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May 29, 2015

REASON FOR THIS TRANSMITTAL

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

ALL-COUNTY INFORMATION NOTICE NO.: I-45-15

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: RELEASE OF THE STATEWIDE REPORT OF COUNTY QUALITY ASSURANCE/QUALITY IMPROVEMENT ACTIVITIES IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM FOR FISCAL YEAR 2013-14

This notice accompanies the release of the Statewide Report of County Quality Assurance/Quality Improvement (QA/QI) Activities in the In-Home Supportive Services (IHSS) Program for Fiscal Year (FY) 2013-14.

BACKGROUND

On August 16, 2004, The California Legislature enacted Senate Bill (SB) 1104, which required the California Department of Social Services (CDSS) and county welfare departments to establish a dedicated QA function to conduct various activities, including routine scheduled reviews of IHSS cases. The IHSS QA/QI Procedures Manual (Attachment C to ACL No. 06-35) established that counties must conduct desk reviews on at least 250 IHSS cases per allocated QA full-time equivalent (FTE), and home visits on a sub-sample of 50 of those cases per QA FTE.

This annual QA/QI Report is significant because it represents the first report based on the revised version of the County QA/QI quarterly reporting form (SOC 824). Many of the limitations discovered in the analysis of earlier versions of this reporting form contributed to the development of this revised SOC 824. The key findings of this report include:

- County QA staff reported completing 17,167 desk reviews, including 16,221 desk reviews of active cases, and 946 denied applications. Of the desk reviews, 3,082 resulted in home visits.

- County QA staff reported discovering 962 overpayments totaling $620,105 with 972 overpay recovery actions initiated, totaling $484,728.

- Thirty-eight counties reported conducting 63 targeted reviews on 22 topics.
- County QA staff reported implementing 29 quality improvement measures.

This report is available on the CDSS website at:

http://www.cdss.ca.gov/agedblinddisabled/PG1216.htm

If you have questions or comments regarding this report, please contact the Program Integrity Unit at (916) 651-3494 or via e-mail at ihss-pi@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment

c: CWDA

COUNTY QUALITY ASSURANCE/QUALITY IMPROVEMENT ACTIVITIES

Statewide Annual Report for Fiscal Year 2013-14

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

May 2015

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

Executive Summary

Background

The In-Home Supportive Services (IHSS) Program currently serves approximately 490,000 eligible aged, blind, and disabled recipients, allowing them to remain safely in their own homes. IHSS recipients are served by approximately 406,000 providers statewide. The projected total program cost for Fiscal Year (FY) 2014-15 is approximately $7.3 billion.

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

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

Findings

The following is a summary of QA/QI data reported by counties for the period of July 1, 2013, through June 30, 2014. Key findings include:

County Case Reviews Conducted

Counties reported 17,167 completed desk reviews, including reviews of 16,221 active cases and 946 denied applications. A total of 3,082 desk reviews led to home visits. Case reviews are the primary method for county QA to ensure uniform and appropriate treatment of IHSS recipients; they form the foundation of county QA.

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

Compliance with Minimum Case Review Requirements

Statewide, 12 counties met or exceeded the minimum case review requirements (both desk reviews and home visits) to which they committed; 11 counties met or exceeded one goal and missed the other.

- This low compliance level jeopardizes federal financial participation (FFP), which is predicated on compliance with minimum case review requirements.
- Beginning in FY 2014-15, CDSS has adopted a new, more logical methodology for establishing case review minimums. Because the new minimums represent fewer required case reviews, we anticipate higher levels of compliance in our FY 2014-15 report and thereafter.

Case Review Findings
Counties reported that 40% of desk reviews conducted on active cases resulted in findings of "No Further Action Required;" sixty percent resulted in findings of "Further Action Required."

- The high percentage of findings of "Further Action Required" illustrates the importance of county QA case reviews, in that county QA teams identified errors in 60% of active cases reviewed.

The most frequently reported finding requiring action involved insufficient or inaccurate case documentation.

- The fact that the most prevalent error discovered involved inaccurate or insufficient documentation indicates that in many cases, reviewing the case file will not provide an accurate representation of the facts of the case, as those facts are not sufficiently documented. It also indicates an error that can easily be remedied; enhanced job aids, fact sheets, and templates are in development to that end.

Eight percent of QA desk reviews on active cases resulted in a change in authorized hours.

- The eight percent of desk reviews resulting in changes in service authorizations is a significant decrease from the 15% reported in FY 2012-13, indicating that county IHSS case workers are making fewer errors in the authorization of service hours.

Critical Incidents
Fourteen counties reported that home visits resulted in their QA teams discovering and resolving 99 critical incidents.

- Again, this illustrates the importance of county QA. There is no way to know how long these critical incidents would have continued unreported and unresolved if county QA teams were not conducting home visits.

Targeted Reviews
Thirty-eight counties reported conducting 63 targeted reviews on 22 topics; Paramedical Services was the most frequently conducted review topic, Protective Supervision was second.

- By tracking the targeted reviews conducted by counties, and revising the SOC 824 to capture the results of those reviews, CDSS can effectively determine areas where enhanced or emphasized training is appropriate.

Quality Improvement Efforts
Seventeen counties reported implementing 29 quality improvement measures. Training accounted for 52% of all QI measures.

- By identifying trends in quality improvement efforts among counties, CDSS can identify potential areas for improvement statewide.

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STATEWIDE ANNUAL REPORT OF COUNTY QUALITY ASSURANCE AND QUALITY IMPROVEMENT ACTIVITIES IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM FOR FISCAL YEAR 2013-14

This report is compiled from the In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) Quarterly Activities Report Forms (SOC 824) submitted by counties for Fiscal Year (FY) 2013-14.

Background

In 2004, Senate Bill 1104 (Chapter 229, Statutes of 2004) enacted Welfare & Institutions Code Sections 12305.7 and 12305.71, to improve the quality of IHSS needs assessments. This QA/QI initiative commenced with a State/County Procedures Workgroup in February 2005. One result of this Workgroup was the QA/QI Procedures Manual (Attachment C to ACL 06-35), which established a minimum case review requirement of 250 desk reviews per allocated QA full-time equivalent (FTE) per year, of which a subset of 50 were to receive QA home visits, for each county. In 2013, the California Department of Social Services (CDSS) issued an updated IHSS QA/QI Policy Manual via All-County Letter No. 13-110. The new manual introduced new case review requirements for each county, based on caseload and QA staffing allocation, in accordance with the CDSS Manual of Policies and Procedures (MPP) Section 30-702.122(b). The new review requirements are effective July 1, 2014. Pursuant to MPP Section 30-702.194, counties are required to report the QA/QI activities to the CDSS using the SOC 824 form, on a quarterly basis.

Purpose

In compliance with Section viii of State Plan Amendment 13-007 (the CFCO SPA), this annual report summarizes the SOC 824 data as reported by counties for the period of July 1, 2013, through June 30, 2014. This report includes an analysis of county QA/QI activities and the resulting data from the new SOC 824.

Methodology

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

Elements of the SOC 824

In collaboration with counties, the new SOC 824 was developed with several objectives, the priority being to achieve a fundamental shift from tracking quantity and process, to focusing on quality and result reporting. The nine sections of the previous SOC 824 have been refined into an initial collection of *Preliminary Data* followed by five sections with a greater focus on result reporting, such as targeted reviews that now include outcome reports. Attention to detail in regard to the outcome of reviews is emphasized with the new form.

SOC 824 - Preliminary Data

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

Figure 1: SOC 824 – Preliminary Data

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

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

All Fields are Mandatory

SOC 824 - Section 1

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

Figure 2: SOC 824 - Section 1

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

SOC 824 - Section 2

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

Figure 3: SOC 824 - Section 2

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

SOC 824 - Section 3

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

Figure 4: SOC 824 - Section 3

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

SOC 824 – Section 4

This section captures *QA Targeted Review* data as reported by counties. Counties use this section to report whether any Targeted Reviews were completed during the course of the quarter. With the revised SOC 824 for FY 2013/14, a Targeted Review Outcome Report is also submitted to provide outcome detail. See Figure 5 below:

Figure 5: SOC 824 - Section 4

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

SOC 824 - Section 5

This section captures *Quality Improvement Efforts* performed by counties. Counties indicate whether there were any QI efforts completed during the quarter. The revised SOC 824 for the FY 2013-14 also requires that outcome reports be provided separately to document the results of county QI efforts (successes and lessons learned). See Figure 6 below:

Figure 6: SOC 824 - Section 5

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

Statewide Results

In reviewing the reported case review data for FY 2013-14, considerations included: the consistency of county data reporting, county compliance with minimum case review requirements, and case reviews findings.

County Reporting

All 58 counties submitted SOC 824 data for FY 2013-14. All counties reported desk review data and every county except San Luis Obispo reported home visit data.

While all counties reported case review data, reporting throughout the rest of the form was less consistent. 41 counties reported targeted review data; 31 counties reported critical incident data; 24 counties reported overpayments discovered by their QA, and 21 counties reported QI efforts.

- The 17 counties that did not complete a targeted review were out of compliance with IHSS QA regulations, and were contacted and reminded of the annual requirement.

- The lack of critical incident, overpayment, and QI data is less clear; all counties that were asked about the absence of this data responded that their QA had encountered *none* of them. While that is possible, it is equally possible that some counties are not accurately reporting these activities.

Statewide Compliance

Statewide, 12 counties met or exceeded their assigned goals for both desk reviews and home visits; 11 counties met one of the goals and missed the other, and the remaining 35 counties did not meet either goal.

- Because federal funding participation for both the IHSS Plus Option and the Community First Choice Option is predicated on compliance with minimum case review requirements, this compliance rate must improve.

- Beginning in FY 2014-15, CDSS has adopted a new, more logical methodology for establishing case review minimums. Because the new minimums represent fewer required case reviews, we anticipate higher levels of compliance with case review minimums moving forward.

For FY 2013-14, Los Angeles, San Diego, Sacramento, and Tuolumne counties did not submit proposals for alternative minimum requirements, and met or exceeded the *full* minimum case review requirement of 250 desk reviews and 50 home visits per allocated QA FTE. This is commendable, and illustrates that the case review requirements were achievable.

Case Review Findings

IHSS QA Case Reviews (Section 1)

These sections captured the number of QA case reviews conducted and the results of those reviews. In FY 2013-14, counties reported conducting 17,167 desk reviews (16,221 desk reviews of active cases, 946 countable reviews of denied cases), of which 3,082 resulted in home visits. Given a caseload of 445,421 recipients, the sample of cases subject to review was representative of the entire IHSS caseload with a 99% confidence level, and a margin of error below +/- one percent.

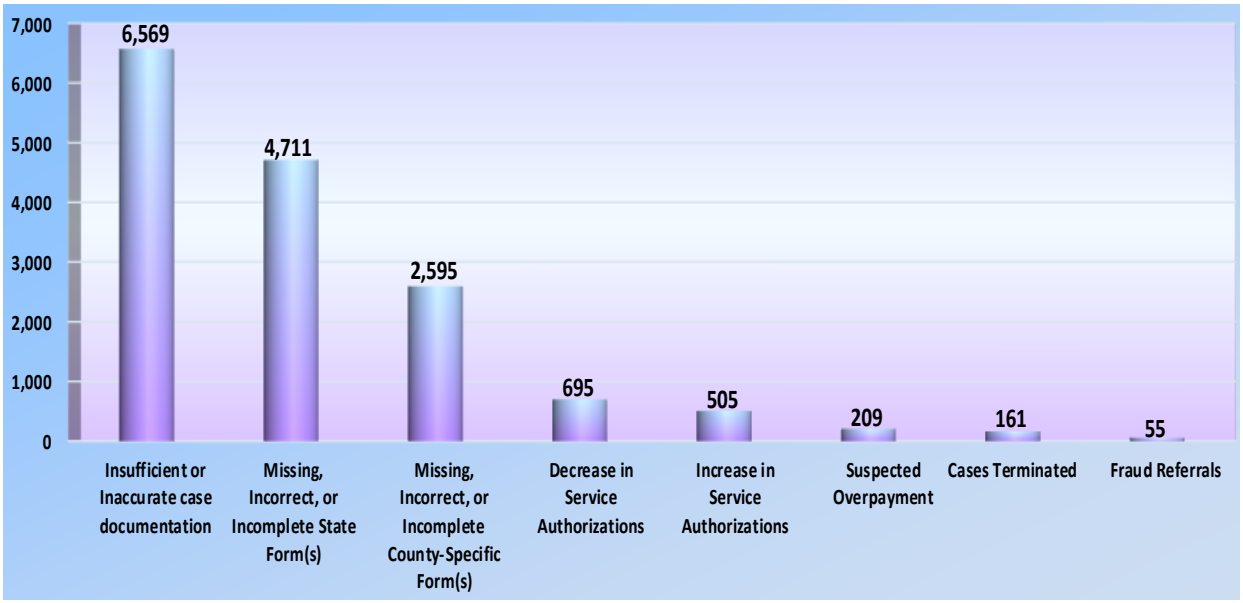
Denied Cases

Per MPP section 30-702.125(a)(1), counties' desk reviews must include a sample of denied cases; previous versions of the SOC 824 did not track reviews of denied cases. In FY 2013-14, 47 counties reported conducting 1,493 reviews of denied cases; of which 946 were countable (for the first time, counties were allowed to count reviews of denied applications towards their minimum desk review requirement, but only up to 10% of their desk review requirement.) The remaining 11 counties were contacted and reminded of the requirement to include a sample of denied cases in their desk reviews in FY 2014-15 and forward.

Desk Reviews

Of the 16,221 Desk Reviews conducted on active cases, 6,436 (40%) resulted in findings of *No Action Required*. Figure 7, below, shows the results of the remaining 9,785 reviews. A total of 15,500 findings were reported (a single desk review may result in multiple findings).

Figure 7: Outcome of Desk Reviews Requiring Action



Insufficient or inaccurate case documentation was the most commonly reported finding among QA desk reviews requiring action, representing 40%. The second and third most common findings requiring action involved issues concerning state and county required forms. Combined, they would constitute the most common finding, representing 45% of all Desk Reviews Requiring Action. The significance of this is twofold;

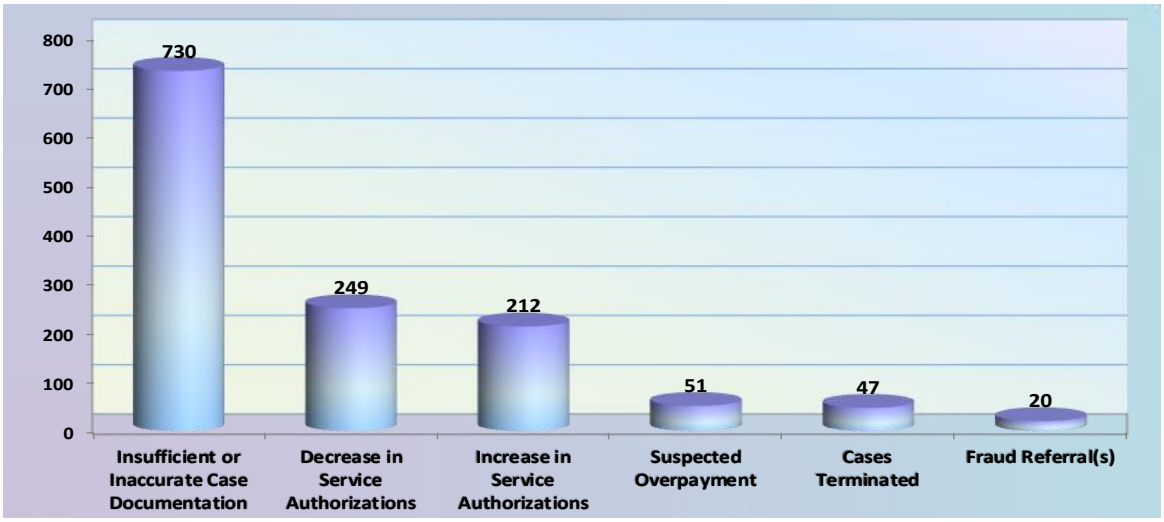
- First, the most common case errors make it difficult to accurately understand the case details without a home visit; and
- Documentation and forms errors are among the simpler weaknesses to remedy through training. Additional job aids, fact sheets, and templates are in development to correct this problem.

There were 1,361 desk reviews that resulted in changes in service authorizations and, because of the revised SOC 824, for the first time we can report that 695 were decreases, 505 were increases, and 161 resulted in case terminations. This is significant because desk reviews resulted in county QA teams discovering and correcting 1,361 cases with incorrect service authorizations.

Home Visits

Of the 3,082 QA home visits reported, 1,936 (63%) resulted in findings of *No Action Required*, indicating that there were no case errors found in nearly two-thirds of cases selected for home visits. Shown in Figure 8, below, are the results of the remaining 1,146 visits.

Figure 8: Outcome of Home Visits Requiring Action



Insufficient or inaccurate case documentation was the most commonly reported finding among QA Home Visits, representing 56% of all Home Visits Requiring Action; as with desk reviews, this represents a problem area which is correctable through training. There were 508 Home Visits that resulted in changes in service authorizations, including 249 decreases, 212 increases, and 47 terminations.

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

Per the IHSS QA/QI Policy Manual, a critical incident is defined as any incident which presents an immediate threat to the health and/or safety of a recipient, and requires county intervention. Examples include a provider who does not show up when vital services are urgently needed; natural disasters, including severe weather, earthquake, fire, and mud-slides; and serious adverse reactions to medications.

Critical incidents in IHSS are tracked as a requirement to federal financial participation in both the IHSS Plus Option, and the Community First Choice Option in accordance with both State Plan Amendments.

One of the revisions to the SOC 824 involves enhanced reporting of critical incidents. For the first time, we can differentiate between resolved incidents, when QA finds the documentation of the incident in a case file, and new incidents, discovered by or reported to QA. Referrals resulting from critical incidents are also reported, and typically include referrals to:

- The Public Authority for assistance locating a registry provider;
- Some alternative resource for additional aid beyond what IHSS can provide;
- Referrals to APS or CPS; and
- Referrals to law enforcement.

Counties reported initiating 110 referrals as a result of critical incidents.

Although thirty-one counties reported Critical Incident data, this does not in itself indicate that the other 27 counties did not encounter critical incidents; rather, this would indicate that critical incidents were not identified by these counties due to the small number of cases reviewed by the County QA staff, which represents approximately 5% of the statewide caseload.

A total of 259 critical incidents were reported. Of these, 160 were discovered, addressed, and documented by non-QA county staff and the remaining 99 were discovered by county QA staff who are then responsible for notifying the appropriate county staff of the incident and performing follow-up. The discovery of these critical incidents by County QA staff reinforces the importance of county QA teams in the discovery and resolution of critical incidents.

To ensure that county staff are aware of their responsibilities as mandated reporters, including the requirement to document critical incidents, CDSS developed through the IHSS Training Academy, with stakeholder collaboration, *Introduction to IHSS*, which includes training that assists staff in identifying critical incidents.

Overpayments (Section Three)

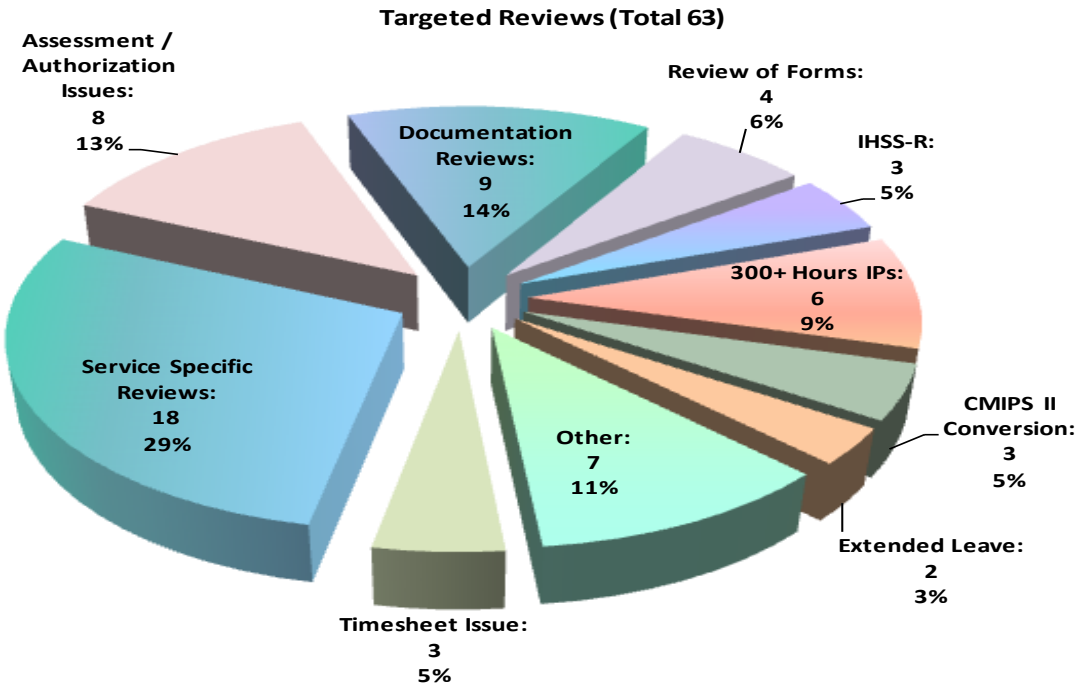
This section captured the number of overpayments identified by QA, the dollar amounts involved, and actions taken to recover those overpayments. Twenty-four counties

reported 962 overpayments totaling $620,105 discovered by their QA staff. Those 24 counties reported initiating 972 overpay recovery actions totaling $484,728.

Targeted Reviews (Section Four)

Counties conduct targeted reviews to identify specific issues concerning the delivery of IHSS. The process of selecting topics to review varies from county to county. A total of 38 counties reported having conducted targeted reviews during FY 2013-14, down from 46 counties in FY 2012-13. Tracking and evaluation methodologies have changed from those used in previous years; the revised SOC 824 tracks the number of *topics* reviewed rather than the number of *cases* reviewed. For example, in the past, a county's review of 100 cases on a single topic was tracked as 100 targeted reviews; it is now tracked as a single targeted review. A total of 63 targeted reviews on 22 topics were performed by counties. Those 22 review topics were then grouped into ten categories for the purpose of this report. Figure 9, below, documents the categories of targeted reviews conducted by the counties.

Figure 9: Targeted Reviews Breakdown



Service Specific Reviews

The category "Service Specific Reviews" was the most frequently conducted targeted review category and accounted for 29% of targeted reviews.

The two most frequently reviewed single topics were within this category. "Paramedical Services" (conducted eight times in seven counties) was the most frequent, with "Protective Supervision" (conducted seven times in seven counties) coming in as the

second most conducted targeted review. The two most frequently conducted topics yielded the following results:

Paramedical Services- Seven counties conducted reviews related to Paramedical Services. A total of 244 cases were reviewed, with 88 (36%) determined to be out of compliance and subsequently corrected.

Protective Supervision- Six counties conducted reviews related to Protective Supervision. A total of 371 cases were reviewed, with 236 (64%) determined to be out of compliance and subsequently corrected. This rate indicates that IHSS case workers either need enhanced training, or more clear regulations concerning Protective Supervision; a regulations package clarifying the subject is currently in development.

Other topics within the service specific reviews category included “Rubbing skin and repositioning,” and “Restaurant meal allowance.”

Documentation Reviews
This was the second most frequently conducted review category; it included reviews of household composition, HTG exceptions, and proration calculations. These reviews accounted for 14% of all targeted reviews.

Review of Assessment/Authorization Issues
The third most frequently conducted review category included denials, appeals, overdue reassessments, and assessed need. These reviews accounted for 13% of all targeted reviews.

Eleven percent of targeted reviews were categorized as “Other,” making this the fourth most commonly conducted targeted review category. Specific review topics included “Provider Claimed More Than 70% of the Monthly Service Assessment in the First Pay Period,” “Minor Providers,” “Refused Services,” “Companion Cases,” “Program Integrity Concern,” and “SOC 838.”

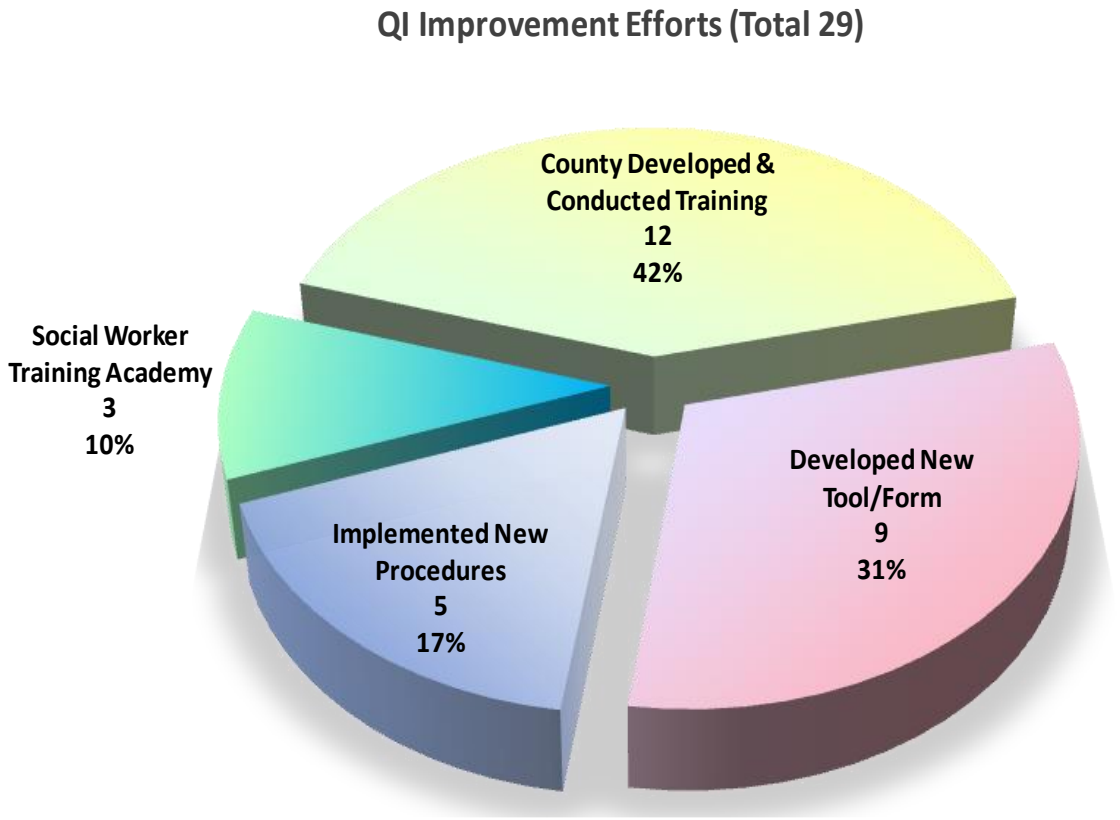
The fifth most frequently conducted review category (and third most frequently reviewed single topic) was “300+ Hours Providers” (conducted six times), representing 9% of targeted reviews conducted. Five counties conducted reviews on this topic; a total of 283 cases were reviewed, most represent family members providing services for a relative with whom they live. Most of the discrepancies involved case forms or documentation; some additional providers were identified to reduce workload as a result of these reviews.

Six percent of targeted reviews were topics that fell under the category “Review of Forms.” This category included reviews of “Health Care Certification Forms” and “Provider Forms.”

Quality Improvement Efforts (Section Five)

Seventeen counties reported implementing 29 quality improvement efforts in four broad categories. Figure 10, below, shows the QI Efforts reported by counties.

Figure 10: Quality Improvement Efforts Breakdown



The most frequently reported QI measure involved county trainings (12), accounting for 42% of the measures reported. The next most frequently reported effort was "Developing QA Tools/Forms" (9), accounting for 31%. Counties also reported QI measures surrounding the implementation of new procedures, and sending staff to the Social Worker Training Academy.

Reported outcomes of QI measures include improvements and efficiencies in several areas, such as streamlined state hearing preparation process, improved timely reassessment compliance, more accurate case files, improved success processing overpay recoveries, and improved processing of death match leads. Four counties reported developing written procedures as a result of QI measures implemented.

County-Specific Data, by County Size

There was variation in the data margins and compliance rates between counties statewide, but some consistency among similar sized counties; statewide aggregation of county-specific data may not always provide the most accurate conclusions. In order to achieve a more thorough analysis, this section is presented according to county size groupings.

Very Large Counties

Los Angeles is currently the only Very Large County, which is defined as a county with an IHSS caseload of 50,000 or more. It is important that Los Angeles be analyzed individually, because its caseload is nearly eight times that of the next largest county (San Diego).

Table 1, below, shows Los Angeles County's QA Case Review Compliance. Los Angeles County's annual QA case review goal included 1,750 desk reviews and 350 home visits; they exceeded both of those.

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

County Name	Caseload	Desk Review Goal	Desk Review Accomplished	**Desk Review Compliance**	Home Visits Goal	Home Visits Accomplished	**Home Visit Compliance**
Los Angeles	182,468	1,750	1,829	**105%**	350	361	**103%**

Table 1a, below, shows Los Angeles County's QA Desk Review Findings. Of their 1,829 Desk Reviews, one was a denied application, seven resulted in a finding of *No Action Required*, and the remaining 1,821 (99.6%) resulted in 3,440 findings requiring some remediation. Those findings include:

- *Insufficient or Inaccurate Case Documentation*, 1,375 findings
- *Missing, Incorrect, or Incomplete Forms*, 2,008 findings, consisting of 1,161 State forms and 847 county-specific forms

Aside from one desk review that resulted in a case termination, none resulted in changes in service authorizations.

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

County	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Los Angeles	**1,821**	**1,161**	**847**	**1,375**	**0**	**0**	**56**	**0**	**1**

Of the 361 home visits conducted by Los Angeles County, 347 resulted in findings of *No Action Required*. The remaining 14 home visits all resulted in findings of *Insufficient or Inaccurate Case Documentation*. Although Los Angeles County conducted 1,828 desk reviews and 361 home visits, no QA reviews resulted in a fraud referral, and only one suspected overpayment was identified. It should be noted that Los Angeles reported both fraud referrals and overpayments, just not resulting from QA case reviews.

Large Counties

A large county is defined as a county with an IHSS caseload of 10,000 to 49,999 cases; nine counties meet this criterion. Large counties represented a combined IHSS caseload of 176,197, ranging from 12,763 in Fresno County, to 23,806 in San Diego County.

Table 2, below, displays QA case review compliance data for large counties. San Diego, Orange, and Sacramento counties each exceeded their respective case review goals; San Bernardino County exceeded its desk review goal and achieved 88% of its home visit goal. Those large counties that did not achieve *either* case review goal ranged between 21% and 88% compliance. CDSS continues to provide guidance and technical assistance to those counties consistently out of compliance.

Table 2: Large Counties' Case Review Compliance Data

Large Counties	Caseload	Desk Review Goal	Desk Review Accomplished	**Desk Review Compliance**	Home Visits Goal	Home Visits Accomplished	**Home Visit Compliance**
San Diego	23,806	750	847	**113%**	150	213	**142%**
San Francisco	21,934	750	368	**49%**	150	77	**51%**
San Bernardino	21,249	750	1,235	**165%**	150	132	**88%**
Orange	21,229	353	395	**112%**	71	86	**121%**
Riverside	20,450	585	142	**24%**	117	25	**21%**
Alameda	18,896	750	542	**72%**	150	78	**52%**
Sacramento	18,833	750	795	**106%**	150	166	**111%**
Santa Clara	17,037	750	505	**67%**	150	92	**61%**
Fresno	12,763	575	500	**87%**	115	101	**88%**

Table 2a, below, displays QA desk review finding data for large counties. Of 5,329 desk reviews conducted, 254 were reviews of denied applications, leaving 5,075 desk reviews of active cases. Of those, 1,549 (31%) resulted in a finding of *No Action Required*, while the remaining 3,526 (69%) resulted in 5,595 findings requiring some remediation. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*, 2,477 cases
- *Missing, Incorrect, or Incomplete Forms*, 2,511 cases, consisting of 1,695 State forms and 816 county-specific forms.
- 449 changes in service authorizations, consisting of 217 increases, 214 decreases, and 18 terminations.

None of the nine large counties reported any QA desk reviews resulting in referring cases for fraud investigation. While Alameda County identified 156 suspected overpayments as the result of desk reviews (possibly a result of Alameda conscientiously working unreconciled advance payments), most of the other large counties reported none (Fresno and San Francisco counties each reported one).

Table 2a: Large Counties' Desk Review Findings

Large Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
San Diego	735	226	288	682	0	0	5	0	0
San Bernardino	617	288	0	471	83	64	0	0	0
Alameda	444	260	165	175	18	2	2	0	156
Sacramento	441	165	94	318	5	13	4	0	0
Fresno	389	95	30	316	22	27	2	0	1
Santa Clara	328	256	73	234	68	68	0	0	0
Orange	250	200	63	84	8	6	3	0	0
San Francisco	196	126	25	106	10	27	2	0	1
Riverside	126	79	78	91	3	7	0	0	0

Table 2b, below, displays home visit finding data for large counties. Of 970 home visits conducted by large counties, 394 resulted in findings of *No Action Required*. The remaining 576 home visits resulted in 631 findings requiring action. The fact that nearly 60% of home visits conducted in large counties resulted in findings requiring some corrective action illustrates the importance of QA home visits. Those findings and actions include:

- 154 changes in service authorizations, consisting of 77 increases, 63 decreases, and 14 terminations;
- 34 suspected overpayments, and
- 7 fraud referrals.

Table 2b: Large Counties' Home Visit Findings

Large Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
San Diego	198	197	0	0	3	0	0
Sacramento	92	52	12	19	6	3	3
Alameda	62	23	12	1	0	0	29
Fresno	91	91	13	16	0	1	0
San Bernardino	59	12	34	20	0	0	1
San Francisco	24	20	5	3	1	2	1
Santa Clara	42	41	0	1	4	1	0
Orange	2	0	1	1	0	0	0
Riverside	6	0	0	2	0	0	0

Medium Counties

A medium county is defined as a county with an IHSS caseload of 1,000 to 9,999 cases; 25 counties met this criterion. Medium counties represented a combined IHSS caseload of 78,588, ranging from 1,495 in Humboldt County, to 7,344 in Contra Costa County.

Table 3, below, displays QA case review compliance data for medium counties. Stanislaus, San Joaquin, Ventura, Santa Barbara, and Placer counties each met or exceeded their goals for both desk reviews and home visits; 3 medium counties achieved one of these goals but not the other. The medium counties that did not achieve *either* goal varied widely, from 94% compliance, down to 0%.

Table 3: Medium Counties' Case Review Compliance Data

Medium Counties	Caseload	Desk Review Goal	Desk Review Accomplished	**Desk Review Compliance**	Home Visits Goal	Home Visits Accomplished	**Home Visit Compliance**
Contra Costa	7,344	500	475	**95%**	100	72	**72%**
Stanislaus	5,596	316	380	**120%**	63	68	**108%**
San Joaquin	5,371	315	326	**103%**	63	63	**100%**
Imperial	5,353	500	269	**54%**	100	44	**44%**
Sonoma	5,053	184	194	**105%**	34	33	**97%**
Ventura	4,097	311	320	**103%**	62	62	**100%**
Kern	3,895	500	266	**53%**	100	49	**49%**
Monterey	3,844	500	411	**82%**	100	36	**36%**
San Mateo	3,619	308	317	**103%**	62	54	**87%**
Solano	3,120	500	200	**40%**	100	50	**50%**
Butte	2,969	500	265	**53%**	100	48	**48%**
Santa Barbara	2,828	375	384	**102%**	76	77	**101%**
Shasta	2,777	500	406	**81%**	100	50	**50%**
Merced	2,773	500	359	**72%**	100	62	**62%**
Tulare	2,449	500	222	**44%**	100	55	**55%**
Santa Cruz	2,330	500	381	**76%**	100	56	**56%**
Placer	1,993	250	275	**110%**	50	50	**100%**
Yolo	1,928	500	228	**46%**	100	37	**37%**
Lake	1,745	500	104	**21%**	100	14	**14%**
Marin	1,667	200	228	**114%**	40	39	**98%**
San Luis Obispo	1,605	500	33	**7%**	100	0	**0%**
Madera	1,602	500	269	**54%**	100	52	**52%**
Mendocino	1,570	500	302	**60%**	100	48	**48%**
Kings	1,565	500	238	**48%**	100	49	**49%**
Humboldt	1,495	500	122	**24%**	100	37	**37%**

Table 3a, below, displays QA desk review findings for medium counties. Of 6,974 desk reviews conducted, 516 were reviews of denied applications, leaving 6,458 desk reviews of active cases. Of those, 2,936 (45%) resulted in a finding of *No Action Required*, while the remaining 3,522 (55%) resulted in 5,204 findings requiring some remediation. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*, 2,169 findings
- *Missing, Incorrect, or Incomplete Forms*, 2,305 findings consisting of 1,504 State forms and 801 county-specific forms
- 637 changes in service authorizations consisting of 368 decreases, 216 increases, and 53 terminations

Eight medium counties reported 48 fraud referral as a result of QA desk reviews.

Eight medium counties reported discovering one or more suspected overpayments as a result of QA desk reviews, while 17 medium counties reported none.

Table 3a: Medium Counties' Desk Review Findings

Medium Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Imperial	238	116	20	141	26	60	1	1	0
San Joaquin	257	125	125	217	12	28	0	0	0
San Mateo	177	36	26	109	6	24	0	1	4
Monterey	346	54	96	159	9	5	8	14	1
Placer	166	90	28	115	6	40	3	3	0
Butte	186	54	34	157	5	14	1	0	0
Merced	177	44	2	92	4	33	1	0	0
Stanislaus	231	119	25	97	1	8	1	0	0
Santa Cruz	130	14	2	121	20	3	5	0	0
Marin	147	107	29	113	8	21	1	0	0
Kings	117	30	32	57	0	1	1	0	0
Kern	217	127	11	192	48	47	1	0	3
Ventura	105	22	4	79	6	5	3	0	6
Solano	83	6	34	56	10	10	1	0	0
Mendocino	106	68	5	45	1	3	1	0	0
Shasta	38	19	2	12	1	8	5	26	21
Tulare	75	52	11	31	5	3	7	1	1
Santa Barbara	213	183	102	38	9	18	6	0	0
Yolo	203	108	105	160	23	17	1	0	0
Humboldt	64	32	15	50	5	7	0	0	0
San Luis Obispo	19	1	3	17	0	0	0	0	0
Contra Costa	126	64	62	35	1	9	2	1	8
Lake	34	10	15	24	7	1	1	1	1
Madera	2	2	0	0	0	0	0	0	0
Sonoma	65	21	13	52	3	3	3	0	0

Table 3b, below, displays home visit finding data for medium counties. Of 1,205 home visits conducted by medium counties, 745 resulted in findings of *No Action Required*. The remaining 460 home visits resulted in 551 findings requiring action. Those findings and actions include:

- 285 changes in service authorizations, consisting of 153 decreases, 110 increases, and 22 terminations;
- 16 suspected overpayments, and
- 7 fraud referrals.

Table 3b: Medium Counties' Home Visit Findings

Medium Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Stanislaus	56	21	18	20	1	0	0
Imperial	44	33	9	13	1	0	0
Butte	38	36	1	6	0	0	0
San Mateo	38	14	7	18	0	2	4
Kern	44	39	5	11	0	0	0
Contra Costa	28	6	6	9	12	1	9
Placer	24	5	4	16	0	0	0
Lake	7	5	3	0	1	1	1
Ventura	22	20	1	1	0	0	0
Marin	8	2	4	2	0	0	0
Kings	17	10	3	4	0	0	0
San Joaquin	5	1	1	3	0	0	0
Santa Barbara	12	0	3	7	2	0	0
Santa Cruz	15	13	5	1	2	0	0
Shasta	41	12	17	29	0	1	1
Monterey	0	0	0	0	0	0	0
Merced	2	1	1	0	0	0	0
Solano	11	9	4	2	0	0	0
Mendocino	8	4	2	2	0	0	0
Tulare	2	0	0	1	0	1	1
Yolo	15	2	9	4	0	0	0
Humboldt	20	7	7	4	3	1	0
San Luis Obispo	0	0	0	0	0	0	0
Madera	3	3	0	0	0	0	0
Sonoma	0	0	0	0	0	0	0

Small Counties

A small county is defined as a county with a caseload of 25 to 999 cases; 21 counties met this criterion. Small counties represented a combined IHSS caseload of 8,125, ranging from 942 in Napa County to 29 in Sierra County.

Table 4, below, displays QA case review compliance data for small counties. Glenn and Tuolumne counties each met or exceeded their case review goals; six counties met one goal, but did not meet the other.

Table 4: Small Counties' Case Review Compliance Data

Small Counties	Caseload	Desk Review Goal	Desk Review Accomplished	**Desk Review Compliance**	Home Visits Goal	Home Visits Accomplished	**Home Visit Compliance**
Napa	942	160	149	**93%**	32	40	**125%**
Sutter	912	250	225	**90%**	50	40	**80%**
Tehama	829	250	197	**79%**	50	38	**76%**
El Dorado	737	152	147	**97%**	30	28	**93%**
Yuba	651	250	259	**104%**	50	34	**68%**
Nevada	616	144	121	**84%**	29	11	**38%**
San Benito	492	250	178	**71%**	50	59	**118%**
Siskiyou	447	250	148	**59%**	50	30	**60%**
Glenn	434	135	143	**106%**	27	28	**104%**
Tuolumne	318	250	261	**104%**	50	52	**104%**
Calaveras	276	250	299	**120%**	50	16	**32%**
Del Norte	276	125	82	**66%**	25	47	**188%**
Plumas	233	233	108	**46%**	47	18	**38%**
Amador	183	183	40	**22%**	37	10	**27%**
Mariposa	156	156	158	**101%**	31	26	**84%**
Trinity	151	151	124	**82%**	30	15	**50%**
Lassen	137	137	130	**95%**	27	19	**70%**
Inyo	107	107	76	**71%**	21	4	**19%**
Modoc	101	101	45	**45%**	20	1	**5%**
Colusa	98	98	89	**91%**	20	18	**90%**
Sierra	29	29	26	**90%**	6	6	**100%**

Table 4a, below, displays QA desk review findings for small counties. Of 3,005 desk reviews, 174 were reviews of denied applications. Of the remaining 2,831 reviews of active cases, 1,932 (68%) resulted in a finding of *No Action Required*, and the remaining 899 (32%) resulted in 1,232 findings requiring some remediation. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*, 545 cases
- *Missing, Incorrect, or Incomplete Forms*; 462 cases, consisting of 335 State forms and 127 county-specific forms
- 214 changes in service authorizations, consisting of 111 decreases, 71 increases, and 32 terminations

Table 4a: Small Counties' Desk Review Findings

Small Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Amador	0	0	0	0	0	0	0	0	0
Tehama	154	62	40	124	38	47	1	0	0
Nevada	57	10	7	38	1	15	11	2	0
Napa	104	35	10	78	7	8	0	0	0
Glenn	90	31	19	73	0	2	0	0	0
Sutter	50	16	0	35	2	7	0	0	0
Calaveras	55	11	17	39	4	1	0	2	1
El Dorado	43	9	7	25	3	6	3	1	0
Plumas	83	52	3	11	7	12	5	0	0
Inyo	31	24	1	10	3	0	3	0	0
Colusa	30	17	7	3	1	0	3	0	0
Lassen	31	11	0	20	0	3	0	0	0
Tuolumne	27	20	1	0	2	0	5	0	0
Yuba	88	19	9	59	3	6	0	0	0
Siskiyou	14	10	1	3	0	0	0	0	0
Modoc	5	0	1	5	0	0	0	0	0
Del Norte	5	0	2	3	0	1	0	0	0
San Benito	3	0	1	0	0	1	1	1	1
Trinity	20	8	0	12	0	0	0	0	0
Mariposa	5	0	1	3	0	2	0	0	3
Sierra	4	0	0	4	0	0	0	0	0

Table 4b, below, displays home visit finding data for small counties. Of 540 home visits conducted by small counties, 446 (83%) resulted in findings of *No Action Required*. The remaining 94 (17%) resulted in 109 findings requiring action. Those findings and actions include:

- Thirty-six cases with *Insufficient or Inaccurate Case Documentation*;
- 66 changes in service authorizations, consisting of 31 decreases, 24 increases, and 11 terminations;
- One suspected overpayment, and
- Six fraud referrals.

Three small counties reported fraud referrals resulting from home visits.

Among small counties, Mariposa was the only county to report identifying a suspected overpayment as the result of a home visit.

Table 4b: Small Counties' Home Visit Findings

Small Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Tehama	17	5	8	5	0	0	0
Plumas	17	2	6	10	0	0	0
Tuolumne	14	0	0	2	9	4	0
Nevada	3	0	0	2	1	0	0
Calaveras	2	0	2	0	0	0	0
El Dorado	2	1	0	1	0	1	0
Colusa	4	1	1	1	1	0	0
Yuba	5	3	2	4	0	0	0
Glenn	2	1	0	2	0	0	0
Del Norte	1	0	0	1	0	0	0
Amador	0	0	0	0	0	0	0
Napa	22	22	1	1	0	0	0
Sutter	0	0	0	0	0	0	0
Inyo	0	0	0	0	0	0	0
Lassen	1	0	1	0	0	0	0
Siskiyou	0	0	0	0	0	0	0
Modoc	0	0	0	0	0	0	0
San Benito	0	0	0	0	0	0	0
Trinity	0	0	0	0	0	0	0
Mariposa	4	1	3	2	0	1	1
Sierra	0	0	0	0	0	0	0

Very Small Counties

A very small county is defined as a county with a caseload up to 24 cases. Two counties met this criterion: Mono and Alpine. Mono County met its goal for completion of desk reviews, and exceeded its home visit goal.

Table 5, below, shows case review compliance data for very small counties.

Table 5: Very Small Counties' Case Review Compliance Data

Very Small Counties	Caseload	Desk Review Goal	Desk Review Accomplished	**Desk Review Compliance**	Home Visits Goal	Home Visits Accomplished	**Home Visit Compliance**
Alpine	22	22	9	**41%**	4	1	**25%**
Mono	21	21	21	**100%**	4	5	**125%**

- Very small counties completed 30 desk reviews, which represents 70% of the stated goal.
- Very small counties completed six home visits, which represents 75% of the stated goal.

Data received from very small counties is of limited use because very small fluctuations can represent disproportionate changes to percentages. With only two counties in this grouping, and such small sample sizes, caution is recommended in reaching any conclusions based on this data. This was one of the key factors that led to revising case review minimum requirements to include caseload, as well as the QA staffing allocation.

Table 5a, below, displays QA desk review findings for very small counties. Of the 30 desk reviews completed, one was a review of a denied application, 12 resulted in a finding of *No Action Required*, and the remaining 17 (57%) resulted in 28 findings requiring some remediation. None of Alpine County's case reviews resulted in findings requiring action; this is likely because the one case worker in Alpine County is also the one QA person. Those findings and actions include:

- *Insufficient or Inaccurate Case Documentation*, three cases
- *Missing, Incorrect, or Incomplete Forms*, 20 cases, consisting of 16 State forms and 4 county-specific forms
- Five changes in service authorizations, consisting of two decreases, one increase, and two terminations

Table 5a: Very Small Counties' Desk Review Findings

Very Small Counties	Desk Reviews Requiring Action	Missing, Incorrect, or Incomplete State Form(s)	Missing, Incorrect, or Incomplete County-Specific Form(s)	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Mono	17	16	4	3	1	2	2	0	0
Alpine	0	0	0	0	0	0	0	0	0

Table 5b, below, displays home visit findings for very small counties. Of the six home visits conducted, four resulted in findings of *No Action Required*. Two Home Visits resulted in four findings requiring action. Those findings and actions include:

- One case of *Insufficient or Inaccurate Case Documentation*
- Three changes in service authorizations (two decreases and one increase)

Table 5b: Very Small Counties' Home Visit Findings

Very Small Counties	Home Visit Requiring Action	Insufficient or Inaccurate Case Documentation	Increase in Service Authorizations	Decrease in Service Authorizations	Cases Terminated	Fraud Referral(s)	Suspected Overpayment
Mono	2	1	1	2	0	0	0
Alpine	0	0	0	0	0	0	0

Summary

Reporting

QA/QI data reporting increased markedly in FY 2013-14 as a result of the counties' higher participation rates. This may be at least partially attributed to improvements made to the SOC 824 form and to the counties' greater experience and comfort with CDSS data collection and reporting processes. All 58 counties submitted SOC 824 forms, although incomplete fields and sections were common. As in FY 2012-13, counties have continued to cite staffing turnover, CMIPS II conversion challenges, the learning curve and training issues among their reasons for incomplete reporting. We fully expect that the increase in data strength and reliability that we experienced this year will continue as the counties' data collection and reporting efforts become more routine in FY 2014-15.

Case Reviews

Statewide, counties reported conducting 17,167 QA desk reviews and 3,082 QA home visits. Los Angeles, San Diego, Sacramento and Tuolumne counties met or exceeded the full case review requirements of 250 desk reviews and 50 home visits per allocated QA FTE.

Of all active IHSS cases subjected to QA desk reviews, 60% resulted in the identification of some necessary further actions, while eight percent resulted in a change in service hour authorizations (decrease, increase, or termination).

Of all IHSS cases subjected to QA home visits, 37% resulted in the identification of some necessary further actions, while 16% resulted in a change in service hour authorizations.

Fraud Prevention/Detection and Over/Underpayment Activities

In FY 2013-14, 24 counties reported that their QA teams discovered suspected overpayments totaling $620,104.88 in 962 cases. All but one of those counties responded by initiating actions to recover overpayments totaling $484,728.

San Francisco County led all counties in overpayment recovery efforts, initiating actions to recover $128,897.20, representing 65% of its suspected overpayments. Also notable were the efforts of San Bernardino County, which initiated actions to recover $61,949.04, representing 60% of its suspected overpayments.

Statewide, desk reviews resulted in 55 fraud referrals, 209 suspected overpayments and 161 case terminations, while home visits resulted in an additional 20 fraud referrals, 51 suspected overpayments and 47 case terminations.

Although none of the desk reviews conducted throughout the year by Los Angeles County and the nine large counties resulted in any fraud referrals, desk reviews yielded Alameda County's identification of 156 of the 159 suspected overpayments among large counties. Additionally, desk reviews resulted in 48 fraud referrals and the identification of 45 suspected overpayments among medium counties. As expected, desk reviews

conducted by small and very small counties remained a negligible source of fraud referrals and suspected overpayments, but a valuable QA tool nonetheless.

Home visits conducted by large and medium counties yielded seven fraud referrals among each of the two groups during FY 2013-14. Once again, the primary referrer was Alameda County, where home visits resulted in the identification of more than half of all 58 counties' suspected overpayments.

Five of the nine large counties confirmed overpayments in 297 cases totaling $318,217.50. This group included the two counties with the largest amount of confirmed overpayments, $197,858.06 in San Francisco County and $102,948.97 in San Bernardino County.

Ten of the 25 medium counties confirmed overpayments in 596 cases totaling $291,242.17. The largest of these confirmed overpayments was the $91,730.88 reported by San Joaquin County. Additionally, eight of the 21 small counties confirmed overpayments in 68 cases totaling $10,644.21, about half of this total identified by Nevada and Sutter Counties.

Critical Incidents

A total of 259 critical incidents were reported by county QA teams during FY 2013-14. Thirty-one counties reported some critical incident data, with 25 counties reporting a documented critical incident that occurred within the past 12 months. Of the critical incidents reported, 95% were discovered during the course of desk reviews or home visits, with 60% attributed to the former and 35% to the latter. San Mateo and Trinity counties accounted for half of all critical incidents discovered as a result of desk reviews. In 27 cases, Tehama County either received a report of a critical incident or identified a critical incident during the course of a home visit.

QA staff in nine counties reviewed a total of 31 cases containing a critical incident; a third of these were Butte County cases.

Actions Taken in Response to Critical Incidents

Twenty counties responded to 110 critical incidents by making referrals to the public authority, law enforcement, adult or child protective services, or to available resources in the community. About half of these referrals were made by Tehama County.

Targeted Reviews

Forty-one counties conducted 63 targeted reviews on a total of 22 topics. Statewide, 71% of counties participated in the targeted review process.

The revised SOC 824 required brief outcome reports on all targeted reviews. Our intent was to have the counties briefly describe the lessons they learned and how they plan to use insights gained to achieve quality improvements. This was largely successful, with some counties describing the results their efforts in great detail, for example, counties outlined new procedures for preparing for state hearings, new tools for Protective Supervision determination tools, and some counties completely revamped their method

of selecting targeted review topics. Other counties provided only sparse information, some failed to provide outcome reports at all. CDSS is actively working with the counties to ensure consistent, timely, and usable targeted review data is submitted.

The most frequently conducted targeted review topic was “Paramedical Services” (conducted eight times in seven counties). A total of 244 cases were reviewed, with 88 (36%) determined to be out of compliance and subsequently corrected.

The second most frequent was “Protective Supervision” (conducted seven times in seven counties). A total of 371 cases were reviewed, with 236 (64%) determined to be out of compliance and subsequently corrected. A regulations package clarifying the subject is currently in development.

Quality Improvement

Seventeen counties reported implementing 29 quality improvement efforts. While there is no minimum requirement, and areas for improvement can only be addressed as they are identified, this represents a 31% rate of county participation, considerably less than the 81% participation rate experienced in FY 2012-13.

42% of the counties’ quality improvement efforts consisted of developing and implementing training programs. 31% of the counties indicated that they developed a new tool or form, the remaining counties were divided between implementing new procedures and sending staff to the IHSS Social Worker Training Academy.

The revised SOC 824 requested that counties provide brief outcome reports on all QI efforts implemented. Many counties indicated that their efforts met with a positive reception from staff and would therefore improve their ability to comply with program requirements.

Conclusion

Impact

The QA/QI efforts of the counties have proven beneficial, resulting in 16,808 corrections to 10,931 IHSS cases, including:

- 944 decreases to service hour authorizations;
- 717 increases to service hour authorizations;
- 260 suspected overpayments discovered;
- 208 case terminations, and
- 74 fraud referrals.

SOC 824 Data

The revised SOC 824 was developed in collaboration with counties, and represents a fundamental shift from quantity tracking to quality assurance and improvement, and from process tracking to result reporting. The revised form was first released for county use in FY 2013-14 with the goal of remedying weaknesses identified in earlier versions of the form. We are beginning to see the results of this effort as follows:

- The range of responses was narrowed by the removal of the catch-all “Other” category in several locations, strengthening the integrity of the dataset in that unidentified outlying points are avoided.
- Improvements in wording have helped to clarify the precise nature of the questions and the responses sought. The resultant reduction in confusion on the part of respondents has reduced the uncertainty previously experienced and has thus improved the compliance rate.
- Counties have expressed increased satisfaction with the revised SOC 824, which has helped to increase voluntary compliance and to improve DSS data collection efforts.

With the release of the new IHSS QA/QI Policy Manual in ACL No. 13-110, counties were advised that all data requested on the SOC 824 is mandatory. Additionally, the Manual provides clear guidance, and is a complete resource compiled from previous guidance provided over the years. Nevertheless, CDSS still sees data fields left blank, and confusion as to when it is appropriate to enter “zero” in a particular field. CDSS will consider additional training on the revised SOC 824.

Fraud Reporting

Fraud data is no longer reported in detail on the SOC 824. The information revealed from the fraud section of the SOC 824 was minimal, only included fraud data discovered by QA, and did not provide the basis for detailed analysis warranted for fraud reporting. Counties now report fraud data on the SOC 2245, which allows CDSS to take a more direct and focused approach to the evaluation of fraud statewide. The results of county fraud reporting are released annually in the Report of Program Integrity and Anti-Fraud Efforts in the IHSS Program.

Minimum Case Review Criteria

Statewide, 12 counties met their stated goals for case reviews, and only four counties met their *full* case review requirements established in Attachment C to ACL No. 06-35. “Stated goals” differ from “full case requirements” when a county has requested (and received CDSS approval) for an alternative review minimum and subsequently meets that goal. In such situations, CDSS considers those counties to have satisfied their responsibilities by meeting their stated goals for case reviews, even though those goals are less than their established full case review requirements.

In compliance with State Plan Amendment 13-007, new criteria have been established for determining the minimum number of cases to be reviewed. The new method results in case reviews of statistically significant samples which reasonably represent each county’s IHSS caseload based on caseload and QA staffing allocation, in accordance with MPP Section 30-702.122(b). Counties have been assigned their case review goals for FY 2014-15; for the first time, case review goals were calculated using the new criteria outlined in Appendix A to the CDSS IHSS QA/QI Policy Manual. This new methodology represents a clear workload reduction for counties while ensuring a representative sample of each county’s caseload is reviewed.