

DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-96, Sacramento, CA 95814



May 20, 2005

ALL-COUNTY INFORMATION NOTICE NO. I-24-05

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: PRELIMINARY INSTRUCTIONS REGARDING COUNTY QUALITY ASSURANCE ACTIVITIES**REFERENCE: California Department of Social Services (CDSS) ACIN I-69-04, Dated September 30, 2004**

This All-County Information Notice (ACIN) provides preliminary information regarding the mandated activities and functions of the county's Quality Assurance (QA) function or unit as set forth in Welfare and Institutions Code (W&IC) Section 12305.71 (see also Senate Bill (SB) 1104, Chapter 229, Statutes of 2004, § 46). This section provides that each county is required to establish a dedicated, specialized In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) QA function or unit that performs specific activities. Although specific procedures to be utilized by State and county staff are currently being developed by the State/County Procedures Workgroup, several counties have requested information regarding suggested tasks for QA staff that have been hired to perform QA functions. Section 12305.71 of W&IC (hereinafter referred to as "Section 12305.71") requires that county QA staff perform the following tasks:

Routine Scheduled Reviews of Supportive Services

Counties are to perform routine, scheduled reviews of supportive services cases to ensure that caseworkers appropriately and uniformly apply the IHSS/PCSP regulations and other State policies. If technical assistance is needed, the county staff may consult with State QA staff. Methodologies for determining sample size and selection criteria will be developed by the State/County Procedures Workgroup. The following are suggestions regarding tasks that, at a minimum, county staff can perform:

- Identify a methodology to ensure that case reviews are being conducted. Ensure that the methodology includes representation from all social workers performing assessments, and if applicable, all district offices.

- Conduct a desk review of cases. At a minimum, this review should include:
 - Verification that all required forms are on file and properly filled out and contain appropriate signatures.
 - For services that contain regulatory guidelines (domestic, laundry, food shopping, and other shopping and errands), ensure that written documentation is provided when the total need for services exceeds regulatory guidelines (Manual of Policy and Procedures [MPP] 30-758.41).
 - In all protective supervision cases, verify that appropriate documentation regarding the need for protective supervision is recorded and that all protective supervision calculations on the SOC 293 are correct.
 - In cases where the recipient's spouse is residing in the household and does not receive IHSS, verify that all services authorized are consistent with the MPP 30-763.411.
 - In shared living situations, ensure that proration requirements contained in MPP 30-763.471 are met.
 - For all cases, verify that case files contain documentation showing how the need for services, and hours authorized for purchase, were determined.
 - For cases that indicate some portion of the need is met through an alternative resource, verify that the case files contain documentation of the name of the agency or individual providing the alternative resource. If the alternative resource service provided is compensable by IHSS, a SOC 450 should be completed and signed by the individual providing the service voluntarily (MPP 30-763.64).
 - If paramedical services are authorized, verify that the services on the SOC 321 are paramedical in nature and that the certification period listed on the SOC 321 has not expired (MPP 30-757.196).
 - Determine if the assessment or reassessment was conducted in the time period specified in regulations.

- Develop methodologies to conduct home visits on a sub-sample of desk reviewed cases to validate the social worker's assessment, ensure that the authorized services are consistent with the consumer's needs, and that the authorized services are being provided. It is noted that some factors can be validated by telephone; however, in order to accurately assess the appropriateness of the services authorized, it is recommended that home visits be conducted in addition to any telephone validation efforts.

- County QA staff should also develop protocols for reporting findings from case reviews and home visits. It is recommended that the protocols include the following, at a minimum:
 - A mechanism for reporting desk review and home visit findings to management and staff responsible for responding to findings and making appropriate corrections.

- Reports to include data such as the number of cases reviewed, the number of home visits conducted, the types of findings identified, the number of cases for which county staff agree or disagree with the county QA staff's findings, and corrective actions identified and initiated, and any targeted case reviews completed.
- A process for follow up to ensure that necessary actions have been completed and those outstanding issues have been responded to.
- A process for identifying needs for quality improvement measures when issues are systemic in nature. County staff may consult with the CDSS QA staff regarding quality improvement efforts.

Respond to Data Match Discrepancies

Section 12305.71(c)(1) requires that county QA staff shall receive, resolve, and respond appropriately to claims data match discrepancies or other State-level QA and program integrity information indicating potential overpayments/underpayments for supportive services. Further written procedures and instructions regarding responding to data matches will be developed through the State/County Procedures Workgroup.

Currently, CDSS provides counties with quarterly death match reports that are generated by the State Controller's Office through the matching of State and federal death files against recipient and provider records. Written instructions regarding responding to information on the death match report has previously been provided to each county.

It is planned that additional data matches will be generated by matching specified Medi-Cal provider payment records against IHSS provider payment records. The initial data matches will include matching Medi-Cal acute hospital and skilled nursing payments against IHSS provider payments. The purpose of the matches will be to ensure that duplicate Medi-Cal payments are not made and that when potential duplicate payments are identified, county staff should take appropriate follow-up action.

Until procedures are developed and issued regarding responding to data matches other than death matches, CDSS is requesting the assistance of county staff in piloting the investigation of other types of data matches for the purpose of quality improvement.

Identify Potential Sources of Third-Party Liability

Section 12305.71(c)(2) requires that county QA staff implement procedures to identify potential sources of third-party liability for IHSS/PCSP services. The State/County Procedures Workgroup will develop written procedures and guidelines for identifying and reporting potential sources of third-party liability that are identified through the assessment

process or through QA activities. 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

Monitor the Delivery of Supportive Services to Detect & Prevent Potential Fraud

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, recipients, and others, and to maximize the recovery of overpayments and remedy underpayments. CDSS will develop written procedures and guidelines in consultation with the State/County Procedures and Fraud/Data Evaluation Workgroups. Until written procedures are issued, the following are options that the county QA staff may utilize to detect and prevent potential fraud:

- Review the Over 300 Hour report provided through the Case Management, Information and Payrolling System (CMIPS) and perform appropriate follow-up activities when indicated.
- Use the Ad Hoc tool developed by Electronic Data Systems (EDS), to develop other criteria to identify potential fraud.

Develop a Schedule to Periodically Perform Targeted QA Studies

Section 12305.71(d) requires that each county is to develop a schedule under which county QA staff will periodically perform targeted IHSS/PCSP QA studies. For the period July 1, 2005 through June 30, 2006, it is suggested that county QA staff utilize information received from CMIPS reports, downloads, or the Ad Hoc tool to identify potential areas for targeted QA studies.

Although it is not necessary to submit the targeted QA studies plan to CDSS for approval, it is planned that State monitoring staff will incorporate review of the plan into their monitoring efforts.

Conduct Joint Case Review Activities with State QA Staff

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 recipients. The protocol should take into account the relative priority of the activities required of county IHSS/PCSP QA functions and

available resources. Specific written procedures will be developed by the State/County Procedures Workgroup.

Further information, procedures, and guidelines will be developed by the State/County Procedures Workgroup regarding the information in this letter and will be provided when finalized. If you have further questions regarding this ACIN, please contact the Adult Programs Branch QA Bureau at (916) 229-3494 or by e-mail at IHSS-QA@dss.ca.gov.

Sincerely,

**Original Signed By Joseph M. Carlin on
May 20, 2005**
JOSEPH M. CARLIN
Acting Deputy Director
Disability and Adult Programs Division

c: CWDA