

# CHAPTER 9

## IHSS QUALITY CONTROL, ASSURANCE & IMPROVEMENT

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### QCA FINDINGS

#### Findings

QCA reviews may result in a “finding” that requires corrective action. The types of findings are:

#### *Overpayments/Underpayments*

An incorrect amount of services/payment has been issued, a data entry or arithmetic error has been made, and/or a provider or recipient has been collecting payment for services not rendered. All overpayments/underpayments are “Primary Findings”.

#### *Critical Incident*

The health and safety of the recipient is at risk due to inadequate service delivery or the current assessment. A critical incident requires immediate action. Critical incidents include the following:

- Neglect
- Abuse (physical, sexual, mental, financial, exploitation)
- Provider “No Show” which poses a threat to the health and safety of the recipient
- Recipient is “Harmful to Self”

#### *Ineligible*

The recipient does not meet the financial, safety/health or other required criteria to be eligible for IHSS. IHSS regulations and policy are either not applied or applied incorrectly, resulting in the authorization of services to persons not eligible for IHSS.

#### *Procedural*

The recipient’s eligibility is not documented in the case record, but Quality Control can verify the recipient’s eligibility.

#### *Suspected Fraud*

Fraud exists when a person, on behalf of himself or others, has:

- Knowingly and with intent to deceive or defraud, made a false statement or representation to obtain benefits, obtain a continuance or increase of benefits, or avoid a reduction of benefits.
- Knowingly and with intent to defraud failed to disclose a fact, which, if disclosed, could have resulted in a denial, reduction, or discontinuance of benefits.
- Knowingly and with intent to deceive or defraud accepts benefits to which he/she was not entitled, or accepts an amount of benefits knowing it is greater than the amount to which he/she is entitled. Made statements which he/she knew to be untrue for the purpose of obtaining benefits, continuing to obtain benefits, or avoiding a reduction, or denial of benefits.

***Action Items***

Any finding that requires a response or a correction. These items occur when the case does not reflect the current situation, and the case needs to be and can be corrected. This includes service changes and paperwork corrections.

**Overpayments/Underpayments**

When a desk review of the case file confirms that an overpayment/underpayment has occurred, the QCA Social Worker will:

- Request the case file, from either the IHSS Social Worker (copy the IHSS Social Work Supervisor) or Records Services.
- Document the overpayment/underpayment in the case narrative, including:
  - The reason the overpayment/underpayment occurred
  - The beginning date
  - The end date
  - The estimated gross overpayment/underpayment amount
- Confirm the actual dates for the overpayment/underpayment by reviewing the case file and contacting outside sources (e.g. hospital, skilled nursing facilities etc.) where appropriate.
- If necessary, request and review timesheets.
- Complete the 12-62 HHSA Overpayment Referral (Attachments 9-I) form and submit to the IHSS Account Clerk.
- Place a copy of the *Overpayment Referral* in the case file.
- Log the overpayment/underpayment amount on the IHSS QCA-30 IHSS QCA Review Tracking Log.
- Return the case file to the IHSS Social Worker or to Records Services.

If recipient or provider fraud is indicated, complete and submit a referral to Public Assistance Fraud Division (PAFD). If internal fraud is indicated, follow the instructions detailed on Section E “Case Review Requests/Fraud” of the IHSS Policy and Procedure Handbook.