

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

**Program/Area:** In Home Supportive Services  
**Title:** Quality Assurance Case Reviews  
**Number:** 1038 **Status:** Final  
**Effective Date:** 5/29/14 **Revision Date:** 6/3/20  
**Approved:** Signature on file

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**PURPOSE** To provide guidelines and instructions for completing In-Home Supportive Services (IHSS) Quality Assurance (QA) case reviews and related corrective actions.

Additionally, this policy serves as a portion of the required annual county QA Plan submission to California Department of Social Services (CDSS).

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**POLICY** The In-Home Supportive Services Quality Assurance/Quality Improvement (IHSS QA/QI) unit has a funded mandate from the State to review an assigned quantity of cases per year. This policy establishes a standardized process for case reviews and it includes the sampling methodology, the review procedure, and the communication practices between QA/QI and case-carrying social workers, their respective Social Services Supervisors I (SSSI), Social Services Supervisors II (SSSII), and IHSS Managers.

IHSS QA reviews will include cases from all districts and all workers who conduct IHSS needs assessments. The following reviews are conducted:

- Routine Scheduled reviews consist of desk reviews and home visits.
  - Targeted reviews address an area selected by the County in order to improve the quality of the IHSS program.
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**DEFINITIONS** **CMIPS II:** The Case Management Information and Payrolling System used state-wide by the IHSS program for case management purposes.

**Critical Incident:** A Critical Incident is an incident which presents an immediate threat to the health and/or safety of a recipient and requires county intervention (examples: serious injuries caused by accident, medication error/reaction, abuse or neglect, fire, earthquakes, floods, extreme weather conditions, power outages and hazardous material spills, etc.)

**Quality Assurance Tracking System (QATS):** Tracking system used by Orange County IHSS QA/QI staff to record and track QA case review findings and corrective actions. It has reporting features assisting in preparing the IHSS QA/QI Quarterly Activities Report

(SOC824) for CDSS. It also includes a sampling feature to select review cases and ensure representation among districts and social workers. QATS enables QA Staff to conduct reviews in a consistent manner.

**QA/QI Staff:** FSS/AS Policy and Quality Assurance Unit (PQA) staff funded by the IHSS QA/QI Initiative, whose duties include conducting IHSS case reviews and implementing quality improvement efforts.

**Supervisors:** All SSSIs and SSSII's assigned to IHSS Program.

**IHSS QA/QI Collaboration Committee:** A committee composed of QA/QI Staff and their managers, IHSS Operations SSSII's and their managers, meeting quarterly or as needed.

**QA Case Review E-mail:** The communication from QA/QI staff to Social Workers (SWs) and their supervisors which contains case information, case review findings, corrective actions needed, and recommendations and/or comments from the IHSS QA reviewer.

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## PROCEDURE

Any e-mail communication between a QA reviewer and a social worker (SW) will include a courtesy copy (cc) to the SW's respective SSSI and SSSII and the QA Supervisor.

### QA/QI Staff's Responsibility

- Develop, implement, and coordinate QA Routine Scheduled Reviews and Targeted Case Reviews.
- Record case-specific review findings in QATS.
- Work with the SWs and their supervisors to resolve case issues.
- Extract reports from QATS for the purpose of reviewing, analyzing, and identifying trends and training needs.
- Forward case-specific findings, via e-mail, to the SWs for implementation of corrective actions.
- Work with State QA on State QA reviews that require corrective action, if needed.
- Conduct training as needed to address systemic deficiency and to improve the overall quality of the program.
- Collaborate and provide policy support to the IHSS Operations

### IHSS Operations (Ops) SSSI's & SSSII's Responsibility

- Oversee and ensure case-specific corrective actions are taken by the SWs on or before the deadline.
- Communicate with the QA reviewer on matters relating to case reviews.

- Determine the case corrective action responsibility when an assessment was done by someone other than the current case owner.
- Facilitate the transfer of corrective action responsibility and inform the QA reviewer via e-mail.

### IHSS SW's Responsibility

- Ensure all forms are imaged in OnBase.
- Consult with the SSSIs, SSSIs and/or the QA reviewer for clarification, if needed.
- Plan ahead for mailing forms or making appointments.
- Implement case specific corrective actions, as appropriate, by the deadline.
- Narrate in CMIPS II Case Notes and/or Assessment Narratives.
- Respond on or before the deadline to the "Response Required" e-mail sent by the QA reviewer.
- Attend mandatory training provided by QA/QI staff.

### QA/QI Collaboration Committee Responsibility

The IHSS QA/QI committee is chaired by a member of the FSS/AS PQA. The committee meets quarterly, unless otherwise specified by the chair.

- Discuss aggregate QA case review findings and identify program-wide trends, training needs, and quality improvement opportunities.
- Develop strategies for implementing program-wide quality improvement measures.
- Resolve case-specific discrepancies and/or disagreements brought forward by committee members.
- Recommend subjects for Targeted Case Reviews.

### Sampling

QA sampling is annually scheduled for regular intervals and assigned to QA Staff in order to meet State review quotas for the year. The sampling is random and representative, as follows:

- Case reviews are selected randomly by the QATS Sampling application, with an attempt to equitably pick cases from each case-carrying social worker.
- Case statuses include Eligible, Discontinued and Denied.
- Parameters used to generate the Routine Scheduled Case Review sampling include, but are not limited to, Social Worker Name, Case Number, Companion Case, Home Visit Date, and Case Status.
- Parameters used to generate the Targeted Case Review sampling include any areas that are identified as error-prone,

challenging program issues (e.g. Paramedical, Minor Child, Recipient as Provider, Unmet Needs), or other specific program elements. The review may include all cases within the selected category or only a sample.

- Additional cases are chosen in the sample to provide substitutions for relocated or missing recipients, recipients in fair hearing, some closed cases, and uncooperative recipients.

### Review Volume and Type

Review volume assigned by the State is based on the number of allotted QA positions and Orange County IHSS caseload. Twenty percent of those reviews must also include a home visit by QA staff to the recipient's home. At least one sample of Targeted Reviews must be reviewed by QA Staff during the year.

### Review Standards - Routine Scheduled Review

Desk Reviews:

QA reviewer audits the following:

- The timeliness of SW assessment or reassessment and if applicable, if Variable Assessment timing was appropriate.
- All required forms are present, language compliant, completed, and contain the appropriate signatures, and maintained in OnBase.
- All required fields in CMIPS II are complete and accurate.
- There is a dated and language-complaint NOA for the current assessment period.
- The need for authorized service hours is documented.
- The SW's observation of the recipient and residence.
- Unmet need for IHSS has been documented for recipients who have been assessed the maximum number of non-protective-supervision hours for IHSS.
- Appropriate assessment and documentation of Functional Index ranking.
- Assessment and authorization of time based on the Hourly Task Guidelines (HTGs). HTG exception language is provided when the need exceeds the regulatory guidelines.
- Assessment and documentation of Paramedical services, if applicable, including a current SOC321.
- Appropriate documentation regarding the need for protective supervision (PS) is included and PS calculation is correct, including SOC821 and SOC825 if PS applies.
- Accurate proration and correct assessment of living arrangement.
- Case file contains documentation of the name of the agency or individual providing any alternative resources with detailed information of services provided including frequency.

- Assessment and documentation of Unmet Need, Voluntary Services, Alternative Resources, and Refused Services.

#### Home Visits:

##### Before the QA home visit, QA Staff:

- Schedule an appointment for the home visit with the recipient.
- Review CMIPS II data and OnBase documents focusing on the last face-to-face visit documentation.
- Ensure a completed IHSS Individualized Back-up Plan and Risk Assessment (SOC 864) that indicates the steps the recipient must take in the event of an emergency, is in OnBase and print a copy to give to the client at the home visit.
- Print out a Needs Assessment Form (SOC 293) from CMIPS II.

##### At the QA home visit, QA Staff:

- Verify the recipient's identity by photo ID.
- Verify that the provider is providing authorized services, and working the hours being claimed on the timesheets. Ask who signs the timesheet.
- Verify the recipient's authorized services appear to have been assessed correctly based on his/her needs.
- Verify the need for any IHSS service tasks, not just the task currently authorized, including frequency of tasks and subtasks. Discuss the need for additional services and if the SW has been notified of the need.
- Verify all data listed on the II SOC 293 print-out, which includes specific information that may impact the assessment of need.
- Verify the recipient understands which services have been authorized and the amount of time authorized for each.
- Discuss with the recipient (or his/her Authorized Representative, Guardian, Conservator) the recipient's health issues and physical limitations to assist in identifying the recipient's functional limitations.
- Discuss any changes in the recipient's condition or functional limitations since the last assessment.
- Discuss medical appointments: non-emergency medical transportation (NEMT) utilization; types of appointments; frequency; driving time and wait time for each appointment.
- Discuss the quality of services the recipient is receiving from IHSS, including addressing the recipient's awareness of, and the ability to, contact and communicate with his/her worker.
- Verify that the recipient understands his/her ability to request a fair hearing.
- Review the information on the completed SOC864 (Individualized Back-up Plan and Risk Assessment) with the recipient and provide a copy so they have updated information available for emergency situations. Discuss the general risk factors and disaster preparedness needs.
- Applying the Person-Center Planning approach, QA staff should confirm the SW did discuss and provide the following items to

the recipient or his/her AR, guardian, conservator at the home visit. If not, QA staff should discuss and provide these items:

- Your Rights under California Welfare Programs (PUB. 13).
- Voter Registration and whether the SW provided them with the information.
- Information on Adult Protective Services and how to report fraud, abuse and neglect and provide examples of these.
- The recipient's rights and responsibilities to self-direct (e.g., their ability to select, hire, fire, schedule and supervise the provider of their choice; the right to participate or delegate someone else to represent them in their care plan development.
- How to report critical incidents, providing examples.
- How to access an advocate or one of the advocacy systems, for example, Public Guardian, Council on Aging, or Legal Aid.
- How to get in touch with his/her case worker.
- How to access alternative community resources.
- How to contact Public Authority if his/her provider is not available and an immediate replacement is necessary.

#### QA home visits in the event of an emergency:

- In the event in-person IHSS QA home visits are not feasible during emergencies such as pandemics or natural disasters, QA staff will complete their visits in accordance with existing state regulations and/or local county ordinances

After the QA home visit, QA Staff:

- Complete data entry in QATS.
- Document any referrals made to community resources.
- File a fraud complaint with PI Protocols if fraud is suspected and act accordingly if an overpayment is identified ([See Policy 1031 Overpayments/Underpayments](#)).
- If a critical incident identified, make appropriate referral(s), notify the social worker, and document in QATS and CMIPS II.
- Complete an Assessment Review entry in CMIPS II.

#### Review Standards – Identification of Third-Party Liability:

During the desk review process and at the home visit QA staff should identify potential sources of third-party liability and make appropriate referrals (i.e., Medi-Cal). Examples of third party liability may include:

- Long-Term Care Insurance.
- Worker's Compensation Insurance.
- Victim Compensation Program Payments.
- Civil Judgment/Pending Litigations.

#### Review Standards - Targeted Reviews:

The IHSS QA/QI Collaboration Committee recommends subjects for Targeted case reviews. QA staff members come up with specific review criteria based on the subject chosen and proceed with the review using the review criteria. QA reviewer makes appropriate entries in QATS. Targeted Review results are to be shared with the IHSS Operations team. If a systemic deficiency is identified, the IHSS QA/QI Collaboration Committee will work together to devise a plan to address the issue.

### Review Standards – Immediate Action

Occasionally, county QA staff will identify a critical incident, recipient ineligibility, or suspected fraud during the course of a case review. These criteria require faster responses from QA and SW staff.

- **A critical incident** is when a consumer's health and/or safety are at risk. If the QA reviewer encounters a critical incident during a home visit, the following steps must be taken:
  - Contact law enforcement if it is an immediate and life-threatening risk to the recipient.
  - Make appropriate referral(s) to governmental agencies (Adult Protective Services, Child Protective Services, etc.). This includes making a report via telephone to the agencies, followed by a fax of the written report within 24-hours.
  - Inform the SW and his/her supervisor of the critical incident.
  - Cooperate with law enforcement or governmental agencies as needed.
  - Document the critical incident in QATS.
  - Narrate in CMIPS II the following: the agencies the recipient was referred to, the date of referral, and that follow-up (as appropriate) occurred.
  - Verify with appropriate agencies or the recipient / authorized representative within 10 days to make sure the critical incident issue has been resolved and recipient is no longer at risk.
- If the QA reviewer identifies a past **critical incident** in the case, the following steps must be taken:
  - Ensure the SW has followed State and County policies and procedures.
  - Ensure appropriate steps were taken and documented in the CMIPS II by the SW in a timely manner.
  - If appropriate procedures were not followed, send an Immediate Action Response Required e-mail to the SW.
  - Follow-up after three days to ensure actions were taken.
  - Document the critical incident in QATS.
  - Narrate general information in CMIPS II without providing details

- **Ineligibility** exists when a basis for eligibility does not appear to be present. QA staff will use an Immediate Action Required e-mail for this QA review.
- **Suspected fraud** is when the County QA staff has discovered, or has been given evidence of fraudulent activity. QA Staff will file a fraud complaint with PI Protocols if fraud is suspected and follow-up within 10 days.

### Communication of Review Findings to SW Staff

- Upon the completion of data entry in QATS, the QA reviewer generates a **QA Case Review E-mail**, including a link to the QA/QI Case Review Correction Instructions sheet, and sends the e-mail to the SW.
- There are two types of Response Required e-mails
  - Immediate Action Response Required, which has a 10 day deadline and consists of critical action items, suspected fraud indication, and/or procedural action items.
  - Response Required, which has a 30 day deadline and specifies the case information that requires clarification, correction and/or additional documentation, as well as the QA reviewer's recommendations and review comments.
- A Response Required e-mail contains an automatic reminder set in Outlook to send out a reminder to the SW a few days before the due date. Reminders continue until the corrections are completed.
- A No Response Required e-mail indicates there is no need for response to QA staff. It is informational or may have recommendations. The supervisor may choose to follow up or ask for corrections from the SW.

### Social Worker Response

If the SW has any concerns or questions about with the review, it is expected that the SW's return communication with the QA reviewer by day 10 of a 30 day review and by day 3 of an Immediate Action 10 day review. Deadlines remain unchanged.

- Upon agreement between QA and SW and/or the SSSI, the SW will complete corrections.
- If there is still disagreement between the SW/SSSI and QA the concern will escalate to the IHSS QA/QI Collaboration Committee members at the earliest convenience for resolution, in order to meet deadlines.
- If the SW misses the deadline the QA reviewer will contact the supervisor of the SW to request assistance with review correction completion.
- SW responses are recorded in QATS by QA staff.



- Review completion is recorded in CMIPS II by QA staff.

### QA Review Record Retention

QATS keeps record of all reviews including findings, review status, response status, resolution, related attachment(s), and other relevant comments. CMIPS II Case Notes, Quality Assurance page, and/or Assessment Narrative also retain records entered by the QA reviewer, SW, and supervisors.

Following are current practices in Orange County regarding critical incidents:

- Critical events are reported to Adult Protective Services with 24-hour response available if necessary. APS has the ability to pay for in-home or out-of-home services in emergencies.
- APS and IHSS staff consult, as necessary, and may make joint home visits to assess cases and develop action plans.

### QATS Case Review Reports

**Review/Response List:** The report the QA reviewer uses to track response-required reviews. The QA reviewer is responsible for tracking reviews with corrective action(s) and the due date.

**IHSS Review Summary:** The report generated upon the completion of a case review. The QA reviewer uses this to communicate the outcome of the review to the SW. It contains case review information, case review outcomes that are either for information only or corrective action required, and/or the QA reviewer's recommendations.

**QA/QI Review Accuracy Summary:** This report provides a snapshot of the accuracy rate for all reviews in a chosen review period.

Other reports may be made available on QATS for the determination of trends and training needs.

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## REFERENCES

[Senate Bill \(SB\) 1104 \(Chapter 229, Statutes of 2004\) Budget Trailer Bill](#) – QA Program in IHSS

[Welfare and Institutions Code \(W&IC\) Section 12305.71 – Quality Assurance Activities](#)

[Manual of Policies and Procedures \(MPP\) Section 30-702 – County Quality Assurance and Quality Improvement](#)

**All County Letter No. 06-35 September 1, 2006**

**<http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl06/pdf/06-35.pdf>**

**All County Letter No. 13-110 December 31, 2013**

**IHSS Quality Assurance Website**

**All County Information Notice No. I-10-16**

**All County Information Notice No I-13-20**

**All County Letter 20-42**