County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division

Program/Area:	**Adult Services/In-Home Supportive Services**
Title:	**Quality Assurance/Quality Improvement Policy**
Number:	**1037** **Status:** Revised
Effective Date:	**12/31/2006** **Revision Date:** 11/2/2026
Approved:	**Signature on file**

PURPOSE

To provide In-Home Supportive Services staff guidelines regarding Quality Assurance/Quality Improvement (QA/QI) regulations.

POLICY

Counties are required to establish a QA unit to ensure staff consistently comply with applicable State and County policies and procedures, while safeguarding the safety and well-being of recipients. The County's QA/QI function is responsible for:

- Developing, periodically reviewing, and updating QA/QI policies and procedures.
- Conducting desk reviews, home visits, and targeted reviews to assess documentation, accuracy of assessments, and compliance with applicable policies and procedures.
- Identifying and developing corrective action plans and program improvements to address errors, recurring deficiencies, and systemic issues.
- Supporting and complying with California Department of Social Services (CDSS) annual Monitoring Visits/Review activities.
- Developing and submitting the Annual QA/QI Plan to CDSS.

Applicants/recipients are required to cooperate with IHSS QA/QI reviews and home visits as part of their program obligations.

BOOKMARKS

Definitions
Routine Scheduled Reviews
CDSS Monitoring Reviews
Remediation
Data Matches
Critical Incidents
Quality Improvement Action Plan
Reporting
References

DEFINITIONS

Quality Assurance (QA) – Required county activities that ensure compliance with IHSS regulations, assessment standards, service authorizations, and program integrity protocol.
Quality Improvement (QI) – Activities that identify, correct and improve systematic issues that affect program accuracy, timeliness and recipient outcomes.
Program Integrity (PI) – Policies and procedures to detect, prevent and address fraud, misuse and overpayments within the IHSS program.

ROUTINE SCHEDULED REVIEWS

The QA unit conducts routine scheduled reviews of IHSS cases to evaluate the accuracy and quality of assessments, documentation, service authorizations, and compliance with applicable requirements.

Routine scheduled reviews should:

- Include cases from all district offices and all social workers involved in the assessment process.
- Meet the minimum number of desk reviews determined by CDSS based on the County's caseload and QA staffing.
- Include both desk reviews and home visits.
- Use standardized processes and forms.
- Identify deficiencies requiring correction and opportunities for quality improvement.
- Include a review of denied applications, which may account for up to 10 percent of the County's minimum required number of desk reviews.

If the County is unable to meet the required case review minimum, the County shall submit an alternative proposal to CDSS.

Desk Reviews
Desk reviews should include a process to verify the following:

- Required forms are present, completed, in the appropriate language, and contain all required signatures.
- Required forms that do not require a signature are maintained.
- All required fields in CMIPS II are complete and accurate.
- A dated Notice of Action (NOA) in the appropriate language is present for the current assessment period.
- The need for authorized service hours is adequately documented.
- Unmet needs for IHSS services are documented for recipients who have been assessed the maximum number of non-protective supervision hours allowed under IHSS.

At a minimum, the desk review should verify the following:

- Compliance with regulatory time-per-task guidelines for domestic services, laundry, food shopping, and other shopping and errands.
- When the total assessed need exceeds regulatory time guidelines, sufficient exception language is provided.

- Exception language adequately justifies any service authorization that exceeds established hourly task guidelines.
- Appropriate documentation supporting the need for Protective Supervision is present, and Protective Supervision calculations are accurate.
- Compliance with proration requirements.
- Documentation in the case record identifies the agency or individual providing alternative resources, including detailed information about the services provided and their frequency.
- The assessment or reassessment was conducted within the timeframe specified by applicable regulations.
- When an alternative resource provides a service that is compensable by IHSS, the individual providing the service has voluntarily completed and signed the Voluntary Services Certification (SOC 450).
- When paramedical services are authorized, the Request for Order and Consent - Paramedical Services (SOC 321) is present; the authorized services are paramedical in nature; and, when applicable, the certification has not expired.
- For cases subject to variable reassessment criteria, all applicable criteria have been met, and documentation supporting the recipient's eligibility for those criteria is present in the case record.

Home Visits

The primary purpose of QA home visits, using a sub-sample of completed desk reviews, allow County QA staff to interact with the recipient and/or authorized representative to discuss the quality of care and services being provided.

Prior to the home visit:

- Review the case file and documentation from the most recent needs assessment.
- Verify that the number of hours claimed by the provider(s) matches the service hours authorized.
- If discrepancies are identified, follow applicable State and County procedures for addressing them.
- Notify the recipient.
- Document that all requirements specified have been met.

During the home visit, the following must be validated:

- The identity of the recipient.
- That the provider(s) is providing authorized services and working the hours being claimed.
- That the recipient’s authorized services appear to have been assessed correctly based on their assessed needs.

County QA staff should confirm that the social worker (SW) has provided the recipient with information regarding:

- Their rights and responsibilities to self-directed services.
- How to report critical incidents.
- How to access and contact an advocate or applicable advocacy system.
- How to contact their SW.
- How to access alternative community resources.
- Whom to contact if a provider is unavailable and an immediate replacement is needed.
- How to report suspected fraud, abuse, or neglect.

QA staff and SWs should document as applicable:

- Referrals made because of the QA Home Visit.
- The recipient was provided with the required information.
- Forms provided or reviewed.
- Additional resources and external referrals provided or discussed.

Targeted Reviews

Targeted reviews focus on specific program areas, service categories or identified risks. At least one targeted review should be conducted during each fiscal year unless otherwise directed by CDSS. Topics may be selected based on:

- Trends identified through routine desk reviews and home visits.
- QA/QI data analysis.
- CDSS State QA monitoring findings.
- CDSS direction or requests.
- Case Management Information Payrolling System (CMIPS) II or County data.
- Input from IHSS management.
- Program integrity concerns.
- Other information indicating a potential risk or opportunity for program improvement.

CDSS MONITORING REVIEWS

The California Department of Social Services (CDSS) QA team conducts county monitoring reviews to evaluate compliance with State requirements. These reviews include examining case files, county-QA-reviewed files, and denied applications; observing County QA staff conducting home visits; and reviewing any existing Quality Improvement Action Plans (QIAPs). County QA staff collaborate with State QA staff during joint reviews by providing requested case records, documentation and follow-up information within established timeframes.

Pre-Review Activities

Before the monitored review, CDSS QA reviews the following:

- County policies and procedures.

- Quarterly QA/QI reports and the annual QA/QI plan.
- Existing QAIPs.
- Relevant county data and performance metrics.

County data is compared to statewide averages and to counties with similar caseloads. Performance measures reviewed may include, but are not limited to:

- Timely reassessment compliance rate.
- Proportion of severely impaired recipients to total caseload.
- Average hours assessed and cost per case.
- Participation of IHSS staff in State-sponsored Social Worker Training Academy.
- Participation in recent data match or error-rate study.

Entrance Interview

The monitoring review begins with an entrance interview, which includes

- An introduction and discussion of County's procedures and the annual QA/QI Plan.
- Data comparison.
- Discussion of any issues that may have an impact on the monitoring review or its outcome.

Case Reviews

CDSS QA reviews a set of preselected cases to assess:

- Correct application of State regulations.
- Use of required documents/forms.
- Adequacy and clarity of justification for services.
- Proper documentation of Hourly Task Guideline (HTG) exceptions.
- Existence of individualized back-up plans.
- Validity of substitute forms (must have CDSS permission).
- Completeness and accuracy of narratives and documentation.
- Handling of denied applications and county-QA-reviewed files.
- Procedures related to abuse identification and prevention.
- Provider enrollment documentation (when available).

Home Visits

CDSS QA accompanies County QA staff during home visits to observe and ensure that applicable State and County policies and procedures are being followed. When accompanying County QA staff, CDSS QA participates in an observer-only capacity and does not conduct the home visit.

Exit Conference

At the end of the monitoring review, CDSS:

- Shares best practices, compliance findings, and identified improvement needs.
- Highlights systemic issues for County awareness.
- Offer technical guidance for QA/QI plans and procedures.

Follow-Up Activities

Following the review:

- CDSS issues a finding letter and monitoring summary.
- The summary identifies both positive findings and areas requiring improvement.
- The County may correct issues or formally disputes findings.
- CDSS may issue a QIAP request for serious or repeated discrepancies.
- CDSs collaborates with the County on QAIP development and provides technical support.

REMEDIATION

Corrective Actions

When County QA identifies deficiencies, a standardized resolution process must be followed. The process must include:

- A standardized process that is applied to every case reviewed by QA.
- Defined workflow steps outlining the resolution process between QA, social workers, and supervisors. The process must include:
  - QA findings.
  - QA recommendations.
  - An opportunity for staff to contest findings.
  - Corrective actions taken.
  - Final resolution.
- Each workflow step must define turnaround times in accordance with the following:
  - A finding of “Immediate Action Required”
    - Contesting: 3 calendar days
    - Resolving: 10 calendar days
  - A finding of “Action Required”
    - Contesting: 10 calendar days
    - Resolving: 45 calendar days
- A process for following up with supervisors when deadlines are not met.
- Documentation of the resolution.
- Consistent communication of the results to management.
- A method for identifying and correcting systemic problems, including root-cause analysis to prevent recurrence.

County QA must submit outcome data from all case reviews and home visits to CDSS as a part of the Quarterly QA/QI Activities Report (SOC 824).

When statewide systemic issues and trends are identified, CDSS QA may respond by:

- Updating regulations, as needed.
- Conducting QA monitoring visits to counties.
- Presenting findings at regional and/or statewide meetings.
- Conducting workshops, trainings, or other technical assistance as appropriate.
- Updating program material in the IHSS Training Academy.
- Issuing statewide policy directives that reflect systemic issues and support system improvement.

System Improvement (Quality Improvement)
System improvement activities are designed to enhance IHSS program quality at a systemic level identified through analysis of:

- Routine scheduled review data.
- Targeted review results.
- CMIPS II reports.
- Feedback from program staff and stakeholders.

To address issues identified through data analysis, counties may complete activities such as:

- Countywide staff training.
- Creating or updating job aids.
- Revising County IHSS policies and procedures.

.
County QA Role includes:

- Initiating actions to resolve systemic issues.
- Submitting outcome reports for all system improvement projects as part of the quarterly SOC 824 report.
- Ensuring each outcome report includes:
  - The system improvement project completed.
  - The rationale for choosing the topic.
  - Steps or activities completed.
  - Outcomes or results of the project.

When appropriate, CDSS QA will collaborate with County QA to help address identified improvement areas.

DATA MATCHES

County QA must review and respond to data match information received from CDSS, State agencies or other service providing agencies, as required. The process must include:

- Reviewing data match information within established timeframes.
- Evaluating for potential impact on IHSS eligibility, service authorization, payment or program integrity.
- Referring cases to the appropriate program areas when additional action is required.
- Comply with all applicable confidentiality requirements.

CRITICAL INCIDENTS

A critical incident is an event that presents an immediate threat to the health and/or safety of a recipient and requires county intervention. Examples include, but are not limited to:

- Serious injuries caused by accident.
- Medication errors or adverse reactions.
- Suspected abuse, neglect, or exploitation.
- Unsafe living conditions that pose an immediate risk.
- Potentially harmful natural or man-made events.

During home visits, QA staff must follow State and County procedures and make appropriate referrals. If there is an immediate, life-threatening risk, QA staff must contact law enforcement.

For past critical incidents identified during reviews:

- QA staff must verify that appropriate actions were taken.
- If procedures were not followed, QA staff will notify the assigned social worker and their supervisor.
- QA must Initiate an “Immediate Response Required” action within the established timeframe.

QUALITY IMPROVEMENT ACTION PLAN

When CDSS determines that a county is out of compliance, CDSS issues a Quality Improvement Action Plan (QIAP) request. The QAIP outlines how and when the county will resolve the identified issues. The County must submit the completed QIAP to CDSS with 30 days of receiving the request. CDSS will review the submission and either approve or return it for revision within 15 working days. Ongoing communication between CDSS and County QA is used to track progress and support continuous improvement.

CDSS may require a QIAP for reasons including, but not limited to:

- Failure to meet minimum case review requirements.
- Falling below 80% compliance in timely reassessments.
- Failure to submit accurate, timely reports.
- Inadequate or missing written policies and procedures.
- Non-compliance with State or county regulations.
- Failure to participate in the State-sponsored Social Worker Training Academy.
- Trends identified during CDSS monitoring that warrant corrective action.

REPORTING

Annual QA/QI Plan

The County is required to develop and submit an Annual QA/QI Plan to CDSS by June 1 of each year. The plan must include:

- A QA Annual Budget Plan for the upcoming fiscal year.
- A statement from the IHSS Program Manager attesting that the County’s IHSS QA policies and procedures are current.

- A summary explaining any noteworthy changes to the County's IHSS QA policies and procedures since the previous Annual QA/QI Plan.
- A brief explanation of how information gathered through QA activities is being used to improve the quality of the IHSS Program at the local level.

Quarterly Reporting

The County must submit required IHSS QA/QI Quarterly Activities Reports (SOC 824) to CDSS within 15 days after each quarter. Reports must reflect QA and QI activities conducted during the reporting period, including:

- Routine QA activities
- Targeted reviews
- QI activities
- Overpayments
- Critical Incidents
- Any other activities required by CDSS

REFERENCES

California Department of Social Services (CDSS), Manual of Policies and Procedures (MPP), Section 30-702 – Quality Assurance/Quality Improvement (QA/QI)
CDSS IHSS QA/QI Policy Manual
All County Letter (ACL) 13-110 – QA/QI Policy Manual
ACL 06-35 – QA/QI Monitoring Regulations
ACIN I-64-05 – Annual QA/QI Plan & Critical Incident Response
SOC 824 – Quarterly QA/QI Activities Report
