



COUNTY QUALITY ASSURANCE/ QUALITY IMPROVEMENT ACTIVITIES

**Statewide Annual Report
for Fiscal Year 2012/13**

As compiled from the In-Home Supportive
Services Quarterly Report on Quality
Assurance/Quality Improvement for
Personal Care Services Program, IHSS Plus
Option and IHSS Residual Programs
(SOC 824)

June 2014

Executive Summary

In compliance with Section viii of State Plan Amendment 13-007 (the CFCO SPA), this annual report summarizes the SOC 824 Quality Assurance/Quality Improvement (QA/QI) data for the period of July 1, 2012, through June 30, 2013. This report includes an analysis of county QA/QI activities, including conclusions which can be drawn from the received data, and recommendations for improving the overall approach to In-Home Supportive Services (IHSS) QA/QI.

County QA/QI Staff submit the SOC 824 report to CDSS quarterly, in accordance with the CDSS Manual of Policies and Procedures (MPP) Section 30-702.194. Data is collected, reviewed, tracked and compiled as it is received. All available data has been compiled and analyzed by the CDSS Adult Programs Quality Assurance and Improvement Bureau.

The data was also analyzed to ensure compliance with reporting and county QA/QI review requirements. Analysis was completed for tracking the results of the counties' reviews and for data inconsistencies. The key findings include:

- All 58 counties submitted SOC 824 data, though not all counties reported information in every section of the form.
- Counties reported a total of 17,621 completed case reviews (including desk reviews and home visits). Because 51 counties either reported reduced QA staffing, or operated under an alternative minimum case review requirement, that represents almost 104% of the desk reviews and 102% of home visits to which counties committed in their annual QA/QI Plans for Fiscal Year (FY) 2012/13. Two counties met the actual case review requirement of 250 desk reviews and 50 home visits per allocated QA FTE.
- Counties reported that 54% of completed case reviews resulted in findings of "No Further Action Required." Forty-two percent of case reviews resulted in findings of need for further action, but only 10% of QA case reviews resulted in a change in authorized service hours. Four percent of case reviews never resulted in a final finding.
- Counties reported discovering nearly 12,000 incidents of fraud, overpay, or underpayments. Fraud data is now reported separately using the SOC 2245 Fraud Data Reporting Form.
- Seventeen counties reported an average of 16 critical incidents discovered in the course of county QA activities per county.
- Counties reported conducting targeted reviews on nearly 13,100 cases. Timely Reassessments accounted for 40% of all targeted reviews. Twelve counties reported no targeted reviews.
- Forty-seven counties reported implementing 281 quality improvement measures. Attending training sessions accounted for half of all QI measures.
- Because of data inconsistencies and difficulty interpreting the collected data, the SOC 824 has been revised. This is the last report based on the old SOC 824 and guidelines.

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STATEWIDE ANNUAL REPORT OF COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT ACTIVITIES FOR FISCAL YEAR 2012/13

This report is compiled from the IHSS Quarterly Report on Quality Assurance/Quality Improvement (QA/QI) for the Personal Care Services Program (PCSP), In-Home Supportive Service Plus Option (IPO), and In-Home Supportive Services-Residual (IHSS-R) Programs Forms (SOC 824) submitted by counties for Fiscal Year (FY) 2012/13.

Background

In 2004, Senate Bill 1104 (Chapter 229, Statutes of 2004) enacted Welfare & Institutions Code Sections 12305.7 and 12305.71, to improve the quality of In-Home Supportive Services (IHSS) needs assessments. This QA/QI initiative commenced with a State/County Procedures Workgroup in February 2005. One result of this Workgroup was the QA/QI Procedures Manual (Attachment C to ACL 06-35), which established a minimum case review requirement of 250 desk reviews per allocated QA full-time equivalent (FTE) per year, of which a subset of 50 were to receive QA home visits, for each county.

Pursuant to the CDSS Manual of Policies and Procedures (MPP) Section 30-702.194, counties are required to report the QA/QI activities to the California Department of Social Services (CDSS) using the SOC 824 form, on a quarterly basis.

Purpose

In compliance with Section viii of State Plan Amendment 13-007 (the CFCO SPA), this annual report summarizes the SOC 824 data as reported by counties for the period of July 1, 2012, through June 30, 2013. This report includes an analysis of county QA/QI activities, outcomes and conclusions which can be drawn from the received data, as well as recommendations for improving the overall approach to IHSS QA/QI.

Methodology

SOC 824 data is collected, reviewed, tracked and compiled as it is received. The reported data was analyzed to ensure compliance with reporting and review requirements. With the goal of identifying areas for improvement in QA/QI, analysis was completed for tracking the outcome of the county QA/QI reviews and for data inconsistencies.

Elements of the SOC 824

SOC 824 - Sections 1 - 3

In FY 2012/13, there were nine sections on the SOC 824 form. The first three sections of the SOC 824 captured counts of desk review and home visits conducted, along with a combined count of both, desk reviews and home visits (case reviews). Section 1 recorded desk reviews and contained three subsections. Section 2 recorded home visits resulting from desk reviews. Section 3 captured the sum of desk reviews and home visits (case reviews) conducted, along with determinations made as a result. See Figure 1 below:

Figure 1: SOC 824 - Sections 1 – 3

ROUTINE SCHEDULED REVIEWS OF SUPPORTIVE SERVICES CASES				
1. Desk Reviews	PCSP	IPW	IHSS-R	
A. Number Of Desk Review Cases With No Further Action Required				
B. Number Of Desk Review Cases Requiring Additional Action				
C. Number Of Desk Review Cases Conducted (1A plus 1B)	0	0		0
2. Home Visits	PCSP	IPW	IHSS-R	
A. Number Of Home Visits With No Further Action Required				
B. Number Of Home Visits Requiring Additional Action				
C. Number Of Home Visits Conducted (2A plus 2B)	0	0		0
3. Total Number Of Desk Reviews And Home Visits Conducted	PCSP	IPW	IHSS-R	
A. Total Number Of Reviews (1C plus 2C)	0	0		0
B. Total Number Of Reviewed Cases With No Further Action Required (1A plus 2A)	0	0		0
C. Total Number Of Reviewed Cases Requiring Case Action That <u>Did Not</u> Result In A Change In Service Authorizations				
D. Total Number Of Reviewed Cases Resulting In A Change In Service Authorizations				
E. QA Cases Reviewed This Quarter Still Pending Final Determination				
F. Total Number Of Reviewed Cases With Individual Emergency Back-Up Plan (SOC 827) On File				

SOC 824 - Section 4

Sections 1 – 3 only allowed for counting case reviews where a final determination of findings had been reached. Line 3.E and Section 4 were added in 2008 to capture case reviews for which a determination had not been reached by the end of the reviewed quarter. See Figure 2 below:

Figure 2: SOC 824 - Section 4

4. Resolution Of Cases Pended Last Quarter	PCSP	IPW	IHSS-R
A. Cases Pended Last Quarter (CPLQ) (3E from last quarter)			
B. CPLQ Determined To Have Correct Service Authorizations			
C. CPLQ Determined To Require Case Action That <u>Did Not</u> Result In A Change In Service Authorizations			
D. CPLQ Determined To Require Case Action Resulting In A Change In Service Authorizations			
E. CPLQ Not Yet Resolved			

SOC 824 - Section 5

This section captured county reporting of fraud prevention and detection, and overpayment/underpayment activities discovered in the course of QA reviews. See Figure 3 below:

Figure 3: SOC 824 - Section 5

5.	Fraud Prevention/Detection And Over/Underpayment Activities	PCSP	IPW	IHSS-R
A.	Number Of Cases Identified Through QA/QI Activities Requiring Further County Review			
B.	Number Of Cases Identified Through QA/QI Activities Referred To California Department of Health Care Services For Investigation			
C.	Number Of Underpayment Actions Initiated As A Result Of QA/QI Activities			
D.	Number Of Nonfraud-Related Overpayments Initiated As A Result Of QA/QI Activities			
E.	Number Of Fraud-Related Overpayments Initiated As A Result Of QA/QI Activities			
F.	Other: (specify)			

SOC 824 - Sections 6 - 7

These sections captured county reporting of critical events/incidents discovered in the course of QA reviews, and actions taken in response to those critical incidents/events, including the category "Other," to report those that did not fit into any of the listed categories. A critical incident occurs any time that a recipient's health and/or safety are at risk. See Figure 4 below:

Figure 4: SOC 824 - Sections 6 – 7

6.	Critical Event/Incident Identified (Complete All That Apply)	PCSP	IPW	IHSS-R
A.	Number Of Neglect Cases			
B.	Number Of Abuse Cases (Physical, Sexual, Mental, Financial, Exploitation)			
C.	Number Of Provider "No Show" Cases That Pose A Threat To The Health And Safety Of The Recipient			
D.	Number Of "Harmful To Self" Cases			
E.	Number Of Cases With More Than One Critical Event/Incident			
F.	Other: (specify)			
7.	Actions Taken On Critical Events/Incidents Requiring A Response Within 24 Hours (Complete All That Apply)	PCSP	IPW	IHSS-R
A.	Adult Protective Services Referral			
B.	Child Protective Services Referral			
C.	Law Enforcement Referral			
D.	Public Authority Referral			
E.	911 Call Center Referral			
F.	Out-Of-Home Placement Referral			
G.	Other: (specify)			

SOC 824 - Section 8

This section captured Targeted Reviews. Counties perform targeted reviews to look at specific issues concerning the delivery of IHSS; counties could report multiple targeted reviews in any quarter. The SOC 824 lists twelve predefined topics of targeted reviews, including “Other,” to report reviews that do not fit any listed option. See Figure 5 below:

Figure 5: SOC 824 - Section 8

8. Targeted Reviews (Complete All That Apply)		PCSP	IPW	IHSS-R
A.	Timely Assessments			
B.	Timely Reassessments			
C.	Provider Enrollment Statement (SOC 823)			
D.	Voluntary Services Certification (SOC 450)			
E.	Request For Order And Consent-Paramedical Services (SOC 321)			
F.	Protective Supervision Medical Certification Form (SOC 821)			
G.	Hours Exceed Guidelines			
H.	Able And Available Spouse			
I.	Proration Calculations			
J.	Services For Children			
K.	Provider 300+ Paid Hours Report			
L.	Other: (specify)			

SOC 824 - Section 9

This section captured Quality Improvement Efforts that were implemented. More than one effort may be reported. See Figure 6 below:

Figure 6: SOC 824 - Section 9

9. Quality Improvement Efforts (Check All That Apply)				
A.	Developed QA Tools/Forms And/Or Instructional Materials	<input type="checkbox"/> 9A		
B.	Ensured Staff Attended IHSS Training Academy	<input type="checkbox"/> 9B		
C.	Offered County Training On Targeted Areas	<input type="checkbox"/> 9C		
D.	Established Improvement Committees	<input type="checkbox"/> 9D		
E.	Established Tools For QA/QI Fraud Prevention/Detection	<input type="checkbox"/> 9E		
F.	Conducted Corrective Action Updates (attach a brief summary)	<input type="checkbox"/> 9F		
G.	Utilized Customer Satisfaction Surveys	<input type="checkbox"/> 9G		
H.	Other: (specify)	<input type="checkbox"/> 9H		

Statewide Results

In reviewing the reported case review data, we considered, among other things: How consistently did counties report the data? Did counties conduct the number of case reviews to which they committed? What were the findings of the case reviews?

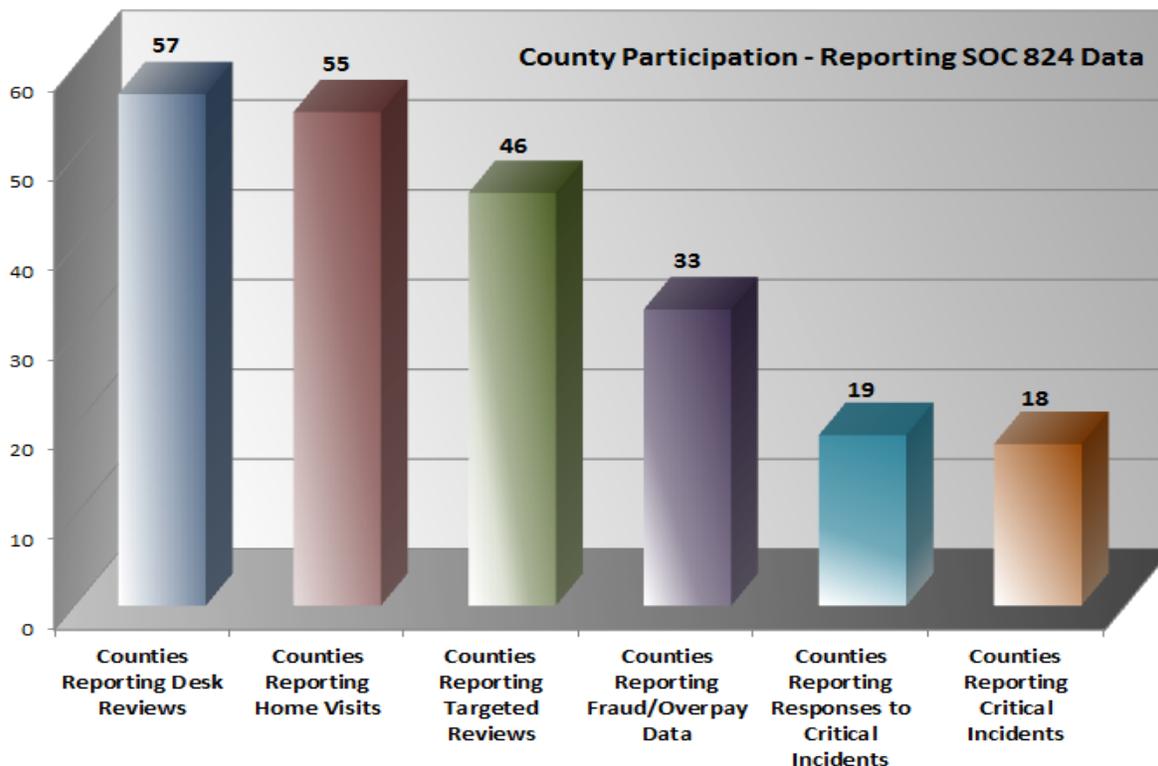
County Reporting

All 58 counties submitted SOC 824 data for FY 2012/13. Fifty-seven counties reported desk review data and 55 counties reported home visit data. The only county that did not report any desk reviews is Santa Clara; the counties that did not report any home visits are San Luis Obispo, San Benito, and Lassen. Counties that ended the year well short of their case review commitment were contacted; the most common reasons given were preparation for CMIPS II rollout, and staffing shortfalls.

As seen in Figure 7, the number of counties reporting data in the remaining five sections of the SOC 824 declined, with the majority of counties reporting Desk Reviews and Home Visits, declining to approximately one third of the counties reporting critical incidents.

While nearly all counties reported Case Review data, reporting throughout the rest of the form was inconsistent.

Figure 7: SOC 824 – County Reporting Participation



Statewide Compliance

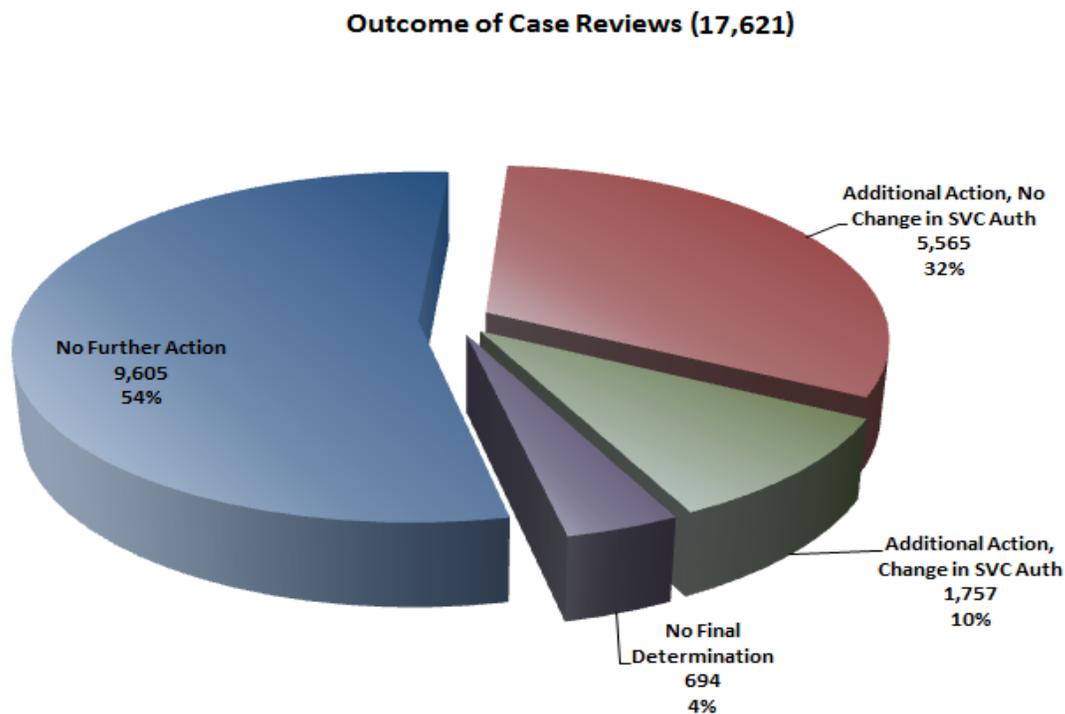
Statewide, 51 of 58 counties either reported fewer than their allocated number of QA staff, or conducted reviews under reduced minimum case review requirement. Twenty counties met the goal to which they committed in their annual QA/QI Plan for both desk reviews and home visits; 16 counties met one of the goals and missed the other, and the remaining counties did not meet either goal. San Diego and Tuolumne met or exceeded the actual minimum case review requirements of 250 desk reviews and 50 home visits per allocated QA FTE.

Case Review Findings

Desk Reviews and Home Visits (Sections 1 - 4), Aggregated

These sections captured the number of case reviews conducted, and the results of those reviews. In FY 2012/13, counties reported conducting 14,726 desk reviews, of which 2,895 resulted in home visits, for a total of 17,621 case reviews. Given a caseload of 436,849 recipients, 3.4% of all IHSS cases were subject to a QA desk review; 0.7% of all IHSS cases were subject to both a QA desk review and a QA home visit. Shown in Figure 8, below, are the results of the completed reviews.

Figure 8: Outcome of Case Reviews



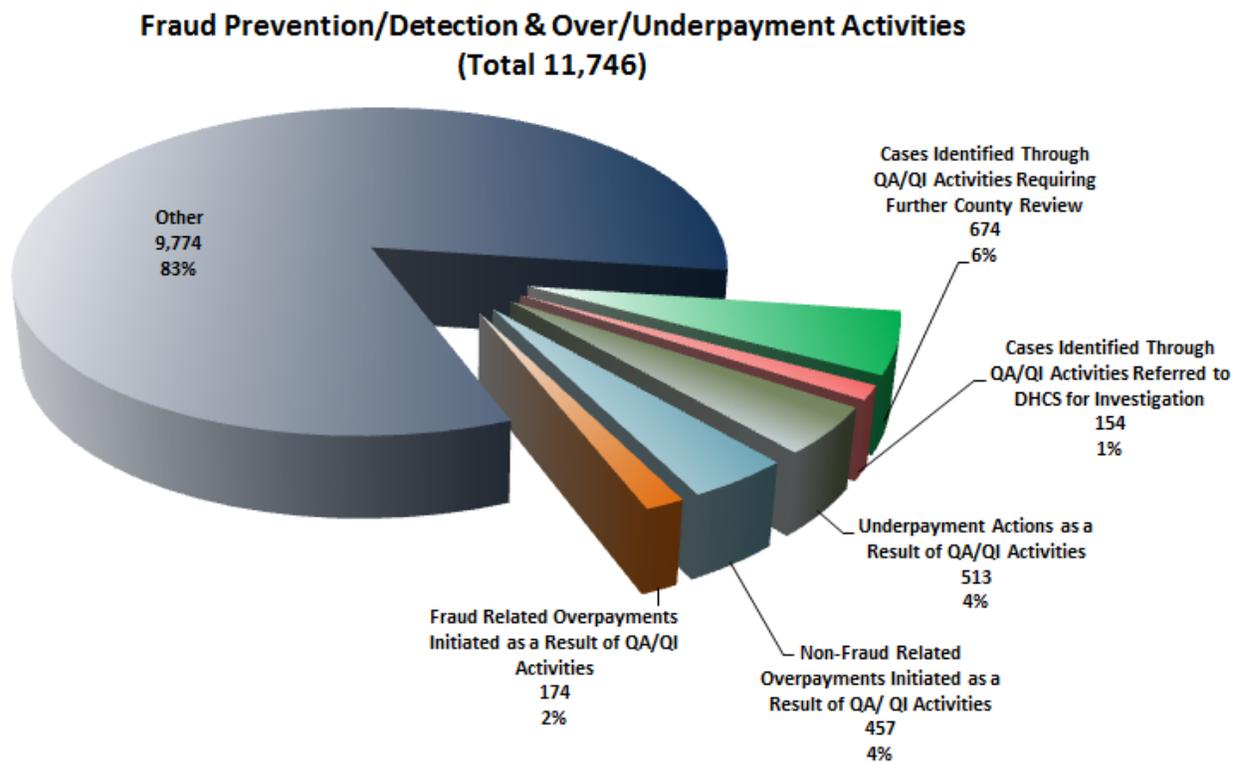
Counties reported completing 17,621 case reviews in FY 2012/13. More than half of those (9,605) resulted in a finding of “No Further Action Required.” While 7,322 case reviews (42%) required some additional action, only 1,757 case reviews (10%) resulted in a change in the number of service hours authorized. The revised SOC 824 captures

whether the change was an increase or a decrease. This illustrates that most of the cases requiring additional action were corrected without impact to service authorizations. There were 694 case reviews (4%) in which no final determination was reported concerning the outcome of the review. The revised SOC 824 no longer counts case reviews prior to reaching a final outcome determination.

Fraud Prevention/Detection and Over/Underpayment Activities (Section Five)

This section captured fraud and/or over/underpayments as identified through QA activities, including suspected program integrity issues discovered during case reviews. Thirty-four counties provided data in this section. Figure 9 displays the types, and total number of program integrity issues discovered.

Figure 9: Fraud Prevention & Over/Underpayment Activities Breakdown



Aside from the unspecified category “Other,” the single most commonly reported outcome (6%) of the fraud related cases was “Cases Identified through QA/QI Activities Requiring Further County Review.” There are several concerns about this data, for example:

- Counties are asked to report the number of over and underpayments, but not the dollar amounts of the payments.
- Overpayments discovered by any means other than QA review (i.e. discovered by caseworker, or reported directly to investigative staff) are not captured on the

SOC 824.

- At 83%, the category “Other” was over-used and provides the least clarity. The revised SOC 824 does not include the option to select “Other.”

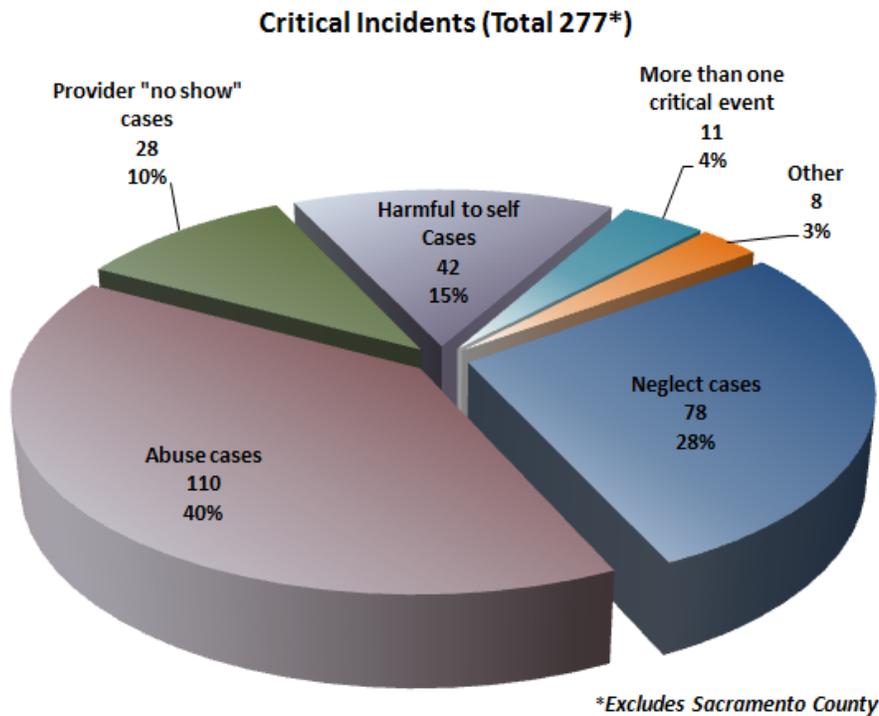
Critical Incidents (Section Six)

This section captured critical incidents discovered during QA reviews. Any time that a recipient’s health and/or safety are at risk, a critical incident has occurred. Figure 10 shows the number and types of critical incidents identified as a result of case reviews in FY 2012/13.

Eighteen counties reported Critical Incidents; the remaining 40 did not.

A total of 1,965 Critical Incidents were reported. Sacramento reported 1,688 of these incidents, because they reported all IHSS critical incidents, rather than just those discovered in the course of normal QA activities. To provide an accurate depiction of the remaining 17 counties, Sacramento County data was removed. Figure 10, below, shows a breakdown of Critical Incident reporting by those remaining 17 counties, for a total of 277 critical incidents.

Figure 10: Critical Incidents Breakdown (Excluding Sacramento)



It is inadvisable to reach any statewide conclusions based on such limited data; accordingly, Critical Incident reporting has been enhanced in the revised SOC 824 to

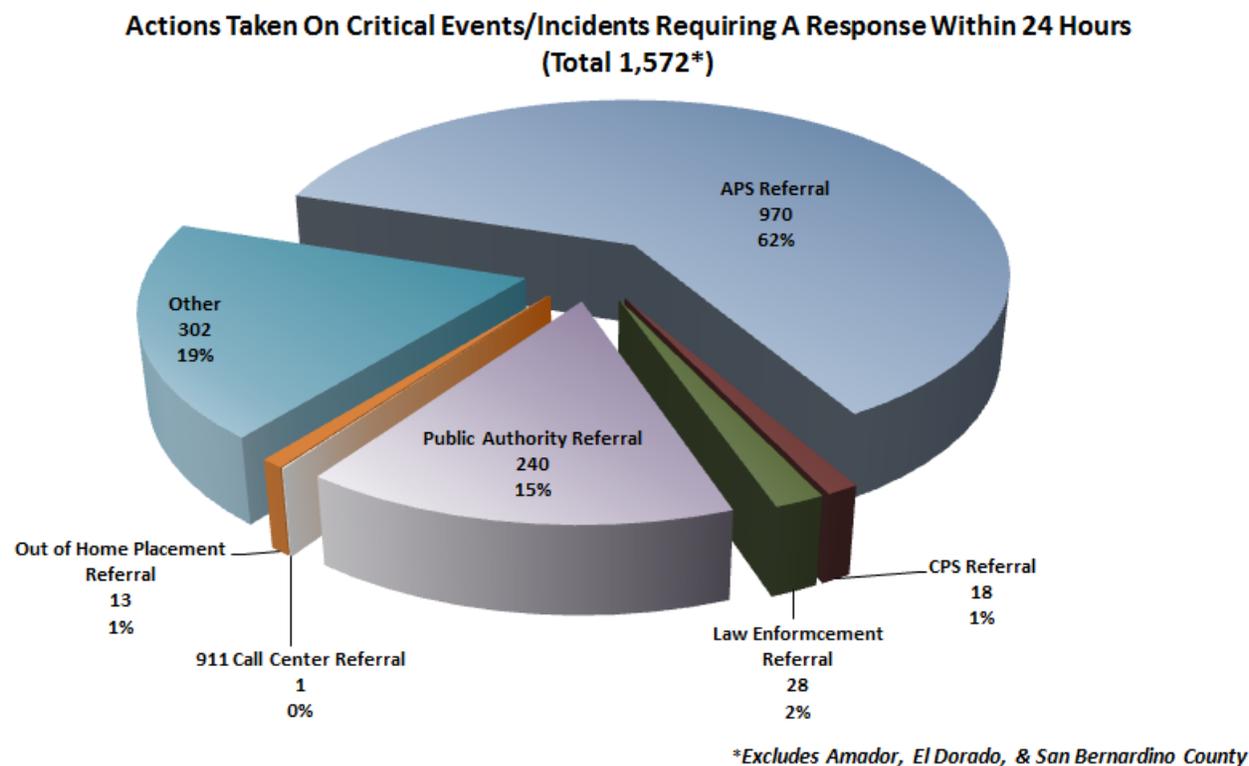
collect more comprehensive critical incident data. The revised form allows those counties that track the total number of critical incidents to report that number.

Actions Taken on Critical Events/Incidents Requiring a Response within 24 Hours (Section Seven)

Section seven captured actions taken, as a result of critical events/incidents requiring a response within 24 hours (Figure 11). There are more actions taken than incidents because a single incident could result in two or more actions, such as an APS referral and a law enforcement referral. Some counties mistakenly reported responses to critical incidents, without reporting any critical incidents.

Sections six and seven are the least reported sections of the SOC 824. Only 19 counties reported data in Section Seven. Amador, El Dorado, and San Bernardino counties all reported actions taken in response to critical incidents, but had not reported any critical incidents to take action on; therefore, the responses reported by these three counties are not included in the analysis.

Figure 11: Actions Taken on Critical Events/Incidents Breakdown



Of 1,572 actions reported in response to critical incidents, 77% were either referrals to Adult Protective Services (62%), or referrals to the Public Authority (15%), i.e., provider no show; 19% were reported as “Other.” As with Section six, there was insufficient reporting in this section to reach any statewide conclusions. The data is made more

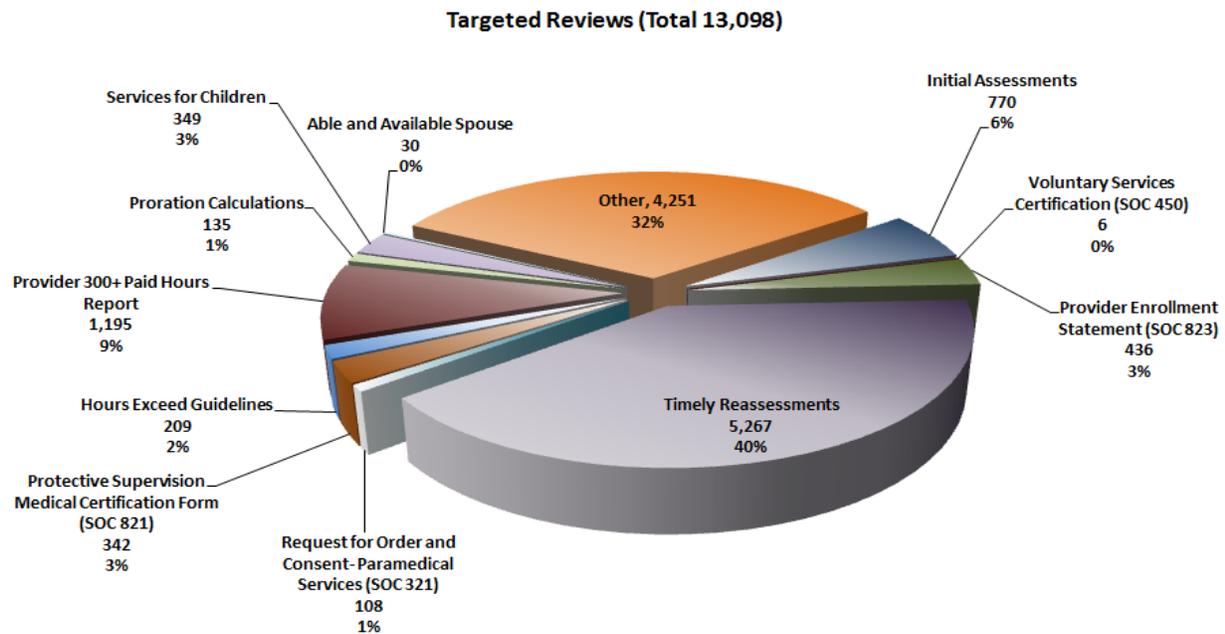
suspect by the fact that three counties reporting actions taken in response to critical incidents, reported no critical incidents.

Targeted Reviews (Section Eight)

The purpose of targeted reviews is for counties to look at specific issues concerning the delivery of IHSS; the selection process varies from county to county. A total of 46 counties reported having conducted targeted reviews during FY 2012/13. Figure 12, below, illustrates the types of targeted reviews counties performed.

The most commonly reported targeted review topics were “Timely Reassessments,” and “Other,” with a combined total of 9,518 (72.7%) of the 13,098 targeted reviews. Reviews reported as “Other” included “Warrants Mailed Out-Of-State,” “Protective Supervision - Unmet Need” and “Deceased List.”

Figure 12: Targeted Reviews Breakdown



Twelve counties did not report having conducted any targeted reviews, which means they did not meet the goals outlined in their annual QA/QI plan, nor did they fulfill the mandated minimum of *one* targeted review per year. Those counties were contacted, and the reasons they were out of compliance were discussed. There are two key lessons to be learned from analyzing this information;

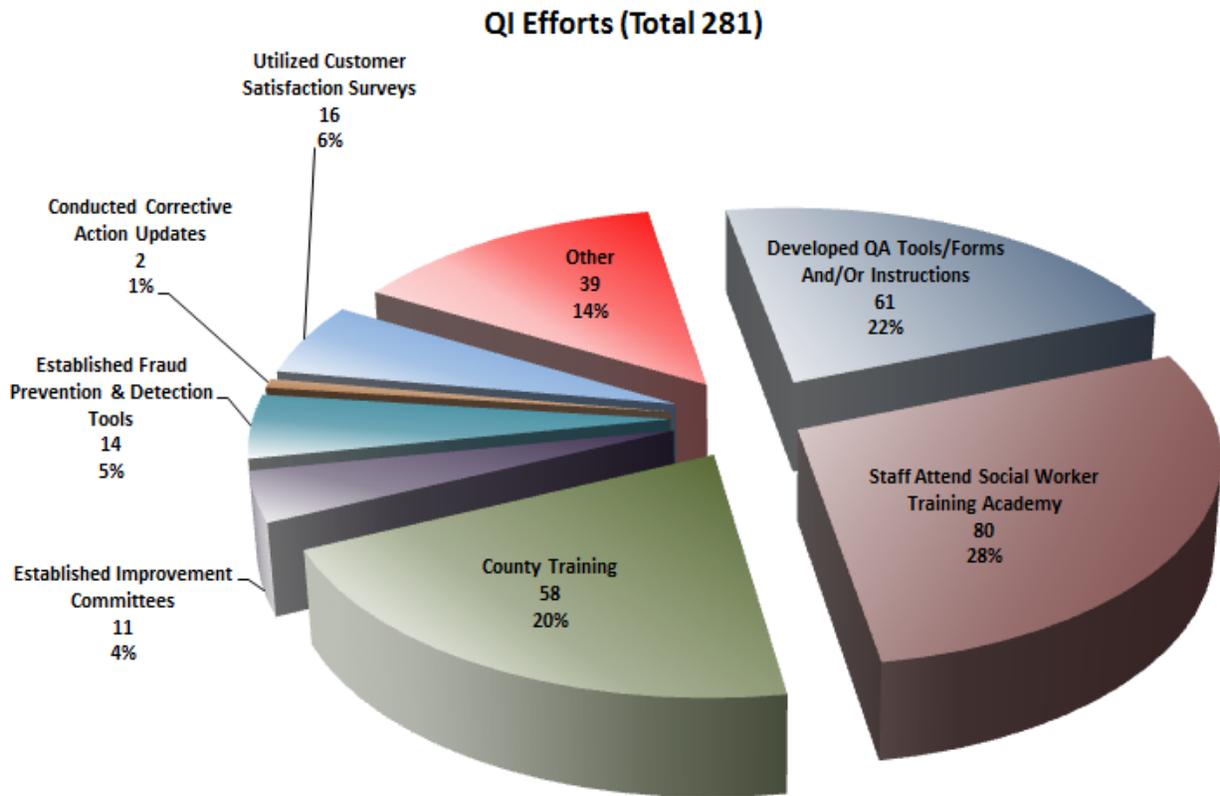
- Ten of the 12 pre-defined targeted review topics were *not* the reviews being conducted most frequently.
- The data provided illustrated the number of targeted reviews conducted, but did not provide any results of those reviews. This data is useful for tracking quantities of targeted reviews conducted, but not the quality of those reviews. The revised SOC

824 requires outcome reports for all targeted reviews. The data collected in those reports will assist both counties and CDSS in measuring access to and quality of care.

Quality Improvement Efforts (Section Nine)

Section Nine captured quality improvement efforts completed in FY 2012/13. Figure 13, below, shows the QI Efforts reported by counties, with 47 counties reporting QI data. There were eight predefined QI Efforts listed, including “Other.”

Figure 13: Quality Improvement Efforts Breakdown



Sending staff through the IHSS Social Worker Training Academy was the most frequently reported QI effort. The next most frequently reported efforts were Developing QA Tools/Forms, and County Training. These three categories comprised 70% of all QI efforts.

Forty-seven counties reported implementing between one and 18 QI efforts each. The revised SOC 824 requires outcome reports for all QI efforts reported. The data collected in those reports will assist both counties and CDSS in evaluating improvements in the IHSS Program.

County-Specific Data, by County Size

There was a large variation in the data margins and compliance rates between counties statewide, but some consistency among similar sized counties; statewide aggregation of county-specific data may not result in the most accurate conclusions. In order to ensure that the analysis is clear, this section is presented according to county size groupings.

Very Large Counties

Los Angeles is currently the only Very Large County. For the purpose of this report, a Very Large County is defined as a county with a caseload of 50,000 or more. It is important that Los Angeles be analyzed individually, because its caseload is nearly eight times that of the next largest county (San Diego).

Table 1 below, shows Los Angeles County's case review compliance and outcome data. Los Angeles County's annual QA/QI Plan included a stated goal of 1,250 desk reviews and 250 home visits. They completed 1,038 desk reviews (83%), and 237 home visits (95%). Of their 1,275 case reviews, 21% resulted in a finding of no further action, as compared to a statewide average of 57.8%. The fact that no reviewed cases resulted in a change in service authorizations indicates that either caseworkers are consistently authorizing appropriate service hours, or Los Angeles County does not change service hour authorizations based on QA case reviews.

Table 1: Los Angeles County's Case Review Compliance & Outcome Data

Very Large Counties	Caseload	Reported QA FTEs	Desk Reviews - County's Stated Goals	Desk Reviews Completed	Compliance	Home Visits - County's Stated Goals	Home Visits Completed	Compliance	Total Case Reviews	No Further Action	Percent - No Further Action	Additional Action: No Change in Service Authorization	Percent - No Change in Service Authorization	Additional Action: Change in Service Authorization	Percentage - Change in Service Authorization	No final Determination	Percentage - No Final Determination
Los Angeles	179,818	5.0	1,250	1,038	83.0%	250	237	95%	1,275	273	21%	1,077	84%	0	0	0	0%

Large Counties

For the purpose of this report, a large county is defined as a county with a caseload of 10,000 to 49,999 cases; nine counties meet this criterion.

In FY 2012/13 large counties had an average caseload of 19,092. Fresno County had the smallest caseload at 12,372, and San Diego County had the largest, at 23,668.

Table 2, below, shows the case review compliance and outcome data for large counties.

Table 2: Large Counties' Case Review Compliance & Outcome Data

Large Counties	Caseload	Reported QA FTEs	Desk Reviews - County's Stated Goals	Desk Reviews Completed	Compliance	Home Visits - County's Stated Goals	Home Visits Completed	Compliance	Total Case Reviews	No Further Action	Percent - No Further Action	Additional Action: No Change in Service Authorization	Percent - No Change in Service Authorization	Additional Action: Change in Service Authorization	Percentage - Change in Service Authorization	No final Determination	Percentage - No Final Determination
San Diego	23,668	2.0	750	1,141	152%	150	710	473%	1,851	1424	77%	424	23%	3	0%	0	0%
San Francisco	21,801	2.0	468	155	33%	93	23	25%	178	69	39%	81	46%	28	16%	0	0%
Orange	20,607	2.0	500	150	30%	100	27	27%	177	153	86%	11	6%	20	11%	0	0%
San Bernardino	20,576	2.0	500	1,677	335%	100	106	106%	1,783	775	43%	702	39%	200	11%	78	4%
Riverside	19,082	1.0	125	163	130%	25	26	104%	189	8	4%	164	87%	17	9%	0	0%
Alameda	18,433	2.0	500	531	106%	100	116	116%	647	99	15%	235	36%	263	41%	52	8%
Sacramento	18,366	1.0	250	253	101%	50	52	104%	305	102	33%	194	64%	9	3%	0	0%
Santa Clara	16,919	2.0	49	0	0%	49	2	4%	2	2	100%	0	0%	0	0%	0	0%
Fresno	12,372	2.0	500	514	103%	100	101	101%	615	153	25%	74	12%	276	45%	35	6%
Average:	19,092	1.78		509			129.2		639	309	47.1%	209	34.7%	91	15.1%	18	2.0%
Totals:	171,824		3,642	4,584	125.9%	767	1,163	151.6%	5,747	2,785	48.5%	1,885	32.8%	816	14.2%	165	2.9%

- Large counties reported 4,584 desk reviews; the median number of desk reviews reported was 253.
- Large counties reported 1,163 home visits; the median number of home visits reported was 52.
- Six large counties met both stated goals, while three did not meet either goal.
- While six large counties completed the number of case reviews to which they committed in their annual QA/QI Plan, San Diego County was the only large county to meet or exceed the standard case review requirements of 250 Desk Reviews and 50 Home Visits per allocated QA FTE.

Medium Counties

For the purpose of this report, a medium county is defined as a county with a caseload of 1,000 to 9,999 cases; 25 counties met this criterion.

In FY 2012/2013, medium counties had an average caseload of 3,088. Humboldt County had the smallest caseload, at 1,478, and Contra Costa County had the largest, at 7,204. Table 3, on the following page, shows the medium counties' case review compliance and outcome data.

Table 3: Medium Counties' Case Review Compliance & Outcome Data

Medium Counties	Caseload	Reported QA FTEs	Desk Reviews - County's Stated Goals	Desk Reviews Completed	Compliance	Home Visits - County's Stated Goals	Home Visits Completed	Compliance	Total Case Reviews	No Further Action	Percent - No Further Action	Additional Action: No Change in Service Authorization	Percent - No Change in Service Authorization	Additional Action: Change in Service Authorization	Percentage - Change in Service Authorization	No final Determination	Percentage - No Final Determination
Contra Costa	7,204	2.0	500	316	63%	104	89	86%	405	279	69%	76	19%	49	12%	0	0%
Stanislaus	5,536	0.5	125	129	103%	25	24	96%	153	69	45%	60	39%	3	2%	9	6%
San Joaquin	5,431	1.0	250	256	102%	50	50	100%	306	78	25%	204	67%	24	8%	0	0%
Imperial	5,342	2.0	250	341	136%	50	60	120%	401	47	12%	173	43%	181	45%	0	0%
Sonoma	5,010	1.0	184	187	102%	34	20	59%	207	93	45%	78	38%	34	16%	0	0%
Kern	3,970	1.0	250	227	91%	50	44	88%	271	167	62%	101	37%	19	7%	0	0%
Monterey	3,836	1.0	250	1,263	505%	50	75	150%	1,338	978	73%	266	20%	41	3%	0	0%
Ventura	3,829	1.0	250	286	114%	50	54	108%	340	210	62%	120	35%	14	4%	2	1%
San Mateo	3,462	1.0	250	280	112%	50	35	70%	315	144	46%	127	40%	45	14%	1	0%
Solano	2,901	1.0	250	180	72%	50	50	100%	230	66	29%	100	43%	50	22%	0	0%
Butte	2,873	2.0	288	281	98%	50	54	108%	335	294	88%	5	1%	36	11%	0	0%
Santa Barbara	2,806	1.0	250	299	120%	25	43	172%	342	53	15%	82	24%	16	5%	151	44%
Shasta	2,735	1.0	250	173	69%	50	45	90%	218	106	49%	110	50%	2	1%	0	0%
Merced	2,610	2.0	500	364	73%	100	80	80%	444	381	86%	54	12%	8	2%	0	0%
Tulare	2,470	1.0	250	256	102%	50	50	100%	306	221	72%	65	21%	24	8%	0	0%
Santa Cruz	2,343	1.0	250	126	50%	50	37	74%	163	131	80%	10	6%	21	13%	1	1%
Placer	1,926	1.0	156	156	100%	24	24	100%	180	64	36%	77	43%	39	22%	0	0%
Yolo	1,858	1.0	250	81	32%	50	50	100%	131	118	90%	21	16%	4	3%	4	3%
Lake	1,744	1.0	125	268	214%	25	50	200%	318	108	34%	43	14%	12	4%	162	51%
Marin	1,640	1.0	200	142	71%	20	15	75%	157	77	49%	71	45%	9	6%	0	0%
Madera	1,571	1.0	250	248	99%	50	49	98%	297	274	92%	23	8%	0	0%	0	0%
San Luis Obispo	1,567	1.0	250	38	15%	50	0	0%	38	4	11%	36	95%	4	11%	8	21%
Kings	1,541	1.0	250	207	83%	50	40	80%	247	53	21%	109	44%	85	34%	0	0%
Mendocino	1,527	1.0	250	250	100%	50	50	100%	300	263	88%	37	12%	0	0%	0	0%
Humboldt	1,478	1.0	250	187	75%	50	35	70%	222	62	28%	110	50%	50	23%	0	0%
Average:	3,088	1.14		261.6			44.9		307	174	52.2%	86	32.9%	31	11.0%	14	5.1%
Totals:	77,210		6,328	6,541	103.4%	1,207	1,123	93.0%	7,664	4,340	56.6%	2,158	28.2%	770	10.0%	338	4.4%

- Medium counties completed 6,541 desk reviews; the median number of desk reviews reported among medium counties was 248. Monterey County achieved 505% of the desk reviews to which they committed.
- Medium counties completed 1,123 home visits; the median number of home visits reported among medium counties was 49. Lake County achieved 200% of the home visits to which they committed.
- Nine medium counties met or exceeded both of their stated case review goals; six medium counties met or exceeded one goal and missed the other, and 10 medium counties did not meet either goal.

Small Counties

For the purpose of this report, a small county is defined as a county with a caseload of 25 to 999 cases; 21 counties met this criterion.

In FY 2012/13, small counties had an average caseload of 379, ranging from 31 in Sierra County, to 895 in Napa County. Table 4, below, displays small counties' case review compliance and outcome data.

Table 4: Small Counties' Case Review Compliance & Outcome Data

Small Counties	Caseload	Reported QA FTEs	Desk Reviews - County's Stated Goals	Desk Reviews Completed	Compliance	Home Visits - County's Stated Goals	Home Visits Completed	Compliance	Total Case Reviews	No Further Action	Percent - No Further Action	Additional Action: No Change in Service Authorization	Percent - No Change in Service Authorization	Additional Action: Change in Service Authorization	Percentage - Change in Service Authorization	No final Determination	Percentage - No Final Determination
Napa	895	1.0	160	117	73%	30	16	53%	133	38	29%	40	30%	25	19%	12	9%
Sutter	883	1.0	200	200	100%	40	40	100%	240	207	86%	33	14%	0	0%	0	0%
Tehama	843	1.0	188	154	82%	38	25	66%	179	28	16%	48	27%	35	20%	42	23%
El Dorado	698	1.0	150	155	103%	30	25	83%	180	161	89%	15	8%	2	1%	4	2%
Yuba	669	2.0	250	244	98%	50	51	102%	295	255	86%	26	9%	14	5%	0	0%
Nevada	615	1.0	120	120	100%	24	3	13%	123	64	52%	28	23%	31	25%	0	0%
San Benito	471	0.5	64	125	195%	12	0	0%	125	125	100%	0	0%	0	0%	0	0%
Siskiyou	443	1.0	125	144	115%	25	25	100%	169	169	100%	0	0%	0	0%	0	0%
Glenn	433	1.0	125	77	62%	25	5	20%	82	61	74%	15	18%	6	7%	0	0%
Tuolumne	297	1.0	250	266	106%	50	50	100%	316	287	91%	21	7%	8	3%	0	0%
Del Norte	278	1.0	125	52	42%	50	21	42%	73	59	81%	8	11%	0	0%	0	0%
Calaveras	262	1.0	250	258	103%	50	15	30%	273	187	68%	83	30%	3	1%	0	0%
Plumas	221	1.0	144	36	25%	24	6	25%	42	15	36%	16	38%	7	17%	0	0%
Amador	184	1.0	40	40	100%	12	12	100%	52	48	92%	4	8%	0	0%	0	0%
Mariposa	168	1.0	125	126	101%	25	28	112%	154	140	91%	0	0%	14	9%	0	0%
Trinity	141	1.0	177	177	100%	25	5	20%	182	170	93%	12	7%	0	0%	0	0%
Lassen	138	1.0	144	16	11%	30	0	0%	16	11	69%	5	31%	0	0%	0	0%
Inyo	100	1.0	80	67	84%	2	4	200%	71	36	50.7%	33	46%	0	0%	2	3%
Colusa	92	1.0	125	100	80%	50	25	50%	125	66	52.8%	34	27%	25	20%	0	0%
Modoc	92	1.0	250	44	18%	25	5	20%	49	35	71.4%	14	29%	0	0%	0	0%
Sierra	31	1.0	30	14	47%	6	1	17%	15	13	86.7%	2	13%	0	0%	0	0%
Average:	379	1.0		120.6			17		138	104	72.2%	21	17.9%	8	6.0%	3	1.8%
Totals:	7,954		3,122	2,532	81.1%	623	362	58.1%	2,894	2,175	75.2%	437	15.1%	170	5.9%	60	2.1%

- Small counties reported 2,532 desk reviews; the median number of desk reviews reported among small counties was 120.
- Small counties reported 362 home visits; the median number of home visits reported among medium counties was 15.
- Five small counties met or exceeded both of their stated case review goals; eight counties met or exceeded one goal and missed the other, and eight small counties did not meet either goal.
- While five small counties completed the number of case reviews to which they committed in their annual QA/QI Plan, Tuolumne County was the only small county to meet or exceed the standard case review requirements of 250 Desk Reviews and 50 Home Visits per allocated QA FTE.

Very Small Counties

For the purpose of this report, a very small county is defined as a county with a caseload up to 24 cases. Two counties met this criterion: Mono and Alpine.

Table 5, below, shows very small counties' case review requirement and outcome data.

Table 5: Very Small Counties' Case Review Compliance & Outcome Data

Very Small Counties	Caseload	Reported QA FTEs	Desk Reviews - County's Stated Goals	Desk Reviews Completed	Compliance	Home Visits - County's Stated Goals	Home Visits Completed	Compliance	Total Case Reviews	No Further Action	Percent - No Further Action	Additional Action: No Change in Service Authorization	Percent - No Change in Service Authorization	Additional Action: Change in Service Authorization	Percentage - Change in Service Authorization	No final Determination	Percentage - No Final Determination
Mono	22	1.0	20	19	95%	4	4	100%	23	14	60.9%	8	35%	1	4%	0	0%
Alpine	21	0.5	25	12	48%	5	6	120%	18	18	100.0%	0	0%	0	0%	0	0%
Totals:	43		45	31	68.9%	9	10	111.1%	41	32	78.0%	8	19.5%	1	2.4%	0	0.0%

- Very small counties completed 31 desk reviews, which represents 68.9% of the stated goal.
- Very small counties completed 10 home visits, which represents 111% of the stated goal.
- Neither county met their desk review stated goal, in spite of the fact that Mono County reported completing desk reviews on 86% of their caseload.
- Both counties met or exceeded their home visit goal.

Data received from very small counties is of limited use because very small fluctuations can represent disproportionate changes to percentages. With only two counties in this grouping, and such small sample sizes, caution is recommended in reaching any conclusions based on this data. This was one of the key factors that led to revising case review minimum requirements to include caseload, as well as, the QA staffing allocation.

Summary

Reporting

QA/QI data reporting was inconsistent. While all 58 counties submitted SOC 824 forms, as seen in Figure 7 (Page 5), the level of data reporting was inconsistent between different sections. In some sections of the SOC 824, fewer than half of the counties reported data. CDSS contacted counties seeking missing data, clarifying questionable data, and providing guidance for future reporting. Counties often cited staffing turnover and CMIPS II conversion issues as the reason for incomplete reporting. As a result of low participation levels in specific categories, the overall view of county QA/QI may be inaccurate. Analysis of received data also suggests that in at least two categories (Critical Incidents and Responses to Critical Incidents,) some counties are unclear on how data is to be reported; this contributed to the lack of usable data. The data that results from the sections with lower reporting makes it very difficult to extrapolate usable information from those categories. As we move forward with a revised SOC 824, and ongoing technical assistance, CDSS anticipates more reliable QA/QI data for FY 2013/14.

Case Reviews

Statewide, counties reported conducting 14,726 QA desk reviews and 2,895 QA home visits, for a total of 17,621 case reviews, representing approximately 104% and 102% of the stated goals for desk reviews and home visits. San Diego and Tuolumne counties met or exceeded the actual minimum case review requirements of 250 desk reviews and 50 home visits per allocated QA FTE.

Of all IHSS cases reviewed, 42% resulted in the identification of some necessary further actions, while 10% resulted in a change in service hour authorizations. Approximately 4% of case reviews did not result in any final determination.

Fraud Prevention/Detection and Over/Underpayment Activities

Counties reported almost 12,000 cases in this section; the most commonly reported outcome (at 83%) was "Other." The second most common (at 6%) was "Cases... Requiring Further County Review." This illustrates that the SOC 824 lacked a mechanism to ensure specificity in reporting; the revised SOC 824 corrected the issue by eliminating the option "Other."

Counties reported "Fraud Related Overpayments" (at 2%) and "Cases Referred to the Department of Health Care Services for Fraud Investigation" (at 1%). It is unclear as to what extent an overlap may exist in which cases were counted in both categories. As a result, this number may total as few as 174 cases, or as many as 328 cases.

Critical Incidents

There were 1,965 total critical incidents reported, but the number cannot be used without considering other factors. Sacramento County reported 1,688 of them because they reported all IHSS critical incidents; 17 other counties reported only critical incidents

discovered in the course of QA case reviews (in accordance with the instructions), and the remaining 40 counties reported no data in this section.

The 17 counties reporting critical incidents discovered in the course of QA case reviews reported an average of 16 critical incidents each, ranging from one in Imperial County, to 85 in Ventura County. Among these 17 counties, “Neglect” and “Abuse” represent 68% of the critical incidents reported.

Critical incident reporting is enhanced on the revised SOC 824; among other improvements, the option to report “Other” was removed.

Actions Taken in Response to Critical Incidents

There were 1,572 responses to critical incidents reported by 19 counties. Sixteen of those 19 counties were among the 18 that reported critical incidents. The logical conclusion is that at least three counties were not aware that a critical incident is prerequisite to an action taken in response to a critical incident. In addition, this data is not always reliable, for example, Sacramento County reported 1,688 critical incidents but only reported 782 actions taken in response to a critical incident. San Bernardino County reported 214 actions taken in response to critical incidents, but did not report any critical incidents to respond to.

Targeted Reviews

Forty-six counties reported conducting targeted reviews on 13,098 IHSS cases. At 40%, “Timely Reassessments” was the most frequently reported category of targeted reviews. The second most reported category was, “Other,” which accounted for 32%. This is a decrease by approximately half from the previous year’s 66% attributed to “Other.”

There was no requirement to report the outcomes of these targeted reviews. Without knowing the outcomes, there was little to be learned about the effects of performing these reviews; the revised SOC 824 rectified that by requiring brief outcome reports on all targeted reviews.

Quality Improvement

Forty-seven counties reported implementing 281 quality improvement efforts. These efforts consist mostly of staff training. Twenty-eight percent of all QI efforts reported involved sending staff to the IHSS Social Worker Training Academy, while “Developed QA Tools/Forms and/or Instructional Materials” accounted for 22% and “County Training” accounted for 21% of the reported QI effort.

There was no requirement to report the outcomes of any of the QI efforts; the revised SOC 824 rectified that by requiring brief outcome reports on all QI efforts implemented.

Conclusion

Impact

The data analysis accomplished in the process of producing this annual QA/QI report was beneficial; it highlighted weaknesses in the reporting system. This process, coupled with the implementation of CFCO, contributed to the formation of several informal workgroups with county IHSS staff. The results of those interactions included mutually beneficial interaction with counties, creation of an updated IHSS QA/QI Policy Manual, revision of existing forms, creation of new forms, and more efficient tracking criteria.

SOC 824 Data

The version of the SOC 824 that was in use at the time focused on the quantity of QA/QI measures in which counties engaged, but lacked any insight into the outcomes. Additionally, the use of categories such as, "Other," "Cases Requiring Further County Review," and "Cases Pending Final Determination" did not provide any substantive data. These weaknesses resulted in the development of a revised SOC 824, which no longer contains ambiguous choices.

The revised SOC 824 was developed in collaboration with counties, and represents a fundamental shift from quantity tracking to quality assurance and improvement, from process tracking to result reporting. It is much more useful to analyze the result of QA/QI efforts than tracking the number of efforts undertaken.

With the release of the new IHSS QA/QI Policy Manual in ACL No. 13-110, counties were advised that all data requested on the SOC 824 is mandatory. Additionally, the Manual provides clearer guidance, and is a complete resource compiled from previous guidance provided over the years.

Fraud Reporting

Fraud data is no longer reported in detail on the SOC 824. The information revealed from the fraud section of the SOC 824 was minimal, only included fraud data discovered by QA, and did not provide the basis for detailed analysis warranted for fraud reporting. Counties now report fraud data on the SOC 2245, which allows CDSS to take a more direct and focused approach in evaluating statewide fraud.

Minimum Case Review Criteria

It is important to note that while counties achieved a fairly high success rate in accomplishing their stated goals for case reviews, these goals were almost always lower than the actual minimum case review requirements established in Attachment C to ACL No. 06-35 (250 desk reviews and 50 home visits per allocated QA FTE per year).

The minimum case review requirements in ACL No. 06-35 did not take caseload or county size into consideration, and as a result, created an imbalance in the

requirements between counties; smaller counties were put into a position where they (inaccurately) appeared incapable of effective oversight of their IHSS programs. As an example, one QA worker in a small or very small county may have to perform up to 10 desk reviews on every case in their caseload to meet their minimum requirement.

In compliance with State Plan Amendment 13-007, new criteria have been established for determining the minimum number of cases to be reviewed. The new method results in case reviews of statistically significant samples which reasonably represent each county's IHSS caseload based on caseload and QA staffing allocation, in accordance with MPP 30-702.122(b).