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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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ARNOLD SCHWARZENEGGER
GOVERNOR

March 27, 2010

ALL-COUNTY INFORMATION NOTICE NO.: I-10-10

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED SOC 824 QUARTERLY REPORT AND COMPLETION INSTRUCTIONS

REFERENCE: ALL COUNTY LETTER (ACL) 09-54

This All-County Information Notice (ACIN) provides instructions for completing the revised In-Home Supportive Services (IHSS) Quarterly Report on Quality Assurance/Quality Improvement (QA/QI) for Personal Care Services Program (PCSP), IHSS Plus Option (IPO) and IHSS Residual (IHSS-R) Programs, SOC 824. The SOC 824 is the mechanism for counties to report IHSS QA/QI activities to the California Department of Social Services (CDSS) on a quarterly basis.

Following is an explanation of recent changes to the form, and a clarification of the reporting process:

1. ABX4 19 mandated the provider orientation process; ACL 09-54 promulgated the requirement to document compliance. As a means for counties to track provider orientations completed, a line was added to the SOC 824; the line reads "How many providers completed the provider orientation requirements this quarter?" Due to recent decisions, this line has been removed. Tracking of provider orientations will take place solely in Case Management Information and Payrolling System (CMIPS).
2. Line 8L, Targeted Reviews, "Recipients Advised of Availability of Fingerprinting of Providers" will be valid to claim on the fourth quarter 2009 report (which was due January 15, 2010), but will be removed from future forms. Because all providers are now required to undergo fingerprinting as a part of the criminal background check, this activity can no longer be counted as a "Targeted Review."

REASON FOR THIS TRANSMITTAL

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

3. Quarterly, please complete the most current version of the form (available online at <http://www.cdss.ca.gov/agedblinddisabled/PG1292.htm>), save or print a copy for your records, and submit the form via email to IHSS-QA@dss.ca.gov. Please refrain from printing blank forms, completing them by hand, and mailing or faxing.

Any questions regarding this ACIN or the SOC 824 form should be directed to Ernie Ruoff, Manager, Quality Assurance Research and Program Integrity Unit, at (916) 229-3494.

Sincerely,

***Original Document Signed By
Eileen Carroll for:***

EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments