



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

April 2, 2013

ALL-COUNTY LETTER NO.: 13-23

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: REVISED IN-HOME SUPPORTIVE SERVICES (IHSS) QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) QUARTERLY ACTIVITIES REPORT (SOC 824)

REFERENCE: ACIN NO. I-89-08, DATED NOVEMBER 26, 2008
ACIN NO. I-64-05, DATED OCTOBER 6, 2005

REASON FOR THIS TRANSMITTAL

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

This All-County Letter (ACL) accompanies the release of the revised In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) Quarterly Activities Report (SOC 824) and provides instructions for completing the revised form. The SOC 824 is the mechanism for counties to report IHSS QA/QI efforts and outcomes to the California Department of Social Services (CDSS) on a quarterly basis.

The justification for the changes is based on implementation of Community First Choice Option (CFCO) as outlined in the State Plan Amendment 11-034 dated August 31, 2012. The changes ensure counties report data in a consistent and uniform manner.

Overview of Changes and Additions to SOC 824

- Routine Scheduled Reviews
 - Addition of number of denied cases reviewed
 - For both case reviews and home visits the focus has been changed from process measures to outcome measures
 - Outcomes for case reviews and home visits are now reported separately
- Critical Incidents identified by QA during a case review will only be counted if the occurrence was within the last 12 months and was not reported on any previous SOC 824

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- Critical Incidents identified by a QA worker during a home visit or by another county worker and reported to QA within the last 12 months will now be reported
- Outcome Reports are now required for Quality Improvement Efforts and Targeted Reviews

Removed from the SOC 824

- Section 4, “Resolution of Cases Pended Last Quarter” – A case review will only be counted once a resolution has been reached
- Fraud data – Fraud data is now reported separately, on the Fraud Data Reporting Form (SOC 2245)

EFFECTIVE DATE

The first use of the revised SOC 824 must be submitted to IHSS-QA@dss.ca.gov by October 15, 2013 reporting data from the first quarter of fiscal year 2013/14. The revised SOC 824 is available on the CDSS website at:

http://www.cdss.ca.gov/cdssweb/FormsandPu_271.htm

Should you have any questions regarding this ACL, please contact Marjorie Katz, Analyst, Quality Assurance Research & Program Integrity Unit, at (916) 651-3494.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Enclosures

c: CWDA

INSTRUCTIONS FOR COMPLETING IN-HOME SUPPORTIVE SERVICES (IHSS) QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) QUARTERLY ACTIVITIES REPORT – SOC 824

County – Select county name from the drop-down list.

Date Completed – Enter the date the report was completed.

Fiscal Year – Select the state fiscal year from the drop-down list.

Quarter – Select the quarter being reported from the drop-down list.

Name of Person Completing Report – Enter the name of person completing report.

Title of Person Completing Report – Enter the title of person completing report.

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

Number of QA Staff (Full Time Equivalent - FTEs) – Enter the number of QA staff positions in your county (Example: 1 full time and 1 half-time = 1.50.)

Number of IHSS Caseworkers (FTEs) – Enter the number of IHSS caseworker positions in your county.

Number of Desk Reviews Conducted by QA – Enter the number of case reviews conducted by QA this quarter regardless if an outcome has been determined.

Number of Home Visits Conducted by QA – Enter the number of Home Visits conducted by QA this quarter regardless if an outcome has been determined.

Reviewed Cases with Completed SOC 864 – Enter the number of cases reviewed by QA which included a completed SOC 864 (IHSS Program Individualized Back-up Plan and Risk Management.)

Reviewed Cases with Timely Reassessments – Enter the number of cases reviewed by QA where the case was in compliance with timely reassessment criteria. Per the definitions, compliance means that the case file had evidence of a face-to-face reassessment within the previous 12 months, OR had evidence of a face-to-face reassessment within the previous 18 months, and included clear documentation of meeting the Variable Reassessment Criteria.

<p>Note: All fields are mandatory - If the response is zero indicate by entering the number "0". Blank fields are considered unanswered.</p>

SECTION 1 – IHSS QA Case Reviews Completed During the Reporting Quarter – The required number of case reviews is 250 desk reviews, of which 50 resulted in home visits, per QA FTE staff per fiscal year. Example: If one half-time position is dedicated to QA activities, the formula would be .5 QA FTE x 250 = 125 required desk reviews, and .5 QA FTE x 50 = 25 home visits. (See ACL 06-35 (September 1, 2006) – Attachment C.)

1A. Number of Denied Applications Reviewed - Enter the number of denied applications reviewed by QA.

1B. Number of Desk Reviews Completed with No Action Required (CFCO, PCSP, IPO, IHSS-R) – Enter the number of cases reviewed by county QA staff that were found to be in compliance with State and county requirements. Cases where a case worker has successfully contested the QA findings and no changes and/or adjustments were required are to be counted under No Action Required.

1C. Number of Desk Reviews Completed Requiring Action (CFCO, PCSP, IPO, IHSS-R) – Enter the number of desk reviews conducted by QA that were found to be out of compliance with State and/or county requirements. A completed case review is one which the responsible case worker has reviewed the QA desk review recommendations and made the necessary changes and/or adjustments.

If a case required multiple corrections, report all that apply. The sum of 1C.1 through 1C.8 may be greater than the number reported in 1C.

Report the number of cases involving the following:

- 1C.1 Missing, Incorrect or Incomplete State Form(s) – Number of cases missing mandatory forms, with the wrong form(s) or forms not completed as required
- 1C.2 Missing, Incorrect or Incomplete County-Specific Form(s) – Number of cases missing forms, with the wrong form(s), or forms not completed as required by the county
- 1C.3 Insufficient or inaccurate case documentation – including justification for exceptions to HTGs
- 1C.4 Increase in Service Authorizations - An increase in the number of service hours authorized
- 1C.5 Decrease in Service Authorizations - A decrease in the number of service hours authorized
- 1C.6 Cases Terminated - The termination of a case
- 1C.7 Fraud Referral- A referral to a fraud investigation unit or agency
- 1C.8 Suspected Overpayment

1D. Number of Home Visits Completed with No Action Required (CFCO, PCSP, IPO, IHSS-R) – Enter the number of home visits completed by county QA staff where the home environment appeared to support the assessment and authorization paperwork and it appeared that the recipient was receiving adequate care. Cases where a case worker has successfully contested the QA findings and no changes and/or adjustments are required are to be counted under “No Action Required.”

1E. Number of Home Visits Completed Requiring Action (CFCO, PCSP, IPO, IHSS-R) –

Enter the number of home visits completed by county QA staff where the home environment did not support the assessment or authorization paperwork, or it appeared that the recipient was not receiving adequate care. A completed home visit is one which the responsible case worker has reviewed the QA home visit recommendations and made the necessary changes and/or adjustments.

If a case required multiple actions as a result of a home visit, report all that apply. The sum of 1E.1 through 1E.6 may be greater than or equal to 1E.

Report the number of cases involving the following:

- 1E.1 Insufficient or inaccurate case documentation - Based on observations the case has insufficient or inaccurate case documentation
- 1E.2 Increase in Service Authorizations - An increase in the number of service hours authorized
- 1E.3 Decrease in Service Authorizations - A decrease in the number of service hours authorized
- 1E.4 Cases Terminated - The termination of a case
- 1E.5 Fraud Referral(s) - A referral to a fraud investigation unit or agency
- 1E.6 Suspected Overpayment

SECTION 2 – Critical Incidents Critical incidents identified through QA Case Reviews or Targeted Reviews, or that were reported to QA.

A Critical Incident is defined as one in which there is an immediate threat to the health and/or safety of a participant. Critical Incidents include, but are not limited to: serious injuries caused by accident, medication error/reaction; physical, emotional or financial abuse or neglect.

2A. Critical Incidents Identified, Reported by Program (CFCO, PCSP, IPO, IHSS-R)

- 2A.1. Number of cases reviewed by QA where a critical incident had been identified, documented, and addressed by a case worker during the previous 12 months. Do not include instances which have previously been reported on a SOC 824 quarterly report.
- 2A.2. Number of cases in which QA identified a critical incident during a home visit, or received a report involving a critical incident.

2B. Number of Referrals Resulting from Critical Incidents (CFCO, PCSP, IPO, IHSS-R) –

Enter the number of referrals initiated as the result of critical incidents. Examples: A referral to an agency or authority, such as Adult Protective Services, Child Protective Services, 911 or other law enforcement. Not all incidents result in a referral; conversely, a single incident can result in more than one referral.

SECTION 3 – Overpayments – Confirmed Overpayments identified through QA Case Reviews or Targeted Reviews, or reported to QA.

3A. Overpayments Confirmed – Enter the number of cases that were identified in the reporting quarter with confirmed overpayments and the total dollar amount of the overpayments. Enter

only the cases identified through or reported to QA. Enter the number of cases, *not* the number of warrants involved.

3B. Overpayment Recovery Actions Initiated – Enter the number of cases identified by or reported to QA with overpayment recovery actions initiated in the reporting quarter, and the total dollar amount of the recovery actions. Initiation of overpayment recovery action means:

1. Submission of the completed SOC 312 (IHSS Special Pre-Authorized Transactions form) to Hewlett Packard with accompanying check,
2. Submission of the completed SOC 330 (Overpayment Collection Transaction form) to Hewlett Packard,
3. A negotiated repayment agreement has been reached with the overpaid party, or
4. Civil action has been filed.

SECTION 4 – QA Targeted Reviews

4A. Targeted Reviews Completed this Quarter – If you completed one or more Targeted Review this quarter, select "YES" from the drop down-list. If none were completed please select "NO."

4B. Attach Targeted Review Outcome Report(s) – See ATTACHMENT A

SECTION 5 – Quality Improvement Efforts

5A. Quality Improvement Efforts Completed this Quarter – If you completed one or more QI Efforts this quarter, select "YES" from the drop down-list. If none were completed please select "NO."

5B. Attach Quality Improvement Efforts Outcome Report(s) – See ATTACHMENT B

ATTACHMENT A

4B. Instructions for the Targeted Review Outcome Report(s)

The Outcome Report contains four sections:

Background

1. Describe the topic you chose for your Targeted Review and why

Methodology

1. Describe the criteria you used to select cases and the number of cases reviewed?
2. Describe your process for conducting this review

Outcomes

1. Describe the results.
2. Describe the lessons learned.
3. Describe the actions planned or implemented as a result of the Targeted Review. If a corrective action was implemented in this quarter, report in Section 5 - Quality Improvement Efforts.

Additional Information Required

- Provide the following information:
 - Name of person completing the Outcome Report
 - Title
 - Phone Number
- Provide any additional information that you feel is important

Please see Sample Report on next page.

SAMPLE OUTCOME REPORT – TARGETED REVIEWS (SOC 824)

Protective Supervision Targeted Review XYZ County April 2013

Background

1. Describe the topic you chose for your Targeted Review and why

Example: Detected an increase in Protective Supervision cases. We want to ensure Protective Supervision is being assessed properly and validate that case files are accurate and complete.

Methodology

1. Describe the criteria you used to select cases and the number reviewed

Example: There are 500 Protective Supervision cases county-wide, 400 are recipients 18 and over, we reviewed ten percent or forty of those cases.

2. Describe your process for conducting this review

Example: The QA worker ran a CMIPS II report and identified 40 cases of Protective Supervision cases where the recipient was over 18. Using a check list all 40 cases were reviewed to check for documentation errors and incorrect authorization.

Outcomes

1. Describe the results.

Example: Of the 40 Protective Supervision cases reviewed, 5 were missing required forms, 10 had errors on required forms, 15 cases were incorrectly authorized and the rest were in compliance with state and county requirements.

2. Describe the lessons learned.

Example: Consistently case workers are making similar mistakes in incorrectly filling out required forms. Additionally, we identified that there was a misunderstanding on authorization of Protective Supervision by case workers hired in the last 9 months.

3. Describe the actions planned or implemented as a result of this Targeted Review.

Example: Initiated a corrective-action plan to train all caseworkers on the documentation errors and authorization guidelines. (If a corrective action was implemented in this quarter, report in Section 5 of the SOC 824: Quality Improvement Efforts.)

Additional Information Required

- Name of person completing this Outcome Report: *Jen Thomas*
- Title: *QA Manager*
- Phone Number: *555-123-4567*
- *We have attached our quarterly QA Case Reviews Report broken out by caseworker and then grouped by supervisor.*

ATTACHMENT B

5B. Quality Improvement Efforts Outcome Report(s)

The Quality Improvement Efforts Outcomes Report is comprised of five questions (Please submit a Quality Improvement Outcomes Report for each QI Effort):

1. Describe the quality improvement effort you implemented and why
2. Identify who initiated the improvement effort
3. Describe what was done to prepare for and complete this Quality Improvement effort.
4. What was the outcome?
5. Additional Information Required
 - Provide the following information:
 - Name of person completing this Outcome Report
 - Title
 - Phone Number
 - Provide any additional information that you feel is important

Please see Sample Report on next page.

SAMPLE OUTCOME REPORT – QUALITY IMPROVEMENT EFFORTS (SOC 824)

**Authorization of Protective Supervision - Quality Improvement Efforts
XYZ County
April 2013**

1. What quality improvement effort did you implement and why?

Example: As a result of a Targeted Review the QA team recognized the need to improve the manner in which caseworkers were authorizing Protective Supervision cases. This led to the development of a new training and a one page training aid on authorizing Protective Supervision.

2. Who initiated the improvement activity?

Example One: The QA staff initiated training based on observations from a Targeted Review.

Example Two: After having completed a number of case reviews the caseworkers worker supervisors asked the QA team to work with them in finding ways to improve authorization of Protective Supervision cases.

3. Describe what was done to prepare for and complete this QI effort.

Example: The QA staff reviewed regulations on Protective Supervision in MPP Section 30-757.17 thru 757.17.174 as well as consulted with the QA Bureau at the State. The next step was to create a one page resource “cheat-sheet” and prepared a short training for case workers to be given at a staff meeting. QA staff also created a pre and post-test which was administered to the case workers prior to and just after the training.

4. What was the outcome?

Example: Four weeks later QA checked a sample of Protective Supervision cases which had recently been assessed and found improvement in the authorization of Protective Supervision.

Additional Information Required

- Name of person completing this Outcome Report: *Max Richards*
- Title: *Quality Improvement Specialist*
- Phone Number: *555-222-1234*
- *We have attached a copy of the resource page created for this training as well as a copy of the pre and post-test.*

ATTACHMENT C - DEFINITIONS for SOC 824

1. **QA Desk Reviews** - Case file reviews conducted by QA staff to confirm that all required forms are present and correctly completed, to determine if participant needs appear to be correctly and uniformly assessed, to ensure that service hours are appropriately authorized, proper justification to any Hourly Task being out of the pre-defined range be provided, and case file documentation pertaining to death match reports, error rate studies, or critical incidents are documented.
2. **QA Home Visits** – A sub-sample of desk reviewed cases are selected for Home Visits. The purpose of a QA Home Visit is to observe the recipient at home to determine that the recipient’s home environment supports the documentation in the case file. The QA worker will use the opportunity to help determine whether or not it appears that the recipient is getting the services authorized them, and whether hours are authorized appropriately.
3. **QA Targeted Reviews** – Based on the results of other QA activities such as Desk Reviews, Home Visits, and CMIPS/CMIPS II Reports, counties will identify criteria for Targeted Reviews. Targeted Reviews focus on a single subject and may involve case file reviews, or the review of data from other sources, such as CMIPS/CMIPS II.
4. **Quality Improvement Efforts** – Also referred to as “System Improvements”, are intended to eliminate systemic problems. These may include written directives, modified procedures, new forms or tracking tools, staff training or other similar efforts. Areas of focus are determined through feedback from social workers, supervisors, QA staff or QA committees. The goal is to improve the administration of the IHSS Program or IHSS QA.
5. **Cases with Identified Critical Incidents** – A Critical Incident is defined as an incident which presents an immediate threat to the health and/or safety of a participant. Critical Incidents may include, but are not limited to: serious injuries caused by accident, medication error/reaction; physical, emotional or financial abuse or neglect, or disasters which require county intervention to protect the health and/or safety of IHSS recipients.
6. **Cases in Compliance with Timely Reassessment Criteria** – Of the Desk Reviewed cases, the number that either:
 - had evidence of a face-to-face reassessment within the previous 12 months, or
 - had evidence of a face-to-face reassessment within the previous 18 months, and included clear documentation of meeting the Variable Reassessment Criteria.
7. **Overpayment** – Any amount paid to a provider or recipient for the provision of IHSS which is:
 - in excess of the amount for services authorized or
 - in excess of the amount for services actually provided, or,

-in Advance Pay cases, in excess of the amount paid to provider(s) by the recipient for the provision of IHSS.