases of applicants, consumers, and providers known to them;

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- **Requiring consumers to be referred to the county PA Registry** for locating a provider, prohibiting staff from making recommendations of a provider to a consumer;
- **Using the CMIPS Ad Hoc tool for developing different criteria** to identify potential fraud;
- **Using the online CMIPS Management Reports** to identify areas which may be fraud indicators. An example of a query which could be developed using the download is to identify cases where the consumer and provider have identical SSNs. This would indicate individuals who were both consumers and providers and require further investigation.
- **Conducting routine reviews of the Over-300-Hours Report** provided through CMIPS.

**Note:** There is no regulation which prevents a provider from working over 300 hours per month. Although there may be potential fraud in some cases, the main focus of the review and investigative efforts based on the Over-300-Hours Report should be the quality of services provided to the consumer and the consumer's safety. A provider working 300 hours is working approximately 12.5 hours per day. If a provider works over 300 hours and provides services to multiple consumers, there is a possibility that some of the consumer's needs may not be met. There is also a possibility that the provider is claiming the same hours worked for more than one consumer. County QA/QI procedures should address how the investigation of the Over-300-Hours Report should be conducted. If it is determined after appropriate follow-up that the provider is not working all of the hours claimed on the timesheets, procedures should be initiated to make appropriate fraud referrals and/or collect overpayments.

## JOINT CASE REVIEWS WITH STATE QA STAFF



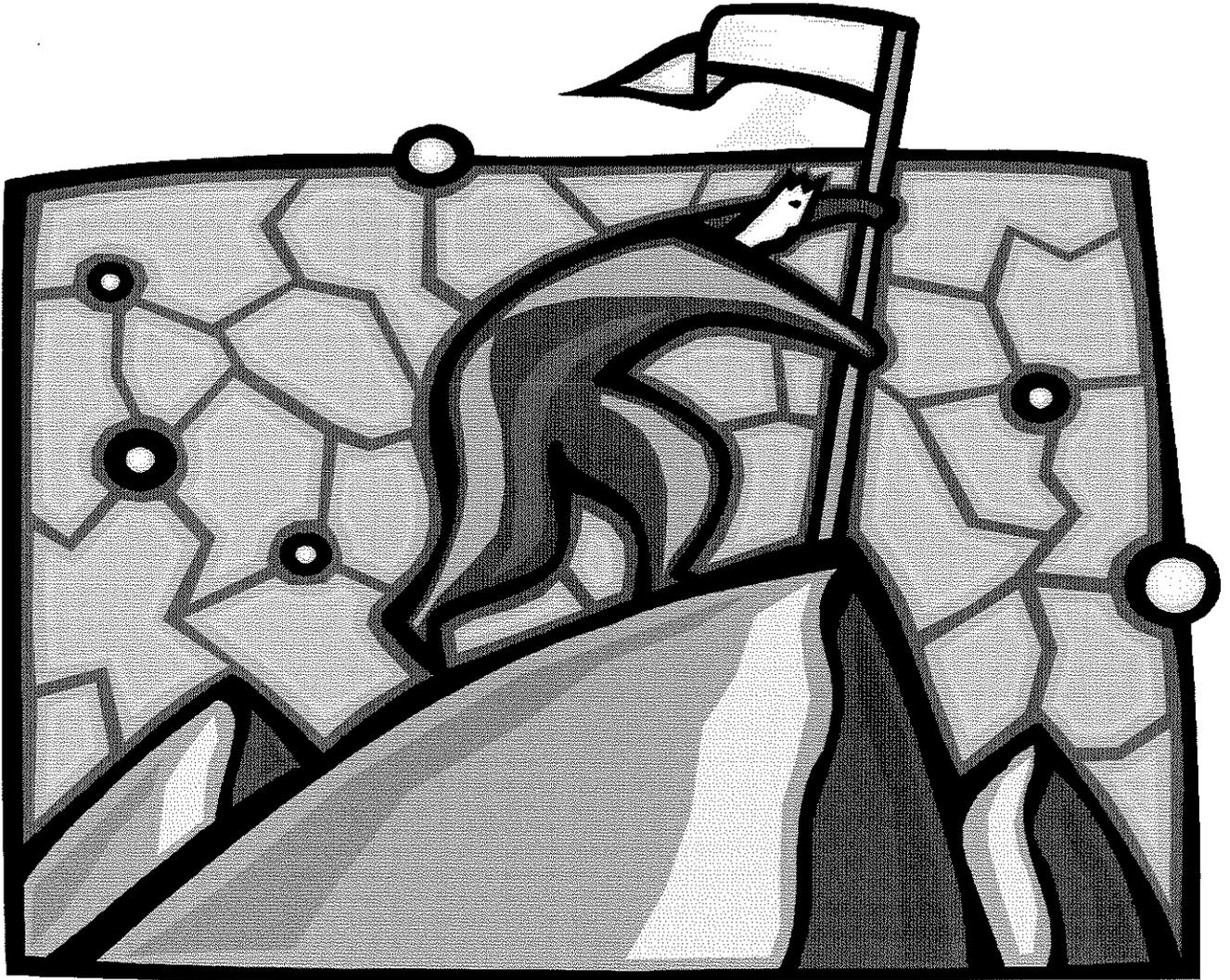
**X. JOINT CASE REVIEW ACTIVITIES WITH STATE QA STAFF**

**W&IC Section 12305.71(e)** requires that in accordance with protocols developed by CDSS and county welfare departments, county QA staff will conduct joint case review activities with State QA staff to identify, refer to, and work with appropriate agencies in investigation, administrative action, or prosecution of instances of fraud in the provision of supportive services. This section additionally requires conducting joint case reviews with State QA staff, including random postpayment paid claims reviews to ensure that payments to providers were valid. The protocol should take into account the relative priority of the activities required of county supportive services QA functions and available resources.

**To the extent that resources are available, staff from the CDSS QAB is available to assist counties in conducting targeted case reviews related to fraud.** An example of when QAB and county QA staff may conduct joint case review activities is in the follow-up of hits resulting from data matches. In the larger counties, the number of hits on data matches may be significant, and the counties may not have sufficient QA staff or other resources to review all of the hits.

County QA staff may identify other areas where they wish to work with the QAB in performing joint targeted reviews. **Requests for QAB assistance should be made to the QAB Chief.** At the time the QAB staff and county QA staff make a decision to perform a targeted case review, a meeting will be scheduled to define the scope of the targeted review and the roles and responsibilities of QAB and county QA staff.

# QUALITY IMPROVEMENT



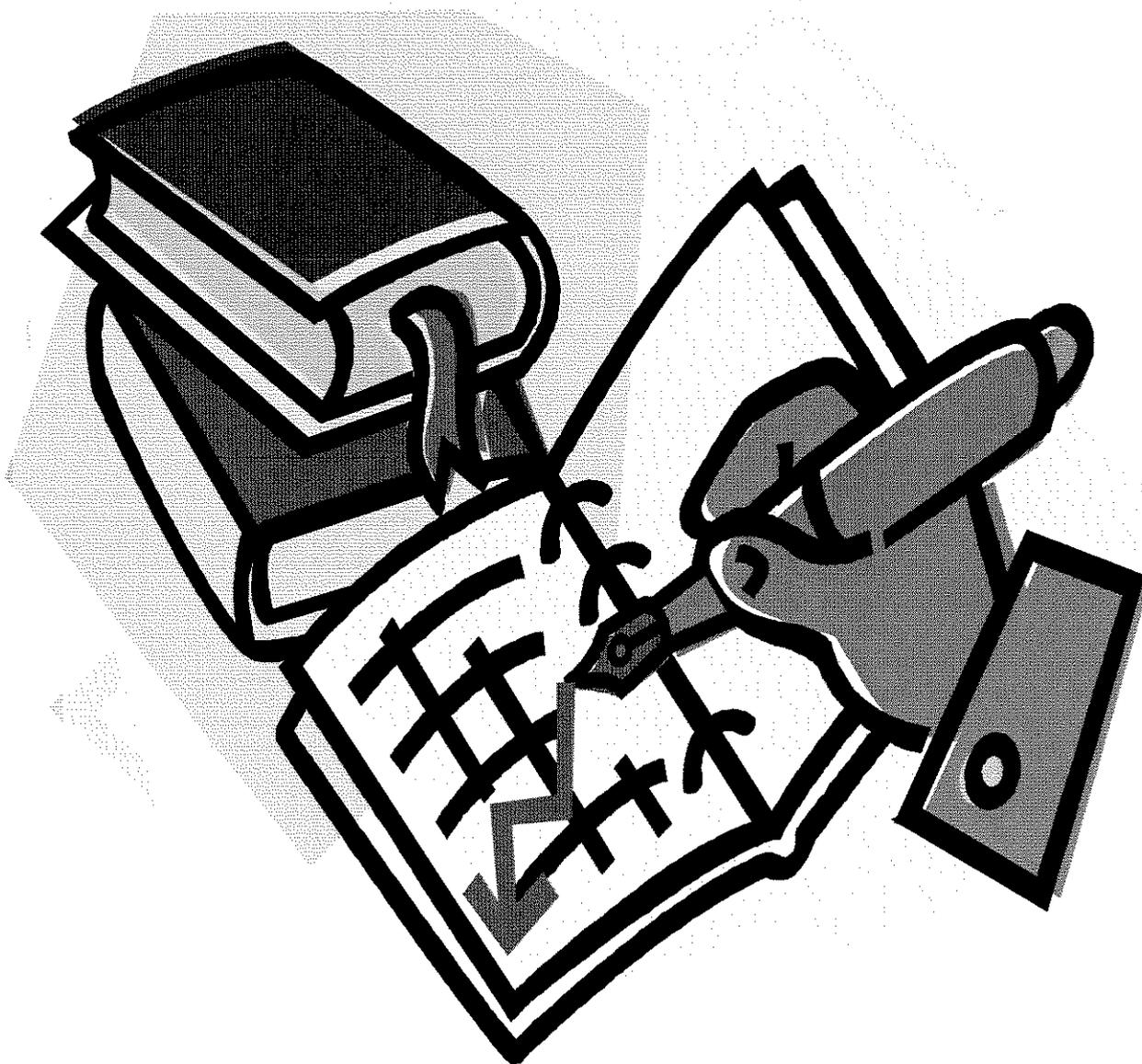
## XI. QUALITY IMPROVEMENT

The QI function of QA is a necessary component and logical conclusion to QA activities. **The QI efforts, designed by the county with input from appropriate organizations and individuals and monitored by county and State QA staff, shall address all supportive services programs.**

In approving the Independence Plus Waiver (IPW) and other Home and Community-Based Waivers, the Centers for Medicare and Medicaid Services (CMS) have emphasized the need for overall QI efforts as part of the State oversight and have identified the process of discovery, remediation, and improvement as key to successful QI efforts. **The process of discovery, remediation, and improvement shall be applied to all supportive services programs.** In accomplishing the QA goals, program improvement efforts and the process of discovery, remediation, and improvement apply to consumers served by the supportive services programs. Although there are some unique requirements for the IPW population, the QA processes should apply to all programs in the same manner.

**To meet the conditions specified by CMS in the IPW Special Terms and Conditions and to ensure that all counties are utilizing data discovered through QA and other activities to identify areas for program improvement for all supportive services programs, beginning July 1, 2005, counties are required to provide CDSS with an annual QA/QI plan.** Specific information regarding the requirement for the QA/QI plan and content of the plan are contained in ACIN I-64-05, Annual Quality Assurance/Quality Improvement Plan, released October 5, 2005. A copy of ACIN I-64-05 informing counties of the requirements to submit an annual QA/QI plan is included in the "Appendix B" of this Manual. **CDSS staff is available to provide technical assistance to counties in developing their QA/QI plans and will monitor the QA/QI plans as part of their monitoring activities.** The CDSS continues to be in the process of operationalizing the terms and conditions of the IPW. Specific instructions regarding the IPW will be provided to counties in an ACL separate cover.

# REPORTS



## XII. REPORTS

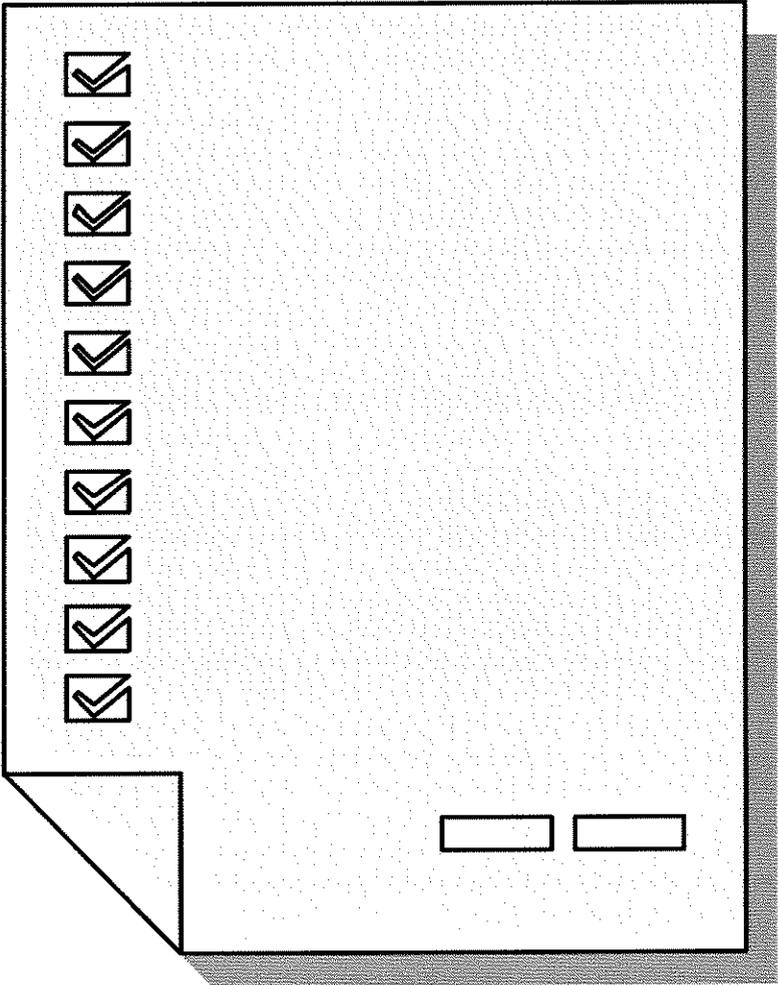
**W&IC Section 12305.71** requires counties to perform specific types of quality assurance activities to ensure quality assurance and program integrity, including fraud prevention/detection activities, and it requires a schedule, beginning July 1, 2005, for county QA staff to perform targeted reviews.

Beginning October 1, 2005, each county shall submit a quarterly report on their QA/QI activities conducted during the report quarter to CDSS no later than the 15<sup>th</sup> day after the report quarter ends to enable CDSS to monitor county QA efforts. The quarterly report shall be submitted on the Quarterly Report Form (SOC 824) which addresses the following areas:

- Routine Scheduled Review of Supportive Service Cases including Desk Reviews and Home Visits
- Fraud Prevention/Detection and Over/Underpayment Activities
- Critical Events/Incidents identified
- Actions Taken on Critical Events/Incidents within 24 hours
- Targeted Reviews
- Quality Improvement Efforts

A sample Quarterly Report form is included in the "Forms" section of this Manual.

# FORMS



# 2006 Quality Assurance/Quality Improvement Procedures Manual

## In-Home Supportive Services Case Assessment

\_\_\_\_\_ COUNTY

DATE OF INTERVIEW \_\_\_\_\_ TIME SCHEDULED \_\_\_\_\_

# CDSS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

### 1. CASE TYPE

- PCSP
- Res

### 2. IMPAIRMENT

- NSI
- SI

### 3. MODE

- IP
- CC
- HM

### 4. GENDER

- Female
- Male

### 5. AID CODE

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> 03 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 6A | <input type="checkbox"/> 35 |
| <input type="checkbox"/> 6C | <input type="checkbox"/> 36 |
| <input type="checkbox"/> 7A | <input type="checkbox"/> 44 |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 47 |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 48 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 49 |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 60 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 64 |
| <input type="checkbox"/> 24 | <input type="checkbox"/> 66 |
| <input type="checkbox"/> 26 | <input type="checkbox"/> 68 |
| <input type="checkbox"/> 28 | <input type="checkbox"/> 72 |

### 6. LIVING ARRANGEMENT

- 01 Independent
- 02 Shared
- 03 Live-in-provider
- 04 Tenant/Landlord
- 05 Board and Room
  
- Able/Available Spouse
- Parent of Minor

### 7. GUARDIAN/ CONSERVATOR

- Yes
- No
- Unable to Verify

### 8. ETHNICITY

- 1 White
- 2 Hispanic
- 3 Black
- 4 Other Asian/Pacific Islander
- 5 Amer. Indian/Alaskan Native
- 7 Filipino
- C Chinese
- H Cambodian
- J Japanese
- K Korean
- M Samoan
- N Asian Indian
- P Hawaiian
- R Guamanian
- T Laotian
- V Vietnamese

### 9. PRIMARY LANGUAGE

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> 0 Amer. Sign Language   | <input type="checkbox"/> G Mien       |
| <input type="checkbox"/> 1 Spanish (Span. NOA)   | <input type="checkbox"/> H Hmong      |
| <input type="checkbox"/> 2 Cantonese             | <input type="checkbox"/> I Lao        |
| <input type="checkbox"/> 3 Japanese              | <input type="checkbox"/> J Turkish    |
| <input type="checkbox"/> 4 Korean                | <input type="checkbox"/> K Hebrew     |
| <input type="checkbox"/> 5 Tagalog               | <input type="checkbox"/> L French     |
| <input type="checkbox"/> 6 Other Non-English     | <input type="checkbox"/> M Polish     |
| <input type="checkbox"/> 7 English               | <input type="checkbox"/> N Russian    |
| <input type="checkbox"/> 9 Spanish (Eng. NOA)    | <input type="checkbox"/> P Portuguese |
| <input type="checkbox"/> A Other Sign Language   | <input type="checkbox"/> Q Italian    |
| <input type="checkbox"/> B Mandarin              | <input type="checkbox"/> R Arabic     |
| <input type="checkbox"/> C Other Chinese Lang    | <input type="checkbox"/> S Samoan     |
| <input type="checkbox"/> D Cambodian             | <input type="checkbox"/> T Thai       |
| <input type="checkbox"/> E Armenian              | <input type="checkbox"/> U Farsi      |
| <input type="checkbox"/> F Ilocano               | <input type="checkbox"/> V Vietnamese |
| <input type="checkbox"/> No Communication Skills |                                       |

### 10. Indicate the person responding to these questions:

- |   |   |
|---|---|
| <input type="checkbox"/> Recipient                | <input type="checkbox"/> Recipient/Provider (family member) |
| <input type="checkbox"/> Provider (family member) | <input type="checkbox"/> Recipient/Provider (contractor)    |

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- |   |  |
|---|--|
| <input type="checkbox"/> Provider (contractor)  | <input type="checkbox"/> Recipient/Provider (other)      |
| <input type="checkbox"/> Provider (other) _____ | <input type="checkbox"/> Recipient/Other (specify) _____ |
| <input type="checkbox"/> Relative               | <input type="checkbox"/> Other (specify) _____           |

11. The questions we are asking today are about the IHSS services you receive in this County. From our information, it appears that you have been receiving services in this county since:

Give date of application from SOC-293

Is this correct?

- Yes
- No. **IF NO**, When did you begin receiving IHSS in this county? Date: \_\_\_\_\_
- Don't know how long

12. Have you ever received IHSS services in another county?

- No → Question 13
- Yes (Specify county) \_\_\_\_\_

And → Questions 12a.

12a. Do you receive the same number of hours here that you did in the other county?

- Yes → Question 13
- No → Question 12b. And 12.c.
- Don't know → Question 13.

12b. Do you now receive:

- More Hours How many more?: \_\_\_\_\_

12c. Has anything changed since you moved here such as :

- Number of people in the household
- You moved in with a family member (any change in living situation)
- Your health or what you are able to do for yourself - Specify \_\_\_\_\_
- Anything else - Specify \_\_\_\_\_

13. Are there family members or other people living with you in your home?

- No → Question 14.
  - Yes (specify, including relationship and age(s) of children)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

And → Question 13a.

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13a. Do any of the people living with you also receive In-Home Supportive Services?

- Yes (specify) \_\_\_\_\_  
 No

14. Now we would like you to tell us about your health and any conditions you have that are limiting your activities? Please start by telling us about any surgeries or major accidents that you have had and anything else such as heart attacks, strokes, etc.

	What Happened?	Approximate Date
1.		
2.		
3.		
4.		
5.		
6.		

*Thank you for that information. Now we would like to know about the kinds of*

**Bed bound** (Ask if they ever leave bed and note response below.)

- Never leave bed  
 Leave bed on good days—  
 Approx. # of good days \_\_\_\_\_ per day or month. (circle one)  
 Can leave bed for short periods of time only  
 Approx. amt. Of time able to be out of bed \_\_\_\_ hrs./mins. per  day # of times per week   
 What activities while out of bed  Eating  Bathing  Bathroom only

Ambulates **without difficulty** or use of **assistive device**

**Difficulty** ambulating but does not use assistive device

**Safe?**  Yes  No (indicate why not safe) \_\_\_\_\_

Must use **assistive device** to ambulate.

- Wheelchair** at all times --able to maneuver without assistance  
 **Wheelchair** at all times--- needs someone to assist | corners or other difficult areas  
 **Wheelchair**—must be pushed at all times  
 **Wheelchair**—out of the house only  
 **Walker** at all times  
 **Walker** occasionally (Note how often \_\_\_\_\_)  
 **Cane** (Note how often \_\_\_\_\_)  
 **Recipient has above item(s) but forgets to use and must be reminded.**

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- Difficulty rising from seated position**
  - Has chair lift  Uses arms of chair to boost self  Needs assistance at all times
  - Occasionally needs assistance
- Difficulty standing**
  - Cannot stand by self  Can stand only for a limited amount of time—Approximate minutes \_\_\_\_
- Difficulty bending**
  - Always  Occasionally
- Impaired **range of motion** (e.g. difficulty in reaching or raising hands above head)
- Limited ability to lift and carry**
- Must use **oxygen** or **other respiratory equipment**
  - Specify type of equipment used \_\_\_\_\_
  - 24 hours per day  At night only  Intermittently— approx \_\_\_\_ hours per day or \_\_\_\_ times per week
- Limited eyesight**
  - Always wears glasses
  - Wears glasses for reading/TV etc.
  - Has cataracts  Right  Surgery? Left  Surgery
  - Glaucoma
  - Legally blind  Right  Left
- Limited hearing**
  - Has hearing aid(s)—always wears
  - Has hearing aid—does not use
  - Uses occasionally
  - Was able to hear conversation during home visit without problem
  - Reviewers had to talk loudly
- Confused** (Does the client seem oriented, able to understand questions?)
  - None indicated or demonstrated
  - States occasionally but not observed
  - Significant problem
- Forgetful** (use simple memory tests)
  - Recipient indicates problem, but not apparent to reviewers
  - Recipient indicates problem recalling recent events
  - Recipient indicates problem recalling past events
  - Recipient demonstrates problem by failure to recall information requested by reviewers.
- Appears **depressed** (ask if depressed, but observation may be more important).
  - Recipient indicates occasional problem, but takes no medication
  - Recipient takes medication or receives treatment for depression

15. If you are like most people, you probably have good days and bad days. Is this true for you?

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- No → Question 16.
- Yes → Question 15a. and 15b.

15a. (1) Can you tell us what a good day is like for you. \_\_\_\_\_  
\_\_\_\_\_

(2) And what is a bad day like for you. \_\_\_\_\_  
\_\_\_\_\_

15b. Would you say today is:

- Good Day
- Bad day
- Average day

16. It looks like your social worker was last here to evaluate you in:

**Give recipient date of last face-to-face from SOC-293).**

Have there been any changes in your health since the last time your social worker was here?

- No
- Yes (Specify what has changed)

17. Has anything else changed about the things you are able to do for yourself or the services you receive since the social worker was here last?

- No
- Yes (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you know who your social worker is?

- No
- Yes (specify) \_\_\_\_\_

19. Do you know how to contact your social worker?

- No
- Yes
- I don't but \_\_\_\_\_ does.

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20. How easy is it for you to contact your social worker?

- Very Easy → Question 21
- Easy → Question 21
- Difficult → Question 20a.

20a. Why is it difficult for you to contact your social worker?

- Phone system
- SW Doesn't return calls
- I have to call more than once before anyone calls me back.
- Language problems

21. Do you have trouble communicating (language barrier or social skills) with your social worker?

<input type="checkbox"/>	No → Question 22.
<input type="checkbox"/>	Yes → Question 21a.

21a. Do you have someone who can help you communicate with your social worker.

- Yes (who) \_\_\_\_\_
- No

22. If you need an interpreter to talk to your social worker, will the county provide one for you?

- Yes
- No
- No interpreter needed
- I don't know

23. How long has it been since you have seen or communicated with your social worker?

- Less than 1 month
- 1 - 3 months
- 3 - 6 months
- 6 - 12 months
- More than 12 months
- Other (specify) \_\_\_\_\_
- Don't know

24. Has your social worker explained to you the services you can receive from IHSS and the amount of time you are allowed for each task?

- No
- Yes
- I don't know

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25. How many hours a month has the county authorized for you?

- I don't know
- Time: \_\_\_\_\_ hours

As you know, if you need additional services or don't need as many services, you must contact your social worker.

26. Do you know that if you are unable to resolve any disagreements you have with the county regarding the number of hours authorized or the services you receive you can request a fair hearing before an impartial judge

- No → Question 27
- Yes → Question 26a.

26a. Have you ever requested a fair hearing on an IHSS issue?

- No → Question 27
- Yes → Question 26b.

26b. What was the outcome?

- Won the hearing
- Lost the hearing
- Approved in part

27. We are now going to ask you some questions about the types of things you are able to do for yourself and the types of things that your provider does for you. We know that you may have recently been assessed by the county and may have answered some of the questions for them. We appreciate you taking the time to answer them again for us today.

We want you to know that we can't change the number of IHSS hours you receive. We cannot give you more hours or take hours away. Based on what you tell us, however, we may recommend that the county reassess the IHSS hours that you receive. The county may also independently decide to reassess your needs based on the information we give to them.

Domestic Services						
Recipient can perform all housework <input type="checkbox"/>						
Recipient needs Help with:	Recip.	Prov. 1	Prov. 2	A/A Spouse	Alt. Resource	Comments
All tasks <input type="checkbox"/>						
Sweeping						
Vacuuming						
Washing floors						
Washing kitchen Counters						
Clean bathroom						
Take out garbage						
Dusting and picking up						
Clean stove, refrigerator						
Bringing fuel for Cooking or Heating						
Changing bed						

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Linen						
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Meal Preparation	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
<b>Breakfast</b>  <i>Usually Eats:</i>	Times Per wk.					
<b>Lunch</b>  <i>Usually Eats:</i>	Times Per wk.					
<b>Dinner</b>  <i>Usually Eats:</i>	Times Per wk.					
<b>Meals Ahead</b>	Times Per wk.					

*If living arrangement is shared, are recipient's meals prepared separately?*  Yes  No

*If only a portion of meals are separate, note which meals are shared and number of housemates sharing:* \_\_\_\_\_

Meal Cleanup					
Recipient is able to do all meal clean up <input type="checkbox"/>					
Recipient is able to do light clean up <input type="checkbox"/>					
	Prov #1	Prov #2	A/A Sp.	Alt. Res.	Comment
Provider does all meal clean up					

Laundry	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
If apt. or mobile home, are there facilities on premises?  <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>All laundry</b>						
Extra laundry <input type="checkbox"/> Yes <input type="checkbox"/> No						<i>Documentation Required</i>

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Laundry separate <input type="checkbox"/> Yes <input type="checkbox"/> No						
--	--	--	--	--	--	--

Food Shopping	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
All shopping						
Recipient can go To nearby store  <input type="checkbox"/> Yes <input type="checkbox"/> No						

Other shopping/ Errands	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
All shopping						
Recipient can go To nearby store  <input type="checkbox"/> Yes <input type="checkbox"/> No						

### Personal Care Services

Respiration						
Type of Equipment used						
Who services Equipment?						
Recipient is able to Maintain, hookup And clean equipment without assistance <input type="checkbox"/>						
Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments

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<ul style="list-style-type: none"> <li>• Assist with self Administration (includes hooking O2 up, straightening tubing, etc.)  .08</li> </ul>	Actual Time to Perform					(Note times per week that Assistance is provided)
<ul style="list-style-type: none"> <li>• Cleaning O2 Equipment or Tubing or other Respiratory equip.  .08</li> </ul>	Actual Time To Perform					(Note times per week that Assistance is provided)
<ul style="list-style-type: none"> <li>• Other (specify Task)</li> </ul>	Actual Time for Each Task					(Note times per week that Assistance is provided)

### Bowel and Bladder Care

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Assist Toilet  .17	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Chg. Diaper Ambulatory	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	

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.05		Times Per Week	Times Per week	Times Per week	Times Per week	
Chg. Diaper – Bedbound  .12	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Incontinence Cleanup  .20	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Catheter/Bedpan Assistance  .08	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	

### Feeding

Recipient is able to perform all tasks without assistance, reminding or monitoring

<b>Assistance Needed</b>	<b>Who Performs Service</b>				
Task/Reference	Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments

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Assistance per Meal	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
.25		Times Per week	Times Per week	Times Per week	Times Per week	
Has trouble Swallowing – Per meal	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
.50		Times Per Week	Times Per week	Times Per week	Times Per week	

### Bed Baths

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					Comments
Task/Guideline	Prov. #1	Prov. #2	A/A Spouse	Alt. Res.		
Totally Dependent	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
.33		Times Per week	Times Per week	Times Per week	Times Per week	
Semi-dependent	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
.25		Times Per Week	Times Per week	Times Per week	Times Per week	

*Dressing*

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed		Who Performs Service				Comments
Task/Guideline		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	
Change all Clothes each Day  .25	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Minor need Each day  .08	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

*Menstrual Care*

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed		Who Performs Service				Comments
Task/Guideline		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	
Ambulatory  .25 per day	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	

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		Times Per week	Times Per week	Times Per week	Times Per week	
Bedbound  .50 per day	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Ambulation

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Each day  .25	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Help in/Out of Bed

Recipient is able to perform all tasks without assistance, reminding or monitoring

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Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Each transfer .08	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Bathing and Grooming

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Sponge bath .25	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Tub bath/shower With shampoo .33	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

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Oral hygiene .12	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Shampoo sink .25	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Shaving ea. day .17	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Hair Care ea. Day .08						
Foot/hand care Weekly .12						

## *Repositioning/Transfers*

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service				
Task/Reference	Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments

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Rubbing Skin Each time  .08	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Reposition each time  .03	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	
Assist chair each time  .17	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	

Care and Assistance with Prosthesis (and medications)						
Recipient is able to perform all tasks without assistance, reminding or monitoring <input type="checkbox"/>						
Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Assist with meds Each time  .05	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Assist with putting on and taking off	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	

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Prosthesis		Times Per Week	Times Per week	Times Per week	Times Per week	
.17						

## *Paramedical Services*

Services Provided	Who Performs Service					
List each service		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	
	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times per week	Times per week	Times per week	Times per week	
	Actual Time To Perform	Times Per day	Times Per day	Times Per day	Times Per day	

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		Times per week	Times per week	Times per week	Times per week	
	Actual Time To Perform	Times Per Day	Times Per day	Times Per day	Times Per day	
		Times Per week	Times per week	Times per week	Times per week	

### Accompany to Medical Appointments

Recipient is able to drive self to doctor appointments

		Who Performs Service				
		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Location of Dr.	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Type of Dr.						
Location of Dr.	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Type of Dr.						
Location of Dr.	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Type of Dr.						

### Accompany to Alternative Resources

Receives no services as an alternative of IHSS

		Who Performs Service				
		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments

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Where recipient Goes:	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Services Received						
Where recipient Goes:	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Services Received						

28. Are there any services you currently receive that you feel you need more time for or any additional services you feel you need?

- |  |   |
|--|---|
| <input type="checkbox"/> None → Question 29            | <input type="checkbox"/> Menstrual Care                 |
| <input type="checkbox"/> Domestic                      | <input type="checkbox"/> Ambulation                     |
| <input type="checkbox"/> Meal Preparation              | <input type="checkbox"/> Moving In/Out of Bed           |
| <input type="checkbox"/> Meal Cleanup                  | <input type="checkbox"/> Bathing/Oral Hygn/Grooming     |
| <input type="checkbox"/> Routine Laundry (in-home)     | <input type="checkbox"/> Rub Skin/Reposition            |
| <input type="checkbox"/> Routine Laundry (out-of-home) | <input type="checkbox"/> Care with Prosthesis (or Meds) |
| <input type="checkbox"/> Food Shopping                 | <input type="checkbox"/> Accompany to Medical Appt.     |
| <input type="checkbox"/> Other Shopping/Errands        | <input type="checkbox"/> Accompany to Alt. Resource     |
| <input type="checkbox"/> Heavy Cleaning                | <input type="checkbox"/> Remove Weeds                   |
| <input type="checkbox"/> Respiration                   | <input type="checkbox"/> Remove Snow                    |
| <input type="checkbox"/> Bowel/Bladder Care            | <input type="checkbox"/> Protective Supervision         |
| <input type="checkbox"/> Feeding                       | <input type="checkbox"/> Teaching/Demonstration         |
| <input type="checkbox"/> Routine Bed Baths             | <input type="checkbox"/> Paramedical Services           |
| <input type="checkbox"/> Dressing                      | <input type="checkbox"/> Other (specify) _____          |

If any additional hours or services identified in Question 28. → Questions 28a. and 28b.

28a. Why do you feel you need more hours or services?

- My needs have changed
- SW does not understand what I need
- SW told me regs. do not allow additional hours or services
- Provider needs more money
- Provider can't do work in time allowed
- I don't know

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28b. Have you brought your desire for more services or more time to the attention of your social worker?

- No (specify why not) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes (specify the social worker's response) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Are there any services that your provider is doing for you now that you feel like you can be doing for yourself?

- Yes (Specify services) \_\_\_\_\_
- No

30. Did your social worker ask you if you had any family, friends besides your provider who would be willing to provide voluntarily any of the services you need?

- No
- Yes

31. Are you receiving any services from any other agency, business, or person other than your provider?

- No → Question 32
- Yes (Specify: who or agency name) \_\_\_\_\_  
\_\_\_\_\_

And → Question 31a.

31a. What services or tasks are these?

- |  |   |
|--|---|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Menstrual Care                 |
| <input type="checkbox"/> Domestic                      | <input type="checkbox"/> Ambulation                     |
| <input type="checkbox"/> Meal Preparation              | <input type="checkbox"/> Moving In/Out of Bed           |
| <input type="checkbox"/> Meal Cleanup                  | <input type="checkbox"/> Bathing/Oral Hygn/Grooming     |
| <input type="checkbox"/> Routine Laundry (in-home)     | <input type="checkbox"/> Rub Skin/Reposition            |
| <input type="checkbox"/> Routine Laundry (out-of-home) | <input type="checkbox"/> Care with Prosthesis (or Meds) |
| <input type="checkbox"/> Food Shopping                 | <input type="checkbox"/> Accompany to Medical Appt.     |
| <input type="checkbox"/> Other Shopping/Errands        | <input type="checkbox"/> Accompany to Alt. Resource     |
| <input type="checkbox"/> Heavy Cleaning                | <input type="checkbox"/> Remove Weeds                   |
| <input type="checkbox"/> Respiration                   | <input type="checkbox"/> Remove Snow                    |
| <input type="checkbox"/> Bowel/Bladder Care            | <input type="checkbox"/> Protective Supervision         |
| <input type="checkbox"/> Feeding                       | <input type="checkbox"/> Teaching/Demonstration         |
| <input type="checkbox"/> Routine Bed Baths             | <input type="checkbox"/> Paramedical Services           |
| <input type="checkbox"/> Dressing                      | <input type="checkbox"/> Other (specify) _____          |

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32. Does your provider take you to doctor appointments? (Provider may take them even though not authorized.)

- No
- Yes

Comments: \_\_\_\_\_

\_\_\_\_\_

33. How many times have you been seen by a doctor in the last year?

- I don't know
- None
- 1 - 2
- 3 - 4
- 5 - 9
- 10 - 19
- 20 or more

*Ask recipient if they would like to take a small break at this point and whether they have anything to add to their answers on the first section of the interview.*

*Tell them the next questions are a change of pace, and that we are now going to ask some questions about how well their provider works for them.*

*Tell them that they should keep in mind that we are mandated reporters for abuse of any kind, and if they reveal any information regarding abuse, we will be obligated to report this information to the county.*

34. How many providers do you currently have?

- None Reason: \_\_\_\_\_
- \_\_\_\_\_
- 1
- 2
- 3
- 4
- More than 4

35. Who is your In-Home Supportive Services provider? (Indicate up to 2 providers who work the most hours for the recipient.)

- Provider #1**
- Spouse
  - Parent of minor child
  - Parent of adult child
  - Adult child
  - Other relative
  - Friend
  - Landlord
  - Housemate
  - County Homemaker
  - Contractor

- Provider #2**
- Spouse
  - Parent of minor child
  - Parent of adult child
  - Adult child
  - Other relative
  - Friend
  - Landlord
  - Housemate
  - County Homemaker
  - Contractor

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- Employee
- Other (specify) \_\_\_\_\_

- Employee
- Other (specify) \_\_\_\_\_
- No second provider

36. **Have you always had the same provider?**

- Yes
- No (why not) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. **Do you have trouble communicating (language barrier or social skills) with your provider?**

- | Provider #1  | Provider #2  |
|--|--|
| <input type="checkbox"/> No                                    | <input type="checkbox"/> No                                    |
| <input type="checkbox"/> Yes (specify) _____<br>_____<br>_____ | <input type="checkbox"/> Yes (specify) _____<br>_____<br>_____ |

38. **Do you have someone who helps you talk with your provider?**

- No
- Yes

39. **How do you find a new provider (indicate all that apply)?**

- |  |   |
|--|---|
| <input type="checkbox"/> I cannot find a new provider            | <input type="checkbox"/> I hire a friend/relative                     |
| <input type="checkbox"/> I have not had to find a new provider   | <input type="checkbox"/> A registry/public authority sends me someone |
| <input type="checkbox"/> The county sends me a homemaker         | <input type="checkbox"/> My family finds someone                      |
| <input type="checkbox"/> The county sends me a list of referrals | <input type="checkbox"/> A friend finds someone                       |
| <input type="checkbox"/> The contractor sends me someone         | <input type="checkbox"/> Other (specify) _____                        |
| <input type="checkbox"/> Organization/Agency sends me someone    |   |
| <input type="checkbox"/> I place an ad                           |   |

40. **If you had to replace your provider, would you need assistance in locating a new one?**

- Yes
- No

41. **If a provider has been replaced, how long on average have you gone without In-Home Supportive Services?**

- I have never changed providers
- I have not gone without services
- 1 - 3 visits
- 4 - 6 visits
- More than 6 visits

42. **How often does your provider come to provide you services?**

- | Provider #1                      |                                | Provider #2                      |                                |
|----------------------------------|--------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Live-in | <input type="checkbox"/> 1X/mo | <input type="checkbox"/> Live-in | <input type="checkbox"/> 1X/mo |

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- |                                |  |   |  |
|--------------------------------|--|---|--|
| <input type="checkbox"/> 1X/wk | <input type="checkbox"/> 2X/mo           | <input type="checkbox"/> 1X/wk              | <input type="checkbox"/> 2X/mo           |
| <input type="checkbox"/> 2X/wk | <input type="checkbox"/> 3X/mo           | <input type="checkbox"/> 2X/wk              | <input type="checkbox"/> 3X/mo           |
| <input type="checkbox"/> 3X/wk | <input type="checkbox"/> Other (specify) | <input type="checkbox"/> 3X/wk              | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> 4X/wk |  | <input type="checkbox"/> 4X/wk              |  |
| <input type="checkbox"/> 5X/wk |  | <input type="checkbox"/> 5X/wk              |  |
| <input type="checkbox"/> 6X/wk |  | <input type="checkbox"/> 6X/wk              |  |
| <input type="checkbox"/> 7X/wk |  | <input type="checkbox"/> 7X/wk              |  |
|                                |  | <input type="checkbox"/> No second provider |  |

43. How much time does the provider spend providing services each time they visit you?  
(Report real time)

**Provider #1**

- I don't know  
 Time: \_\_\_\_\_ hours

**Provider #2**

- I don't know  
 Time: \_\_\_\_\_ hours  
 No second provider

44. Does your provider always work all of the hours that are authorized?

- Yes → Question 45  
 No → Question 44a. & 44b.

44a. How often does this happen – that the provider does not work all of the hours that are authorized?

- Once in a while  
 Usually  
 Always  
 Other (Specify) \_\_\_\_\_

44b. Why do you think the provider does not work all of the hours that are authorized?

- There's not enough for them to do  
 They have other places to go  
 Other (Specify) \_\_\_\_\_

45. Is your provider able to complete the authorized services within the authorized time?

**Provider #1**

- Always → Question 46.  
 Usually → Question 46.  
 Occasionally → Question 45a.  
 Rarely → Question 45a.  
 Never → Question 45a.  
 I don't know

**Provider #2**

- Always → Question 46  
 Usually → Question 46.  
 Occasionally → Question 45a.  
 Rarely → Question 45a.  
 Never → Question 45a.  
 I don't know  
 No second provider

45a. Why do you think your provider is unable to complete the services within the authorized time?

- They work too slow  
 They spend time doing other things

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- I need more services than authorized
- Other (Specify)

**46. How does your provider know what to do?**

**Provider #1**

- Provider knows what to do
- I tell him/her
- County tells him/her
- Contractor tells him/her
- I don't know who tells him/her
- Relative/friend tells him/her
- Provider doesn't know what to do
- No response

**Provider #2**

- Provider knows what to do
- I tell him/her
- County tells him/her
- Contractor tells him/her
- I don't know who tells him/her
- Relative/friend tells him/her
- Provider doesn't know what to do
- No response
- No second provider

**47. Does anyone else help you supervise your provider? (This might include explaining how you like things done, or keeping track of their time and signing their time sheets, or telling them to do certain tasks rather than others.)**

- Yes (specify) \_\_\_\_\_
- No

**48. Is it important to you that your provider appears at a set time to provide services?**

- No → Question 50
- Yes → Question 48a., 48b. and 48c.

**48a. Does your provider work at times that are convenient for you?**

- No → Question 48b.
- Yes → Question 50.

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**48b. Why are services provided at an inconvenient time? (Indicate all that apply)**

- | Provider #1  | Provider #2  |
|--|--|
| <input type="checkbox"/> N/A   | <input type="checkbox"/> N/A   |
| <input type="checkbox"/> I have to be scheduled around my provider's other clients                             | <input type="checkbox"/> I have to be scheduled around my provider's other clients                             |
| <input type="checkbox"/> My provider has family responsibilities   | <input type="checkbox"/> My provider has family responsibilities   |
| <input type="checkbox"/> My provider has job/school responsibilities   | <input type="checkbox"/> My provider has job/school responsibilities   |
| <input type="checkbox"/> There are not enough authorized hours to allow the provider to come when I would like | <input type="checkbox"/> There are not enough authorized hours to allow the provider to come when I would like |
| <input type="checkbox"/> My provider schedules for his/her convenience   | <input type="checkbox"/> My provider schedules for his/her convenience   |
| <input type="checkbox"/> Other (specify) _____   | <input type="checkbox"/> Other (specify) _____   |
| _____  | _____  |
| _____  | <input type="checkbox"/> No second provider  |

**48c. How often does your provider arrive on time?**

- | Provider #1                           | Provider #2                                 |
|---------------------------------------|---|
| <input type="checkbox"/> Always       | <input type="checkbox"/> Always             |
| <input type="checkbox"/> Usually      | <input type="checkbox"/> Usually            |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Occasionally       |
| <input type="checkbox"/> Rarely       | <input type="checkbox"/> Rarely             |
| <input type="checkbox"/> Never        | <input type="checkbox"/> Never              |
|                                       | <input type="checkbox"/> No second provider |

**50. Has your provider ever not shown up as scheduled?**

- | Provider #1  | Provider #2  |
|--|--|
| <input type="checkbox"/> Never → Question 51                   | <input type="checkbox"/> Never → Question 51                   |
| <input type="checkbox"/> Rarely → Question 51                  | <input type="checkbox"/> Rarely → Question 51                  |
| <input type="checkbox"/> Occasionally → Question 50a. and 50b. | <input type="checkbox"/> Occasionally → Question 50a. and 50b. |
| <input type="checkbox"/> Usually → Question 50a. and 50b.      | <input type="checkbox"/> Usually → Question 50a. and 50b.      |
| <input type="checkbox"/> Always → Question 50a. and 50b.       | <input type="checkbox"/> Always → Question 50a. and 50b.       |
| <input type="checkbox"/> No set schedule                       | <input type="checkbox"/> No set schedule                       |

**50a. Does anyone let you know if the provider is unable to come on the day that is scheduled?**

- | Provider #1                  | Provider #2                                 |
|------------------------------|---|
| <input type="checkbox"/> No  | <input type="checkbox"/> No                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                |
|                              | <input type="checkbox"/> No second provider |

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50b. If your provider is not able to see you, does someone else show up for them or do they arrange with you to come on another day?

- Provider #1**
- No
  - Yes

- Provider #2**
- No
  - Yes
  - No second provider

If "No", why not? (specify)

**Provider #1**

---

---

---

**Provider #2**

---

---

---

51. Does your provider do more or stay longer than they're paid for by the In-Home Supportive Services program?

- Provider #1**
- No → Question 52
  - Yes (specify) \_\_\_\_\_

- Provider #2**
- No → Question 52
  - Yes (specify) \_\_\_\_\_

And → 51a.

- And → 51a
- No second provider.

51a. How often does your provider do more or stay longer than they're paid for by In-Home Supportive Services program?

- Provider #1**
- Always
  - Usually
  - Occasionally
  - Rarely

- Provider #2**
- Always
  - Usually
  - Occasionally
  - Rarely
  - No second provider

52. Do you or anyone else ever pay the provider extra for things they do for you?

- No → Question 53.
- Yes → Question 52a. and 52b.

52a. Who makes the extra payment?

- Recipient
- Relative
- Friend
- Other (specify)

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52b. How often do you or someone else pay extra?

- Always
- Usually
- Occasionally
- Rarely
- Never

53. Are you usually satisfied with the way services are done?

- Yes → Question 54
- No → Question 53a.
- I don't know → Question 54

53a. If you are not satisfied with the services, have you made any efforts to resolve this problem with the provider?

- Yes - (Specify effort and outcome) \_\_\_\_\_
- No (Reason if given: \_\_\_\_\_)
- I don't know

**NOW I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT HOW COMFORTABLE YOU FEEL WITH YOUR PROVIDER. I'D LIKE TO KNOW HOW YOU FEEL ABOUT THE PERSON PROVIDING YOUR SERVICES AND HOW THEY TREAT YOU.**

54. How does your provider generally treat you?

- | Provider #1                                   | Provider #2                                   |
|---|---|
| <input type="checkbox"/> Very good            | <input type="checkbox"/> Very good            |
| <input type="checkbox"/> Good                 | <input type="checkbox"/> Good                 |
| <input type="checkbox"/> Fair                 | <input type="checkbox"/> Fair                 |
| <input type="checkbox"/> Poor (specify) _____ | <input type="checkbox"/> Poor (specify) _____ |
| _____   | _____   |
| _____   | <input type="checkbox"/> No second provider   |

55. Does your provider bring other people with them to your house when they're working for you?

- | Provider #1                                  | Provider #2                                  |
|--|--|
| <input type="checkbox"/> No → Question 56    | <input type="checkbox"/> No → Question 56    |
| <input type="checkbox"/> Yes → Question 55a. | <input type="checkbox"/> Yes → Question 55a. |
|  | <input type="checkbox"/> No second provider  |

55a. How do you feel about the provider bringing someone with them when they come to work?

- | Provider #1                      | Provider #2                      |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Approve |

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- No opinion
- Tolerate
- Don't like it → Question 55b.

- No opinion
- Tolerate
- Don't like it → Question 55b.

**55b. Have you told your provider that it bothers you when they bring someone with them to work?**

- Yes (Specify outcome) \_\_\_\_\_
- No - Why not \_\_\_\_\_

**56. Have you ever had reason to believe your current provider(s) or a past provider may have been responsible for money or other items disappearing from your home? (If the answer is "Yes", ask for further explanation and specify.)**

- | Provider #1  | Provider #2   |
|--|---|
| <input type="checkbox"/> No → Question 57                    | <input type="checkbox"/> No → Question 57                     |
| <input type="checkbox"/> Yes(specify) _____                  | <input type="checkbox"/> Yes(specify) _____                   |
| <input type="checkbox"/> And → Questions 56a, 56b., and 56c. | <input type="checkbox"/> And → Questions 56a., 56b., and 56c. |
| <input type="checkbox"/> Don't know                          | <input type="checkbox"/> Don't know                           |

**56a. How often has this happened?**

- | Provider #1                               | Provider #2                                 |
|---|---|
| <input type="checkbox"/> Once             | <input type="checkbox"/> Once               |
| <input type="checkbox"/> Twice            | <input type="checkbox"/> Twice              |
| <input type="checkbox"/> Three times      | <input type="checkbox"/> Three times        |
| <input type="checkbox"/> Over three times | <input type="checkbox"/> Over three times   |
|   | <input type="checkbox"/> No second provider |

**56b. What did you do about it?**

- | Provider #1                                      | Provider #2                                       |
|--|---|
| <input type="checkbox"/> I didn't do anything    | <input type="checkbox"/> I didn't do anything     |
| <input type="checkbox"/> Confronted the provider | <input type="checkbox"/> Confronted the provider  |
| <input type="checkbox"/> Told the social worker  | <input type="checkbox"/> Told the social worker   |
| <input type="checkbox"/> Told the contractor     | <input type="checkbox"/> Told the contractor      |
| <input type="checkbox"/> Other (specify) _____   | <input type="checkbox"/> No second provider _____ |
|  | <input type="checkbox"/> Other (specify) _____    |

**56c. Were you satisfied with the outcome?**

- | Provider #1                  | Provider #2                                 |
|------------------------------|---|
| <input type="checkbox"/> No  | <input type="checkbox"/> No                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes                |
|                              | <input type="checkbox"/> No second provider |

**57. Do you have any reason to believe that a current or former provider has come to work under**

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the influence of drugs or alcohol.

**Provider #1**

- No → Question 58
- Yes(specify) \_\_\_\_\_

**And → Questions 57a., 57b.,57 c.**

- Don't know

**Provider #2**

- No → Question 59
- Yes(specify) \_\_\_\_\_

**And → Questions 57a., 57b.,57 c.**

- Don't know

**57a. How often has this happened?**

**Provider #1**

- Once
- Twice
- Three times
- Over three times
- 

**Provider #2**

- Once
- Twice
- Three times
- Over three times
- No second provider

**57b. What did you do about it?**

**Provider #1**

- I didn't do anything
- Confronted the provider
- Told the social worker
- Told the contractor
- Other (specify) \_\_\_\_\_

**Provider #2**

- I didn't do anything
- Confronted the provider
- Told the social worker
- Told the contractor
- No second provider \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**57c. Were you satisfied with the outcome?**

**Provider #1**

- No
- Yes

**Provider #2**

- No
- Yes
- No second provider

**We want you to keep in mind that we are mandated reporters when we ask the next question.**

**58. Do you feel you've been abused in any way by anyone?**

**Provider #1**

- No
- Yes(specify) \_\_\_\_\_

**Provider #2**

- No
- Yes(specify) \_\_\_\_\_
- No second provider

**59. Who fills in the time worked on the provider's time sheet; is the time filled in before or after the work is done?**

- Recipient unable to respond
- Recipient doesn't know

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- Recipient fills in the time after the work is done
- Recipient fills in the time before the work is done
- Provider fills in the time after the work is done
- Provider fills in the time before the work is done
- Recipient signs a blank time sheet
- Other (specify) \_\_\_\_\_

**61. Who signs for the recipient on the provider's time sheet?**

- Recipient
- Relative
- Friend
- Provider (relative)
- Provider (friend)
- County worker
- Guardian/Conservator
- Other (specify) \_\_\_\_\_

**62. Have you ever had any disagreements with your provider over time entered on the timesheet?**

- No
- Yes

**That was the last question that we have for you today. We would like to thank you for agreeing to let us visit you and ask these questions. Before we go, do you have any questions you would like to ask us or is there anything you would like to add to what you've already told us.**

**63. If In-Home Supportive Services were not available to this recipient, and family or friends were not available for the recipient to live with, what level of care would the recipient need?**

- The recipient would make do on his/her own and not be at risk in his/her own home
- The recipient would make do on his/her own and be at risk in his/her own home
- The recipient would need care and supervision in a residential care facility (board and care)
- The recipient would need care in a nursing facility



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## INSTRUCTIONS FOR COMPLETING SOC 824

### COUNTY INFORMATION:

**County** – Enter county name.

**County Code** – Enter county number.

**Reporting Quarter** – Enter the calendar year reporting quarter (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup>).

**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, IPW, IHSS-R), enter the number of case files reviewed that did not require further action for the quarter. (i.e., file does not require follow up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.).
- 1B. **Number of Desk Review Cases Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that required additional action to be taken for the quarter.
- 1C. **Number of Desk Review Cases Completed** – For each program (PCSP, IPW, & IHSS-R); enter the number of case files that were reviewed. (Item 1A plus item 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 (PCSP, IPW, IHSS-R), enter the number of home visits 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 (PCSP, IPW, IHSS-R), enter the number of home visits that required additional action for the quarter.
- 2C. **Number of Home Visits Conducted** – For each program (PCSP, IPW, and IHSS-R) enter the number of home visits conducted for the quarter. (Item 2A plus item 2B)

**SECTION 3 - Fraud Prevention/Detection and Over/Underpayment Activities:** Complete this section when the county QA staff has suspected, discovered, or been given evidence of fraudulent activity for the quarter.

- 3A. **Number of Cases Identified Through QA/QI Activities Requiring Further County Review** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files requiring further county review due to suspected fraud.
- 3B. **Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases referred to DHS for further investigation or suspected fraud.
- 3C. **Number of Underpayment Actions Initiated as a Result of QA/QI Activities** - For each program (PCSP, IPW, and IHSS-R), enter the total number of underpayments identified as a result of QA activities.
- 3D. **Number of Nonfraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program (PCSP, IPW, and IHSS-R), enter the total number of nonfraud-related overpayments identified as a result of QA activities.
- 3E. **Number of Fraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program PCSP, IPW, and IHSS-R), enter the total number of fraud-related overpayments identified as a result of QA activities.
- 3F. **Other (specify)** - For each program (PCSP, IPW, and IHSS-R), enter the number of cases reviewed for any other types of fraudulent overpayments and identify the types.

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**SECTION 4 Critical Events/Incidents Identified:** A critical event/incident is when there is an immediate threat or risk to the health and safety of a PCSP, IPW, and/or IHSS-R recipient. Complete this section only if any critical events/incidents, as defined here, have occurred during the quarter that you became aware of as part of your QA efforts. Complete each (A-E) that applies.

- 4A. **Number of Neglect Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated neglect.
- 4B. **Number of Abuse Cases (physical, sexual, mental, financial, exploitation)** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated abuse.
- 4C. **Number of Provider “No Show” Cases That Pose a Threat to the Health and Safety of the Recipient** – For each program (PCSP, IPW and IHSS-R), enter the number of cases that indicated a provider “no show” which posed a threat to the health and safety of a recipient.
- 4D. **Number of “Harmful to Self” Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated a threat of the recipient causing harm to him/herself.
- 4E. **Other Types of Critical Events/Incidents (specify)** – For each program (PCSP, IPW and IHSS-R), enter the number of cases with any other types of critical events/incidents and identify the types.

**SECTION 5 - Actions Taken on Critical Events/Incidents Requiring A Response Within 24 hours:** Identify each type of case referral and the total number for the quarter.

- 5A. **Adult Protective Services (APS) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5B. **Child Protective Services (CPS) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5C. **Law Enforcement Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5D. **Public Authority (PA) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5E. **911 Call Center Referral** - For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5F. **Out-of-Home Placement Referral** – For each program (PCSP, IPW and IHSS-R), enter the number of completed case referrals.
- 5G. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of any other types of completed cases referrals and identify the types.

**SECTION 6 - Targeted Reviews:** Targeted case reviews differ from routine scheduled reviews. Focus is limited to a single issue rather than the focus being on the consumer receiving the correct services at the level which allows him/her to remain safely and independently in his/her home. Identify the focused areas (A-M) of each targeted review and the number of cases reviewed during the quarter.

- 6A. **Timely Initial Assessments** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely assessments.
- 6B. **Timely Reassessments** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely reassessments.
- 6C. **Provider Enrollment Form (SOC 426)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted cases files reviewed focusing on the Provider Enrollment Form.
- 6D. **Voluntary Services Form (SOC 450)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Voluntary Services Form.
- 6E. **Paramedical Services Form (SOC 321)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Paramedical Services Form.
- 6F. **Protective Supervision Medical Certification (SOC 821)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed focusing on the Protective Supervision Medical Certification Form.

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- 6G. **Hours Exceed Guidelines** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for hours exceeding applicable time guidelines.
- 6H. **Able and Available Spouse** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for appropriate applications of Able and Available Spouse.
- 6I. **Proration Calculations** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for proration calculations.
- 6J. **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.
- 6K. **Over-300-Hours Report** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed that were generated by a review of the Over-300-Hours-Report was utilized.
- 6L. **Recipients Advised of Availability of Fingerprinting Information on Providers** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed to identify that recipients were advised of the availability of fingerprinting of providers.
- 6M. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files reviewed for any other targeted areas and identify the types.

**SECTION 7 - Quality Improvement Efforts:** Quality Improvement efforts identified during the quarter. For each (A-H) check all that applies.

- 7A. **Developed QA Tools/Forms and/or Instructional Materials** – Check box if any tools, forms, and/or other instructional materials were developed for QA activities.
- 7B. **Ensured Staff Attended IHSS Training Academy** – Check box if staff attended IHSS Training Academy.
- 7C. **Offered County Training on Targeted Areas** – Check box if training was offered for county staff on targeted areas.
- 7D. **Established Improvement Committees** – Check box if QA/QI committees were established.
- 7E. **Established tools for QA/QI Fraud Prevention/Detection** – Check box if any tools, forms and/or other materials were developed for fraud prevention/detection.
- 7F. **Conducted Corrective Action Updates (Attach a brief summary)** – Briefly describe any corrective action updates developed as part of State or County QA review efforts.
- 7G. **Utilized Customer Satisfaction Surveys** – Check box if customer satisfaction surveys were utilized.
- 7H. **Other (specify)** – Check box if any other Quality Improvement efforts occurred and identify the types.

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## In-Home Supportive Services Quarterly Report on Quality Assurance/Quality Improvement (QA/QI) And IHSS Residual (IHSS-R) Programs

<b>County:</b>			
County Code:		Reporting Quarter:	
Name/Title of person completing survey:			
Phone number:			
Date completed:			

### Routine Scheduled Review of Supportive Services Cases

1. Desk Reviews		PCSP		IPW		IHSS-R	
A.	Number of desk review cases with no further action required	1		2		3	
B.	Number of desk review cases requiring additional action	4		5		6	
C.	Number of desk review cases completed (Item 1a plus Item 1b)	7	<b>0</b>	8	<b>0</b>	9	<b>0</b>
2. Home Visits		PCSP		IPW		IHSS-R	
A.	Number of home visits with no further action required	10		11		12	
B.	Number of home visits requiring additional action	13		14		15	
C.	Number of home visits conducted (Item 2a plus item 2b)	16	<b>0</b>	17	<b>0</b>	18	<b>0</b>
3. Fraud Prevention/Detection and Over/Underpayment Activities		PCSP		IPW		IHSS-R	
A.	Number of cases identified through QA/QI activities requiring further county review	19		20		21	
B.	Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation	22		23		24	
C.	Number of underpayment actions initiated as a result of QA/QI activities	25		25		27	
D.	Number of Nonfraud-related overpayments initiated as a result of QA/QI activities	28		29		30	
E.	Number of fraud-related overpayments initiated as a result of QA/QI activities	31		32		33	
F.	Other: (specify) _____						

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4. Critical Events/Incidents Identified <i>(Complete All That Apply)</i>		PCSP		IPW		IHSS-R	
A.	Number of Neglect Cases	34		35		36	
B.	Number of Abuse Cases (physical, sexual, mental, financial, exploitation)	37		38		39	
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	40		41		42	
E.	Other Types of Critical Events/Incidents: <i>(specify)</i> _____	43		44		45	
5. Actions Taken On Critical Events/Incidents Requiring A Response Within 24 Hours <i>(Complete All That Apply)</i>		PCSP		IPW		IHSS-R	
A.	Adult Protective Services (APS) Referral	46		47		48	
B.	Child Protective Services (CPS) Referral	49		50		51	
C.	Law Enforcement Referral	52		53		54	
D.	Public Authority (PA) Referral	55		56		57	
E.	911 Call Center Referral	58		59		60	
F.	Out-of-Home Placement Referral						
G.	Other: <i>(specify)</i> _____						
6. Targeted Reviews <i>(Complete All That Apply)</i>		PCSP		IPW		IHSS-R	
A.	Timely Assessments	82		83		84	
B.	Timely Reassessments						
C.	Provider Enrollment Form (SOC 426)	85		86		87	
D.	Voluntary Services Form (SOC 450)	88		89		90	
E.	Paramedical Services Form (SOC 321)	91		92		93	
F.	Protective Supervision Medical Certification Form (SOC 821)	94		95		96	
G.	Hours Exceed Guidelines	97		98		99	
H.	Able and Available Spouse	#		101		102	
I.	Proration Calculations	#		104		105	
J.	Services For Children	#		107		108	
K.	Over-300-Hours Report						
L.	Recipients Advised of Availability of Fingerprinting information on Providers	#		110		111	
M.	Other: <i>(specify)</i> _____						

# 2006 Quality Assurance/Quality Improvement Procedures Manual

## 7. Quality Improvement Efforts *(Check All That Apply)*

A. Developed QA Tools/Forms and/or Instructional Materials

B. Ensured Staff Attended IHSS Training Academy

C. Offered County Training on Targeted Areas

D. Established Improvement Committees

E. Established Tools for QA/QI Fraud Prevention/Detection

F. Conducted Corrective Action Updates (attach a brief summary)

G. Utilized Customer Satisfaction Surveys

H. Other: *(specify)*

# 2006 Quality Assurance/Quality Improvement Procedures Manual

## QA/QI Contact Letter

Dear:

The purpose of this letter is to transmit the State Controller's Office (SCO) In-Home Supportive Services (IHSS) Provider Death Match report for the period of \_\_\_\_\_, through \_\_\_\_\_. The SCO has identified these recipients/providers by matching the Department of Health Services' Vital Statistics Death File and the Social Security Administration's (SSA) National Death File with the IHSS Case Management, Information and Payrolling Systems (CMIPS) payrolling tapes. Overpayments may have been issued as a result of one of the following situations:

1. Payment was issued for services provided to a recipient after the recipient was reported deceased; or
2. Payment was made to a provider after the provider was reported deceased.

It is possible for a provider or recipient to be listed on the enclosed SCO spreadsheet even though the payment was made correctly. For instance, if a provider provided services during the first ten days of the month and the recipient passed away on the 12<sup>th</sup> of the month, payment to the provider would be listed on the spreadsheet even though payment for services from the first to the 10<sup>th</sup> of the month is correct.

Please have your staff review this list and report their finding on the enclosed Death Match Worksheet(s). We are enclosing a copy of the instructions (Attachment A) for completing the worksheets with this letter.

All completed worksheets should be submitted by \_\_\_\_\_ to the following address:

California Department of Social Services  
Disability and Adult Programs Branch  
Quality Assurance Bureau  
Attn: Beatriz Sanchez  
744 P Street, M.S. 19-96  
Sacramento, California 95814

When we receive these reports, we will then forward the County's findings and worksheets to the SCO. Your assistance in this matter is greatly appreciated. If you or a member of your staff have any questions about the information in this letter or completing the worksheets, please call Beatriz Sanchez, at (916) 229-3480.

Sincerely,

BRIAN KOEPP, Chief  
Quality Assurance Bureau  
Adult Programs Branch

Enclosure

**DEATH MATCH WORKSHEET  
INSTRUCTIONS**

1. Report Time Period (Quarterly)
2. County
3. District Number
4. Recipient or Provider Name and Social Security Number (Please use a separate worksheet(s) for Recipients and a separate worksheet(s) for Providers.)
5. Dates Payment Covered (List the "PAID FROM/TO" dates, which are on the match listing.)
6. Dollar Amount Paid
7. Legitimate Payments (If payment was legitimate, enter YES; if no, enter NO.)
8. Overpayment dollar amount (If it is not a legitimate payment then enter the overpayment dollar amount.)
9. Total Overpayment Dollar Amount Recouped to Date (This includes checks that were returned, cancelled, voided and also payments from individual's who are making restitution.)
10. Dollar Amount Referred to County Special Investigations or District Attorney's Office
11. Dollar Amount Requires Further Review (Use this category when a match requires further review, or when the investigation is incomplete. If a case requires further review, be advised that the State may require you to report your investigation findings.)
12. Remarks (Enter a brief description of the County investigation results. Some examples might be "person making monthly payments of \$50 to repay overpayment," persons whereabouts unknown, unable to recoup overpayment.")

## DEATH MATCH WORKSHEET

### RECIPIENT

Completed by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**QUARTERLY REPORT**

PAY PERIOD COVERED: \_\_\_\_\_ TO \_\_\_\_\_ COUNTY NAME AND NUMBER: \_\_\_\_\_

DISTRICT# \_\_\_\_\_

PROVIDER NAME/SSN	PAY PERIOD	WARRANT AMOUNT	LEGITIMATE PAYMENT	OVERPAYMENT AMOUNT	AMOUNT RECOUPED	AMOUNT FOR FURTHER REVIEW	REMARKS

## DEATH MATCH WORKSHEET

### PROVIDER

Completed by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### QUARTERLY REPORT

PAY PERIOD COVERED: \_\_\_\_\_ TO \_\_\_\_\_ COUNTY NAME AND NUMBER: \_\_\_\_\_

DISTRICT# \_\_\_\_\_

PROVIDER NAME/SSN	PAY PERIOD	WARRANT AMOUNT	LEGITIMATE PAYMENT	OVERPAYMENT AMOUNT	AMOUNT RECOUPED	AMOUNT FOR FURTHER REVIEW	REMARKS

**Suggested Letter to Provider When Acute Hospital/Skilled Nursing Facility Data Match Shows Potential Overpayment**

Dear Provider

This letter is to notify you of a possible In Home Supportive Services (IHSS) overpayment and give you an opportunity to provide additional information to avoid overpayment collection actions.

In Mo/Yr. you submitted timesheets for \_\_\_\_\_, an In Home Supportive Services (IHSS) recipient. Medi-Cal records indicate that this person was hospitalized in an acute hospital or skilled nursing facility from \_\_\_\_\_. IHSS providers are not eligible to be paid for services while recipients are inpatients in acute hospitals or skilled nursing facilities.

We are enclosing copies of the timesheets you submitted for your review. Please tell us in the space provided below why timesheets were submitted during the time the recipient was not in his/her own home.

- I believe the information regarding the recipient's hospitalization is incorrect.
- I did provide IHSS services in the recipient's home during the time the recipient was hospitalized. Please indicate the dates you provided the services and the services you provided. Attach an additional sheet if necessary.

Date: \_\_\_\_\_ Services \_\_\_\_\_  
Date: \_\_\_\_\_ Services \_\_\_\_\_  
Date: \_\_\_\_\_ Services \_\_\_\_\_

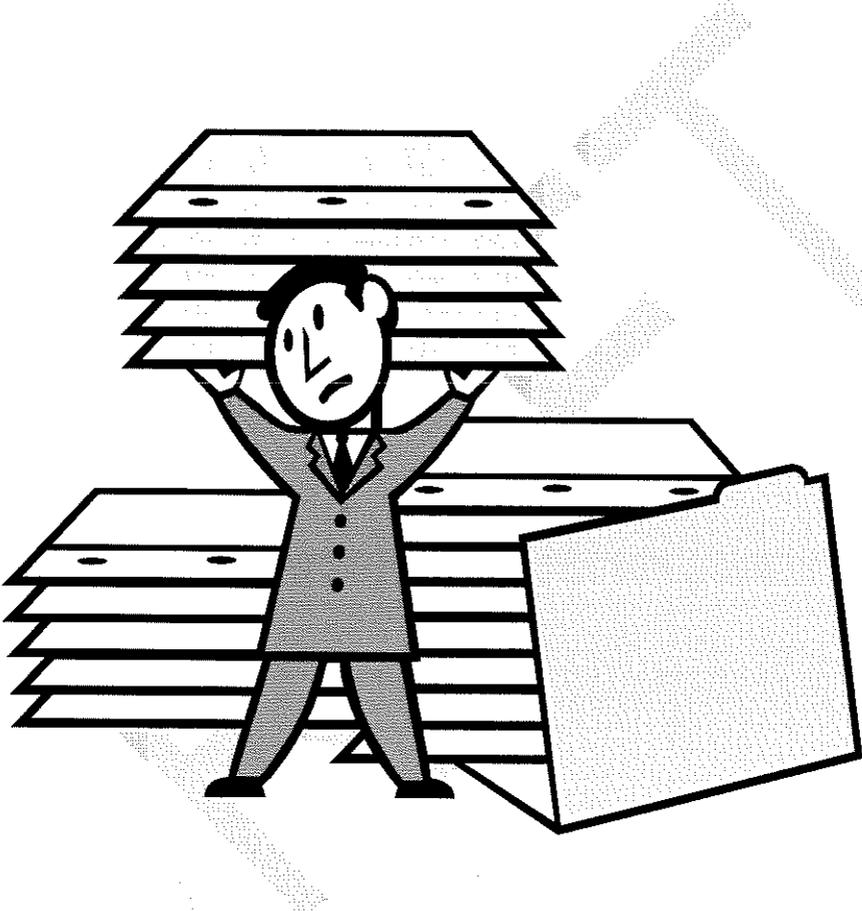
- The timesheet was submitted in error. I did not provide services to this recipient during the dates that the recipient was in the hospital.
- I need further information regarding this.

In order to avoid overpayment collection actions, you will need to respond to this letter by mail or telephone within ten days. If you wish to discuss this further or need more information, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

Name  
Quality Assurance Unit

# APPENDICES



**APPENDIX A**

January 23, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-04-06

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

SUBJECT: QUALITY ASSURANCE (QA) INITIATIVE FRAUD DETECTION AND PREVENTION ACTIVITIES

REFERENCE: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) ALL COUNTY INFORMATION NOTICES (ACIN) I-69-04, DATED SEPTEMBER 30, 2004, AND I-24-05, DATED MAY 20, 2005

This ACIN provides information regarding QA program integrity activities for detecting and preventing fraud in accordance with QA Initiative provisions enacted by Senate Bill (SB) 1104 (Chapter 229, Statutes of 2004). Further, it identifies activities related to these provisions that were addressed by the Fraud/Data Evaluation Workgroup and supplements information provided in previous ACIN I-69-04 and I-24-05.

BACKGROUND

The QA Initiative outlined a number of enhanced activities to be performed by CDSS, the counties, and the State Department of Health Services (DHS) to improve the quality of In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) service need assessments, enhance program integrity, and detect and prevent program fraud. The Fraud/Data Evaluation Workgroup and Interagency Subcommittee were established to gain valuable input from Stakeholders to identify activities and implementation issues related to the fraud provisions of SB 1104. To facilitate this process, the Workgroup examined provisions by combining them into three primary categories: Interagency Roles and Responsibilities, Data Evaluation, and Verification of Receipt of Services.

INTERAGENCY ROLES AND RESPONSIBILITIES

As specified in ACIN I-69-04, Welfare & Institutions Code (WIC) section 12305.82 establishes the authority and process for detecting, investigating, and preventing fraud in the IHSS program. The statute extends DHS' authority to investigate fraud to the IHSS Residual program and requires counties to refer all suspected IHSS fraud to DHS

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for investigation. It also provides for CDSS, DHS, and county QA staff to work together as appropriate to: (1) detect and prevent IHSS fraud based on applicable laws/regulations, which includes due process requirements; (2) take appropriate administrative action; and (3) refer suspected criminal offenses to law enforcement agencies for prosecution.

Additionally, WIC section 12305.71 addresses fraud detection and prevention as part of QA monitoring. The State and County Procedures Workgroup established policies for QA monitoring activities which included activities for preventing and detecting fraud. Preliminary instructions for how counties monitor the delivery of supportive services to detect and prevent potential fraud by providers, recipients, and others were issued in ACIN I-24-05. Explicit instructions were subsequently developed by that Workgroup and will be addressed in the IHSS QA Procedures Manual expected to be released via an All-County Letter in February 2006.

## QA Monitoring and Fraud Referrals

SB 1104 QA monitoring and fraud detection and prevention provisions require a concerted effort among CDSS, DHS, and counties to coordinate activities to work together in minimizing the potential for fraud and maximizing the recovery of overpayments. Consequently, if fraud is suspected during the QA monitoring process and/or in other instances, counties that already have protocols in place to work with DHS regarding appropriate follow-up on suspected fraud may continue to do so under the direction of DHS. Counties who do not have established protocols in place to work with DHS may choose to discuss options for more extensive coordinative work by contacting them directly. Otherwise, counties should refer suspected fraud to the DHS, Investigations Branch at the field office closest to the county (Attachment A). The referrals should include as much specific information as possible such as:

- Copies of all time cards submitted for payment by provider/beneficiary, including signatures;
- Copies of all paid warrants (front and back) for the period in question;
- A completed potential overpayment form for the period in question; and
- A completed MC 609, Medi-Cal Complaint Form (See Attachment B).

DHS is required to notify CDSS, the county, and the county's public authority or non-profit consortium of any DHS conclusion of reliable evidence of fraud by a provider. In accordance with WIC section 12305.81, a person is precluded from providing or receiving payment for IHSS for ten years; following a conviction for, or incarceration following a conviction for, fraud against government health care or supportive services program. The statute also contemplates that DHS will notify the public authority or non-profit consortium of the provider's ineligibility to provide services and requires

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the public authority or non-profit consortium to exclude providers from their IHSS Registry upon notice from DHS.

## Overpayments

Additionally, WIC section 12305.83 provides authority for counties to recover all IHSS overpayments (including overpayments that are not fraud related). The statute specifies, in part, that when it is determined that a provider of IHSS has received an overpayment that is a debt due and owing, the county may recover the overpayment to the extent permissible under existing labor laws by offsetting against any amount currently due.

## DATA EVALUATION

Another important component of SB 1104 that the Fraud/Data Evaluation Workgroup and Interagency Subcommittee focused on was data matches. The WIC section 12305.7 establishes requirements for State-level IHSS/PCSP QA and program integrity functions that include ongoing error-rate studies which also require collaborative efforts among CDSS, DHS, and counties. The findings from these studies are to be used to prioritize and direct State and county fraud detection and quality improvement. CDSS conducted a mini error-rate study involving two volunteer counties during State Fiscal Year (SFY) 2004/2005 and is currently evaluating results. CDSS is currently examining potential areas for studies for the current SFY 2005/2006.

Data evaluation/data match information was provided in ACIN I-24-05. The primary areas identified for data matches to be evaluated were:

- Medi-Cal acute hospital and skilled nursing payments;
- *Death Match Reports* from the State Controller's Office;
- The *Over 300-Hours Report* provided through the Case Management, Information and Payrolling System (CMIPS); and
- The use of the *Ad Hoc* tool developed by Electronic Data Systems (EDS) to develop other criteria to identify potential fraud.

The Fraud/Data Evaluation Workgroup recommended additional areas for potential data evaluation which include conducting the following activities:

- Reviewing CMIPS out-of-state payments to ensure circumstances warrant an out-of-state payment and that the IHSS consumer has not moved out of state;
- Reviewing advance pay situations to verify that providers' time sheets are in the case; and

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- Reviewing List U of the Suspended and Ineligible (S&I) List located on the side menu at DHS' website <http://www.medi-cal.ca.gov/>.

## APPROACHES TO VERIFY RECEIPT OF SERVICES

A final area of focus for the Fraud/Data Evaluation Workgroup pertained to developing methods for verifying receipt of services for consumers. As specified in the previous ACIN I-69-04, WIC section 12305.7 provides for State-level IHSS/PCSP QA and program integrity functions that involve developing approaches to verify receipt of services for consumers with the input of Stakeholders. Additionally, CDSS is to work with the counties to determine, define, and issue instructions describing the roles and responsibilities of CDSS and the county welfare departments for evaluating and responding to identified problems and discrepancies. As part of QA monitoring, the IHSS QA Procedures Manual (developed by the State and County Procedures Workgroup) includes methods for verifying receipt of services and the roles and responsibilities of counties/CDSS. The emphasis is on ensuring a quality of care that enables the consumer to remain safely at home and to avoid institutionalization. The Fraud/Data Evaluation Workgroup (consisting of a broad scope of Stakeholders) suggested the following additional approaches to verify receipt of services:

- Develop pre-reassessment questions regarding receipt of services just prior to the reassessment in certain cases that have been determined appropriate after consideration of consumers' living circumstances and cognitive functioning;
- Conduct pilot projects to test new innovative approaches to verify receipt of services;
- Use consumer task grids to identify and check off specific tasks (This tool was shared by a consumer that found task grids very useful.); and
- Provide educational materials regarding provider/consumer responsibilities and expectations. The CDSS *Real Choice Grant—IHSS Enhancement Initiative* will be providing educational materials to consumers and providers for this purpose.

It is important to note that approaches to verify receipt of services are suggestions and are not mandated activities.

The activities identified in this ACIN pertain to the SB 1104 fraud detection and prevention provisions as addressed by the Fraud/Data Evaluation Workgroup and the Interagency Subcommittee. They are not intended to be all-inclusive and, as specified, interface with procedures established in the IHSS QA Procedures Manual.

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If you have additional questions regarding this ACIN, please contact the Adult Programs Branch, Quality Assurance Bureau, at (916) 229-3494 or by E-mail at [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov).

Sincerely,

*Original Signed By*

*Joseph M. Carlin on January 23, 2006*

JOSEPH M. CARLIN

Acting Deputy Director

Disability and Adult Programs Division

Attachments

c: CWDA

## ATTACHMENT A

### DHS INVESTIGATIONS BRANCH FIELD OFFICES

#### Northern Section

Sacramento: (916) 650-6630

#### Southern Section

Fresno: (559) 446-2440

San Diego: (619) 688-0143

#### Eastern Section

Orange: (714) 703-2600

Rancho Cucamonga: (909) 483-0227

West Covina: (626) 918-6685

#### Western Section

Commerce: (323) 838-7000

Gardena: (310) 516-4677

Granada Hills: (818) 832-3254

Bakersfield: (661) 395-2705

## CONFIDENTIAL MEDI-CAL COMPLAINT REPORT

IEVS

<b>FOR DHS STAFF ONLY</b>
P.I. number
Case number

<b>FOR COUNTY STAFF ONLY</b>	
Case number	
Eligibility Worker name	Telephone number (      )

Name of person reporting complaint			Telephone number (      )
Address (number, street)	City	ZIP code	
Medi-Cal beneficiary name	Date of birth	Social security number	
Address (number, street)	City	ZIP code	Telephone number (      )
Provider name			Provider number
Address (number, street)	City	ZIP code	Telephone number (      )
Violation			Type code

Details of complaint

Complaint taken by	Date
Address	Telephone number (      )

### FOR DHS STAFF USE ONLY

**Supporting Documents**

MEDS \_\_\_\_\_ Date: \_\_\_\_\_

CDR \_\_\_\_\_ Date: \_\_\_\_\_

CLETS \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Action Taken**

P.I. Closed \_\_\_\_\_ Date: \_\_\_\_\_

P.I. Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Case opened \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**APPENDIX B**

October 5, 2005

ALL-COUNTY INFORMATION NOTICE NO. I-64-05

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

**SUBJECT: ANNUAL QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN**

This All-County Information Notice (ACIN) provides information regarding the requirement for submission of an annual Quality Assurance/Quality Improvement (QA/QI) Plan. The initial plan for the period July 1, 2005 through June 30, 2006, should be submitted to the California Department of Social Services (CDSS) by November 1, 2005. The QA/QI plans for subsequent years must be submitted no later than June 1<sup>st</sup> of each year.

The QA/QI Plan should address how the county plans to utilize information obtained through mandated QA activities to improve the quality of the In-Home Supportive Services (IHSS) program and enhance the IHSS assessment process. The following are basic components which should be included in the county's QA/QI Plan:

**Discovery Methodology**

The QA/QI plan should provide information regarding how the county will collect data in order to assess the ongoing operation of, and monitor the quality of, services provided to Personal Care Services Program (PCSP), IHSS Plus Waiver, and IHSS Residual (IHSS-R) recipients during the period the QA/QI plan is in effect.

Discovery methods may include, but are not limited to the following: supervisory review of cases, analysis of data resulting from county QA activities, and feedback received from State monitoring; review of data derived from home visits with consumers including quality of care monitoring; review of statistical data such as Case Management, Information and Payrolling System reports; including critical events; review of complaints/fair hearings; input from stakeholders including consumers, advocates, providers, Adult Protective Services staff, Public Authority and Advisory Committee staff; feedback from staff performing assessments, and feedback received through community meetings and/or consumer surveys.

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## **Remediation Process**

The QA/QI Plan should define how the county will use information received through the discovery process to correct problems that are identified. The Plan should address how problems that are identified on an individual basis are corrected as well as how problems which are systemic in nature are corrected. Copies of county procedures which define the process that will be used to correct problems identified through the discovery process should be attached to your county's QA/QI Plan.

## **County Response to Critical Events**

The QA/QI Plan should provide a description of how the county responds and documents critical events that pose an immediate threat to the health and safety of PCSP, IHSS Plus Waiver, and IHSS-R recipients and how the county defines, identifies, investigates, and resolves critical events to ensure that appropriate and timely action has been taken. Include information regarding resources available on a county-wide basis such as 24-hour referral service. Counties may wish to work with their Public Authorities in developing this portion of their QA/QI Plan.

## **Person-Centered Planning**

The QA/QI plan should describe any current procedures that the county uses to disseminate the following information to recipients: rights and responsibilities to self-direct their services allowing them choice and control over those services and supports; how to report critical incidents; how to access an advocate or one of the advocacy systems; how to get in touch with their social worker; and how to access alternative community resources and back-up options when their provider is not available and an immediate replacement is necessary to avoid institutionalization. The QA/QI plan should describe the process the county uses to document that the recipient has been given the above information. If the current procedures do not address these issues, the QA/QI plan should discuss how these issues will be incorporated and addressed as part of the county's overall QI measures to indicate recipients have the requisite information to participate in the development, implementation, and management of his/her services and supports.

## **Quality Improvement Measures**

The QA/QI plan should describe any specific QI measures that are currently planned for the period July 1, 2005, through June 30, 2006. Include a description of how the measures were/will be developed and identify by title, the individuals and/or

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organizations that will be included in developing QI measures. If the county plans to initiate a Quality Improvement Committee, please describe the makeup (titles of individuals and organizations) of the committee and a schedule indicating how often the committee will meet.

If you have further questions regarding this ACIN, please contact the Adult Program Branch QA Bureau at (916) 229-3494 or by email at [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov).

Sincerely,

*Original Signed By*

*Joseph M. Carlin on 10/05/05*

JOSEPH M. CARLIN

Acting Deputy Director

Disability and Adult Programs Division

c: CWDA