

# Summary of the Quality Assurance Initiative State & County Operations Workgroup

Organizer: California Department of Social Services, Adult Programs Branch,  
Quality Assurance Bureau  
Location: 9323 Tech Center Drive, Conference Room #2  
Sacramento, CA 95826  
Date: September 21, 2005  
Time: 10:00 A.M – 1:00 P.M.

## **Meeting Summary:**

Brian Koepp, Chief, of the Quality Assurance Bureau (QAB) commenced the meeting by welcoming attendees and discussing the goals of this meeting which included reviewing the second draft of the State and County QA Procedures Manual and the All-County Information Notice (ACIN). This ACIN addressed the requirement for the submission of an annual Quality Assurance/Quality Improvement (QA/QI) Plan by each county. Attendees signed in and received a folder containing a revised Agenda, home visit questionnaire entitled "IHSS Case Services Assessment," an In-Home Supportive Services (IHSS) worksheet, and a draft copy of the State and County QA Procedures Manual.

Brian then recapped the previous meeting that was held in San Diego, California. He stated that the first draft of the QA Procedures Manual was reviewed at the San Diego meeting and those present in person or by telephone were given an opportunity to comment. Further opportunity to comment in writing was provided following the meeting. Brian stated that the California Department of Social Services (CDSS) received many good comments following the release of the first draft that have been incorporated into the second draft.

Brian turned the meeting over to Martha Bracha, Manager, Operations Support Unit, QAB. Martha provided an overview of changes that had been made to the Procedures Manual since the first draft was issued for comments. She indicated that some of the comments received were general questions about QA and that these questions would be addressed in a question/answer format in a document that would be included in a separate ACIN. Martha also indicated that in addition to the questions that CDSS has received through our website and other correspondence, the QAB monitoring staff have been out in the counties conducting monitoring visits and meeting with county QA staff. The monitoring staff has also been bringing back relevant questions regarding QA which CDSS plans to incorporate into the question/answer document ACIN.

The following is a summary of the changes/additions that were discussed at the meeting:

- Purpose of the Manual: A new section has been added to state the purpose of the Manual. The purpose of the Manual is to provide general direction to the counties in the implementation of their QA programs. CDSS has attempted to take into consideration the variances in county size, caseload size, and the level of QA staffing. CDSS recognizes that some counties augmented their State allocation for QA staffing, and, therefore, are able to do more than the minimum requirements. CDSS has attempted to focus on the minimum mandated requirements in this Manual. However, it is not intended that the activities be limited to those included in the Manual. It was emphasized that all of the procedures apply to the entire IHSS population – Personal Care Services Program (PCSP), IHSS-Plus Waiver, and IHSS-Residual.
- Mandated Activities: The requirement for development of a Provider Enrollment form is discussed. This form was developed in another QA workgroup. CDSS is still developing the process to address the requirement to notify Public Authorities and Non-Profit Consortia when providers are excluded so they can be removed from the Registry. The QAB is working closely with our Case Management, Information and Payrolling System (CMIPS) staff to make system modifications which will prevent providers who have been excluded from program participation from being enrolled as providers.
- Routine Scheduled Reviews of Supportive Services: CDSS is developing a minimum number of cases to be read and home visits to be conducted in each county. CDSS is looking at the caseload size and the QA staffing allocation to develop these numbers and will transmit this information to counties in an ACIN. Regarding the staff which will be conducting the reviews, in the prior version of the Manual, CDSS refers to QA staff reviewing the work of Social Workers. In the current version, CDSS acknowledges that there are other staff at the county level that are involved in the assessment process as well. For example, some counties have nurses that participate in the assessment process. In designing QA activities, it is suggested that counties incorporate into the process all activities and levels of staffing involved in the assessment of the need for services.
- Desk Review Procedures: The need to review the Notice of Action (NOA) for accuracy and timeliness was added. The QAB is aware that some counties have developed their own required forms that are not State mandated forms. Counties may wish to include county specific forms in their desk review procedures.

- Telephone Reviews: The sample format that was included in the first draft describing a process for telephone reviews following a desk review was based on a process currently used by one county. The final draft will provide a revised suggested format incorporating some of the procedures currently used by counties.
- Home Visit Questionnaire: The previous draft version of the Manual indicated that the form previously used by CDSS staff conducting home visits was available for those counties interested. CDSS found that this form is very useful in conducting home visits and have included the form in the Forms Section of the current Manual.
- Reports: A new section of the Manual regarding reports was added. The requirement for counties to submit a quarterly QA report using the format included in the Manual was discussed. The QAB will modify the report to include validating telephone reviews. The initial report should cover the period of October 1, 2005, through December 31, 2005, and be submitted by January 15, 2006. CDSS recognizes that counties are in various stages of QA implementation activities and may not have something to report for all activities. In developing the report format, CDSS tried to identify all the reporting items that the Centers for Medicare and Medicaid will be looking for CDSS to report in conjunction with the IHSS-Plus Waiver.
- Quality Improvement: A section titled, "Road to Quality Improvement" was inadvertently removed from the version of the Manual that was being discussed and will be added back. The draft QA/QI ACIN was included with the Manual. In developing the QA/QI plan requirements, CDSS incorporated some of the IHSS Plus Waiver requirements which included, "Person Centered Planning" and "Responses to Critical Events." CDSS indicated that the QA/QI plan should describe any current procedures that the county uses regarding these areas. The initial QA/QI plan is due November 1, 2005, and should be submitted annually thereafter by June 1<sup>st</sup> of each year.

Brian closed the meeting by informing all attendees that comments regarding the QA/QI Plan and any additional changes regarding the Manual are due September 30, 2005. Brian also indicated that he believed that with the release of the final version of the Procedures Manual, the workgroup will have completed its objectives. There was consensus that no additional State/County Workgroup meetings would be required. CDSS will continue to provide instructions and information regarding QA/QI activities through All County Letters (ACLs) and ACINs which are accessible on the CDSS website. Brian then thanked all for attending and closed the workgroup.

**STATE/COUNTY PROCEDURES WORKGROUP  
ATTENDEES AT THE SEPTEMBER 21, 2005 MEETING**

<b>Name</b>	<b>Organization</b>
Sharon Rehm	Sacramento County IHSS
Donna Brase	San Diego County IHSS
Guy Klopp	Sacramento QA/QI
Jeannett Johnson	Sacramento County IHSS
Susan Schwendimann	Sacramento County IHSS QA
Deborah Celestine	Alameda County IHSS QA
Pamela Cao	Sacramento County QA
Rick Simonson	Sacramento County PA
Jodi Beller	Butte County
Mia Attruia	Riverside County QA
Rena Moncream	Riverside County QA
Judy Griffin	Placer County
Brian Koepp	CDSS/QA
Martha Bracha	CDSS/QA
Linda Williams	CDSS/QA
Rick Carroll	CDSS/QA
Joan Boomer	CDSS/QA
Lisa Mcgibbon	Butte County
Diana Kalcic	CWDA
Toua Thao	Sacramento County QA
Jovan Agee	UDW
Floralma Valencia	Sacramento County
Jarrett Oddo	Sacramento County QA
Bernadette Lynch	Sacramento County PA
Robert Jenkins	Ventura County HAS QA
Karen Keeslar	CAPA
Clint Jossey	Contra Costa County
Marti Johnson	Yolo County
Debbie Ming	San Bernardino County
Fay Mikiska	Sacramento County IHSS Adv. Com.
Randy Hicks	CDR
Andrea Allgood	CDSS QA
Bea Sanchez	CDSS QA

### In-Home Supportive Services Case Assessment

\_\_\_\_\_ COUNTY

DATE OF INTERVIEW \_\_\_\_\_ TIME SCHEDULED \_\_\_\_\_

# CDSS

CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES

**1. CASE TYPE**

- PCSP
- Res

**2. IMPAIRMENT**

- NSI
- SI

**3. MODE**

- IP
- CC
- HM

**4. GENDER**

- Female
- Male

**5. AID CODE**

- 03
- 6A
- 6C
- 7A
- 10
- 14
- 16
- 18
- 20
- 24
- 26
- 28
- 30
- 35
- 36
- 44
- 47
- 48
- 49
- 60
- 64
- 66
- 68
- 72

**6. LIVING ARRANGEMENT**

- 01 Independent
- 02 Shared
- 03 Live-in-provider
- 04 Tenant/Landlord
- 05 Board and Room
- Able/Available Spouse
- Parent of Minor

**7. GUARDIAN/  
CONSERVATOR**

- Yes
- No
- Unable to Verify

**8. ETHNICITY**

- 1 White
- 2 Hispanic
- 3 Black
- 4 Other Asian/Pacific Islander
- 5 Amer. Indian/Alaskan Native
- 7 Filipino
- C Chinese
- H Cambodian
- J Japanese
- K Korean
- M Samoan
- N Asian Indian
- P Hawaiian
- R Guamanian
- T Laotian
- V Vietnamese

**9. PRIMARY LANGUAGE**

- 0 Amer. Sign Language
- 1 Spanish (Span. NOA)
- 2 Cantonese
- 3 Japanese
- 4 Korean
- 5 Tagalog
- 6 Other Non-English
- 7 English
- 9 Spanish (Eng. NOA)
- A Other Sign Language
- B Mandarin
- C Other Chinese Lang
- D Cambodian
- E Armenian
- F Ilocano
- No Communication Skills
- G Mien
- H Hmong
- I Lao
- J Turkish
- K Hebrew
- L French
- M Polish
- N Russian
- P Portuguese
- Q Italian
- R Arabic
- S Samoan
- T Thai
- U Farsi
- V Vietnamese

**10. Indicate the person responding to these questions:**

- |  |  |
|--|--|
| <input type="radio"/> Recipient                | <input type="radio"/> Recipient/Provider (family member) |
| <input type="radio"/> Provider (family member) | <input type="radio"/> Recipient/Provider (contractor)    |
| <input type="radio"/> Provider (contractor)    | <input type="radio"/> Recipient/Provider (other)         |
| <input type="radio"/> Provider (other) _____   | <input type="radio"/> Recipient/Other (specify) _____    |
| <input type="radio"/> Relative                 | <input type="radio"/> Other (specify) _____              |

**11. The questions we are asking today are about the IHSS services you receive in this County. From our information, it appears that you have been receiving services in this county since:**

*Give date of application from SOC-293*

**Is this correct?**

- Yes
- No. **IF NO**, When did you begin receiving IHSS in this county? Date: \_\_\_\_\_
- Don't know how long

**12. Have you ever received IHSS services in another county?**

- No → **Question 13**
  - Yes (*Specify county*) \_\_\_\_\_
- And → Questions 12a.**

**12a. Do you receive the same number of hours here that you did in the other county?**

- Yes → **Question 13**
- No → **Question 12b. And 12.c.**
- Don't know → **Question 13.**

**12b. Do you now receive:**

- More Hours How many more?: \_\_\_\_\_
- Fewer Hours How many fewer?: \_\_\_\_\_

**12c. Has anything changed since you moved here such as :**

- Number of people in the household
- You moved in with a family member (any change in living situation)
- Your health or what you are able to do for yourself - Specify \_\_\_\_\_
- Anything else - Specify \_\_\_\_\_

**13. Are there family members or other people living with you in your home?**

- No → **Question 14.**

Yes (specify, including relationship and age(s) of children)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

And → Question 13a.

**13a. Do any of the people living with you also receive In-Home Supportive Services?**

Yes (specify) \_\_\_\_\_  
 No

**14. Now we would like you to tell us about your health and any conditions you have that are limiting your activities? Please start by telling us about any surgeries or major accidents that you have had and anything else such as heart attacks, strokes, etc.**

	What Happened?	Approximate Date
1.		
2.		
3.		
4.		
5.		
6.		

***Thank you for that information. Now we would like to know about the kinds of activities that you have difficulty with and how the difficulties affect your ability to get along each day.***

- Bed bound** (Ask if they ever leave bed and note response below.)
  - Never leave bed
  - Leave bed on good days—  
Approx. # of good days \_\_\_\_ per day or month. (circle one)
  - Can leave bed for short periods of time only  
Approx. amt. Of time able to be out of bed \_\_\_\_ hrs./mins. per  day # of times per week
  - What activities while out of bed  Eating  Bathing  Bathroom only
- Ambulates **without difficulty** or use of **assistive device**
- Difficulty** ambulating but does not use assistive device
  - Safe?**  **Yes**  **No (indicate why not safe)** \_\_\_\_\_
- Must use **assistive device** to ambulate.
  - Wheelchair** at all times –able to maneuver without assistance
  - Wheelchair** at all times--- needs someone to assist I corners or other difficult areas
  - Wheelchair**—must be pushed at all times
  - Wheelchair**—out of the house only
  - Walker** at all times
  - Walker** occasionally (Note how often \_\_\_\_\_)

**Cane** (Note how often \_\_\_\_\_)

**Recipient has above item(s) but forgets to use and must be reminded.**

**Difficulty rising from seated position**

- Has chair lift    Uses arms of chair to boost self    Needs assistance at all times  
 Occasionally needs assistance

**Difficulty standing**

Cannot stand by self    Can stand only for a limited amount of time—Approximate minutes \_\_\_\_

**Difficulty bending**

- Always    Occasionally

**Impaired range of motion** (e.g. difficulty in reaching or raising hands above head)

**Limited ability to lift and carry**

**Must use oxygen or other respiratory equipment**

**Specify type of equipment used** \_\_\_\_\_

**24 hours per day**    **At night only**    **Intermittently-- approx \_\_\_\_ hours per day or \_\_\_\_ times per week**

**Limited eyesight**

**Always wears glasses**

Wears glasses for reading/TV etc.

Has cataracts    Right    Surgery?   Left    Surgery  

Glaucoma

Legally blind    Right    Left

**Limited hearing**

Has hearing aid(s)—always wears

Has hearing aid—does not use

Uses occasionally

Was able to hear conversation during home visit without problem

Reviewers had to talk loudly

**Confused** (Does the client seem oriented, able to understand questions?)

None indicated or demonstrated

States occasionally but not observed

Significant problem

**Forgetful** (use simple memory tests)

Recipient indicates problem, but not apparent to reviewers

Recipient indicates problem recalling recent events

Recipient indicates problem recalling past events

Recipient demonstrates problem by failure to recall information requested by reviewers.

**Appears depressed** (ask if depressed, but observation may be more important).

Recipient indicates occasional problem, but takes no medication

Recipient takes medication or receives treatment for depression

**15. If you are like most people, you probably have good days and bad days. Is this true for you?**

θ No → **Question 16.**

θ Yes → **Question 15a. and 15b.**

**15a. (1) Can you tell us what a good day is like for you.** \_\_\_\_\_

(2) And what is a bad day like for you. \_\_\_\_\_

15b. Would you say today is:

- Good Day
- Bad day
- Average day

16. It looks like your social worker was last here to evaluate you in:

**Give recipient date of last face-to-face from SOC-293).**

Have there been any changes in your health since the last time your social worker was here?

- No
- Yes (Specify what has changed)

17. Has anything else changed about the things you are able to do for yourself or the services you receive since the social worker was here last?

- No
- Yes (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you know who your social worker is?

- No
- Yes (specify) \_\_\_\_\_

19. Do you know how to contact your social worker?

- No
- Yes
- I don't but \_\_\_\_\_ does.

20. How easy is it for you to contact your social worker?

- Very Easy → Question 21
- Easy → Question 21
- Difficult → Question 20a.

20a. Why is it difficult for you to contact your social worker?

- Phone system
- SW Doesn't return calls
- I have to call more than once before anyone calls me back.
- Language problems

21. Do you have trouble communicating (language barrier or social skills) with your social worker?

- No → Question 22.

<input type="radio"/>	Yes → Question 21a.
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21a. Do you have someone who can help you communicate with your social worker.

- Yes (who) \_\_\_\_\_
- No

22. If you need an interpreter to talk to your social worker, will the county provide one for you?

- Yes
- No
- No interpreter needed
- I don't know

23. How long has it been since you have seen or communicated with your social worker?

- Less than 1 month
- 1 - 3 months
- 3 - 6 months
- 6 - 12 months
- More than 12 months
- Other (specify) \_\_\_\_\_
- Don't know

24. Has your social worker explained to you the services you can receive from IHSS and the amount of time you are allowed for each task?

- No
- Yes
- I don't know

25. How many hours a month has the county authorized for you?

- I don't know
- Time: \_\_\_\_\_ hours

**As you know, if you need additional services or don't need as many services, you must contact your social worker.**

26. Do you know that if you are unable to resolve any disagreements you have with the county regarding the number of hours authorized or the services you receive you can request a fair hearing before an impartial judge

- No → Question 27
- Yes → Question 26a.

26a. Have you ever requested a fair hearing on an IHSS issue?

- No → Question 27
- Yes → Question 26b.

**26b. What was the outcome?**

- Won the hearing
- Lost the hearing
- Approved in part

**27. We are now going to ask you some questions about the types of things you are able to do for yourself and the types of things that your provider does for you. We know that you may have recently been assessed by the county and may have answered some of the questions for them. We appreciate you taking the time to answer them again for us today.**

**We want you to know that we can't change the number of IHSS hours you receive. We cannot give you more hours or take hours away. Based on what you tell us, however, we may recommend that the county reassess the IHSS hours that you receive. The county may also independently decide to reassess your needs based on the information we give to them.**

Domestic Services						
Recipient can perform all housework <input type="checkbox"/>						
Recipient needs Help with:	Recip.	Prov. 1	Prov. 2	A/A Spouse	Alt. Resource	Comments
All tasks <input type="checkbox"/>						
Sweeping						
Vacuuming						
Washing floors						
Washing kitchen counters						
Clean bathroom						
Take out garbage						
Dusting and picking up						
Clean stove, refrigerator						
Bringing fuel for Cooking or heating						
Changing bed linen						

Meal Preparation	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
Breakfast <i>Usually Eats:</i>	Times Per wk.					
Lunch <i>Usually Eats:</i>	Times Per wk.					
Dinner <i>Usually Eats:</i>	Times Per wk.					
Meals Ahead	Times Per wk.					

If living arrangement is shared, are recipient's meals prepared separately?  Yes  No

If only a portion of meals are separate, note which meals are shared and number of housemates sharing: \_\_\_\_\_

Meal Cleanup	Prov #1	Prov #2	A/A Sp.	Alt. Res.	Comment
Recipient is able to do all meal clean up <input type="checkbox"/>					
Recipient is able to do light clean up <input type="checkbox"/>					
Provider does all meal clean up					

Laundry	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
If apt. or mobile home, are there facilities on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No						
All laundry						
Extra laundry <input type="checkbox"/> Yes <input type="checkbox"/> No						<i>Documentation Required</i>
Laundry separate <input type="checkbox"/> Yes <input type="checkbox"/> No						

Food Shopping	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
All shopping						
Recipient can go To nearby store  <input type="checkbox"/> Yes <input type="checkbox"/> No						

Other shopping/ Errands	Recip	Prov. 1	Prov 2	A/A Spouse	Alt. Res.	Comments
All shopping						
Recipient can go To nearby store  <input type="checkbox"/> Yes <input type="checkbox"/> No						

**Personal Care Services**

<b>Respiration</b>						
<b>Type of Equipment used</b>						
<b>Who services Equipment?</b>						
<b>Recipient is able to Maintain, hookup And clean equipment without assistance</b> <input type="checkbox"/>						
<b>Assistance Needed</b>	<b>Who Performs Service</b>					
<b>Task/Reference</b>		<b>Prov. #1</b>	<b>Prov. #2</b>	<b>A/A Spouse</b>	<b>Alt. Res.</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• <b>Assist with self Administration (includes hooking O2 up, straightening tubing, etc.)</b></li> </ul>	<b>Actual Time to Perform</b>					<i>(Note times per week that Assistance is provided)</i>
<ul style="list-style-type: none"> <li>• <b>Cleaning O2 Equipment or Tubing or other Respiratory equip.</b></li> </ul>	<b>Actual Time To Perform</b>					<i>(Note times per week that Assistance is provided)</i>
<ul style="list-style-type: none"> <li>• <b>Other (specify Task)</b></li> </ul>	<b>Actual Time for Each Task</b>					<i>(Note times per week that Assistance is provided)</i>

## Bowel and Bladder Care

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Assist Toilet	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Chg. Diaper Ambulatory	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	
Chg. Diaper – Bedbound	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Incontinence Cleanup	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	

Catheter/Bedpan Assistance	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	

**Feeding**

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Assistance per Meal	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Has trouble Swallowing – Per meal	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Bed Baths

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Guideline		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Totally Dependent	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Semi-dependent	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Dressing

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Guideline		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Change all Clothes each Day	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Minor need Each day	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	

		Times Per Week	Times Per week	Times Per week	Times Per week	
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## Menstrual Care

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed		Who Performs Service				
Task/Guideline		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Ambulatory	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Bedbound	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Ambulation

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed		Who Performs Service				
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Each day	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	

		Times Per Week	Times Per week	Times Per week	Times Per week	
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**Help in/Out of Bed**

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed		Who Performs Service				
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Each transfer	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
		Times Per Week	Times Per week	Times Per week	Times Per week	

## Bathing and Grooming

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed		Who Performs Service				Comments
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	
Sponge bath	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Tub bath/shower With shampoo	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	
Oral hygiene	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Shampoo sink	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per Week	Times Per Week	Times Per Week	
Shaving ea. day	Actual Time for Each	Times per day	Times per day	Times per day	Times per day	

	Task	Times Per Week	Times Per Week	Times Per Week	Times Per Week	
	Hair Care ea. Day					
	Foot/hand care Weekly					

<i>Repositioning/Transfers</i>						
Recipient is able to perform all tasks without assistance, reminding or monitoring <input type="checkbox"/>						
Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Rubbing Skin Each time	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Reposition each time	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	
Assist chair each time	Actual Time for Each Task	Times per day	Times per day	Times per day	Times per day	

**Care and Assistance with Prosthesis (and medications)**

Recipient is able to perform all tasks without assistance, reminding or monitoring

Assistance Needed	Who Performs Service					
Task/Reference		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Assist with meds Each time	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	
Assist with putting on and taking off Prosthesis	Actual Time To Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per Week	Times Per week	Times Per week	Times Per week	

*Paramedical Services*

Services Provided	Who Performs Service					
List each service		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
	Actual Time to Perform	Times per day	Times per day	Times per day	Times per day	
		Times Per week	Times Per week	Times Per week	Times Per week	

	<b>Actual Time To Perform</b>	<b>Times per day</b>	<b>Times per day</b>	<b>Times per day</b>	<b>Times per day</b>	
		<b>Times Per Week</b>	<b>Times Per week</b>	<b>Times Per week</b>	<b>Times Per week</b>	
	<b>Actual Time for Each Task</b>	<b>Times per day</b>	<b>Times per day</b>	<b>Times per day</b>	<b>Times per day</b>	
		<b>Times per week</b>	<b>Times per week</b>	<b>Times per week</b>	<b>Times per week</b>	
	<b>Actual Time To Perform</b>	<b>Times Per day</b>	<b>Times Per day</b>	<b>Times Per day</b>	<b>Times Per day</b>	
		<b>Times per week</b>	<b>Times per week</b>	<b>Times per week</b>	<b>Times per week</b>	
	<b>Actual Time To Perform</b>	<b>Times Per Day</b>	<b>Times Per day</b>	<b>Times Per day</b>	<b>Times Per day</b>	
		<b>Times Per week</b>	<b>Times per week</b>	<b>Times per week</b>	<b>Times per week</b>	

### Accompany to Medical Appointments

Recipient is able to drive self to doctor appointments

		Who Performs Service				
		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Location of Dr.	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Type of Dr.						
Location of Dr.	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Type of Dr.						
Location of Dr.	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Type of Dr.						

### Accompany to Alternative Resources

Receives no services as an alternative of IHSS

		Who Performs Service				
		Prov. #1	Prov. #2	A/A Spouse	Alt. Res.	Comments
Where recipient Goes:	Actual Time	Times per month	Times Per month	Times Per month	Times Per month	
Services Received						

<b>Where recipient Goes:</b>	<b>Actual Time</b>	<b>Times per month</b>	<b>Times Per month</b>	<b>Times Per month</b>	<b>Times Per month</b>	
<b>Services Received</b>						

**28. Are there any services you currently receive that you feel you need more time for or any additional services you feel you need?**

- |   |  |
|---|--|
| <input type="radio"/> None → <b>Question 29</b>     | <input type="radio"/> Menstrual Care                 |
| <input type="radio"/> Domestic                      | <input type="radio"/> Ambulation                     |
| <input type="radio"/> Meal Preparation              | <input type="radio"/> Moving In/Out of Bed           |
| <input type="radio"/> Meal Cleanup                  | <input type="radio"/> Bathing/Oral Hygn/Grooming     |
| <input type="radio"/> Routine Laundry (in-home)     | <input type="radio"/> Rub Skin/Reposition            |
| <input type="radio"/> Routine Laundry (out-of-home) | <input type="radio"/> Care with Prosthesis (or Meds) |
| <input type="radio"/> Food Shopping                 | <input type="radio"/> Accompany to Medical Appt.     |
| <input type="radio"/> Other Shopping/Errands        | <input type="radio"/> Accompany to Alt. Resource     |
| <input type="radio"/> Heavy Cleaning                | <input type="radio"/> Remove Weeds                   |
| <input type="radio"/> Respiration                   | <input type="radio"/> Remove Snow                    |
| <input type="radio"/> Bowel/Bladder Care            | <input type="radio"/> Protective Supervision         |
| <input type="radio"/> Feeding                       | <input type="radio"/> Teaching/Demonstration         |
| <input type="radio"/> Routine Bed Baths             | <input type="radio"/> Paramedical Services           |
| <input type="radio"/> Dressing                      | <input type="radio"/> Other (specify) _____          |

**If any additional hours or services identified in Question 28. → Questions 28a. and 28b.**

**28a. Why do you feel you need more hours or services?**

- My needs have changed
- SW does not understand what I need
- SW told me regs. do not allow additional hours or services
- Provider needs more money
- Provider can't do work in time allowed
- I don't know

**28b. Have you brought your desire for more services or more time to the attention of your social worker?**

- No (specify why not) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes (specify the social worker's response) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**29. Are there any services that your provider is doing for you now that you feel like you can be doing for yourself?**

- Yes (Specify services) \_\_\_\_\_
- No

**30. Did your social worker ask you if you had any family, friends besides your provider who would be willing to provide voluntarily any of the services you need?**

- No
- Yes

31. Are you receiving any services from any other agency, business, or person other than your provider?

- No → Question 32
- Yes (Specify: who or agency name) \_\_\_\_\_

And → Question 31a.

31a. What services or tasks are these?

- |   |  |
|---|--|
| <input type="radio"/> None                          | <input type="radio"/> Menstrual Care                 |
| <input type="radio"/> Domestic                      | <input type="radio"/> Ambulation                     |
| <input type="radio"/> Meal Preparation              | <input type="radio"/> Moving In/Out of Bed           |
| <input type="radio"/> Meal Cleanup                  | <input type="radio"/> Bathing/Oral Hygn/Grooming     |
| <input type="radio"/> Routine Laundry (in-home)     | <input type="radio"/> Rub Skin/Reposition            |
| <input type="radio"/> Routine Laundry (out-of-home) | <input type="radio"/> Care with Prosthesis (or Meds) |
| <input type="radio"/> Food Shopping                 | <input type="radio"/> Accompany to Medical Appt.     |
| <input type="radio"/> Other Shopping/Errands        | <input type="radio"/> Accompany to Alt. Resource     |
| <input type="radio"/> Heavy Cleaning                | <input type="radio"/> Remove Weeds                   |
| <input type="radio"/> Respiration                   | <input type="radio"/> Remove Snow                    |
| <input type="radio"/> Bowel/Bladder Care            | <input type="radio"/> Protective Supervision         |
| <input type="radio"/> Feeding                       | <input type="radio"/> Teaching/Demonstration         |
| <input type="radio"/> Routine Bed Baths             | <input type="radio"/> Paramedical Services           |
| <input type="radio"/> Dressing                      | <input type="radio"/> Other (specify) _____          |

32. Does your provider take you to doctor appointments? (*Provider may take them even though not authorized.*)

- No
  - Yes
- Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

33. How many times have you been seen by a doctor in the last year?

- I don't know
- None
- 1 - 2
- 3 - 4
- 5 - 9
- 10 - 19
- 20 or more

*Ask recipient if they would like to take a small break at this point and whether they have anything to add to their answers on the first section of the interview.*

*Tell them the next questions are a change of pace, and that we are now going to ask some questions about how well their provider works for them.*

*Tell them that they should keep in mind that we are mandated reporters for abuse of any kind, and if they reveal any information regarding abuse, we will be obligated to report this information to the county.*

**34. How many providers do you currently have?**

- None Reason: \_\_\_\_\_  
\_\_\_\_\_
- 1
- 2
- 3
- 4
- More than 4

**35. Who is your In-Home Supportive Services provider? (Indicate up to 2 providers who work the most hours for the recipient.)**

- | <b>Provider #1</b>                          | <b>Provider #2</b>                          |
|---|---|
| <input type="radio"/> Spouse                | <input type="radio"/> Spouse                |
| <input type="radio"/> Parent of minor child | <input type="radio"/> Parent of minor child |
| <input type="radio"/> Parent of adult child | <input type="radio"/> Parent of adult child |
| <input type="radio"/> Adult child           | <input type="radio"/> Adult child           |
| <input type="radio"/> Other relative        | <input type="radio"/> Other relative        |
| <input type="radio"/> Friend                | <input type="radio"/> Friend                |
| <input type="radio"/> Landlord              | <input type="radio"/> Landlord              |
| <input type="radio"/> Housemate             | <input type="radio"/> Housemate             |
| <input type="radio"/> County Homemaker      | <input type="radio"/> County Homemaker      |
| <input type="radio"/> Contractor            | <input type="radio"/> Contractor            |
| <input type="radio"/> Employee              | <input type="radio"/> Employee              |
| <input type="radio"/> Other (specify) _____ | <input type="radio"/> Other (specify) _____ |
|   | <input type="radio"/> No second provider    |

**36. Have you always had the same provider?**

- Yes
- No (why not) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**37. Do you have trouble communicating (language barrier or social skills) with your provider?**

- | <b>Provider #1</b>  | <b>Provider #2</b>  |
|---|---|
| <input type="radio"/> No                                    | <input type="radio"/> No                                    |
| <input type="radio"/> Yes (specify) _____<br>_____<br>_____ | <input type="radio"/> Yes (specify) _____<br>_____<br>_____ |

**38. Do you have someone who helps you talk with your provider?**

- No
- Yes

**39. How do you find a new provider (indicate all that apply)?**

- I cannot find a new provider
- I hire a friend/relative

- I have not had to find a new provider
- The county sends me a homemaker
- The county sends me a list of referrals
- The contractor sends me someone
- Organization/Agency sends me someone
- I place an ad
- A registry/public authority sends me someone
- My family finds someone
- A friend finds someone
- Other (specify)

**40. If you had to replace your provider, would you need assistance in locating a new one?**

- Yes
- No

**41. If a provider has been replaced, how long on average have you gone without In-Home Supportive Services?**

- I have never changed providers
- I have not gone without services
- 1 - 3 visits
- 4 - 6 visits
- More than 6 visits

**42. How often does your provider come to provide you services?**

- | Provider #1                   |                                       | Provider #2                              |                                       |
|-------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="radio"/> Live-in | <input type="radio"/> 1X/mo           | <input type="radio"/> Live-in            | <input type="radio"/> 1X/mo           |
| <input type="radio"/> 1X/wk   | <input type="radio"/> 2X/mo           | <input type="radio"/> 1X/wk              | <input type="radio"/> 2X/mo           |
| <input type="radio"/> 2X/wk   | <input type="radio"/> 3X/mo           | <input type="radio"/> 2X/wk              | <input type="radio"/> 3X/mo           |
| <input type="radio"/> 3X/wk   | <input type="radio"/> Other (specify) | <input type="radio"/> 3X/wk              | <input type="radio"/> Other (specify) |
| <input type="radio"/> 4X/wk   |                                       | <input type="radio"/> 4X/wk              |                                       |
| <input type="radio"/> 5X/wk   |                                       | <input type="radio"/> 5X/wk              |                                       |
| <input type="radio"/> 6X/wk   |                                       | <input type="radio"/> 6X/wk              |                                       |
| <input type="radio"/> 7X/wk   |                                       | <input type="radio"/> 7X/wk              |                                       |
|                               |                                       | <input type="radio"/> No second provider |                                       |

**43. How much time does the provider spend providing services each time they visit you? (Report real time)**

- | Provider #1                             | Provider #2                              |
|---|--|
| <input type="radio"/> I don't know      | <input type="radio"/> I don't know       |
| <input type="radio"/> Time: _____ hours | <input type="radio"/> Time: _____ hours  |
|   | <input type="radio"/> No second provider |

**44. Does your provider always work all of the hours that are authorized?**

- Yes → **Question 45**
- No → **Question 44a. & 44b.**

**44a. How often does this happen -- that the provider does not work all of the hours that are authorized?**

- Once in a while
- Usually
- Always

θ Other (Specify) \_\_\_\_\_

**44b. Why do you think the provider does not work all of the hours that are authorized?**

- There's not enough for them to do
- They have other places to go
- Other (Specify) \_\_\_\_\_

**45. Is your provider able to complete the authorized services within the authorized time?**

- | <b>Provider #1</b>  | <b>Provider #2</b>  |
|---|---|
| <input type="radio"/> Always → <b>Question 46.</b>        | <input type="radio"/> Always → <b>Question 46</b>         |
| <input type="radio"/> Usually → <b>Question 46.</b>       | <input type="radio"/> Usually → <b>Question 46.</b>       |
| <input type="radio"/> Occasionally → <b>Question 45a.</b> | <input type="radio"/> Occasionally → <b>Question 45a.</b> |
| <input type="radio"/> Rarely → <b>Question 45a.</b>       | <input type="radio"/> Rarely → <b>Question 45a.</b>       |
| <input type="radio"/> Never → <b>Question 45a.</b>        | <input type="radio"/> Never → <b>Question 45a.</b>        |
| <input type="radio"/> I don't know                        | <input type="radio"/> I don't know                        |
|   | <input type="radio"/> No second provider                  |

**45a. Why do you think your provider is unable to complete the services within the authorized time?**

- They work too slow
- They spend time doing other things
- I need more services than authorized
- Other (Specify)

**46. How does your provider know what to do?**

- | <b>Provider #1</b>                                     | <b>Provider #2</b>                                     |
|--|--|
| <input type="radio"/> Provider knows what to do        | <input type="radio"/> Provider knows what to do        |
| <input type="radio"/> I tell him/her                   | <input type="radio"/> I tell him/her                   |
| <input type="radio"/> County tells him/her             | <input type="radio"/> County tells him/her             |
| <input type="radio"/> Contractor tells him/her         | <input type="radio"/> Contractor tells him/her         |
| <input type="radio"/> I don't know who tells him/her   | <input type="radio"/> I don't know who tells him/her   |
| <input type="radio"/> Relative/friend tells him/her    | <input type="radio"/> Relative/friend tells him/her    |
| <input type="radio"/> Provider doesn't know what to do | <input type="radio"/> Provider doesn't know what to do |
| <input type="radio"/> No response                      | <input type="radio"/> No response                      |
|  | <input type="radio"/> No second provider               |

**47. Does anyone else help you supervise your provider? (This might include explaining how you like things done, or keeping track of their time and signing their time sheets, or telling them to do certain tasks rather than others.)**

- Yes (specify) \_\_\_\_\_
- No

48. Is it important to you that your provider appears at a set time to provide services?

- No → Question 50
- Yes → Question 48a., 48b. and 48c.

48a. Does your provider work at times that are convenient for you?

- No → Question 48b.
- Yes → Question 50.

48b. Why are services provided at an inconvenient time? (*Indicate all that apply*)

- | Provider #1   | Provider #2   |
|---|---|
| <input type="radio"/> N/A   | <input type="radio"/> N/A   |
| <input type="radio"/> I have to be scheduled around my provider's other clients                             | <input type="radio"/> I have to be scheduled around my provider's other clients                             |
| <input type="radio"/> My provider has family responsibilities   | <input type="radio"/> My provider has family responsibilities   |
| <input type="radio"/> My provider has job/school responsibilities   | <input type="radio"/> My provider has job/school responsibilities   |
| <input type="radio"/> There are not enough authorized hours to allow the provider to come when I would like | <input type="radio"/> There are not enough authorized hours to allow the provider to come when I would like |
| <input type="radio"/> My provider schedules for his/her convenience   | <input type="radio"/> My provider schedules for his/her convenience   |
| <input type="radio"/> Other (specify) _____<br>_____<br>_____   | <input type="radio"/> Other (specify) _____<br>_____<br>_____   |
|   | <input type="radio"/> No second provider  |

48c. How often does your provider arrive on time?

- | Provider #1                        | Provider #2                              |
|------------------------------------|--|
| <input type="radio"/> Always       | <input type="radio"/> Always             |
| <input type="radio"/> Usually      | <input type="radio"/> Usually            |
| <input type="radio"/> Occasionally | <input type="radio"/> Occasionally       |
| <input type="radio"/> Rarely       | <input type="radio"/> Rarely             |
| <input type="radio"/> Never        | <input type="radio"/> Never              |
|                                    | <input type="radio"/> No second provider |

50. Has your provider ever not shown up as scheduled?

- | Provider #1   | Provider #2   |
|---|---|
| <input type="radio"/> Never → Question 51                   | <input type="radio"/> Never → Question 51                   |
| <input type="radio"/> Rarely → Question 51                  | <input type="radio"/> Rarely → Question 51                  |
| <input type="radio"/> Occasionally → Question 50a. and 50b. | <input type="radio"/> Occasionally → Question 50a. and 50b. |
| <input type="radio"/> Usually → Question 50a. and 50b.      | <input type="radio"/> Usually → Question 50a. and 50b.      |
| <input type="radio"/> Always → Question 50a. and 50b.       | <input type="radio"/> Always → Question 50a. and 50b.       |
| <input type="radio"/> No set schedule                       | <input type="radio"/> No set schedule                       |

50a. Does anyone let you know if the provider is unable to come on the day that is scheduled?

- | Provider #1           |     | Provider #2           |                    |
|-----------------------|-----|-----------------------|--------------------|
| <input type="radio"/> | No  | <input type="radio"/> | No                 |
| <input type="radio"/> | Yes | <input type="radio"/> | Yes                |
|                       |     | <input type="radio"/> | No second provider |

50b. If your provider is not able to see you, does someone else show up for them or do they arrange with you to come on another day?

- | Provider #1           |     | Provider #2           |                    |
|-----------------------|-----|-----------------------|--------------------|
| <input type="radio"/> | No  | <input type="radio"/> | No                 |
| <input type="radio"/> | Yes | <input type="radio"/> | Yes                |
|                       |     | <input type="radio"/> | No second provider |

If "No", why not? (specify)

- | Provider #1 | Provider #2 |
|-------------|-------------|
| _____       | _____       |
| _____       | _____       |
| _____       | _____       |

51. Does your provider do more or stay longer than they're paid for by the In-Home Supportive Services program?

- | Provider #1                               | Provider #2                               |
|---|---|
| <input type="radio"/> No → Question 52    | <input type="radio"/> No → Question 52    |
| <input type="radio"/> Yes (specify) _____ | <input type="radio"/> Yes (specify) _____ |
| _____                                     | _____                                     |
| And → 51a.                                | And → 51a                                 |
|   | <input type="radio"/> No second provider. |

51a. How often does your provider do more or stay longer than they're paid for by In-Home Supportive Services program?

- | Provider #1                        | Provider #2                              |
|------------------------------------|--|
| <input type="radio"/> Always       | <input type="radio"/> Always             |
| <input type="radio"/> Usually      | <input type="radio"/> Usually            |
| <input type="radio"/> Occasionally | <input type="radio"/> Occasionally       |
| <input type="radio"/> Rarely       | <input type="radio"/> Rarely             |
|                                    | <input type="radio"/> No second provider |

52. Do you or anyone else ever pay the provider extra for things they do for you?

- No → Question 53.
- Yes → Question 52a. and 52b.

**52a. Who makes the extra payment?**

- Recipient
- Relative
- Friend
- Other (specify)

**52b. How often do you or someone else pay extra?**

- Always
- Usually
- Occasionally
- Rarely
- Never

**53. Are you usually satisfied with the way services are done?**

- Yes → Question 54
- No → Question 53a.
- I don't know → Question 54

**53a. If you are not satisfied with the services, have you made any efforts to resolve this problem with the provider?**

- Yes - (Specify effort and outcome) \_\_\_\_\_
- No (Reason if given: \_\_\_\_\_)
- I don't know

**NOW I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT HOW COMFORTABLE YOU FEEL WITH YOUR PROVIDER. I'D LIKE TO KNOW HOW YOU FEEL ABOUT THE PERSON PROVIDING YOUR SERVICES AND HOW THEY TREAT YOU.**

**54. How does your provider generally treat you?**

- | <b>Provider #1</b>                         | <b>Provider #2</b>                         |
|--|--|
| <input type="radio"/> Very good            | <input type="radio"/> Very good            |
| <input type="radio"/> Good                 | <input type="radio"/> Good                 |
| <input type="radio"/> Fair                 | <input type="radio"/> Fair                 |
| <input type="radio"/> Poor (specify) _____ | <input type="radio"/> Poor (specify) _____ |
| _____                                      | _____                                      |
|  | <input type="radio"/> No second provider   |

**55. Does your provider bring other people with them to your house when they're working for you?**

- | <b>Provider #1</b>                        | <b>Provider #2</b>                        |
|---|---|
| <input type="radio"/> No → Question 56    | <input type="radio"/> No → Question 56    |
| <input type="radio"/> Yes → Question 55a. | <input type="radio"/> Yes → Question 55a. |
|   | <input type="radio"/> No second provider  |

55a. How do you feel about the provider bringing someone with them when they come to work?

Provider #1		Provider #2	
<input type="radio"/>	Approve	<input type="radio"/>	Approve
<input type="radio"/>	No opinion	<input type="radio"/>	No opinion
<input type="radio"/>	Tolerate	<input type="radio"/>	Tolerate
<input type="radio"/>	Don't like it → Question 55b.	<input type="radio"/>	Don't like it → Question 55b.

55b. Have you told your provider that it bothers you when they bring someone with them to work?

- Yes (Specify outcome) \_\_\_\_\_  
\_\_\_\_\_
- No - Why not \_\_\_\_\_  
\_\_\_\_\_

56. Have you ever had reason to believe your current provider(s) or a past provider may have been responsible for money or other items disappearing from your home? (If the answer is "Yes", ask for further explanation and specify.)

Provider #1		Provider #2	
<input type="radio"/>	No → Question 57	<input type="radio"/>	No → Question 57
<input type="radio"/>	Yes(specify)_____	<input type="radio"/>	Yes(specify)_____
	And → Questions 56a., 56b., and 56c.		And → Questions 56a., 56b., and 56c..
<input type="radio"/>	Don't know	<input type="radio"/>	Don't know

56a. How often has this happened?

Provider #1		Provider #2	
<input type="radio"/>	Once	<input type="radio"/>	Once
<input type="radio"/>	Twice	<input type="radio"/>	Twice
<input type="radio"/>	Three times	<input type="radio"/>	Three times
<input type="radio"/>	Over three times	<input type="radio"/>	Over three times
		<input type="radio"/>	No second provider

56b. What did you do about it?

Provider #1		Provider #2	
<input type="radio"/>	I didn't do anything	<input type="radio"/>	I didn't do anything
<input type="radio"/>	Confronted the provider	<input type="radio"/>	Confronted the provider
<input type="radio"/>	Told the social worker	<input type="radio"/>	Told the social worker
<input type="radio"/>	Told the contractor	<input type="radio"/>	Told the contractor
<input type="radio"/>	Other (specify)_____	<input type="radio"/>	No second provider_____
		<input type="radio"/>	Other (specify)_____

56c. Were you satisfied with the outcome?

Provider #1		Provider #2	
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Yes	<input type="radio"/>	Yes
		<input type="radio"/>	No second provider



57. Do you have any reason to believe that a current or former provider has come to work under the influence of drugs or alcohol.

Provider #1		Provider #2	
<input type="radio"/>	No → Question 58	<input type="radio"/>	No → Question 59
<input type="radio"/>	Yes(specify)_____	<input type="radio"/>	Yes(specify)_____
<hr/>		<hr/>	
<input type="radio"/>	And → Questions 57a., 57b.,57 c. Don't know	<input type="radio"/>	And → Questions 57a., 57b.,57 c. Don't know

57a. How often has this happened?

Provider #1		Provider #2	
<input type="radio"/>	Once	<input type="radio"/>	Once
<input type="radio"/>	Twice	<input type="radio"/>	Twice
<input type="radio"/>	Three times	<input type="radio"/>	Three times
<input type="radio"/>	Over three times	<input type="radio"/>	Over three times
<input type="radio"/>		<input type="radio"/>	No second provider

57b. What did you do about it?

Provider #1		Provider #2	
<input type="radio"/>	I didn't do anything	<input type="radio"/>	I didn't do anything
<input type="radio"/>	Confronted the provider	<input type="radio"/>	Confronted the provider
<input type="radio"/>	Told the social worker	<input type="radio"/>	Told the social worker
<input type="radio"/>	Told the contractor	<input type="radio"/>	Told the contractor
<input type="radio"/>	Other (specify)_____	<input type="radio"/>	No second provider_____
	<hr/>	<input type="radio"/>	Other (specify)

57c. Were you satisfied with the outcome?

Provider #1		Provider #2	
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Yes	<input type="radio"/>	Yes
		<input type="radio"/>	No second provider

We want you to keep in mind that we are mandated reporters when we ask the next question.

58. Do you feel you've been abused in any way by anyone?

Provider #1		Provider #2	
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Yes(specify)_____	<input type="radio"/>	Yes(specify)_____
	<hr/>	<input type="radio"/>	No second provider

**59. Who fills in the time worked on the provider's time sheet; is the time filled in before or after the work is done?**

- Recipient unable to respond
- Recipient doesn't know
- Recipient fills in the time after the work is done
- Recipient fills in the time before the work is done
- Provider fills in the time after the work is done
- Provider fills in the time before the work is done
- Recipient signs a blank time sheet
- Other (specify)\_\_\_\_\_

**61. Who signs for the recipient on the provider's time sheet?**

- Recipient
- Relative
- Friend
- Provider (relative)
- Provider (friend)
- County worker
- Guardian/Conservator
- Other (specify)\_\_\_\_\_

**62. Have you ever had any disagreements with your provider over time entered on the timesheet?**

- No
- Yes

**That was the last question that we have for you today. We would like to thank you for agreeing to let us visit you and ask these questions. Before we go, do you have any questions you would like to ask us or is there anything you would like to add to what you've already told us.**

**63. If In-Home Supportive Services were not available to this recipient, and family or friends were not available for the recipient to live with, what level of care would the recipient need?**

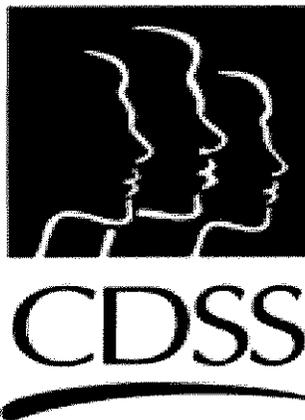
- The recipient would make do on his/her own and not be at risk in his/her own home
- The recipient would make do on his/her own and be at risk in his/her own home
- The recipient would need care and supervision in a residential care facility (board and care)
- The recipient would need care in a nursing facility





# **California Department of Social Services**

## **In-Home Supportive Services Quality Assurance Procedures Manual**



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# A BRIEF BACKGROUND ON QUALITY ASSURANCE

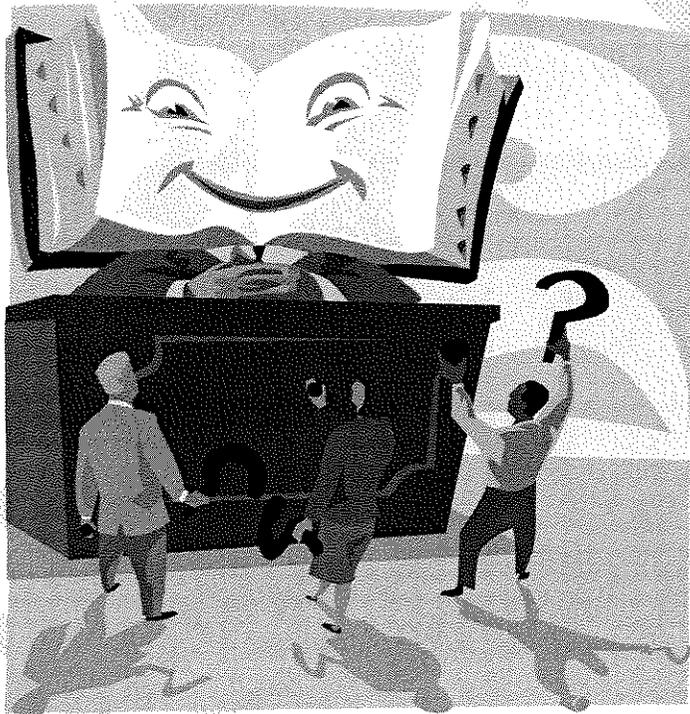


**I. BACKGROUND**

As part of the Governor's 2004/2005 State Budget, the California Department of Social Services (CDSS) proposed Senate Bill (SB) 1104, the In-Home Supportive Services (IHSS), Quality Assurance (QA) Initiative. The purpose of the QA Initiative is to improve the quality of IHSS service need assessments, enhance program integrity, and detect and prevent program fraud and abuse. The initiative was adopted by the Administration and funding for new State and county QA staff, the IHSS Social Worker Training Academy, and systems changes was included in the FY 2004/2005 Budget Act.

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# PURPOSE OF MANUAL



## II. PURPOSE OF MANUAL

The purpose of this Manual is to provide general direction to counties in the implementation of the activities mandated by the Quality Assurance/Quality Improvement QA/QI activities mandated by legislation enacted in July 2004 (SB 1104, Chapter 229, Statutes of 2004, § 46). In developing this Manual, it is the goal of CDSS to allow counties flexibility in meeting the SB 1104 mandates.

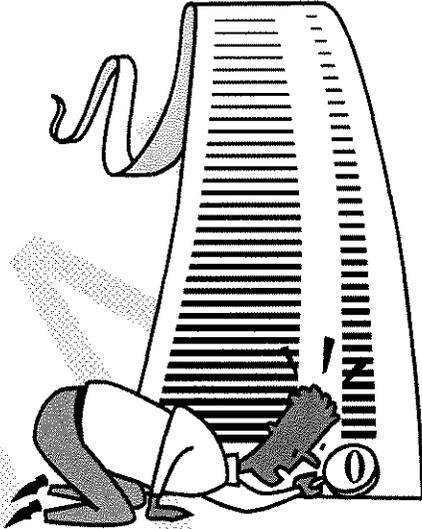
CDSS recognizes that there are significant differences between counties in caseload size and in the resources that are available to implement QA/QI activities. At the time this Manual is being written counties are at various stages in the implementation of QA/QI activities. The information in this Manual is intended to be a guide for counties in their implementation activities. The information reflects minimum requirements for counties in order to meet the SB 1104 mandates. It is not intended to limit counties to the activities contained in this Manual.

Throughout this Manual CDSS refers to social workers as the key line level staff who are responsible for the assessment of the consumers' needs for IHSS. However, CDSS recognizes that the level of staff involved in the assessment process varies from county to county. For example, some counties have medical professionals such as nurses and other staff whose titles vary from county to county who are key to the quality of the assessment process. In addition, other county level staff who are involved in vital payrolling activities also play a key role in the overall quality of services that are received by consumers.

**ALL INFORMATION CONTAINED IN THIS PROCEDURE MANUAL APPLIES TO THE PERSONAL CARE SERVICES PROGRAM (PCSP) IHSS PLUS WAIVER (IPW) AND IHSS RESIDUAL (IHSS-R) PROGRAMS.**

Ideally, with adequate resources, State and county QA/QI activities should address all functions that are involved in the assessment process from the time that the initial contact is made with the county office. The primary focus of the QA/QI activities should be the quality of the assessment of the need for services to ensure that the consumers' needs are assessed at a level that allows them to remain safely at home and avoid institutionalization. In many counties, the main focus of QA/QI activities will be reading cases and conducting telephone verifications and home visits to validate the assessment of the need for services.

# MANDATED ACTIVITIES



### III. MANDATED ACTIVITIES

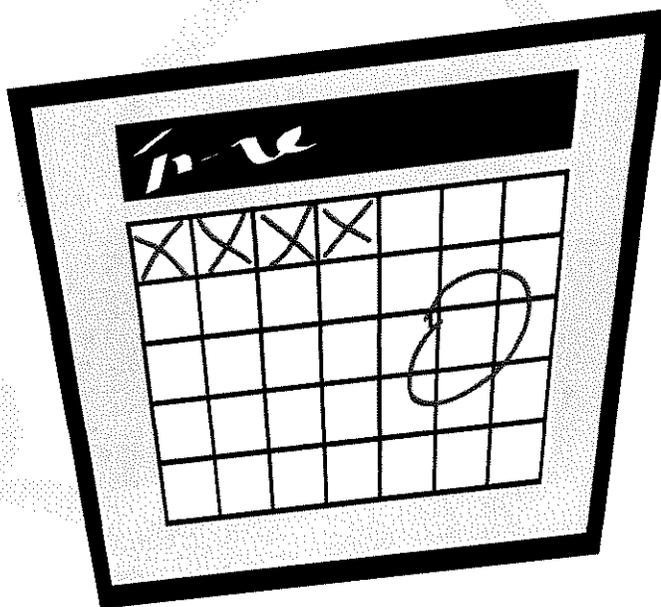
A summary of the QA Initiative mandates is as follows:

- (a) Requires CDSS to conduct an annual payment error rate study beginning in the 04/05 FY to provide baseline data for prioritizing and directing QA and program integrity efforts at the State and county levels.
- (b) Requires CDSS and the California Department of Health Services (DHS) to conduct automated data matches between IHSS paid hours data and Medi-Cal claims payment data to identify potential service overlap, duplication, and third-party liability and other data matches. Other areas for automated data matches may be identified through QA activities.
- (c) Requires CDSS to develop methods for verifying recipient receipt of services.
- (d) Requires CDSS to make available on its website specified information.
- (e) Requires CDSS to notify providers, consumers, and the general public of the toll-free Medi-Cal hotline and website for reporting suspected fraud and abuse.
- (f) Requires CDSS to work in consultation with counties to develop a statewide training program.
- (g) Requires CDSS to monitor county QA program, including on-site visits.
- (h) Requires CDSS to conduct a review of IHSS/PCSP regulations.
- (i) Requires counties to perform routine, scheduled, and targeted reviews of supportive services cases.
- (j) Requires counties to develop an annual plan for targeted case studies.
- (k) Requires CDSS and the counties to develop procedures under which the county QA functions will perform specified activities.
- (l) Requires CDSS to develop a provider enrollment form and requires Public Authority (PA) and Non Profit Consortium (NPC) to exclude providers from the registry in some cases.
- (m) Requires DHS to notify CDSS, the counties, the PA or NPC when DHS has reliable evidence that a provider has engaged in fraud in connection with IHSS/PCSP.

- (n) Requires CDSS, in consultation with the counties and stakeholders, to identify, define, and develop policies, procedures, and applicable due process requirements under which overpayments to supportive services providers will be identified and recovered.
- (o) Requires counties to recover an overpayment to an IHSS/PCSP provider by offsetting future provider payments, executing a repayment agreement with the provider or by court action.

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# ROUTINE SCHEDULED REVIEWS



#### IV. ROUTINE SCHEDULED REVIEWS OF SUPPORTIVE SERVICES

Welfare and Institutions Code (W&IC) Section 12305.71(b) requires that counties perform routine, scheduled reviews of supportive services cases to ensure that caseworkers appropriately apply the supportive services rules and policies for assessing consumers' need for services to the end that there are accurate assessments of needs and hours. This section further provides that counties may consult with State QA staff for technical assistance and shall cooperate with State monitoring of the county's QA activities and findings.

Each county should define routine, scheduled reviews of supportive services programs in their QA procedures. In completing routine reviews, the goal should be to have a standardized process, including standardized forms, for completing desk reviews of cases and conducting home visits. CDSS, in consultation with counties, will be developing minimum numbers of case reviews and home visits to be conducted by counties and transmitting this information to counties through an ACIN.

Each QA staff looking at cases should be looking at the same components and interpreting findings in the same way. Similarly, findings should be reported in a consistent manner and the staff performing assessments and their supervisors should have input and buy-in to the process and understand what their responsibilities are in responding to and correcting findings in order to ensure that staff responsible for correcting findings have made corrections.

For counties that have staff involved in the assessment process other than social workers (supervisors, nurses, field workers, etc.) the county process should ensure that their QA/QI procedures incorporate a review of all workers involved in the assessment process and that the feedback process reflects appropriate reporting responsibilities of these staff.

The purpose of routine, scheduled reviews is to detect trends in the application of policy and procedures, with the goal of ensuring accurate, uniform assessments of consumers' needs. Evaluating and utilizing the QA review results enables county administration and staff to gain program-wide uniformity, prevent recurring errors, improve the quality of the assessment process, and identify training needs.

Note: SB 1104 specifically delineates between "routine, scheduled reviews of supportive services cases" and "targeted QA studies." Please refer to the section on "Targeted Case Reviews" in this Manual for further information.

In establishing the number of cases QA staff are to review, the minimum requirements for county QA staff performing routine, scheduled reviews are to ensure that the case sampling methodologies include all district offices and all staff involved in the IHSS assessment process. The number of cases reviewed and home visits conducted will

vary depending on available resources and the necessity to allocate QA resources to other mandated activities. Counties should endeavor to review a sufficient number of cases from each social worker to identify any trends or inconsistencies in the assessment process. The CDSS believes that most counties will be able to define a methodology that encompasses each district office and all staff involved in the IHSS assessment process. However, if counties are unable to include cases from each staff involved in the IHSS assessment process in their sample, a written proposal should be submitted to CDSS' Quality Assurance Bureau (QAB) outlining the sampling methodology the county desires to use. Staff from QAB will review the proposal and work with the counties in defining the criteria to be used.

As SB 1104 indicates that the goals of routine scheduled reviews include ensuring that the needs and services of consumers are assessed accurately, counties should identify a sub-sample of cases for home visits. Please refer to the Procedures Section on "Home Visits" for further information. Although some program components can be validated by telephone, in order to determine if the needs were accurately assessed, it is important for QA staff to evaluate the consumer in his/her home environment.

Counties should define in their QA procedures an internal process for ensuring that all QA reviews are conducted in a uniform (routine) manner. The process may vary by county. For example, in some counties, the QA supervisor/manager may review all cases, whereas in other counties the QA supervisor/manager may review only a random sample of cases. The process utilized should ensure that desk reviews and validations by telephone and/or home visits are conducted in a uniform manner.

The county QA procedures should also identify a standardized process for communicating the results of routine, scheduled reviews to management and line staff and their immediate supervisors. The procedures should include a process for notifying staff and management of exemplary work and identifying best practices.

County procedures should specify a time frame for responses to QA findings and a process for following up if responses are not received within the timelines. Additionally, the process should identify how disagreements between line staff, district staff, and QA staff are resolved.

### **Assigning Cases to QA Staff**

After county staff has developed the methodology for determining the number of cases to be included in the routine, scheduled reviews, workload standards should be established for the staff. It is recommended that each QA staff will have a predetermined number of desk/phone/target folders for review per month or quarter.

### **Desk Review Procedures**

The CDSS expects that there will be core components of a desk review which will be required in all counties. The core components that State monitoring staff will be reviewing for include the following:

- Verification that all required forms are present, contain appropriate signatures and are signed. The State Monitoring staff will be reviewing for the following forms:
  - SOC 293—Verification that the latest version of this document is accurate and consistent with the other information in the case record.
  - SOC 293A IHSS Needs Assessment Face Sheet—Verification that a form was completed at the initial assessment and updated (or a new form completed) at each reassessment which reflects the most recent information.
  - SOC 321 Paramedical Services—If Paramedical services are authorized, was a form received from the physician prior to the authorization of services? Are the services identified on the form Paramedical in nature? Has the authorization period expired? Did the county staff initiate contact with the physician when questions were identified?
  - SOC 426 Provider Enrollment Form—Is there a signed and dated form for each PCSP provider who is currently providing services.
  - SOC 450 Voluntary Services Form—If the SOC 293 and/or documentation in the case file indicates that there are services being provided voluntarily by an individual(s) who could be paid by IHSS to provide these services, is there a signed and dated SOC 450 on file?
  - Notice of Action (NOA)—Is there a dated NOA in the case for the current assessment period?

In addition to the above-identified forms, County QA staff may wish to incorporate other county specific forms and/or policies into the desk review process, keeping in mind the purpose of the desk review as identified in WIC Section 12305.71(b) which is to ensure that caseworkers appropriately apply the supportive service rules and policies for assessing consumers' need for services to the end that there are accurate assessments of needs and hours.

- For services that contain regulatory guidelines (Domestic, Laundry, Food Shopping and Other Shopping/Errands), does the case file contain appropriate documentation when the need exceeds the regulatory guidelines? If fewer hours than the guidelines are assessed, are the hours identified as "Total Need" consistent with the Functional Index ranking?

- In all Protective Supervision cases, does the file contain appropriate documentation regarding the need for Protective Supervision? Is the calculation of protective supervision calculations on the SOC 293 correct? On reassessments, has the continued need for protective supervision been addressed?
- In shared living situations, have the proration requirements contained in MPP 30-763.3 been met?
- For all cases, do the case files contain documentation showing how the need for services and hours authorized for purchase were determined? This information may be contained in the narrative notes or in forms designed by the county for this process.<sup>1</sup>
- Was the assessment or reassessment was conducted in the time period specified in the regulations? If the county policy is to allow reassessments at 18 month intervals for non-IPW cases, verify that the criteria established in SB 1104 has been met.

County QA staff should also incorporate county-specific requirements into the review process. For example, some counties require that IHSS nurses be involved in specific types of cases. Example: If the county requirement is that nurses review all cases with paramedical services requested or authorized, county QA staff should review these requirements.

Following the desk review, QA staff should validate the information in the case file for a sub sample of cases. Some case information may be validated by telephone, but to ensure that an accurate assessment of the consumer's needs has been done, it will be necessary to conduct home visits with some consumers.

All QA staff should be trained on the Uniformity System and should attend the IHSS Training Academy which will be operational beginning September 2005. QA staff conducting home visits should also be trained on factors to be taken into consideration when assessing the need for services

IHSS staff and QA staff may initiate discussions about cases being reviewed during the QA process; however, when possible, a normal chain of command should be followed. County procedures should specify how this interaction should occur.

### **Desk Review Followed By Phone Review**

Some counties may wish to utilize a phone validation process in addition to the desk review. The phone review is conducted with the client, or if the client is non-self-directing, unable to speak on the phone or is a child, QA staff will speak to a responsible family or household member. This may be the IHSS provider. The purpose of the telephone validation is to confirm information obtained by the staff performing

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<sup>1</sup> A copy of a form developed by one of the counties to record this information is included for information in the Forms Section of this Manual. An electronic version of this form may be obtained from CDSS' QAB.

assessments and information which has been entered into the CMIPS. If QA staff does not speak directly to the consumer, it will be documented in the summary of the review along with the name of the person the QA staff spoke to. The review does not require a home visit; however, based on the information provided, the QA staff may choose to take additional actions such as a home visit, further investigatory actions, or referrals. A sample format for conducting home visits is included in the Forms Section of this Manual.

### **Immediate Actions Identified During QA Process**

Occasionally, QA staff will identify a critical incident, IHSS ineligibility, or possible fraud during the course of a case review/phone validation or home visit. A critical incident is when a consumer's health and/or safety are at risk. Program ineligibility exists when a basis for eligibility does not appear to be present. Possible fraud is when the QA staff has discovered, or has been given, evidence of possible fraudulent activity. County procedures should address protocols to be used when a need for immediate action is identified.

### **Inability to Complete QA Process**

At times QA staff will not be able to complete the QA process for one of the following reasons:

- The consumer moved out of the county or State.
- The consumer is unwilling to give information/complete a home call.
- QA staff is unable to locate the consumer/whereabouts unknown.
- The consumer is temporarily not in the home. A home call cannot be performed.

When QA staff is prevented from completing a review on a specific case, the information should be conveyed to appropriate staff and an alternate case selected using county criteria.

### **Home Visits**

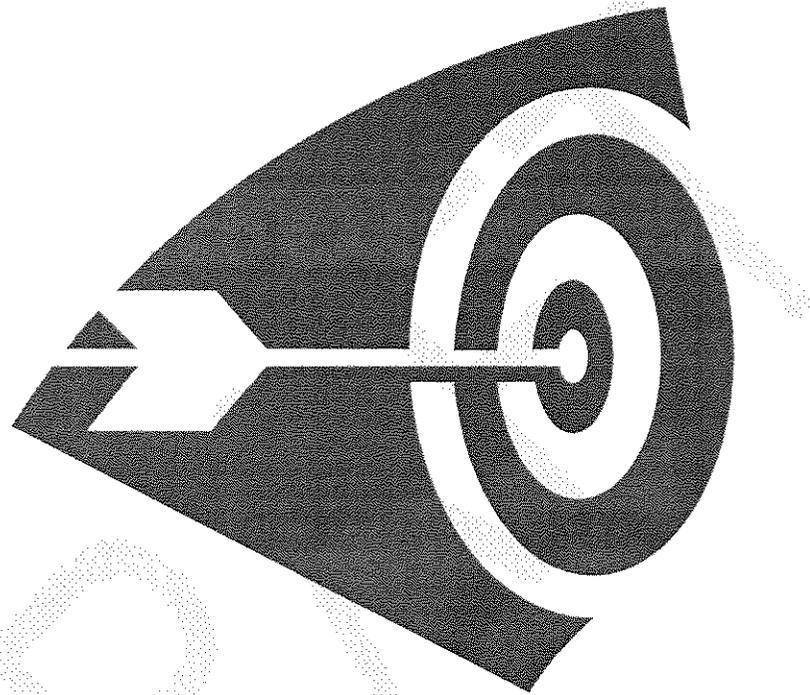
The purpose of the home visit by QA staff is to validate the information in the case file and to ensure that the services authorized are consistent with the consumers' needs at a level which allows them to remain safely in their homes. All of the following should be addressed during the home visit:

1. Identification of consumer.
2. Verification of all data on the G-Line of the SOC 293, which includes specific information which may impact the assessment of need.
3. Discussion regarding health issues and physical limitations—questions should be designed to assist in identifying functional limitations (Functional Index ranking). Questions should assess the functional ability on a good day versus a bad day.

4. Discussion regarding any changes in condition or functional abilities since last assessed by social worker.
5. Discussion regarding quality of services provided by county—awareness of name and phone number of social worker, ease of ability to contact social worker, ability to communicate (language difficulty or other communication issues).
6. Understanding of services and hours authorized.
7. Understanding of the ability to request a fair hearing.
8. Discussion regarding IHSS tasks and what tasks consumer needs help with versus tasks where consumer requires assistance from another person. (Should address all IHSS services and not just those authorized). Need to ask specific questions about tasks within service categories, number of times per day service required and amount of time assistance is needed.
9. Discussion regarding need for additional services and why additional services needed and whether the need has been communicated to the social worker.
10. Discussion regarding available alternative resources.
11. Discussion regarding medical appointments, i.e. number of times per month; number of doctors; and distance (time to get to and from doctor).
12. The following are questions regarding quality of care provided:
  - Number of providers does the consumer have;
  - Type of relationship does the consumer have with the provider;
  - How do you communicate, are there communication issues;
  - Does the consumer need assistance in finding a provider;
  - How often does the provider come to perform services (if provider does not reside in household);
  - Number of hours provider spends providing services each time;
  - Does the provider work all of the hours authorized and frequency;
  - Why provider does not work all hours authorized; can provider complete the authorized services within the authorized time---if not, why not;
  - How does the provider know what to do, who helps supervise the provider (if needed), does the provider work at times that are convenient for you—if not, why not;
  - How is the reliability of the provider, does someone else show up if the provider cannot work, does your provider do more or stay longer than they're paid for by IHSS;
  - Does anyone pay your provider extra, are you usually satisfied with the services; and
  - How does your provider treat you, does your provider bring other people and if so, how do you feel about this?
13. Questions relating to potential Adult Protective Services (APS) issues.
14. Questions regarding who fills out the time sheet and who signs the time sheet.

**Note: A sample questionnaire that was used by CDSS to conduct home visits in conjunction with county monitoring activities prior to SB 1104 is included in the Forms Section of this Manual.**

# TARGETED CASE REVIEWS



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## V. TARGETED CASE REVIEWS

Targeted case reviews differ from routine, scheduled reviews in that rather than a focus on the consumer receiving the correct services at a level which allows him/her to remain safely in his/her home, the focus is limited to a single issue. Targeted case reviews provide opportunities to look at key populations, problematic program issues, or other specific program elements.

Targeted case reviews can address any aspect of the IHSS process and any areas that are identified through QA activities, program staff, county management, State monitoring staff, PA(s), or advocacy groups. Targeted case reviews can address any area which the county determines may lead to overall improvement of the quality of the IHSS program. Activities do not have to be limited to actions performed by social workers, but should address activities performed for all levels of staff involved in the IHSS program at the county level.

The areas to be addressed through targeted case review can be identified in several ways which include, but is not limited to, the following:

- Data developed from QA case review findings and home visits.
- Data derived from use of the CMIPS ad hoc tool.
- Data derived from CMIPS Management Report.
- Input from line staff.
- Input from PA(s) and other consumer groups.

Targeted case reviews can address specific service categories. The following are examples of some of the types of data that may indicate a valid subject for a targeted case review:

- When reviewing the management statistics, QA staff note that in their county 20% of the consumers receive a particular service; whereas on a statewide basis only 2% of the consumers receive this service. The targeted case review would include reviewing all cases with this particular service authorized.
- Another criterion that may be used is looking at average hours authorized for a particular service and then targeting for review all cases that exceed the average hours.
- Counties may also wish to compare data from different district offices and/or units to develop areas for targeted case review.

Depending on the magnitude of the issue to be targeted, counties may wish to identify areas for targeted review each quarter. In medium to larger counties, targeted case reviews may be conducted on a semi-annual basis.

Counties will be expected to identify Targeted Review activities on the quarterly report which will be required to be submitted to the QAB. Counties will be expected to report new projects, progress on ongoing projects, and results of completed projects. The CDSS recognizes that not all counties will have information to report in each quarter. A copy of the Quarterly Report form is included in the Forms Section of this Manual.

## DATA MATCHES



## VI. DATA MATCHES

W&IC Section 12305.71 (c)(1) requires that County QA staff shall receive, resolve, and respond appropriately to claims data match discrepancies or to other State Level QA and program integrity information indicating potential overpayments and/or underpayments for supportive services.

The goal of the IHSS data matches is to ensure that duplicate payments are not issued for identical services or for services that supplant the services provided by IHSS.

A data match consists of matching data elements maintained in separate locations. The separate locations may be separate files within one organization or entity, or located in separate organizations or entities.

An example of a data match is the Death Match reports that are generated by the State Controller's Office (SCO). A description of the Death Match report, procedures currently used, and State and county roles follows.

### **Death Match Report**

On a quarterly basis, SCO sends CDSS, Adult Programs Branch (APB) a listing of consumers and providers for whom IHSS payments were made subsequent to consumers/providers reported date of death. The SCO derives this information by matching IHSS payroll records with DHS' Vital Statistics Death file and the Social Security Administration's (SSA) National Death File. The match is based on the consumers/providers Social Security Number and includes the number of payments and amounts paid made after the reported date of death.

### **CDSS Role**

The APB QAB staff review the Death Match report and transmit the information to the counties with a cover letter attached. Forms are provided for the county to report the results of their investigation. (Sample letter and form is attached.) After receiving the results of the counties' investigation of the Death Match reports, QAB staff review the county responses to ensure that the responses indicate that appropriate actions were taken at the county level. If QAB staff has questions, a telephone call is placed to the county staff person who completed the form. Beginning in July 2005, QAB staff is tracking results of the statewide data match.

The QAB reports the results of the counties' investigations to SCO in a spreadsheet format which includes the following elements:

1. County Name;
2. Total cases of Consumers/Providers;
3. Overpayments;

4. Amounts Recouped; and
5. For Further Review.

### County Role

The worksheet sent to the county with the death match report has the following fields:

1. Time Period;
2. County Name;
3. District No.;
4. Consumer/Provider Name and Social Security No. (Ensure a separate worksheet for each is used);
5. Dates payment covered (list the "PAID FROM/TO" dates, which are on the match listing);
6. Dollar amount paid;
7. Legitimate Payment (YES/NO);
8. Overpayment dollar amount (if not legitimate payment enter the overpayment amount);
9. Total overpayment dollar amount recouped to date (this includes checks that were returned, cancelled, void and instances where an individual is making restitution payments);
10. Dollar amount referred to County Special Investigations or District Attorney's office;
11. Dollar amount requires further review (Use this category when a match requires further review or when the investigation is incomplete. If a case requires further review, be advised that the State will require you to report your investigations findings when the investigation is complete; and
12. Remarks (enter a brief description of the county investigation results).

### Other Types of Data Matches

Additional data matches will be generated in the future and will match specified Medi-Cal provider payment records against IHSS provider records.

**Note: Many of the services routinely billed to Medi-Cal (such as physician visits, emergency room visits, laboratory work, prescription drugs) are services that will not result in potential over payments. Therefore, the types of CDSS/DHS data matches performed will initially be limited to those Medi-Cal services that result in duplicate payments such as matches to identify IHSS payments made to providers while consumers are in skilled nursing facilities or acute hospitals.**

### CDSS Role

The CDSS will identify the parameters for the data match and request through the APB's Systems Unit that the CMIPS contractor prepare a file which will be returned to CDSS and sent to DHS with a request that Medi-Cal payment records be matched.

Upon receipt of the data match results, QAB staff will review the file to ensure that appropriate data has been captured. If the results do not provide sufficient data or it is determined that a different match criteria is necessary, QAB staff will communicate this through the Systems Unit to the CMIPS contractor and/or DHS.

As part of the initial analysis of data, QAB staff will determine if the results include any data that should not be included in the county's investigation of the data match results. For example, in a preliminary data match some outpatient rehabilitation treatments were included in the results. The QAB staff will define any items that should not be part of the county's investigation and communicate this to the county when the data is transmitted. (When possible, CDSS will electronically delete the hits that should be reviewed by county staff prior to transmitting the results to the counties.)

The CDSS will transmit the data to the counties with a cover letter indicating actions that need to be taken to review the data and identifying any elements that do not need to be reviewed by county staff. The CDSS staff will be responsible for providing technical assistance to counties in resolving data matches. The CDSS staff may also be available to assist in evaluating data when the match results contain large numbers of records. The QAB staff will be responsible for monitoring the results of the counties' investigation of the data matches and following up with county staff when there are questions or when it appears that additional actions are required by county staff. The QAB staff will also track overpayments received as a result of the data matches and assist in the analysis of the cost effectiveness of the data match activities.

# THIRD-PARTY LIABILITY



## VII. IDENTIFY POTENTIAL SOURCES OF THIRD-PARTY LIABILITY

W&IC Section 12305.71(c)(2) requires that counties implement procedures to identify potential sources of third-party liability for supportive services.

The following are examples of third-party liability that may be identified:

- Long-Term Care insurance
- Worker's Compensation insurance
- Civil judgments/pending litigations
- Victim Compensation Program payments

As part of the Medi-Cal application process, questions are asked regarding the availability of other insurance coverage. Information about the existence of the above sources of third-party liability may become available after the application process is complete for various reasons. For example, the applicant may not understand the requirements to report the existence of third-party liability information or may become eligible for or initiate a claim for these benefits after the Medi-Cal application process is completed. As part of the assessment process, or as part of the QA validation efforts, county or State staff may become aware of the existence of one of the above sources of third-party liability. They may become aware of such information because it is voluntarily verbally provided during the assessment or QA process. In some cases, the existence of such resources may have been disclosed as part of the application process and may have already been reported to appropriate agencies or individuals. The QA staff should, however, not assume that the information has been reported.

The existence of any of the above sources may indicate one of the following: There are other funds available to cover the costs of services; lump sum payments may have been made or will be made in the future that may result in ineligibility for Medi-Cal due to excess resources; or resources may be available which would be counted as income which may result in a share of cost for consumers who do not currently have a share of cost or an increased share of cost for other consumers. Victim/Witness payments may be an alternative resource to IHSS.

As procedures for reporting the existence of third-party liability may vary in counties, it is recommended that each county include a process for reporting the existence of such coverage in their QA procedures. At a minimum, the existence of third-party liability sources should be referred to the staff responsible for determining eligibility or the social work staff. Staff who have questions about reporting third-party liability may also contact DHS Third-Party Liability Unit at (916) 323-4836 or visit their website at [www.dhs.ca.gov/mcs/psd/TPL/RecoverySec.htm](http://www.dhs.ca.gov/mcs/psd/TPL/RecoverySec.htm).

# FRAUD DETECTION/PREVENTION



## VIII. FRAUD DETECTION AND PREVENTION

### VERIFY RECIPIENT RECEIPT OF SERVICES

W&IC Section 12305.7(2)(c) requires the Department to develop methods for verifying the receipt of supportive services by program consumers. The Department shall, in consultation with the county welfare departments, also determine, define, and issue instructions describing the roles and responsibilities of the Department and the county welfare departments for evaluating and responding to identified problems and discrepancies.

**Note:** The main focus of the verification of receipt of services should be the quality of the care and to ensure that the consumer is receiving services at a level which allows him/her to remain safely at home and avoid institutionalization. If the assessed hours are correct and the consumer is not receiving needed services, the consumer may be at risk and this should be reported to appropriate county staff.

One of the existing methodologies which should be used by county QA staff and State monitoring staff to verify the receipt of services is through home visits and telephone validations performed as a routine part of the QA function.

It is recommended that prior to conducting home visits, county QA staff and State monitoring staff access CMIPS to verify the number of hours claimed on the timesheet during the prior three-month period. During the home visits or telephone validations, routine questions should be asked about the number of times per week the provider comes to provide services to the consumer. The consumer should also be asked about how many hours per day the provider spends providing services. If the consumer tracks the days the provider works on the calendar or through some other method, QA staff should go over the tracking document with the consumer. If the consumer has multiple providers, these questions should be asked about each provider.

**Note:** These types of questions would be appropriate when the consumer does not reside in the same household as the provider. The QA staff should also take into consideration the client's cognitive functioning by reviewing the Functional Index rankings for Memory, Orientation, and Judgment and narrative notes which may indicate that the consumer would not be able to respond appropriately to these questions.

If the consumer indicates that the provider is currently working significantly fewer hours than indicated on the time sheet, further investigation is required. Discrepancies between the hours the consumer reports as worked and hours claimed on the time sheet do not always indicate fraud. The QA staff should first discuss with the consumer the discrepancy between the hours on the timesheet and the hours the consumer reports verbally as worked. The consumer should be reminded of his/her responsibility as an employer to sign timesheets that accurately reflect the hours worked.

One possibility for such a discrepancy may be that the consumer has alternative resources available that are not identified in the case file or on the SOC 293, although this may explain the discrepancy, it would also indicate an overpayment. Another reason for such a discrepancy may be that the consumer's condition has changed since the last assessment and now requires fewer services. If either of these scenarios applies, the QA staff should report this as a case finding which should be followed up with by appropriate staff at the county level. Other types of further investigation may include telephone follow up with the provider or others who may be familiar with the consumer.

**Note: If the consumer indicates that the provider is working more hours than currently authorized, this should also be reviewed as part of the overall validation of the quality of care. This may indicate that the consumer's needs have changed and are not currently being met with the authorized hours. This could also indicate that the consumer has requested that the provider perform services that are not authorized or included in the covered services. If the consumer reports that the provider works more hours than authorized, the QA staff should identify the services and hours as part of their routine validation efforts and report this as part of their findings. If the consumer is requesting that the provider perform unauthorized services or services not covered by IHSS, the QA staff should go over the authorized/covered services with the consumer.**

**Note: In some cases the consumer or their representative may make arrangements to have someone voluntarily provide some services that are desired but for which the need was not assessed by IHSS. In these cases, the additional hours worked would not be considered an underpayment.**

If after appropriate investigation, county or State QA staff believes that an underpayment has occurred, current underpayment procedures should be followed.

## MONITOR THE DELIVERY OF SUPPORTIVE SERVICES TO DETECT AND PREVENT POTENTIAL FRAUD

W&IC Section 12305.71(c)(3) requires that counties monitor the delivery of supportive services in the county to detect and prevent potential fraud by providers, consumers, and others, and to maximize the recovery of overpayments and remedy underpayments.

County QA staff should consult with county administration and staff responsible for performing assessments to develop indicators of potential fraud. Staff performing assessments and their immediate supervisors are an important component in the detection, prevention, and reporting of fraud. Many counties have established fraud detection and investigative functions/units and it will be necessary that county staff work closely with these units in defining the role of QA staff in detecting and preventing fraud.

Fraud indicators may vary from county to county. For example, indicators may vary between a county with only one social worker with a small number of cases who is in frequent and close contact with consumers and providers and a county with multiple district offices, high case loads who has limited contact with consumers and providers. Each county should address these indicators as part of their written QA procedures.

County procedures should include control measures to address potential internal fraud. Again, methodologies for addressing potential internal fraud may vary from county to county and, because of the sensitive nature of internal fraud, counties may wish to separate internal fraud from normal QA activities. County management should issue directives to their staff regarding the protocols for investigating internal fraud. In some cases internal fraud can be identified through such avenues as routine supervisory review and validation of cases. If internal fraud is suspected as a result of QA activities, clear guidelines should be in place in county QA procedures based on county management directives.

Some of the existing measures for preventing and detecting fraud include the following:

- Routine review of the Over 300 Hour report provided through CMIPS.
- In large counties, internal fraud may be prevented by separating the intake and carrying functions at both the worker and the CRT activities. Other potentially effective measures for large counties include clear policies that staff not take any action on a case when they know an applicant, consumer or provider. A preventative measure in counties of all sizes is requiring that all consumers be referred to the Public Authority to locate a new provider and preventing staff from recommending providers to consumers.

**Note: There is no regulation which prevents a provider from working over 300 hours per month. Although there may be fraud potential in some cases, the main focus of the review and investigative efforts based on the over 300 hours**

**report should be the quality of services provided to the consumer and safety of the consumer. A provider working 300 hours is working approximately 12.5 hours per day. If a provider works over 300 hours and provides services to multiple consumers, there is a possibility that some of the consumer's needs may not be met. There is also a possibility that the provider is claiming the same hour(s) worked for more than one consumer. County QA procedures should address how the investigation of the 300 hour reports should be conducted. If it is determined after investigation that the provider is not working all of the hours claimed on the timesheets, procedures should be initiated to collect overpayments or make necessary fraud referrals.**

- Use the Ad Hoc tool developed by Electronic Data Systems (EDS), to develop other criteria to identify potential fraud.
- Use the online CMIPS management reports to identify areas which may be fraud indicators. An example of a query which could be developed using the download is to identify cases where the consumer and provider have identical Social Security numbers. This would indicate individuals who were both consumers and providers and indicate a need for further investigation.

# JOINT CASE REVIEWS



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## **IX. JOINT CASE REVIEW ACTIVITIES**

### **CONDUCT JOINT CASE REVIEW ACTIVITIES WITH STATE QA STAFF**

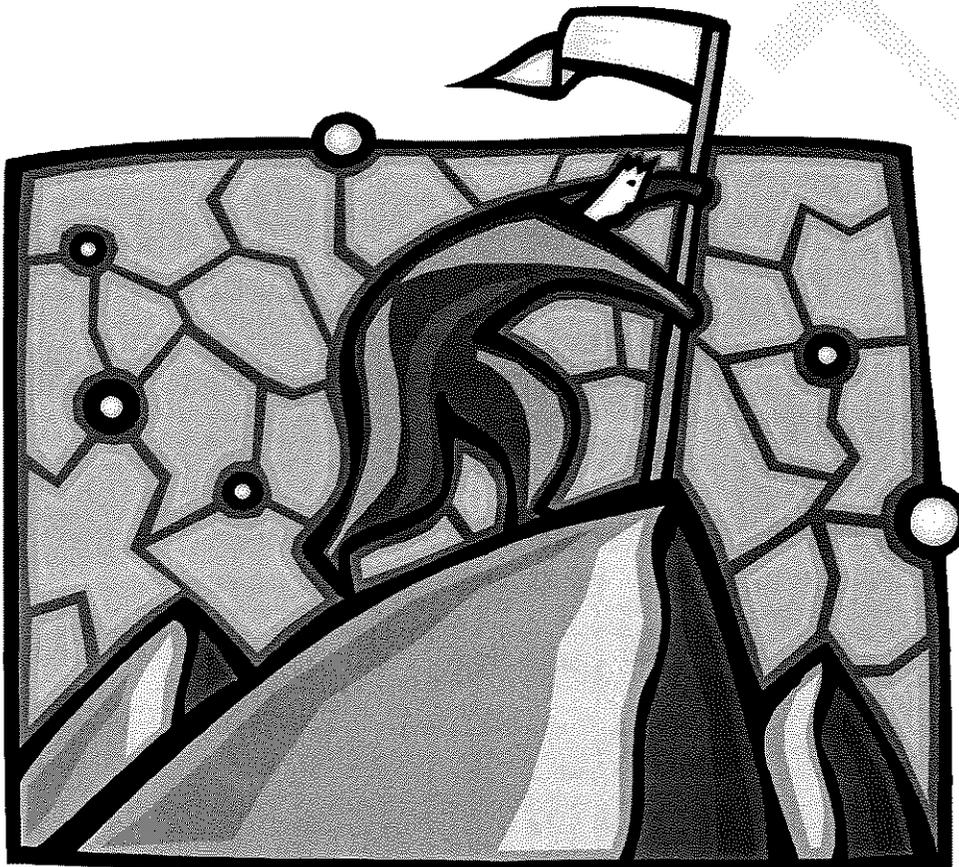
W&IC Section 12305.71(e) requires that in accordance with protocols developed by CDSS and county welfare departments, county QA staff will conduct joint case review activities with State QA staff to identify, refer to, and work with appropriate agencies in investigation, administrative action, or prosecution of instances of fraud in the provision of supportive services. This Section additionally requires that county staff conduct random post-payment paid claims reviews to ensure that payments to providers were valid and were associated with existing program consumers. The protocol should take into account the relative priority of the activities required of county IHSS/PCSP QA functions and available resources.

To the extent that resources are available, staff from CDSS' QAB is available to assist counties in conducting targeted case reviews related to fraud. An example of when the State and county staff may conduct joint case review activities is the investigation and resolution of results of data matches. In the larger counties, the number of hits on data matches may be significant and the counties may not have sufficient QA staff or other resources to review all of the hits.

County staff may identify other areas where they wish to work with the State in performing joint targeted reviews. Requests for QAB assistance should be made to the QA Bureau Chief.

At the time the State and the county makes a decision to perform a targeted case review, a meeting will be scheduled during which the review parameters and the roles and responsibilities of State and County staff will be defined.

# QUALITY IMPROVEMENT



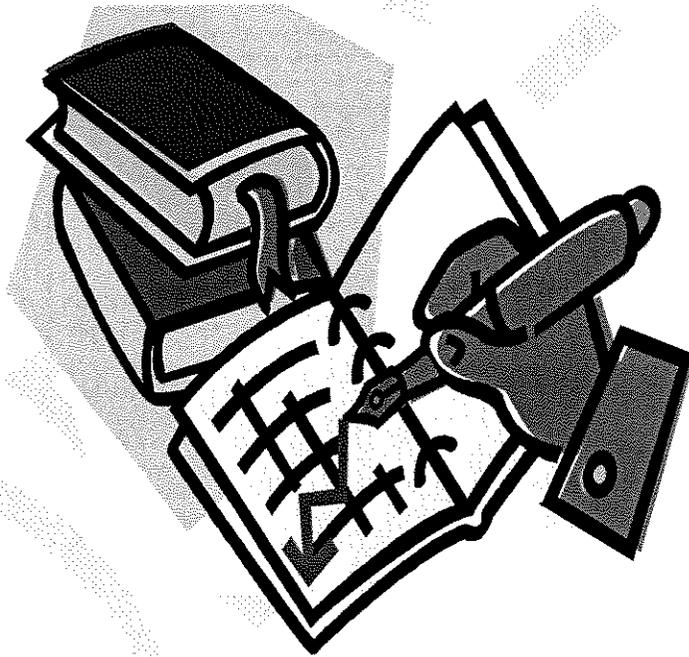
## **X. QUALITY IMPROVEMENT**

Quality Improvement (QI) is a necessary component and logical conclusion to Quality Assurance activities. QI efforts designed by the county with input from appropriate organizations and individuals and monitored by county and State QA staff should address all IHSS programs—PCSP, IPW and IHSS-R.

In approving the IPW and other Home and Community Based Waivers, the Centers for Medicare and Medicaid (CMS) have emphasized the need for overall QI efforts on the part of States, and have identified the process of discovery, remediation, and improvement as key to successful QI efforts. The process of discovery, remediation, and improvement should be applied to all IHSS programs.

To meet the conditions specified by CMS in the IPW Special Terms and Conditions, and to ensure that all counties are utilizing data discovered through QA and other activities to identify areas for program improvement for all IHSS programs, counties are required on an annual basis, beginning July 1, 2005 to provide CDSS with a QA/QI plan. Specific information regarding the requirement for the QA/QI plan and content of the plan are contained in an ACIN. A copy of the ACIN notifying counties of the requirements to submit an annual QA/QI plan is included in the Appendices to this Manual. CDSS staff is available to provide technical assistance to counties in developing their QI plans and will monitor the QI plans as part of their monitoring activities.

# REPORTS



## **XI. REPORTS**

Beginning October 1, 2005, each county shall submit a quarterly report to CDSS summarizing the QA/QI activities conducted during the quarter. The quarterly report shall address the following areas:

- Routine scheduled Review of Supportive Service Cases
- Targeted Case Reviews
- Fraud Prevention and Detection
- Quality Improvement Efforts

A sample quarterly reporting format is contained in the Forms Section of this Manual.

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# FORMS

The diagram shows a rectangular form with a thick border. On the left side, there is a vertical column of ten square checkboxes, each containing a checkmark. At the bottom right corner of the form, there are two small, empty rectangular boxes. The bottom-left corner of the form is folded over, and a large, faint checkmark is visible in the background behind the form.

**In Home Supportive Services  
 Quarterly Report on Quality Assurance/Quality Improvement  
 For Personal Care Services Program (PCSP), IHSS Plus Waiver (IPW)  
 And IHSS Residual (IHSS-R) programs**

County Name		Quarter Ending	
<b>Routine Scheduled Review of Supportive Services Cases</b>			
<b>Desk Reviews</b>	PCSP	IPW	IHSS-R
Number of Desk Reviews of Cases Completed			
Number of Desk Review Cases Correct			
Number of Desk Review Cases Requiring Additional Action			
<b>Totals</b>			
<b>Home Visits</b>			
	PCSP	IPW	IHSS-R
Number of Home Visits Conducted			
Number of Home Visits With No Further Action Required			
Number of Home Visits Requiring Additional Action			
<b>Totals</b>			
<b>Targeted Case Reviews</b>			
Describe any targeted case review activities that were initiated during the reporting period and estimate date when targeted studies will be complete.			
Activity	Estimated Completion Date		
Activity	Estimated Completion Date		
Please provide updated information on any targeted case review activities that were initiated during prior reporting period(s), but not completed and provide estimated completion date.			
Activity	Current Status		
Estimated Completion Date			

For the reporting period, describe any targeted case reviews that were completed and summarize findings and planned actions.

Activity

Results

Planned Actions

**Fraud Prevention and Detection Activities**

	PCSP	IPW	IHSS-R
Number of cases identified through QA activities requiring further county review			
Number of cases identified through QA activities that were referred to Department of Health Services (DHS) for investigation			
Number of underpayment actions initiated as a result of QA activities.			
Number of overpayment actions initiated as a result of QA activities.			

**Quality Improvement Efforts**

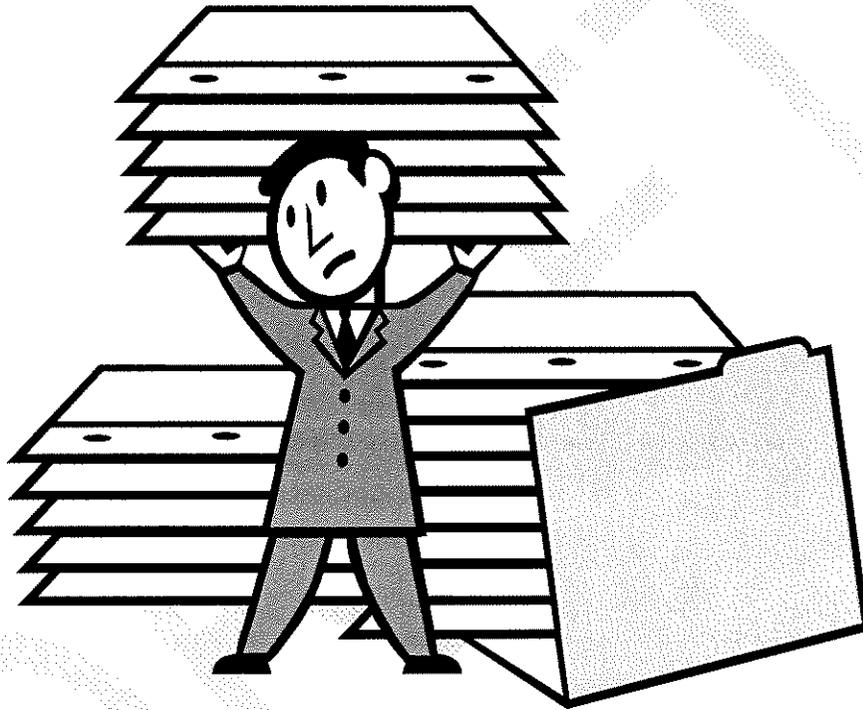
Please describe any QI efforts that were initiated during the reporting quarter.

Please provide an update regarding the status of any QI efforts that were initiated, but not completed, during the previous reporting period(s).

Please summarize results of QI activities that were completed during the quarter and indicate how the county plans to use the information collected.

Name of person completing survey  
 Phone number of person completing survey  
 Date survey completed

# APPENDICES



ALL-COUNTY INFORMATION NOTICE NO.

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

SUBJECT: ANNUAL QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN

This All-County Information Notice (ACIN) provides information regarding the requirement for submission of an annual Quality Assurance/Quality Improvement (QA/QI) Plan. The initial plan for the period July 1, 2005 through June 30, 2006 should be submitted to the California Department of Social Services (CDSS) by November 1, 2005. The QA/QI plans for subsequent years must be submitted no later than June 1<sup>st</sup> of each year.

The QA/QI Plan should address how the county plans to utilize information obtained through mandated QA activities to improve the quality of the In-Home Supportive Services (IHSS) program and enhance the IHSS assessment process. The following are basic components which should be included in the county's QA/QI Plan:

**Discovery Methodology**

The QA/QI plan should provide information regarding how the county will collect data in order to assess the ongoing operation of, and monitor the quality of, services provided to Personal Care Services Program (PCSP), IHSS Plus Waiver, and IHSS Residual (IHSS-R) consumers during the period the QA/QI plan is in effect.

Discovery methods may include, but are not limited to the following: supervisory review of cases, analysis of data resulting from county QA activities and feedback received from State monitoring; review of data derived from home visits with consumers including quality of care monitoring; review of statistical data such as CMIPS reports; including critical events; review of complaints/fair hearings; input from stakeholders including consumers, advocates, providers, Adult Protective Services staff, Public Authority and Advisory Committee staff; feedback from staff performing assessments, and feedback received through community meetings and/or consumer surveys.

**Remediation Process**

The QA/QI Plan should define how the county will use information received through the discovery process to correct problems that are identified. The Plan should address how problems that are identified on an individual basis are corrected as well as how

problems which are systemic in nature are corrected. Copies of county procedures which define the process that will be used to correct problems identified through the discovery process should be attached to your county's QA/QI Plan.

### **County Response to Critical Events**

The QA/QI Plan should provide a description of how the county responds and documents critical events that pose an immediate threat to the health and safety of PCSP, IHSS Plus Waiver and IHSS-R consumers and how the county defines, identifies, investigates, and resolves critical events to ensure that appropriate and timely action has been taken. Include information regarding resources available on a county-wide basis such as 24-hour referral service.

### **Person-Centered Planning**

The QA/QI plan should describe any current procedures that the county uses to address and document the following: consumer's rights and responsibilities to self-direct their services allowing them choice and control over those services and supports; how to report critical incidents; how to access an advocate or one of the advocacy systems; how to get in touch with their social worker; how to access alternative community resources and back-up options when their provider is not available and an immediate replacement is necessary to avoid institutionalization. If the current procedures do not address these issues, the QA/QI plan should discuss how these issues will be incorporated and addressed as part of the county's overall Quality Improvement measures to indicate consumers have the requisite information to participate in the development, implementation, and management of his/her services and supports.

### **Quality Improvement Measures**

The QA/QI plan should describe any specific Quality Improvement measures that are currently planned for the period July 1, 2005 through June 30, 2006. Include a description of how the measures were/will be developed and identify by title, the individuals and/or organizations that will be included in developing Quality Improvement measures. If the county plans to initiate a Quality Improvement Committee, please describe the makeup (titles of individuals and organizations) of the Committee and a schedule indicating how often the committee will meet.

If you have further questions regarding this ACIN, please contact the Adult Program Branch QA Bureau at (916) 229-3494 or by email at [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov).

Sincerely,

JOSEPH M. CARLIN  
Acting Deputy Director  
Disability and Adult Programs Division  
Attachment

c: CWDA