

Adopt Section 30-702 to read:

30-702 COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT 30-702

.1 Each county shall establish a Quality Assurance (QA) unit or function which, at a minimum, will be required to perform the following tasks:

.11 Develop and regularly review policies and procedures, implementation timelines, and instructions under which county QA and Quality Improvement (QI) programs will function.

.12 Perform routine, scheduled reviews of supportive services cases which include reviewing a sample of case files and other documents.

.121 The county shall define routine, scheduled reviews in their QA procedures.

.122 The county's QA case sample shall:

(a) Include cases from all district offices and all workers involved in the assessment process.

(b) Include a minimum number of cases as determined by CDSS based on the county's caseload and QA staffing allocation.

.123 If the county is unable to meet the requirements of Section 30-702.122, the county shall submit a written alternative proposal to CDSS outlining the reason as well as an alternative sample method. CDSS shall review the proposal and determine if it is acceptable for compliance with Section 30-702.122.

.124 The county's routine, scheduled reviews shall consist of desk reviews and home visits.

.125 The review process shall be a standardized process, including standard forms for completing desk reviews of cases and for completing home visits.

(a) The desk reviews must include:

(1) A sample of denied cases.

(2) Validation of case file information by recipient contact using a sub-sample of cases.

(3) A process to verify:

(A) Required forms are present, completed, and contain appropriate signatures.

- (B) There is a dated Notice of Action in the case file for the current assessment period.
 - (C) The need for each service and hours authorized is documented.
- (b) The county shall conduct home visits using a sub-sample of their desk reviews to confirm that the assessment is consistent with the recipient's needs for services and the applicable federal and state laws and policies have been followed in the assessment process. When conducting home visits the county shall:
- (1) Notify the recipient prior to the home visit.
 - (2) Verify the recipient's identity.
 - (3) Verify the need for any IHSS service tasks, not just the task currently authorized.
 - (4) Verify all data on the G-Line of the SOC 293, which includes specific information that may impact the assessment of need.
 - (5) Verify the recipient understands which services have been authorized and the amount of time authorized for each.
 - (6) Discuss with the recipient, the recipient's health issues and physical limitations to assist in identifying the recipient's functional limitations.
 - (7) Discuss any changes in the recipient's condition or functional limitations since the last assessment.
 - (8) Discuss the quality of services provided by the county with the recipient, including addressing the recipient's awareness of, and the ability to, contact and communicate with his/her worker.
 - (9) Verify that the recipient understands his/her ability to request a state hearing.
 - (10) Ensure a completed back-up plan, that indicates the steps the recipient must take in the event of an emergency, is in the recipient's file and a copy has been provided to the recipient to use as a future resource.

.126 The county's QA review process shall also identify any optional county specific requirements.

- .127 When county QA staff is prevented from completing a review on a specific case, this information shall be conveyed to the appropriate staff and an alternative case shall be selected.
- .13 Develop procedures to report QA findings to county and State management and to ensure that deficiencies identified are appropriately reported and corrected.
- .131 The county's reporting procedures shall identify a standardized process for communicating results of routine, scheduled reviews to management, line staff, and the immediate supervisors of line staff. The process shall include:
- (a) A specified time frame for response to QA findings and a follow-up process.
 - (b) Protocols for identifying and responding to a need for immediate action.
 - (c) Measures to ensure that corrective actions address problems that are systemic in nature.
- .14 Review and respond to information provided as a result of data matches conducted by the State with other agencies that provide services to program recipients or State control agencies.
- .141 In performing data match activities, counties shall ensure that confidentiality requirements are adhered to.
15. Develop procedures to detect and prevent potential fraud by providers, recipients, and others, which include informing providers, recipients, and others that suspected fraud of supportive services can be reported by using the toll-free Medi-Cal fraud telephone hotline and/or internet web site.
- .16 Conduct appropriate follow-up of suspected fraud and seek recovery of any overpayments, as appropriate.
- .17 Identify potential sources of third-party liability and make appropriate referrals. Potential sources of third-party liability include but are not limited to:
- .171 Long-Term Care Insurance.
 - .172 Worker's Compensation Insurance.
 - .173 Victim Compensation Program Payments.
 - .174 Civil Judgments/Pending Litigations.

- .18 Conduct joint case review activities with State QA staff.
- .19 Develop a plan for and perform targeted QA/QI studies based on:
 - .191 Analysis of data acquired through the county's quality assurance program; or
 - .192 Analysis of data available through Case Management Information Payrolling System (CMIPS), county systems; or
 - .193 Other information, including but not limited to:
 - (a) Data from QA case review findings; or
 - (b) Input from Public Authorities and other consumer groups.
 - .194 The county shall submit a Quarterly Report of their QA/QI activities to CDSS on the SOC 824 Form fifteen days after the report Quarter ends.
- .2 Each county shall develop and submit an annual QA/QI Plan to CDSS no later than June 1 of each year.
 - .21 The QA/QI Plan shall identify how the county will use the information gathered through QA activities to improve the quality of the IHSS program at the local level.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 12305.71, Welfare and Institutions Code.

Amend Section 30-760 to read:

30-760 RESPONSIBILITIES

30-760

.1 (Continued)

.11 (Continued)

.13 Cooperating with county fraud detection and prevention and quality assurance activities including case reviews and home visits.

~~.134~~ (Continued)

~~.145~~ (Continued)

~~.156~~ (Continued)

~~.167~~ (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Sections 11102, 12301, 12305.71, and 14132.95, Welfare and Institutions Code.