

County

Review Dates: 07/22/15 - 07/24/15

2nd Reviewer Initials:

Case Information					Date Reviewed by CDSS QA: 06/22/2015					
Reviewed By:	CDSS Analyst			Social Worker ID:				District Office:		
Type of Case:	Severely Impaired			Funding:	CFCO (2K)					
Recipient Information										
First Name:	Jane		Last Name:	Doe		Gender:	Female		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:	05/01/2014		To Date:	05/31/2015		18 Month?	No
Assessment Timely/Is there a current reassessment in the case file? :									Yes	
Denied Case										
Is this a Denied Case?:				No		Was the case appropriate for denial?			N/A	
Hourly Task Guidelines										
Service Type	FI	Hrs.	Stat	Doc	Exception Language					
Domestic Services	5	6	In	N/A						
Preparation of Meals	4	4	LOW	Yes	Only eats lunch and dinner.					
Meal Clean-Up	2	0	N/A	N/A						
Laundry	4	1.4	HIGH	No						
Shopping For Food	5	1	In	N/A						
Other Shopping/Errands	5	.3	In	N/A						
Bowel and Bladder Care	3	1.4	In	N/A						
Feeding	2	0	N/A	N/A						
Routine Bed Baths	4	0	N/A	N/A						
Dressing	3	2	HIGH	Yes						
Menstrual Care	N/A	0	N/A	N/A						
Ambulation	3	2.06	In	N/A						
Transfer	3	.55	In	N/A						
Bathing/Oral Hyg/Groom	4	5	HIGH	Yes	Over HTGs as recipient is combative.					
Rubbing Skin/Repos	N/A	1.24	In	N/A						
Care/Assist w/Prosthesis	N/A	.28	In	N/A						
Narrative										
Documentations consistent wh all FI rankings				Yes		Narrative contains Social Worker's observations			No	
Needs Assessment										
Sufficient documentation for all assessed services				No		Hours assessed calculated/documentd correctly			Yes	
Household / Living Situation										
Information regarding Household/Living Situation consistent in CMIPS									Yes	
Protective Supervision (SOC 821)										
Is this a Protective Supervision Case				Yes		File contains sufficient PS documentation/justification			Yes	
SOC 821 in file, or documented sent to a physician				Yes		Cty addressed PS needs @ each reassessment			Yes	
24-Hour plan in case file/rev'd at last assessment				No						
Unmet Needs										
Does this case have Unmet Needs?				No		SW doc attempt to ID other Unmet Needs Resources?			N/A	
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				Yes						
Proration										
Is Proration applicable to this case?				No						
Adjustments correctly reflect the shared living regulations requirement								N/A		
Documentation provided for Domestic and Related Services that were not Prorated?								N/A		
Critical Incidents										
Documented Critical Incidents noted in case file?				No		Critical Incident Type:			N/A	
Companion Case										
Does this case have any companion(s)?				No		Number of Companion Cases Reviewed:			0	

Social worker document that ARs were explored?	Yes	When available, AR source and service documented	N/A
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
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**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 all inaccuracies and omissions 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 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:**

Assessed hours are outside the range of the HTGs. Sufficient exception language is required. (MPP 30-757.1(a)(6)). Services ( 'Laundry' )

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 Functional Index rankings and authorized hours.

Needs Assessment: Insufficient Documentation for all Assessed Services.

Case file does not contain a SOC 825 or other documentation to show how the 24-hour need for Protective Supervision is being met. (MPP 30-757.174)

Paramedical authorized tasks and/or calculations do not match those on the SOC 321, as directed by the licensed health care professional. (ACL 88-118)

**QA NOTES:**