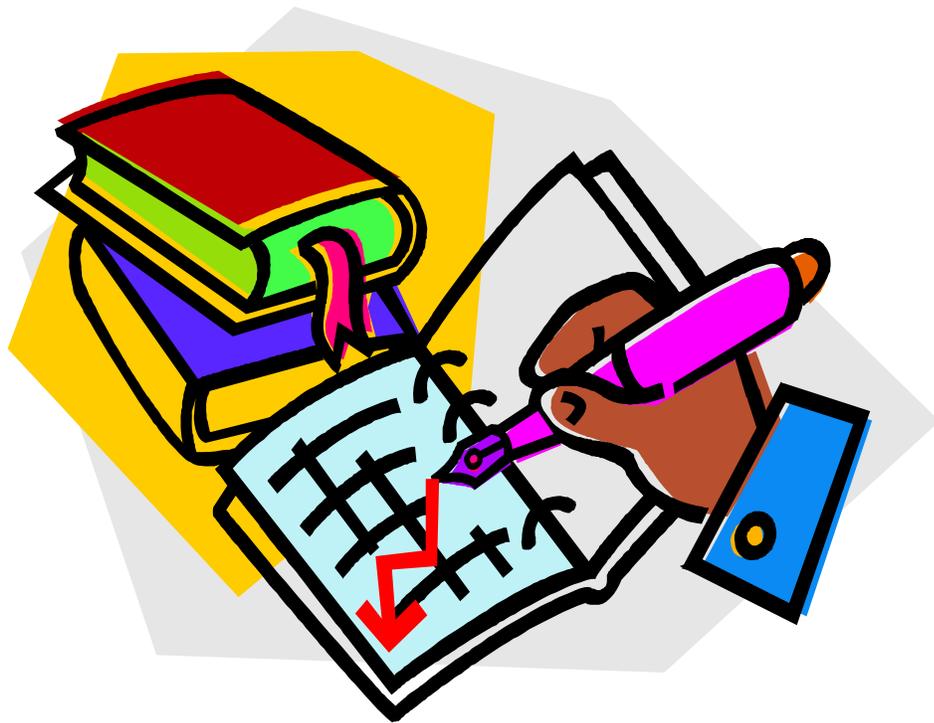


**IN-HOME SUPPORTIVE SERVICES/
PERSONAL CARE SERVICES PROGRAM**

**QUALITY ASSURANCE/
QUALITY IMPROVEMENT**

MONITORING ACTIVITIES REPORT



**ADULT PROGRAMS DIVISION
ADULT PROGRAMS BRANCH
QUALITY ASSURANCE BUREAU
744 P STREET, MS 19-95
SACRAMENTO, CA 95814**

**TELEPHONE (916) 229-3494
FAX (916) 229-3160**

APRIL 6, 2007

QUALITY ASSURANCE MONITORING ACTIVITIES REPORT

BACKGROUND

California Welfare and Institution Code Section 12305.71 requires each county to establish a dedicated, specialized In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) Quality Assurance (QA) function or unit and specifies activities the unit is to perform. Under this Section, counties are required to perform routine, scheduled reviews of supportive services cases for appropriate application to the IHSS/PCSP uniformity system and other IHSS/PCSP rules and policies for assessing participants' needs for services. Case reviews are to be conducted to ensure accurate assessments of needs and hours, respond to data claim matches indicating potential overpayments, implement procedures to identify third-party liability, monitor the program to detect and prevent fraud, and to ensure program integrity. This Section also requires State monitoring oversight to counties.

The California Department of Social Services (CDSS) provides oversight to county QA activities by requesting counties to submit a quarterly report on their Quality Assurance/Quality Improvement (QA/QI) activities conducted. Counties are required to report activities conducted during the report quarter to CDSS no later than the 15th day after the report quarter ends. The CDSS developed the IHSS Quarterly Report form (SOC 824) for this purpose and counties were instructed to begin reporting activities from October 1, 2005, forward. It should be noted that much of the information reported occurred while counties were gearing-up for full implementation.

The State QA Bureau provides oversight to counties by monitoring their QA activities and providing technical assistance. The State also conducts joint QA activities with counties which include QA monitoring visits for each county with case file reviews, State-level targeted reviews, data matches, and annual error-rate studies.

This report reflects county QA activities as reported on the SOC 824 form from the 4th quarter of 2005 through the 4th quarter of 2006 and State monitoring activities for current FY 06/07.

Note: For a summary of report terminology, please see the following page.

SUMMARY OF TERMINOLOGY*

Reviewed Cases with No Further Action Required: Case files reviewed during the quarter that **did not** require further action (i.e., file does not require follow-up documentation to be complete, forms are filled out properly, no fraud, or other referrals needed, etc.), and case service authorizations appear to be accurate based on case file documentation.

Reviewed Cases Requiring Additional Action: Case files reviewed during the quarter that required additional action to be taken (i.e., case file requires follow-up, documentation is incomplete, forms are not filled out properly, fraud, or other referrals needed; or more clarifying information is needed to determine if services authorized were appropriate).

Reviewed Cases with Correct Service Authorization: Desk reviewed case files and home visits conducted during the quarter where all service authorizations were determined to be accurate.

Reviewed Cases Requiring Case Action that did not Result in a Change in Service Authorizations: Desk reviewed case files and home visits conducted where some type of error was found (i.e., incompleteness of appropriate forms, insufficient documentation, untimely assessments/reassessments, etc.), but the error **did not** result in a change in service authorization.

Reviewed Cases Resulting in a Change in Service Authorizations: Desk reviewed case files and home visits conducted that required additional action that **did** result in a change in service authorizations.

Suspected Fraud Cases Identified Through QA/QI Activities Requiring Further County Review: Desk reviewed case files and home visits requiring further county review prior to making a fraud referral.

Cases Identified Through QA/QI Activities Referred to the California Department of Health Services (CDHS) for Investigation: Desk reviewed cases and home visits conducted that were referred to CDHS for further investigation or suspected fraud.

Critical Events/Incidents Identified: A critical event/incident is when there is an immediate threat or risk to the health and safety of a recipient (i.e., abuse - physical, sexual, mental, financial, and exploitation; neglect cases; provider “no show” cases; and “harmful-to-self” cases).

Targeted Reviews: Targeted case reviews differ from routine scheduled desk reviews. Targeted reviews focus on a particular case type and/or single issue rather than focusing on randomly selected consumers receiving various types of services at the appropriate level that allows them to remain safely and independently in their home.

CDHS: California Department of Health Services

**These terms were obtained from the instruction page of the SOC 824 form.*

COUNTY-REPORTED ACTIVITIES (SOC 824)
Reporting Period October 1, 2005 through December 31, 2006

Routine Scheduled Reviews of In-Home Supportive Services Cases

This report summarizes the cumulative data obtained from the Quarterly Report activities utilizing the SOC 824 form. This report is representative of all the reports received from the fourth quarter (October 1 through December 31) of 2005, through the fourth quarter of 2006.

Desk Reviews

- There were a total of 18,260 statewide desk reviews.
 - 16,315 PCSP
 - 1,524 IPW
 - 421 IHSS-R
- Out of the total 18,260 statewide desk reviews, 6,937 cases required no further action.
 - 6,257 PCSP
 - 535 IPW
 - 145 IHSS-R
- Out of the total 18,260 statewide desk reviews, 11,323 cases required additional action.
 - 10,058 PCSP
 - 989 IPW
 - 276 IHSS-R

Home Visits

- There were a total of 3,890 statewide home visits conducted.
 - 3,512 PCSP
 - 336 IPW
 - 42 IHSS-R
- Out of the total 3,890 statewide home visits conducted, 2,041 cases required no further action.
 - 1,856 PCSP
 - 156 IPW
 - 29 IHSS-R

- Out of the total 3,890 statewide home visits conducted, 1,849 required further actions.
 - 1,656 PCSP
 - 180 IPW
 - 13 IHSS-R

- Out of the total 7,716 combined statewide case reviews conducted, 4,079 cases had correct service authorization.*
 - 3,697 PCSP
 - 309 IPW
 - 73 IHSS-R

- Out of the total 7,716 combined statewide case reviews conducted, 2,734 cases required case action, but **did not** result in a change in service authorization.*
 - 2,531 PCSP
 - 166 IPW
 - 37 IHSS-R

- Out of the total 7,716 combined statewide case reviews conducted, 903 cases **did** result in a change of service authorizations.*
 - 833 PCSP
 - 59 IPW
 - 11 IHSS-R

***Please Note: During the 3rd quarter of 2006, these components of the report were added to the SOC 824 form; therefore, the information provided above reflects only the 3rd and 4th quarters of 2006 data.**

Critical Events/Incidents Identified

- There were a total of 116 statewide critical incidents identified.
 - 108 PCSP
 - 3 IPW
 - 5 IHSS-R

- There were a total of 22 statewide Neglect cases.
 - 18 PCSP
 - 1 IPW
 - 3 IHSS-R

- There were a total of 35 statewide Abuse cases.
 - 33 PCSP
 - 1 IPW
 - 1 IHSS-R

- There were a total of 16 statewide Provider “No Show” cases.
 - 15 PCSP
 - 1 IPW
 - 0 IHSS-R
- There were a total of 14 statewide “Harmful-to-Self” cases
 - 13 PCSP
 - 0 IPW
 - 1 IHSS-R
- There were a total of 29 statewide cases that fell into the “Other Types of Critical Events/Incidents” category. Examples in this category include “no individual provider available” and “additional needs found.”

Fraud Prevention and Detection Activities

There were a total of 22,150 combined statewide desk reviews and home visits conducted.

- Out of the total 22,150 combined statewide desk reviews and home visits, 818 cases required further county review.
 - 748 PCSP
 - 50 IPW
 - 20 IHSS-R
- Out of the total 22,150 combined statewide desk reviews and home visits, 622 cases were referred to CDHS for further investigation.
 - 567 PCSP
 - 29 IPW
 - 26 IHSS-R
- Out of the total 22,150 combined statewide desk reviews and home visits, 140 underpayment actions were initiated as a result of QA activities.
 - 124 PCSP
 - 15 IPW
 - 1 IHSS-R
- Out of the total 22,150 combined statewide desk reviews and home visits, 792 cases warranted overpayment actions as a result of QA activities.
 - 714 PCSP
 - 61 IPW
 - 17 IHSS-R

Targeted Reviews

- There were a total of 15,751 targeted reviews.
 - 13,638 PCSP
 - 1,902 IPW
 - 211 IHSS-R
- The top three focuses were:
 - 2,280 combined statewide total of Timely Initial/Re-assessments
 - 1,084 Initial Assessments
 - 1,196 Re-assessments
 - 1,663 Authorization for Paramedical Services
 - 1,178 Protective Supervision Medical Certification form
- 21 counties are actively analyzing the Over 300+ Hours report.

Quality Improvement Efforts

- There were a total of 583 statewide Quality Improvement Efforts. The following is a list of the top eight efforts:
 - All counties ensured staff attended IHSS Training Academy.
 - Counties developed forms and/or instructional material.
 - Offered county training on targeted areas.
 - Utilized customer satisfaction surveys.
 - Established tools for QA/QI Fraud Prevention/Detection.
 - Established training committees.
 - Conducted corrective action updates.
 - Performed 'Other' Quality Improvement efforts (i.e., established review committees, updated resource materials, revised department policies and procedures, etc.).

STATE QA MONITORING OVERSIGHT ACTIVITIES

Reporting Period July 1, 2006 through the first week of April 2007

State QA Reviews FY 06/07:

All 58 counties are participating in a second round of State QA monitoring reviews during FY 2006-07. Approximately 3,000 case files will be reviewed, along with 180 home visits by June 30, 2007. As of the first week of April 2007, a summary of these preliminary findings based on 1,200 case file reviews and 70 home visits from 23 out of the 58 counties, suggests that QA, particularly statewide training, is already having a positive impact since findings reflect improvement/uniformity from last year's State reviews in the following areas:

- Completion of required forms
- Timely Notice of Actions (NOAs) for adverse action
- Sufficient documentation to justify protective supervision
- Application of Paramedical Services
- Prorating to reflect household composition

CDSS Targeted Studies

- **Review of Timely Assessments/Reassessments:** CDSS has performed a targeted review of counties' overdue assessments using CMIPS.
 - **90 Percent Threshold:** CDSS has taken measures to ensure that counties statewide maintain at least a 90 percent timely assessment rate for their caseload based upon a 12 month average.
 - **Quality Improvement Action Plan (QIAP):** Counties identified as falling below the 90 percent, will be required to submit a QIAP that identifies how and when they will comply with timely assessment/reassessment regulations.

PROGRESS/STATUS: It is anticipated that letters will go out to county welfare directors beginning May 2007. State QA staff will provide technical assistance to counties and closely monitor for one year.

- **Two Annual Error-Rate Studies:**
 - **Statewide Out-of-State Payments Study:** CDSS has reviewed payments to providers residing out of state who received payments for two or more consecutive months after screening for border state proximity to IHSS recipients.
 - **In-Patient Stays for Four Counties (San Mateo, Ventura, San Joaquin, Contra Costa):** Conducted a study to evaluate Medi-Cal duplicate payments made to IHSS care providers claiming services for the same period of in-patient stays of five days or more.

PROGRESS: State QA staff has prepared preliminary results for counties to follow-up by researching cases and sending letters to providers asking for clarification to verify those results).

CONCLUSION:

We are beginning to see the impact of QA and look forward to our continual collaborative efforts to ensure improvement and consistency in the delivery of services for all IHSS recipients and to minimize the potential for abuse or misuse of program funds, to enable more funds to be available to serve those in need.