COUNTY QUALITY ASSURANCE/QUALITY IMPROVEMENT ACTIVITIES

Statewide Annual Report for Fiscal Year 2014-15

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

June 2016

California Department of Social Services
Adult Programs Division
Policy & Quality Assurance Branch

Executive Summary

Background

The In-Home Supportive Services (IHSS) Program currently serves approximately 496,000 eligible aged, blind, and disabled recipients, allowing them to remain safely in their own homes. IHSS recipients are served by approximately 410,000 providers statewide. The projected total program cost for Fiscal Year (FY) 2014-15 is approximately $7.2 billion.

In 2004, Senate Bill 1104 (Chapter 229, Statutes of 2004) enacted Welfare & Institutions Code Section 12305.71(b) to improve the quality of the IHSS program. This Quality Assurance/Quality Improvement (QA/QI) initiative resulted in the implementation of State and county QA/QI measures, including the establishment of a minimum case review requirement of 250 desk reviews, of which 50 are to receive home visits, per allocated QA full-time position (or equivalent) per year for each county.

In 2013, the California Department of Social Services (CDSS) issued a new and updated IHSS QA/QI Policy Manual via All-County Letter Number 13-110, including a revised IHSS QA/QI Quarterly Activities Report form (SOC 824), for counties to report the results of case reviews to CDSS. This is the second report generated as a result of the new SOC 824 form. The report includes an analysis of county case reviews statewide in greater depth and detail than was previously available. Among the goals of tracking IHSS QA/QI activities are the confirmation of county compliance with established reporting and review requirements and the identification of data inconsistencies.

In FY 2014-15, CDSS has adopted a new, more logical methodology for establishing case review minimums. The new methodology utilizes a county's total caseload and allocated number of QA full time equivalents to determine the number of required minimum case reviews. Because the new minimums represent fewer required case reviews, due to the new methodology, an anticipated higher level of compliance was reported in FY 2014-15.

Findings

The following is a summary of QA/QI data reported by counties for the period of July 1, 2014, through June 30, 2015. Key findings include:

County Case Reviews Conducted

Counties reported 18,323 completed desk reviews, including reviews of 16,718 active cases and 1,605 denied applications. A total of 3,160 desk reviews led to home visits. Case reviews are the primary method for county QA to ensure uniform and appropriate services to IHSS recipients; they form the foundation of county QA.

- While IHSS QA regulations have always required that desk reviews include a sample of denied cases, those reviews were never tracked prior to the revision of the SOC 824 in 2013.

Compliance with Minimum Case Review Requirements
As anticipated, the levels of compliance increased in FY 2014-15. Statewide, 33 counties met or exceeded the minimum case review requirements (both desk reviews and home visits) to which they committed; nine counties met or exceeded one goal and missed the other. Sixteen counties did not meet minimum case requirements.

- This represents an increase of the county compliance level statewide from 21% in FY 2013-14 to 57% in FY 2014-15.

- In FY 2013-14, 35 counties did not meet minimum case requirements.

- This increase may be due to CDSS' new methodology for determining county QA minimum case review requirements in addition to county QA improvements.

Case Review Findings
Counties reported that 30% of desk reviews conducted on active cases resulted in findings of "No Further Action Required;" seventy percent resulted in findings of "Further Action Required."

- The importance of county QA case reviews is reiterated this year as county QA teams identified errors in 70% of active cases reviewed. This is an increase of 10% from last year.

The most frequently reported finding requiring action involved insufficient or inaccurate case documentation. In FY 2014-15 counties conducted 21 targeted reviews regarding case documentation and 22 targeted reviews pertaining to specific IHSS services, such as Paramedical and Protective Supervision.

Critical Incidents
Thirty counties reported a total of 272 Critical Incidents through the SOC 824. This represents an increase from the 99 that were reported in FY 2013-14.

- Ninety –two of the 272 critical incidents were actually discovered by, or reported to QA staff. This again illustrates the importance of county QA in FY 2014-15. These 92 critical incidents would have continued unreported and unresolved indefinitely if county QA teams were not conducting home visits.

- Counties also reported initiating 117 referrals as a result of Critical Incidents.

Targeted Reviews
Forty-six one counties reported conducting 64 targeted reviews on 31 topics; Paramedical Services was the most frequently conducted review topic and Protective Supervision was second.

- This represents an increase of county conducted targeted reviews from 66% in FY 2013-14 to 88% in FY 2014-15.

Quality Improvement (QI) Efforts
Thirty-four counties reported implementing 56 QI measures. Participation of counties increased statewide from 29% to 59% in FY 2014-15.

- The number of counties implementing QI measures has doubled from 17 counties in FY 2013-14.
- The number of QI measures have also increased, up from 29 in FY 2013-14.
- Training accounted for 32% of all QI measures, a decrease from 52% in FY 2013-14.

While training was the most selected category in FY 2013-14 and FY 2014-15, there has been significant variation in other QI measure categories that counties have implemented. As counties focus on new and other means for improvement, the dominance of training as the primary measure will likely continue to decrease.

Table of Contents

Background 1
Purpose 1
Methodology 1
Elements of the SOC 824 1
SOC 824 - Preliminary Data 2
Figure 1: SOC 824 – Preliminary Data 2
SOC 824 - Section 1 2
Figure 2: SOC 824 - Section 1 3
SOC 824 - Section 2 3
Figure 3: SOC 824 - Section 2 4
SOC 824 - Section 3 4
Figure 4: SOC 824 - Section 3 4
SOC 824 – Section 4 4
Figure 5: SOC 824 - Section 4 4
SOC 824 - Section 5 5
Figure 6: SOC 824 - Section 5 5
Statewide Results 5
County Reporting 5
Statewide Compliance 5
Case Review Findings 5
IHSS QA Case Reviews (Section 1) 5
Denied Cases 6
Desk Reviews 6
Figure 7: Outcome of Desk Reviews Requiring Action 6
Home Visits 7
Figure 8: Outcome of Home Visits Requiring Action 7
Critical Incidents and Referrals Resulting From Critical Incidents (Section Two) 7
Overpayments (Section Three) 8
Targeted Reviews (Section Four) 8
Figure 9: Targeted Reviews Breakdown 8
Quality Improvement Efforts (Section Five) 10

Figure 10: Quality Improvement Efforts Breakdown 10
County-Specific Data, by County Size 11
Very Large Counties 11
Table 1: Los Angeles County's Case Review Compliance Data 11
Table 1a: Los Angeles County's Desk Review Findings 11
Large Counties 12
Table 2: Large Counties' Case Review Compliance Data 12
Table 2a: Large Counties' Desk Review Findings 13
Table 2b: Large Counties' Home Visit Findings 14
Medium Counties 15
Table 3: Medium Counties' Case Review Compliance Data 15
Table 3a: Medium Counties' Desk Review Findings 16
Table 3b: Medium Counties' Home Visit Findings 17
Small Counties 18
Table 4: Small Counties' Case Review Compliance Data 18
Table 4a: Small Counties' Desk Review Findings 19
Table 4b: Small Counties' Home Visit Findings 20
Very Small Counties 21
Table 5: Very Small Counties' Case Review Compliance Data 21
Table 5a: Very Small Counties' Desk Review Findings 21
Table 5b: Very Small Counties' Home Visit Findings 22
Summary 22
Reporting 22
Case Reviews 22
Fraud Prevention/Detection and Over/Underpayment Activities 22
Critical Incidents 23
Actions Taken in Response to Critical Incidents 23
Targeted Reviews 23
Quality Improvement 23
Conclusion 24
Impact 24
SOC 824 Data 24
Minimum Case Review Criteria 24

STATEWIDE ANNUAL REPORT OF COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT ACTIVITIES IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM FOR FISCAL YEAR 2014-15

This report is compiled from the In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) Quarterly Activities Report Forms (SOC 824) submitted by counties for Fiscal Year (FY) 2014-15.

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 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 No. 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. In 2013, the California Department of Social Services (CDSS) issued an updated IHSS QA/QI Policy Manual via ACL No. 13-110. The new manual introduced new case review requirements for each county, based on caseload and QA staffing allocation, in accordance with the CDSS Manual of Policies and Procedures (MPP) Section 30-702.122(b). Pursuant to MPP Section 30-702.194, counties are required to report the QA/QI activities to 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, 2014, through June 30, 2015. Counties were provided a summary of the data they reported and all counties confirmed the accuracy of the data utilized in this report.

Methodology

SOC 824 data is collected, reviewed, tracked, and compiled quarterly, as it is received. The data was analyzed to ensure compliance with reporting and review requirements. Any inconsistencies in the data resulted in CDSS contacting the reporting county for correction or clarification.

Elements of the SOC 824

In collaboration with counties, a new SOC 824 was developed for FY 2013-14 with a priority to achieve a fundamental shift from tracking quantity and process, to focusing on quality and result reporting. The SOC 824 is an initial collection of *Preliminary Data* followed by five sections with a greater focus on result reporting, such as targeted reviews with outcome reports. Attention to detail in regard to the outcome of reviews is emphasized with the new form.

SOC 824 - Preliminary Data

Initially, counties complete the Preliminary Data which contains general information such as the county name; date completed, and staff information. An overall count of desk reviews and home visits conducted is included as well. It is important to note that these counts are not used to determine case review compliance; only completed reviews (including final determination) are counted towards the case review minimums. See Figure 1 below:

Figure 1: SOC 824 – Preliminary Data

IN-HOME SUPPORTIVE SERVICES (IHSS) QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) QUARTERLY ACTIVITIES REPORT - SOC 824

County:	
Date Completed:	
Fiscal Year:	
Quarter:	
Name of Person Completing Report:	
Title of Person Completing Report:	
Telephone Number:	
Number of QA Staff (FTEs):	
Number of IHSS Caseworkers (FTEs):	
Number of Desk Reviews Conducted by QA:	
Number of Home Visits Conducted by QA:	
Reviewed Cases with Completed SOC 864:	
Reviewed Cases with Timely Reassessments:	
	All Fields are Mandatory

SOC 824 - Section 1

The first section of the revised SOC 824 captures counts of IHSS QA Case Reviews completed. The count is compiled to include *Denied Applications Reviewed*, desk reviews that resulted in *No Action Required,* desk reviews *Requiring Action*, home visits with *No Action Required*, and home visits *Requiring Action*. A case review may have more than one result, such as a single case in which there were missing forms and insufficient case documentation, resulting in a reduction in service hours. As a result, there may be more resulting actions than cases reviewed. See Figure 2:

Figure 2: SOC 824 - Section 1

1	IHSS QA Case Reviews				
A.	**Number of Denied Applications Reviewed**				
		CFCO	PCSP	IPO	IHSS-R
B.	**Number of Desk Reviews Completed with No Action Required**				
C.	**Number of Desk Reviews Completed Requiring Action (Indicate Results Below - Multiple Actions Can Be Reported)**				
C.1	Missing, Incorrect, or Incomplete State Form(s)				
C.2	Missing, Incorrect, or Incomplete County-Specific Form(s)				
C.3	Insufficient or inaccurate case documentation				
C.4	Increase in Service Authorizations				
C.5	Decrease in Service Authorizations				
C.6	Cases Terminated				
C.7	Fraud Referral(s)				
C.8	Suspected Overpayment				
D.	**Number of Home Visits Completed with No Action Required**				
E.	**Number of Home Visits Completed Requiring Action (Indicate Results Below - Multiple Actions Can Be Taken)**				
E.1	Insufficient or inaccurate case documentation				
E.2	Increase in Service Authorizations				
E.3	Decrease in Service Authorizations				
E.4	Cases Terminated				
E.5	Fraud Referral(s)				
E.6	Suspected Overpayment				

SOC 824 - Section 2

Section 2 of the SOC 824 focuses on capturing *Critical Incident* data as reported by counties. The revised SOC 824 allows counties to report both, critical incidents documented in case files (normally in the course of a desk review), and critical incidents actually discovered by or reported to QA (normally in the course of a home visit). Also captured is the number of referrals resulting from critical incidents. See Figure 3:

Figure 3: SOC 824 - Section 2

2	Critical Incidents (Identified by or reported to QA)	CFCO	PCSP	IPO	IHSS-R
A.1	Number of cases reviewed by QA with a documented critical incident which occurred in the last 12 months				
A.2	Number of cases in which QA identified a critical incident during a home visit, or received a report involving a critical incident				
B.	**Number of Referrals Resulting From Critical Incidents**				

SOC 824 - Section 3

This section captures county reporting of Overpayments, including the number of *Overpayments Confirmed* and *Overpayment Recovery Actions Initiated,* tracked by both the number of cases and the associated dollar amounts. See Figure 4 below:

Figure 4: SOC 824 - Section 3

3	Overpayments (Identified by or reported to QA)	# of Cases	Amount ($)	
A.	Overpayments Confirmed			
B.	Overpayment Recovery Actions Initiated			

SOC 824 – Section 4

This section captures *QA Targeted Review* data as reported by counties. Counties use this section to report whether any *Targeted Reviews* were completed during the course of the quarter. A *Targeted Review Outcome Report* is submitted to provide outcome details. See Figure 5 below:

Figure 5: SOC 824 - Section 4

4	QA Targeted Reviews		
A.	Targeted Review Topics Completed this Quarter? (Yes/No)		
B.	Attach Targeted Review Outcome Report(s)		

SOC 824 - Section 5

This section captures *Quality Improvement Efforts* performed by counties. Counties indicate whether there were any QI efforts completed during the quarter. An outcome report is provided separately to document the results (successes and lessons learned) of county QI efforts. See Figure 6 below:

Figure 6: SOC 824 - Section 5

5	Quality Improvement Efforts	
A.	Quality Improvement Efforts Completed this Quarter? (Yes/No)	
B.	Attach Quality Improvement Efforts Outcome Report(s)	

Statewide Results

In reviewing the reported case review data, considerations included: How consistently did counties report the data? Did counties conduct the number of required case reviews? What were the findings of the case reviews?

County Reporting

All 58 counties submitted SOC 824 data for FY 2014-15. 57 counties reported completed desk reviews and 56 counties reported completed home visits. Sierra County reported zero desk reviews or home visits and Alpine County reported zero home visits.

Fifty-one counties reported completed targeted review data, 30 counties reported critical incident data; 27 counties reported overpayments discovered by their QA, and 34 counties reported QI efforts.

Statewide Compliance

Statewide, 33 counties met or exceeded their assigned goal for both desk reviews and home visits; nine counties met one of the goals and missed the other, and the remaining 16 counties did not meet either goal. The number of counties meeting both goals nearly triples the 12 counties who achieved the same objective in FY 2013-14. This demonstrates the success of the new Case Review Minimum Methodology and the dedication of IHSS county staff.

Case Review Findings

IHSS QA Case Reviews (Section 1)

These sections captured the number of QA case reviews conducted and the results of those reviews. In FY 2014-15, counties reported conducting 18,323 desk reviews (16,718 desk reviews of active cases, 1,605 reviews of denied cases), of which 3,160

resulted in home visits. With a caseload of 469,729 recipients, 3.9% 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. This is a statistically valid sample with a margin of error rate of .7%.

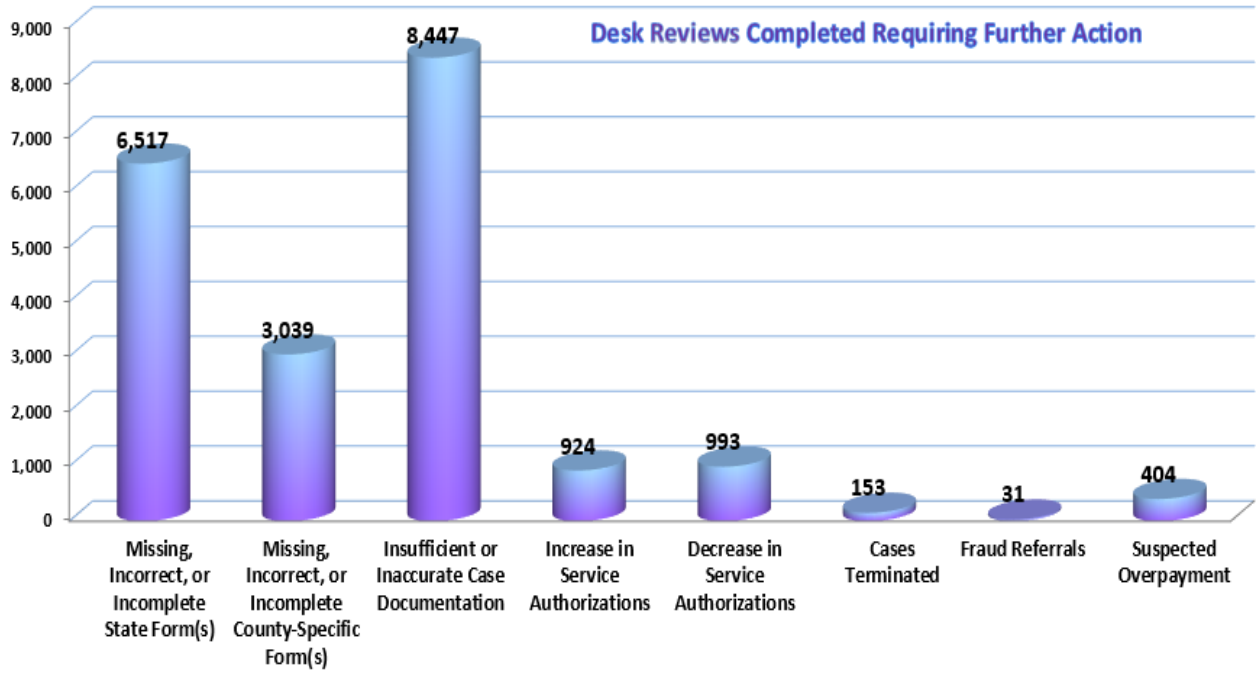
Denied Cases

Per MPP Section 30-702.125(a)(1), counties' desk reviews must include a sample of denied cases. Forty-nine counties reported conducting 1,605 reviews of denied cases. Nine counties did not report conducting any reviews of denied cases.

Desk Reviews

Of the 16,718 desk reviews conducted on active cases, 5,024 (30%) resulted in findings of *No Action Required*. Figure 7 below shows the results of the remaining 11,694 reviews. A total number of 20,508 findings were reported (a single desk review may result in multiple findings).

Figure 7: Outcome of Desk Reviews Requiring Action

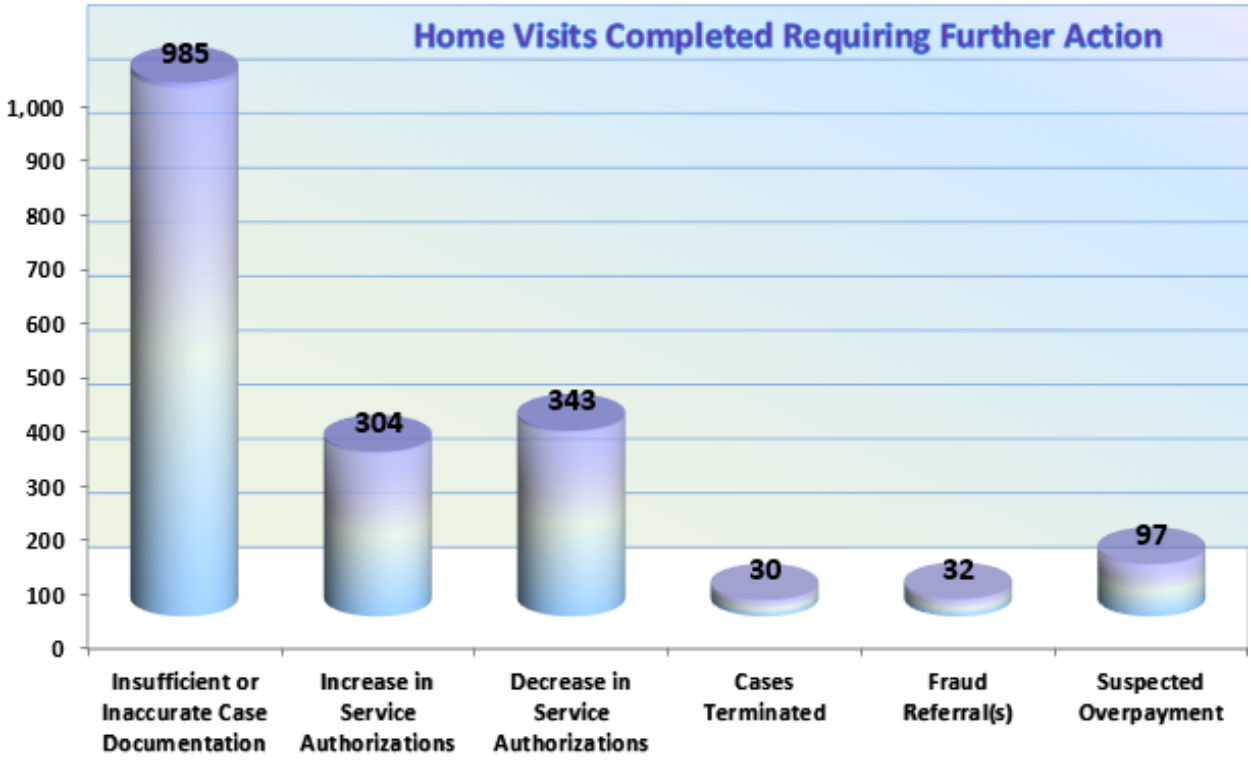


Insufficient or inaccurate case documentation was the most commonly reported finding among QA desk reviews requiring action, representing 41%. The second and third most common findings requiring action involved issues concerning state and county required forms. Combined, they constitute the most common finding, representing 47% of all Desk Reviews Requiring Action. There were 1,917 desk reviews that resulted in changes in service authorizations, 924 increases and 993 decreases.

Home Visits

Of the 3,160 QA home visits reported, 1,695 (54%) resulted in findings of *No Action Required*. Shown in Figure 8 below are the results of the remaining 1,465 visits.

Figure 8: Outcome of Home Visits Requiring Action



Insufficient or inaccurate case documentation was the most commonly reported finding among QA Home Visits, representing 55% of all Home Visits Requiring Action. There were 647 Home Visits that resulted in changes in service authorizations, 343 decreases and 304 increases.

Critical Incidents and Referrals Resulting From Critical Incidents (Section Two)

This section captured critical incidents identified by or reported to QA, along with any resulting referrals. Referrals resulting from critical incidents typically include referrals to the Public Authority for assistance locating a registry provider, referrals to some alternative resource for additional aid beyond what IHSS can provide, such as to Adult Protective Services (APS) or Child Protective Services (CPS) and to law enforcement.

Thirty counties reported QA identified critical incident data, the remaining 28 did not. The critical incident data included in this report represents data identified during county QA reviews.

A total of 272 Critical Incidents were reported. Of those 272 Critical Incidents, 180 were discovered, addressed, and documented by non-QA county staff; county QA reported these as a result of reviewing documentation in case files. Ninety-two of 272 Critical

Incidents were actually discovered by, or reported to, QA staff. Counties reported initiating 117 referrals as a result of Critical Incidents.

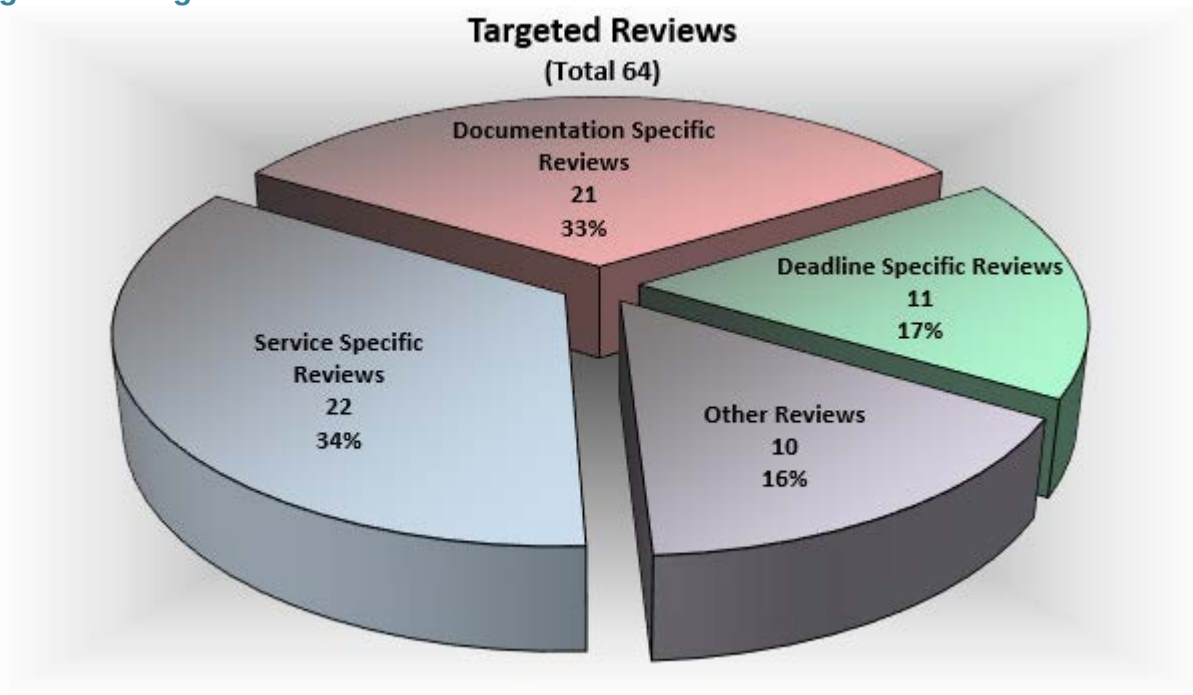
Overpayments (Section Three)

This section captured the number of overpayments identified by QA, the dollar amounts involved, and actions taken to recover those overpayments. Twenty-seven counties reported overpayments discovered by their QA, while 31 reported none; QA staff discovered 1,501 overpayments totaling $918,188. Twenty-four counties reported initiating 1,524 overpay recovery actions totaling $689,328.

Targeted Reviews (Section Four)

Counties conduct targeted reviews to identify specific issues concerning the delivery of IHSS. The process of selecting topics to review varies from county to county. A total of 46 counties reported having conducted targeted reviews during FY 2014-15, up from 38 counties in FY 2013-14. Data is based on the number of *topics* reviewed rather than the number of *cases* reviewed. For example, a county's review of 100 cases on a single topic is tracked as a single targeted review. Figure 9 below documents each targeted review topic selected by the counties.

Figure 9: Targeted Reviews Breakdown



A total of 64 targeted reviews on 31 topics were performed by counties. Similar review topics were then grouped into four categories for the purpose of this report. The category "Service Specific Reviews" was the most frequently conducted targeted review category and accounted for 34% of targeted reviews.

Within this category, the most frequently conducted targeted review topics were "Paramedical Services" (conducted ten times in ten counties) as the most frequent, with "Protective Supervision" (conducted nine times) coming in as the second most conducted. The two most frequently conducted yielded the following results:

Paramedical Services- Ten counties conducted reviews related to Paramedical Services. A total of 1,447 cases were reviewed and results recorded, with 578 (40%) determined to require improvement measures.

Protective Supervision- Nine counties conducted reviews related to Protective Supervision. A total of 729 cases were reviewed and results recorded, with 675 (93%) determined to require improvement measures.

Other service specific reviews included the topics of "Paramedical Wound Care," "Ambulation," and "Duplication of Services."

The second most frequently conducted review category was "Documentation Specific Reviews", which was based on the review of documentation for cases including reviews of denied case documentation, SOC 864 reviews, Unmet Need, Hourly Task Guidelines (HTG) exceptions, and proration calculations. These reviews accounted for 33% of all targeted reviews.

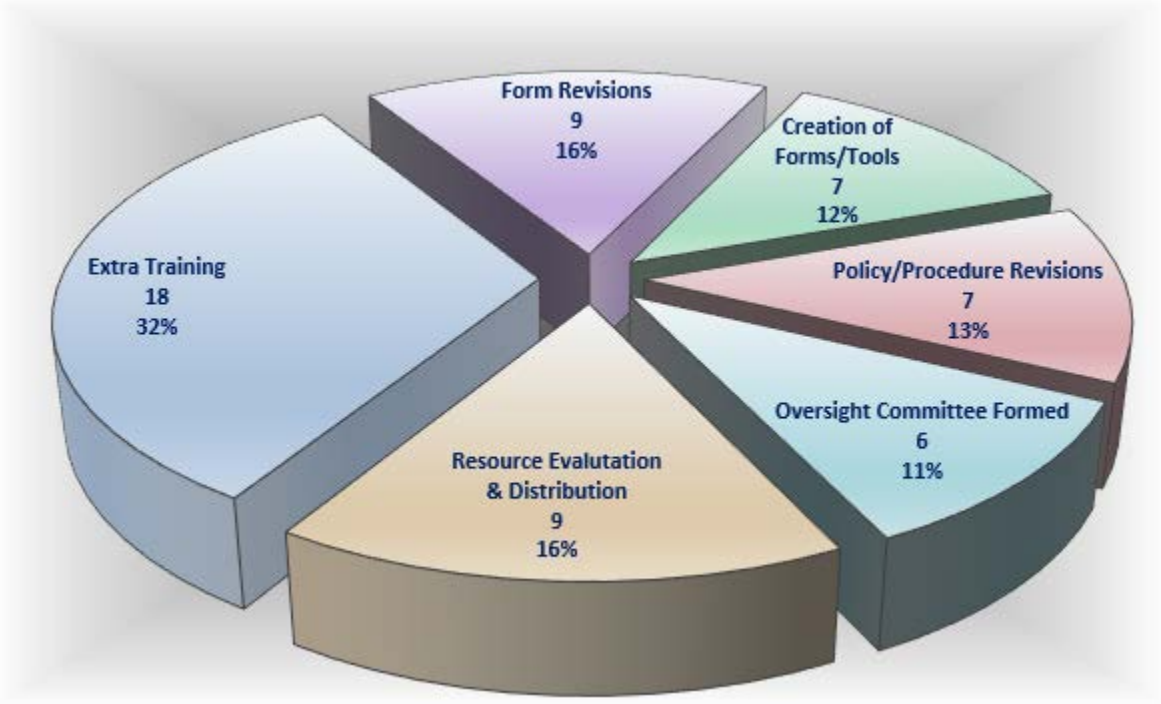
The third most frequently reviewed single topic was "Deadline Specific Reviews." Eight counties conducted 11 reviews on this topic. Tuolumne County conducted this review four times. A total of 765 cases were reviewed, most represent reviews of timely assessments/reassessments and timesheet inactivity. Most of these reviews were focused on improving timeliness regardless of a case being in compliance.

Sixteen percent of targeted reviews were categorized as "Other Reviews." These included "Minor Recipient Cases," "Cases with no Provider," "Provider Commutes 2 Hours or More," "Companion Cases," "Cases with 300+ Hours," "Alternate Resources," and "2N Residual Aid Code."

Quality Improvement Efforts (Section Five)

Thirty-four counties reported implementing 56 QI Efforts in six broad categories. Figure 10 below shows the QI Efforts reported by counties.

Figure 10: Quality Improvement Efforts Breakdown



The most frequently reported QI measure involved “Extra Training” with18 accounting for 32% of the measures reported. The next most frequently reported efforts were “Form Revisions ” (9) and “Resource Evaluation & Distribution ” (9), each accounting for 16% for a total of 32%. Counties also reported QI measures surrounding the implementation of new procedures, the creation of new tools or forms, and the formation of oversight committees.

Reported outcomes of QI measures include improvements and heightened efficiencies in areas such as improved timely reassessment compliance, improved processes for case workers, more form consistency, and faster case processing.

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 provide a more useful analysis, this section is presented according to county size groupings.

Very Large Counties

Los Angeles is currently the only Very Large County, which is defined as a county with an IHSS 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 QA Case Review Compliance. Los Angeles County's annual QA case review goal was 1,299 desk reviews and 260 home visits. They completed 1,683 desk reviews (130%) and 351 home visits (135%).

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

County	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Los Angeles	190,662	1,299	1683	130%	260	351	135%

Table 1a below shows Los Angeles County's QA Desk Review Findings. Of their 1,683 desk reviews, 70 resulted in a finding of *No Action Required* or were of a *Denied Application,* while the remaining 1,613 (96%) resulted in 3,497 findings requiring some remediation. Those findings include:

- *Missing, Incorrect, or Incomplete Forms*- 2,181 findings, consisting of 1,447 state forms and 734 county-specific forms
- *Insufficient or Inaccurate Case Documentation*- 1,236 findings
- 80 changes in service authorizations, consisting of 51 increases, 26 decreases, and three terminations

Table 1a: Los Angeles County's Desk Review Findings

County	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Los Angeles	1,613	1,447	734	1,236	51	26	3	0	0

Of the 351 Home Visits conducted by Los Angeles County, 245 resulted in findings of *No Action Required*. Sixty-seven resulted in findings of *Insufficient or Inaccurate Case Documentation,* and the 50 remaining Home Visits resulted in 38 increases and 12 decreases in service authorizations.

Large Counties

A large county is defined as a county with an IHSS caseload of 10,000 to 49,999 cases, nine counties meet this criterion. Large counties represented a combined IHSS caseload of 188,271 ranging from 13,535 in Fresno County to 24,298 in San Diego County.

Table 2 below displays QA case review compliance data for large counties. Large counties achieved a much higher rate of compliance in FY 2014-15 with seven of the nine counties exceeding their goals. Orange County exceeded their Desk Review goal and achieved 99% of their Home Visit goal. Only Santa Clara did not achieve either goal. In FY 2013-14, over half of the large counties did not achieve their goal for the year.

Table 2: Large Counties' Case Review Compliance Data

Large Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
San Diego	24,298	586	701	**120%**	117	237	**203%**
Orange	23,238	585	599	**102%**	117	116	**99%**
Riverside	23,113	585	661	**113%**	117	121	**103%**
San Bernardino	23,021	585	1,626	**278%**	117	131	**112%**
San Francisco	22,179	584	602	**103%**	117	118	**101%**
Sacramento	20,363	583	604	**104%**	117	128	**109%**
Alameda	19,563	582	841	**145%**	116	145	**125%**
Santa Clara	18,961	582	318	**55%**	116	31	**27%**
Fresno	13,535	575	610	**106%**	115	115	**100%**

Table 2a, below, displays QA desk review findings data for large counties. Of 6,280 desk reviews conducted, 1,748 (28%) resulted in a finding of *No Action Required*, while the remaining 4,532 (72%) resulted in 8,153 findings requiring some remediation. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*- 3,267 findings
- *Missing, Incorrect, or Incomplete Forms*- 3,721 findings, consisting of 2,478 cases regarding state forms and 1,243 cases regarding county-specific forms findings.
- 798 changes in service authorizations, consisting of 393 increases, 383 decreases, and 22 terminations

Two of the nine large counties (Fresno and Riverside) reported QA case reviews resulting in referring cases for fraud investigation. Alameda County identified 356 suspected overpayments as the result of desk reviews, and the remaining eight counties reported a combined six suspected overpayments.

Table 2a: Large Counties' Desk Review Findings

Large Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
San Bernardino	843	333	19	565	92	101	2	0	0
Alameda	775	614	526	371	156	100	0	0	356
San Diego	596	325	131	585	3	8	3	0	0
Riverside	546	265	156	462	36	45	7	2	1
Fresno	531	211	109	395	24	41	0	3	2
Orange	380	297	217	269	26	31	1	0	1
San Francisco	343	192	23	277	30	41	3	0	2
Santa Clara	270	186	18	147	25	9	6	0	0
Sacramento	248	55	44	196	1	7	0	0	0

Table 2b below displays home visit findings data for large counties. Of the 1,142 home visits conducted by large counties, 503 resulted in findings of *No Action Required*. The remaining 639 home visits resulted in 759 findings requiring action. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*- 464 findings
- 215 changes in service authorizations, consisting of 90 increases, 122 decreases, and 3 terminations
- 73 suspected overpayments
- Seven fraud referrals

Table 2b: Large Counties' Home Visit Findings

Large Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Alameda	120	59	24	11	0	1	69
Fresno	100	97	9	15	0	3	1
Sacramento	71	37	3	39	1	1	1
San Bernardino	59	8	31	24	0	1	1
Santa Clara	7	7	0	0	0	0	0
San Diego	218	218	3	5	0	0	0
San Francisco	60	38	17	27	2	1	1
Orange	0	0	0	0	0	0	0
Riverside	4	0	3	1	0	0	0

Medium Counties

A medium county is defined as a county with an IHSS caseload of 1,000 to 9,999 cases, 26 counties met this criterion. Medium counties represented a combined IHSS caseload of 83,144 ranging from 1,014 in Napa County to 7,699 in Contra Costa County.

Table 3 below displays QA case review compliance data for medium counties. Fifteen counties either met or exceeded their goals for both desk reviews and home visits. Four medium counties achieved one of the goals, but not the other; the remaining seven medium counties did not achieve *either* goal.

Table 3: Medium Counties' Case Review Compliance Data

Medium Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Contra Costa	7,699	320	369	115%	64	85	133%
Stanislaus	5,918	316	395	125%	63	70	111%
San Joaquin	5,471	315	318	101%	63	63	100%
Imperial	5,346	314	138	44%	63	12	19%
Sonoma	5,235	313	94	30%	63	8	13%
Ventura	4,406	311	337	108%	62	61	98%
Monterey	4,006	308	305	99%	62	35	56%
San Mateo	3,974	308	321	104%	62	72	116%
Kern	3,905	308	227	74%	62	31	50%
Solano	3,548	305	96	31%	61	2	3%
Butte	3,176	302	303	100%	60	71	118%
Santa Barbara	2,945	300	321	107%	60	63	105%
Merced	2,863	299	333	111%	60	56	93%
Shasta	2,815	299	396	132%	60	63	105%
Tulare	2,531	295	318	108%	59	60	102%
Santa Cruz	2,317	292	299	102%	58	77	133%
Placer	2,248	175	194	111%	35	36	103%
Yolo	2,154	289	289	100%	58	59	102%
Lake	1,834	283	142	50%	57	13	23%
Marin	1,718	280	301	108%	56	61	109%
Madera	1,666	278	290	104%	56	56	100%
Kings	1,666	278	242	87%	56	62	111%
San Luis Obispo	1,612	277	281	101%	55	52	95%
Mendocino	1,612	277	237	86%	55	26	47%
Humboldt	1,465	272	272	100%	54	54	100%
Napa	1,014	158	168	106%	32	34	106%

Table 3a below displays QA desk review findings for medium counties. Of the 6,512 desk reviews, 2,122 resulted in a finding of *No Action Required*, while the remaining 4,390 (67%) resulted in 7,075 findings requiring some remediation. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*- 3,155 findings
- *Missing, Incorrect, or Incomplete Forms*- 2,922 findings consisting of 2,033 cases regarding State forms and 889 regarding county-specific forms
- 937 changes in service authorizations consisting of 471 decreases, 381 increases, and 85 terminations

Four of 26 medium counties reported more than one fraud referral as a result of QA desk reviews, five reported one, and 17 counties reported none. Kings County reported the most with five fraud referrals.

Five medium counties reported discovering more than one suspected overpayment as a result of QA desk reviews, while 19 medium counties reported none. Kings County reported the most with 24 suspected overpayments.

Table 3a: Medium Counties' Desk Review Findings

Medium Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Stanislaus	319	172	15	179	7	18	0	0	0
San Joaquin	277	114	120	267	13	30	0	0	0
Butte	255	45	44	212	7	21	1	0	0
Marin	249	241	14	246	12	45	1	0	0
Yolo	229	103	72	156	37	13	0	1	0
San Luis Obispo	222	115	147	203	50	36	10	0	4
Contra Costa	218	129	90	78	11	19	9	0	3
Kern	209	164	77	195	50	58	18	2	3
Santa Barbara	207	150	61	28	13	21	4	1	0
San Mateo	199	87	14	145	10	25	0	1	0
Santa Cruz	193	55	6	175	1	1	1	0	0
Humboldt	175	62	28	141	25	22	2	0	0
Monterey	171	50	22	129	5	8	15	0	6
Kings	165	65	29	61	10	15	4	5	24
Shasta	163	21	19	98	16	38	8	3	1
Madera	157	32	11	141	9	3	0	0	0
Napa	156	41	7	149	82	21	0	0	0
Merced	138	70	3	70	0	1	0	0	0
Imperial	121	48	21	89	8	17	1	1	1
Placer	113	71	30	85	4	40	3	4	0
Ventura	108	46	5	74	1	6	1	0	0
Mendocino	106	53	8	87	1	5	1	0	0
Lake	81	40	29	54	4	5	0	0	0
Tulare	70	53	2	16	4	0	6	1	0
Sonoma	48	6	12	37	1	0	0	0	0
Solano	41	0	3	40	0	3	0	0	0

Table 3b below displays home visit data for medium counties. Of the 1,282 home visits conducted by large counties, 639 resulted in findings of *No Action Required*. The remaining 643 home visits resulted in 817 findings requiring action. Those findings and actions include:

- 351 changes in service authorizations, consisting of 185 decreases, 144 increases, and 22 terminations
- 22 suspected overpayments
- 16 fraud referrals

San Mateo County reported that four of its home visits resulted in fraud referrals, while nine other counties reported at least one. The remaining 17 medium counties reported no fraud referrals resulting from home visits.

Kings County reported ten suspected overpayments and represented 45% of the total overpayments reported. Three other counties reported two or more overpayments, and five counties reported one. Seventeen counties reported no suspected overpayments.

Table 3b: Medium Counties' Home Visit Findings

Medium Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Butte	63	56	2	7	0	0	0
Stanislaus	62	35	24	23	1	0	0
Kings	60	31	19	12	8	1	10
San Luis Obispo	51	50	17	8	3	0	1
Shasta	44	2	10	32	2	2	0
San Mateo	42	23	9	20	2	4	2
Santa Cruz	39	38	1	1	1	0	0
Kern	31	27	4	12	0	3	2
Napa	27	27	0	0	0	0	0
Yolo	26	9	12	3	1	0	0
Contra Costa	23	15	6	3	2	1	3
Placer	23	23	0	22	0	0	0
Santa Barbara	23	3	10	10	0	0	1
Humboldt	21	11	11	3	0	0	0
Marin	19	15	2	5	0	1	0
Ventura	18	18	0	3	0	0	0
Merced	13	13	0	0	0	0	0
Tulare	13	2	0	9	1	1	0
Lake	12	9	9	4	0	0	0
Imperial	11	10	1	2	0	0	1
Mendocino	10	2	4	2	0	2	1
Monterey	6	5	2	1	0	0	1
Madera	2	2	1	0	0	1	0
San Joaquin	2	0	0	1	1	0	0
Solano	2	2	0	2	0	0	0
Sonoma	0	0	0	0	0	0	0

Small Counties

A small county is defined as a county with a caseload of 25 to 999 cases; 21 counties met this criterion. Small counties represented a combined IHSS caseload of 7,629 ranging from 27 in Alpine to 966 in Sutter.

Table 4 below displays QA case review compliance data for small counties. Nine counties (up from two in FY 2013-14) each met or exceeded their case review goals; four counties met one goal, but did not meet the other. The remaining eight small counties did not achieve either goal.

Table 4: Small Counties' Case Review Compliance Data

Small Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Sutter	966	248	182	73%	50	31	62%
Tehama	862	154	169	110%	31	31	100%
El Dorado	803	152	168	111%	30	30	100%
Yuba	666	147	147	100%	29	29	100%
Nevada	631	145	145	100%	29	30	103%
San Benito	508	137	183	133%	27	37	137%
Siskiyou	483	135	124	92%	27	17	63%
Glenn	418	130	106	82%	26	15	58%
Tuolumne	346	122	148	121%	24	34	142%
Del Norte	311	117	63	54%	23	13	57%
Calaveras	291	114	288	253%	23	5	22%
Plumas	255	108	119	110%	22	18	82%
Amador	200	60	63	105%	12	12	100%
Lassen	175	91	78	86%	18	4	22%
Mariposa	165	88	83	94%	18	19	106%
Trinity	159	86	87	101%	17	24	141%
Inyo	122	74	85	115%	15	15	100%
Colusa	118	73	60	82%	15	3	20%
Modoc	94	63	62	98%	13	13	100%
Sierra	29	25	0	0%	5	0	0%
Alpine	27	24	11	46%	5	0	0%

Table 4a below displays QA desk review findings for small counties. Of 2,257 desk reviews, 1,119 (50%) resulted in a finding of *No Action Required*, while the remaining 1,138 (50%) resulted in 1,737 findings requiring some remediation. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*- 770 findings
- *Missing, Incorrect, or Incomplete Forms*- 712 findings, consisting of 542 state forms and 170 county-specific forms
- 248 changes in service authorizations, consisting of 110 decreases, 97 increases, and 41 terminations

Tuolumne County reported six fraud referrals and Alpine County reported one. There were no other fraud referrals.

Small counties did not report discovering any suspected overpayments.

Table 4a: Small Counties' Desk Review Findings

Small Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Yuba	144	69	52	140	20	29	3	0	0
Tehama	122	52	20	116	29	22	14	0	0
El Dorado	117	40	16	105	9	18	1	0	0
Glenn	98	48	24	98	7	7	0	0	0
Plumas	70	47	0	5	6	12	3	0	0
Sutter	69	15	1	57	5	1	1	0	0
Nevada	60	9	18	34	10	6	1	0	0
Siskiyou	55	2	0	51	0	6	0	0	0
Calaveras	49	29	14	18	1	0	0	0	0
Inyo	49	43	0	11	0	0	1	0	0
Lassen	47	41	0	6	0	0	0	0	0
Modoc	46	33	2	11	0	0	1	0	0
Tuolumne	43	28	0	0	0	0	11	6	0
Trinity	42	19	3	29	5	0	2	0	0
Del Norte	40	11	0	32	1	0	0	0	0
Colusa	39	26	9	26	4	9	3	0	0
Mariposa	31	21	8	25	0	0	0	0	0
San Benito	10	7	3	0	0	0	0	0	0
Amador	7	2	0	6	0	0	0	0	0
Alpine	0	0	0	0	0	0	0	1	0
Sierra	0	0	0	0	0	0	0	0	0

Table 4b below displays home visit findings for small counties. Of 380 home visits conducted by small counties, 306 (81%) resulted in findings on *No Action Required*. The remaining 74 (19%) resulted in 93 findings requiring action. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*- 23 findings
- 59 changes in service authorizations, consisting of 24 decreases, 30 increases, and five terminations
- Two suspected overpayments
- Nine fraud referrals

Seventeen of 21 small counties (81%) reported no fraud referrals resulting from home visits.

Among small counties, Yuba was the only county to report identifying suspected overpayments as the result of a home visit. Mariposa was the only county to report identifying a suspected overpayment as the result of a home visit in FY 2013-14

Table 4b: Small Counties' Home Visit Findings

Small Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Yuba	12	3	3	8	0	3	2
Plumas	11	0	6	5	0	1	0
Trinity	9	2	7	0	0	0	0
Mariposa	8	5	0	4	1	1	0
Tuolumne	7	0	0	0	3	4	0
El Dorado	6	3	2	1	0	0	0
Nevada	5	0	4	3	0	0	0
Tehama	5	3	2	0	0	0	0
Colusa	3	2	1	0	0	0	0
Inyo	2	1	1	0	0	0	0
Sutter	2	0	0	2	0	0	0
Amador	1	1	0	0	0	0	0
Glenn	1	3	3	1	0	0	0
Modoc	1	0	1	0	0	0	0
Siskiyou	1	0	0	0	1	0	0
Alpine	0	0	0	0	0	0	0
Calaveras	0	0	0	0	0	0	0
Del Norte	0	0	0	0	0	0	0
Lassen	0	0	0	0	0	0	0
San Benito	0	0	0	0	0	0	0
Sierra	0	0	0	0	0	0	0

Very Small Counties

A very small county is defined as a county with a caseload up to 24 cases. Only Mono County met this criterion in FY 2014-15. Mono County exceeded both stated goals for completion of desk reviews and home visits.

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

Table 5: Very Small Counties' Case Review Compliance Data

Very Small Counties	Caseload	Desk Review Minimum Req.	Total Desk Reviews	QA/QI % Completed (YTD)	Home Review Minimum Req.	Total Home Visits	Home Visit Compliance
Mono	23	21	23	**110%**	4	5	**125%**

Data received from very small counties is of limited use with only Mono County in this grouping for FY 2014-15.

Table 5a below displays QA desk review findings for very small counties. Of the 22 desk reviews completed, one resulted in a finding of *No Action Required*, while the remaining 21 (95%) resulted in 46 findings requiring some remediation. Those findings and actions include:

- *Missing, Incorrect, or Incomplete Forms*- 20 combined findings
- Seven changes in service authorizations, consisting of three decreases, two increases, and two terminations

Table 5a: Very Small Counties' Desk Review Findings

Very Small Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Mono	**21**	**17**	**3**	**19**	**2**	**3**	**2**	**0**	**0**

Table 5b below displays home visit findings for very small counties. Mono County reported five home visits conducted with two resulting in findings of *No Action Required*. The remaining three home visits resulted in five findings requiring action. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation- three findings*
- Two changes in service authorizations, both increases

There were no reports of fraud referrals or suspected overpayment.

Table 5b: Very Small Counties' Home Visit Findings

Very Small Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Mono	3	3	2	0	0	0	0

Summary

Reporting

All 58 counties submitted SOC 824 forms in FY 2014-15, although incomplete fields and sections were common. As in FY 2013-14, the most common reasons given by counties for reporting issues were staffing turnover, training issues, and increased caseload. As expected, an increase in data strength and reliability continued into FY 2014-15 as the counties' data collection and reporting efforts became more routine. Additionally, CDSS' upcoming release of a webcast designed to provide clarification to counties on how to correctly complete the SOC 824 may reduce the number of forms with incomplete fields and sections.

Case Reviews

Statewide, counties reported conducting 18,323 QA desk reviews and 3,160 QA home visits, for a total of 20,785 qualified (including denials) case reviews, representing approximately 108% and 97% of the stated goals for desk reviews and home visits. Thirty-three counties met or exceeded their case review requirements for FY 2014-15.

Of all IHSS cases reviewed, 61% resulted in the identification of some necessary further actions, with 12% resulting in a change in service hour authorizations (decrease or increase).

Fraud Prevention/Detection and Over/Underpayment Activities

In FY 2014-15, 27 counties reported that their QA teams discovered suspected overpayments totaling $918,187.89 in 1,501 cases. All but one of those counties responded by initiating actions to recover overpayments totaling $689,328.

San Joaquin County led all counties in overpayment recovery efforts, initiating actions to recover $149,110.18, representing 100% of its suspected overpayments. Also notable were the efforts of Shasta County, which initiated actions to recover $139,923.04, representing 100% of its suspected overpayments. These two counties represented 63% of all overpayment recoveries conducted by medium counties and 42% of the statewide total.

Although consumers, providers, neighbors and family sometimes report suspected fraud, the counties' primary tools in their fraud prevention and detection efforts remain desk reviews and awareness among experienced, observant county staff during home visits.

Statewide, desk reviews resulted in 31 fraud referrals, 404 suspected overpayments and 153 case terminations, while home visits resulted in an additional 32 fraud referrals, 97 suspected overpayments and 30 case terminations.

Critical Incidents

A total of 272 critical incidents were reported by county QA teams during FY 2014-15. Thirty counties reported critical incident data. Of the critical incidents reported, 66% were discovered during the course of desk reviews and 34% were discovered during home visits. Consistent with FY 2013-14, San Mateo accounted for the most Critical Incidents reported during desk reviews with 35. Butte County was next with 30. Combined, these two counties accounted for 36% of all critical incidents discovered as a result of desk reviews.

Kern County reported 56 Critical Incidents as a result of home visits which accounted for over half (61%) of the statewide total and more than four times the next highest report of 13 from Contra Costa County.

Actions Taken in Response to Critical Incidents

Twenty-three counties responded to 117 critical incidents by making referrals to the public authority, law enforcement, APS or CPS, or to available resources in the community.

Targeted Reviews

Forty-six counties conducted 64 targeted reviews on a total of 31 topics. Statewide, 79% of counties participated in the targeted review process. The most frequently conducted targeted reviews involved specific services, chief among these were Paramedical Services and Protective Supervision.

The SOC 824 required brief outcome reports on all targeted reviews. Some reviews performed by counties did not include the number of cases reviewed. In other cases the review was well-detailed but not easily gauged. CDSS is actively working with the counties to ensure consistent, timely, and usable targeted review data is submitted.

Quality Improvement

Thirty-four counties reported implementing 56 quality improvement efforts. This represents a 59% rate of county participation, an increase from the 31% participation rate of FY 2013-14

Thirty-two percent of the counties' quality improvement efforts consisted of developing and implementing training programs; sixteen percent consisted of making revisions to existing forms; and sixteen percent consisted of evaluating and redistributing resources. The remaining county improvements included revising policy & procedures, the creation of new tools or forms, and taking steps into creating a collaborative oversight committee.

Overall, counties indicated that their efforts met with a positive reception from staff and would therefore improve their ability to comply with program requirements.

Conclusion

Impact

The QA/QI efforts of the counties have proven beneficial, resulting in 6,331 corrections to 3,122 IHSS cases, including:

- 358 decreases to service hour authorizations
- 378 increases to service hour authorizations
- 153 suspected overpayments discovered
- 16 case terminations
- 9 fraud referrals

The total number of corrections in FY 2014-15 represents one third of those reported in FY 2013-14. This indicates that cases reviewed in FY 2014-15 are being more accurately assessed, resulting in recipients receiving appropriate IHSS services to help them remain safely in their homes.

SOC 824 Data

In collaboration with counties, a new SOC 824 was developed for FY 2013-14 with a priority to achieve a fundamental shift from tracking quantity and process, to focusing on quality and result reporting. The SOC 824 was designed with a greater focus on result reporting, such as targeted reviews with outcome reports. Attention to detail in regard to the outcome of reviews is emphasized in the new form. Data and observations to note include:

- As predicted in FY 2013-14, the amount of participation by counties in completing the SOC 824 is increasing substantially as counties become more familiarized with the form. Fewer SOC 824s contained errors or were returned for corrections.
- Communication and guidance to counties has increased in order to help counties better understand the SOC 824 process. Additionally, CDSS is in the process of creating a webcast to provide step-by-step instruction for counties to help clarify the definitions and processes for completing the SOC 824, to include addressing common errors and frequently asked questions. This webcast will be available via ACIN in the spring of 2016.
- Counties continue to express increased satisfaction with the revised SOC 824, which has helped to increase voluntary compliance and to improve CDSS data collection efforts.

Minimum Case Review Criteria

In compliance with Community First Choice Option State Plan Amendment 13-007, new criteria had been established for determining the minimum number of cases to be reviewed. The new method resulted in case reviews of statistically valid samples which reasonably represent each county's IHSS caseload based on caseload and QA staffing allocation, in accordance with MPP Section 30-702.122(b). Counties had been assigned their case review goals for FY 2014-15 and for the first time, case review goals were calculated using the new criteria outlined in Appendix A of the CDSS IHSS

QA/QI Policy Manual representing a clear workload for counties while ensuring a representative sample of each county's caseload was reviewed.

Statewide, counties displayed a significant improvement under the new criteria. A total of 33 counties met their review requirements, a compliance rate of 57% for FY 2014-15 and a marked increase from FY 2013-14, which was 21%. Nine more counties met one of their requirements, but failed to meet the other, and 16 did not meet either requirement. The new criteria based on statistically valid samples is clearly providing more obtainable standards so that counties can focus on performing accurate and effective QA case reviews, thus increasing the quality of services provided.