

County:

Review Dates: 06/21/16 - 06/24/16

2nd Reviewer Initials:

Case Information

Date Reviewed by CDSS QA: 06/22/2016

Reviewed By:	CDSS Analyst	Social Worker ID:	1234	District Office:	
Type of Case:	Severely Impaired	Funding:	CFCO (2K)		

Recipient Information

First Name:	Joe	Last Name:	Smith	Gender:	Male	Age:	
Living Arrangement:	(01)-Living Alone/Living with AA Spouse only		Has Washer and Drying Capabilities:	Yes			
Medical Condition/Diagnosis:							

Assessment Dates

Assessment Type:	Reassessment	From Date:	06/01/2015	To Date:	06/21/2016	18 Month?	No
Assessment Timely/Is there a current reassessment in CMIPS? :							Yes

Denied Case

Is this a Denied Case?:	No	Appropriate documentation to support denial?	N/A
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Hourly Task Guidelines

Service Type	FI	Hrs.	Stat	Doc	Exception Language
Domestic Services	5	6	In	N/A	
Preparation of Meals	4	3.3	LOW	Yes	Eats simple meals
Meal Clean-Up	4	2	In	N/A	
Laundry	4	1.3	HIGH	No	
Shopping For Food	5	1	In	N/A	
Other Shopping/Errands	5	.3	In	N/A	
Bowel and Bladder Care	3	1.5	In	N/A	
Feeding	1	0	N/A	N/A	
Routine Bed Baths	4	0	N/A	N/A	
Dressing	3	1.5	In	N/A	
Menstrual Care	N/A	0	N/A	N/A	
Ambulation	3	1	In	N/A	
Transfer	3	.35	In	N/A	
Bathing/Oral Hyg/Groom	4	4	In	N/A	
Rubbing Skin/Repos	N/A	1.24	In	N/A	
Care/Assist w/Prosthesis	N/A	.1	LOW	Yes	Only requires occasional reminding

Narrative

Documentation consistent with all FI Rankings	Yes	Narrative contains Social Worker's observations	No
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Needs Assessment

Sufficient documentation for all assessed services	Yes	Hours assessed calculated/documented correctly	Yes
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Household / Living Situation

Information regarding Household/Living Situation consistent in CMIPS and Case Narrative	Yes
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Protective Supervision (SOC 821)

Is this a Protective Supervision Case	Yes	Is there sufficient PS documentation/justification	No
SOC 821 in file, or documented sent to a physician	Yes	Cty addressed PS needs @ each reassessment	No
24-Hour plan in case file/rev'd at last assessment	Yes		

Unmet Needs

Does this case have Unmet Needs?	No	SW doc attempt to ID other Unmet Needs Resources?	N/A
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Paramedical (SOC 321)

Is this a Paramedical Services Case	Yes	Form SOC 321 is in case file.	Yes
Authorized hours consistent with SOC 321	No	Form SOC 321 is current	Yes
SOC 321 signed by a licensed HCP	Yes	Services are Paramedical	Yes
SOC 321 signed by the Recipient/Authorized Rep	Yes		

Proration

Is Proration applicable to this case?	No		
Adjustments correctly reflect the shared living regulations requirement			N/A

Critical Incidents

Any noted Critical Incidents were documented	No	Critical Incident Type:	N/A
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Companion Case

Does this case have any companion(s)?	No	Number of Companion Cases Reviewed:	0
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Is there documentation that ARs were explored?	Yes	When available, AR source and service documented	Yes
Hours for Service tasks were correctly adjusted.	N/A	If required, was the SOC Form 450 on file	N/A

State QA Home Visit

Was there a State QA Home Visit for this recipient? No

County QA Desk Review

Has this case been previously reviewed by the County QA Staff?	No	County Review Date:	N/A
QA Staff correctly identified most inaccuracies and omissions (less than 3 instances) present during their desk review:	N/A		
In all instances, County QA staff correctly applied CDSS regulations and policies:	N/A		
Was the County remediation process consistent with that noted in the CDSS QA Manual and followed:	N/A		
County QA home visit associated with this case?	N/A	All issues identified during the QA home visit addressed:	N/A

IHSS Forms

SOC 332	Recipient/Employer Responsibility	Yes	SOC 426A	Recipient Designation of Provider	Yes
SOC 873*	Healthcare Certification	Yes	SOC 827/864*	Emergency Backup/Risk Assessment	Yes
			Recipient Declined Form SOC 827/864?		No
SOC 873 Signed by a licensed Healthcare Professional?	Yes	HCP checked "Yes" indicating need for IHSS on Form 873?	Yes		
SOC 873 If IHSS not indicated, did County follow up?	N/A	If no SOC 873 available, was alternative doc in case file?	N/A		

CDSS State QA FINDINGS:

HTG exception language is missing or unacceptable for the following services: (MPP 30-757.1(a)(6)). Services ('Laundry').

SW Observations: The file does not contain the Social Worker's observations of the residence. The Annotated Assessment Criteria issued with ACL 06-34 indicates that the case narrative should include the social worker's observations of consumer and residence during the home visit. Social workers' observations are an important component of documenting an in-home assessment of need and also provide information to support the correct assessment of the FI rankings and authorized hours.

Protective Supervision: The case file does not contain sufficient documentation to show how the recipient places him/herself at risk for injury, hazard or accident (MPP 30-757.17).

Protective Supervision: Documentation does not show that the need for Protective Supervision was re-evaluated during the reassessment. Per ACIN I-21-06, at the time of reassessment, the county worker shall determine if the Protective Supervision form is to be renewed. If the county worker determines that a renewed form is or is not necessary, the county worker shall document the basis for their determination.

Paramedical: The time shown on the SOC 321 to perform the Paramedical Services does not match the hours authorized in CMIPS. Additional documentation is required regarding how the county determined authorized hours.

CDSS QA COMMENTS: *These are NOT findings, but they may require county follow-up.*