

**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 (QA/QI) Overview  
**Number:** 1037 **Status:** Final  
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**Approved:** Signature on file

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**PURPOSE** To provide information regarding Orange County's implementation of In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) measures.

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**POLICY** Orange County will comply with IHSS QA/QI regulations and procedures, as specified in the annual [County of Orange In-Home Supportive Services Quality Assurance/Quality Improvement Plan](#), and procedure [1038 \(Quality Assurance Case Reviews\)](#).

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**BOOKMARKS** [County of Orange In-Home Supportive Services Quality Assurance/Quality Improvement Plan](#)  
[California Department of Social Services In-Home Supportive Services Quality Assurance/Quality Improvement Procedures Manual](#)  
[IHSS Quarterly Reports on QA/QI for IHSS/PCSP, IHSS/IPW And IHSS Residual Programs](#)

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**BACKGROUND** Senate Bill (SB) 1104 (Chapter 29 Statutes of 2004), Budget Trailer Bill, contained provision for the development and implementation of a Quality Assurance (QA) program for the IHSS Program. These provisions were cooperatively created to address the need for IHSS recipients to receive appropriate services in a consistent manner statewide, and to address quality and integrity for the program since it has seen significant growth.

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**DEFINITIONS** IHSS QA/QI Staff: Adult Services Program Support Unit staff funded by the IHSS QA/QI Initiative who are required to perform IHSS QA/QI case reviews.

IHSS Quality Assurance/Quality Improvement Committee (QA/QI Committee): A committee composed of IHSS QA/QI Staff, second line IHSS Operations supervisors, and Adult Services Managers assigned to IHSS Operations and/or Adult Services Program and Quality Support (PQA).

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**PROCEDURE** **DISCOVERY**

Routine scheduled reviews (Desk Reviews and Home Visits) are to confirm whether recipient needs are correctly assessed, and the documentation follows

State and County requirements. County QA must use standardized forms and follow the same policies and procedures for each desk review and home visit conducted.

During a routine scheduled review, QA performs a comprehensive review of the case. During a targeted review, QA only reviews a specific area of the case.

## SCHEDULED DESK REVIEWS

### 1. Process of verifications

Desk reviews shall include the following verification steps:

- Required forms are present, in the appropriate language, completed, and contain the appropriate signatures.
- Any required forms which do not require a signature can be maintained in OnBase.
- All required fields in CMIPS II are completed and are accurate.
- There is a dated Notice of Action in CMIPS in the appropriate language for the current assessment period.
- The need for authorized service hours is documented.
- Unmet need for IHSS has been documented for recipients who have been assessed the maximum number of non-protective-supervision hours for IHSS.

The review must:

- Comply with regulatory time per task guidelines (domestic, laundry, food shopping, and other shopping and errands) to ensure that sufficient exception language is provided when the total need for services exceeds regulatory guidelines.
- Ensure exception language justifies any service authorization outside of hourly task guidelines.
- Verify that appropriate documentation regarding the need for protective supervision is included, and validate protective supervision calculations
- Ensure that proration requirements contained in MPP Sections 30-763.3 and 30763.4 are met.
- Verify that the case files contain documentation of the name of the agency or individual providing any alternative resources with detailed information of services provided including frequency.
- If the alternative resource service provided is compensable by IHSS, documentation should be completed and signed by the individual providing the service voluntarily - Voluntary Services Certification form (SOC 450).
- If paramedical services are authorized, verify the presence of the Request for Order and Consent Paramedical Services form (SOC 321), that the services are paramedical in nature and that the certification period listed on the form, if any, has not expired.
- Determine if the assessment or reassessment was conducted in the time period specified in regulations.
- If the case is subject to variable reassessment criteria, check that all parameters have been met and documentation of variable reassessment criteria eligibility exists.

## 2. County Specific Forms

- IHSS PS 24-Hours-a-Day Coverage Attachment (in lieu of the optional SOC 825) is complete and accurate if there is Protective Supervision.

## 3. Home Visits

QA reviewer interacts directly with the recipient and/or their authorized representative discussing the quality of care being provided, ensuring that the last assessment and/or reassessment was conducted in compliance with all State and county policies and procedures, and getting feedback on the services being provided to the recipient from both the provider and the county.

Prior to the home visit:

- Verify that the number of hours claimed by the provider(s) match the service hours authorized. If a discrepancy is identified, follow all State and county policies and procedures.
- Review the case file focusing on the most recent face-to-face visit documentation.
- Notify the recipient prior to the QA home visit in a manner consistent with the method used by a case worker prior to a reassessment.
- Document that all the requirements as laid out in MPP Section 30702.125(b) have been met.

At the home visit:

- Introduce self and explain reason for the home visit.
- Verify the identity of the recipient.
- If a Non-English/Limited English Proficient (NE/LEP) recipient refuses the offer of free county interpretive services and requests to use their own interpreter, Form CR 6181 must be obtained following the instruction provided on ACL 21-128; Unless the interpreter is the same individual as shown on the current Form CR 6181 on file.
- Verify that the provider(s) is providing the authorized services, and working the hours being claimed on the timesheets.
- The recipient's authorized services appear to have been assessed correctly based on his/her needs.

Discuss and educate the recipient on the following:

- His/her rights and responsibilities to self-direct.
- How to report critical incidents.
- How to access an advocate or one of the advocacy systems.
- How to get in touch with his/her case worker.
- How to access alternative community resources.
- Who to contact if his/her provider is not available and an immediate replacement is necessary.
- How to report fraud, abuse, or neglect.
- How contact Public Authority if his/her provider is not available and an immediate replacement is necessary.
- 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.

After the home visit:

- Record the home visit instance in the Quality Assurance Tracking System (QATS).
- If recipient reports a change in need, inform the social worker of record of the change via e-mail for reevaluation.
- If there is discrepancy in the case record, send a corrective action request to the social worker via e-mail.
- Document any referrals made to community resources.
- Follow up, if necessary, with the social worker or referral agency(ies).

#### 4. Targeted Case Reviews

- At least one instance of Targeted review is conducted each fiscal year.
- Review topic may be picked from several sources:
  - Identified trends as result of Desk Review
  - Input from State QA during the annual State monitoring visit
  - Input from the IHSS Admin team or supervisors
- Case selection:
  - A small sample of cases (minimum 25 and maximum 50) is randomly pulled from CMIPS report(s) based on topic chosen (e.g., Protective Supervision, Minor Child, FI ranks, etc.)
- Review the cases based on a set of criteria chosen at each instance of Targeted review.
- If corrective action is required, follow the normal process of correction request and monitor for response completion.
- Compile outcome of Targeted Review and share with the IHSS Admin team for awareness and possible training need.
- If systemic errors are identified, collaborate with the Training and Career Development to develop and implement training to ensure social workers are trained.
- Submit the Targeted Review Outcome report to State QA along with the SOC 824.

#### 5. Error Rate Studies

- Collaborate with IHSS Accounting staff to identify Medi-Cal payment duplication and to maximize recovery of overpayments. Monitor and ensure data match reports (e.g., In-Patient Hospitalization, Death Match) are being processed.
- During Desk Review, detect misuse and/or abuse of program funds.
- During Home visit, educate the recipient and provider to deter and prevent misuse and/or abuse of the program.
- Timely respond to the State if/when an error rate study is received.

### REMEDIATION

#### 1. Corrective Action

When deficiencies are identified, the following standardized resolution process is to follow:

Communication of Review Findings to the Social Worker (SW)

- Upon the completion of data entry in the application Quality Assurance Tracking System (QATS), the QA reviewer generates a QA Case Review e-mail and sends the e-mail to the SW and cc the supervisors.
- 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 indicators, 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 week before the due date.
- 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/SSSI/SSSII Response

- If the SW has any concerns or questions about the review, it is expected that the SW 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.
- Using the original e-mail, SW completes the table listing out description of action(s) taken and forwards the response e-mail to the SSSI for review.
- SSSI reviews SW response for completeness and accuracy. If all corrections are complete and correct, SSSI forwards the Response e-mail to the QA reviewer.
- If SW response is incomplete or incorrect, the SSSI communicates and works with the SW to make sure corrective action is complete and accurate.
- 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/SSSI miss the deadline, the QA reviewer will contact their SSSI and manager to request assistance with review correction completion.

Upon completion of review, the QA reviewer records completion in QATS and CMIPS.

#### 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.

## 2. System Improvement

County QA implements the following activities when needed throughout the year:

- Conduct Targeted reviews based on error trends.
- Review and take appropriate action on CMIPS reports.
- Conduct annual and semi-annual training to all SWs.
- Conduct induction training to newly hired SWs.
- Issue QA updates in the monthly Program Summary.
- Conduct a monthly Chat to provide information and answer QA questions.
- Other activities that help improve the overall quality of the IHSS program.

## CRITICAL INCIDENTS

A Critical Incident is an incident which presents an immediate threat to the health and/or safety of a recipient and requires county intervention.

Critical Incidents may include but are not limited to: serious injuries caused by accident, medication error/reaction, abuse or neglect. In addition, this includes any potentially harmful natural or man-made event that threatens a recipient's life, health, or ability to remain safely in their own home. Examples of this type of critical incident include but are not limited to: fire, earthquakes, floods, extreme weather conditions, power outages and hazardous material spills.

QA staff is mandatory reporter and is required by laws to act on suspected abuse, neglect, or when recipient safety is 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.
- Refer recipient to appropriate community resources as appropriate.
- Inform the SW and their 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 the 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 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.

Critical incidents are to be reported on SOC824 quarterly.

## DETECTION OF FRAUD AND OVERPAYMENT RECOVERY

### Detection of Fraud

- During the course of review if the QA reviewer suspects fraud in the case, complete the Complaint of Suspected Fraud form SOC 2248 by filling out the recipient and provider information, and sections A through D. The form should be sent to county PI staff.
- Include all documentation that supports the discovery or suspicion of fraud.
- Treat the entire process as confidential.
- Report all suspected fraud discovered as a result of QA activities to CDSS on the quarterly SOC 824 report.

### Overpayment Recovery

- When a suspected overpayment is identified during desk review, communicate to the SW and request evaluation/computation of the overpayment.
- If an overpayment is determined, ensure SW and IHSS Accounting follow the current county procedures to initiate recovery action.
- Record suspected and established overpayment in QATS.
- Report all overpayments on SOC 824 quarterly.

## 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

If any of the third-party liability sources exists, follow the current QA Response process to communicate with and request the social worker to work with IHSS Accounting to determine and process possible share of cost or overpayment.

If overpayment has occurred due to third-party liability, report the overpayment discovered as a result of QA activities to CDSS on the quarterly SOC 824 report.

## PERSON-CENTERED PLANNING

IHSS recipients have the right to select, hire, fire, schedule and supervise their IHSS care provider. They have the right to participate in the development of their care plan, and/or select other individuals to represent them as needed.

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## REFERENCES

[ACIN I-69-04](#), 9/30/04:

- In-Home Supportive Services/Personal Care Services
- Program (IHSS/PCSP) Quality Assurance (QA) and Program
- Integrity Provisions of the Fiscal Year (FY) 2004/05 Health and Human Services Budget Trailer Senate Bill (SB) 1104.

[ACIN I-64-05](#), 10/6/05:

- Annual Quality Assurance/Quality Improvement Plan

[ACL 06-35](#), 9/1/06:

- Quality Assurance/Quality Improvement (QA/QI) Monitoring
  - Regulations for the In-Home Supportive Services Personal Care Services, Independence Plus Waiver (IHSS/PCSP/IPW) Programs.
  - Quality Assurance/Quality Improvement Procedures Manual
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