

**SIERRA COUNTY  
IN-HOME SUPPORTIVE SERVICES  
QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN**

July 1, 2021 - June 30, 2022



Submitted by:  
Vickie Clark, MSW – Sierra County Social Services  
202 Front Street, PO Box 1019, Loyalton, CA 96118  
530-993-6707  
Email: [vclark@sierracounty.ca.gov](mailto:vclark@sierracounty.ca.gov)

## **I. Background**

The Governor's 2004/2005 State Budget included provisions for the In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement Initiative. This initiative and the subsequent health and human services' budget trailer bill SB 1104 put in place funding for new State and County Quality Assurance (QA) staff, the IHSS/Personal Care Services Program (PCSP) training program, and systems changes.

The goal of the initiative is to improve the quality of IHSS/PCSP service need assessments, enhance program integrity, and to detect and prevent program fraud and abuse. This plan was written using the following All County Information Notices (ACIN) and All County Letters (ACL) as references: ACIN I-69-04, ACIN I-64-05, ACIN I-24-05, ACL 10-39, and ACL 13-110.

## **II. Mission, Goals, and Objectives**

The mission of the IHSS QA Program is to assist and support the IHSS staff of Sierra County Health and Human Services (HHS) to authorize and provide IHSS services in a uniform, effective, and accurate manner for the benefit of program recipients.

The goals of the IHSS QA/QI Program are to ensure Federal and State regulations, as well as county policies and procedures, have been applied correctly, required documents are present, and the need for services is well documented in order to maintain program integrity. This includes activities for fraud detection and prevention in the provision of supportive services. The Sierra County IHSS Anti-Fraud investigations are provided by the Sierra County Sheriff's Office through an MOU (Attachment A). This plan is published as a separate document.

The objective of the IHSS QA/QI Program is to help provide services to senior or disabled individuals so they may remain safely in their home with oversight by CDSS and California Department of Health Care Services (DHCS), and to Sierra County HHS in the form of statistical summaries obtained from reviews of IHSS cases. Any problems which appear to be systemic will be identified and a Quality Improvement (QI) plan developed to include how and when an issue will be resolved.

## **III. Quality Assurance Overview**

Sierra County Health and Human Services (HHS) social workers manage Adult Protective Services (APS), IHSS and Children and Family Services (CFS). Sierra County HHS is currently fully staffed with 3 social workers, a Social Work Supervisor, and a QA/QI Coordinator. Each social worker is assigned to two programs each, two are assigned to CFS and IHSS, and one is assigned to APS and IHSS. The QA/QI Coordinator will be

performing QA/QI activities for all three programs. All three SW as well as the QA/QI Coordinator will have an understanding of all three programs. Each day the intake responsibilities for all programs is rotated to one social worker as “worker of the day.” The Social Work Supervisor is responsible to track the pertinent ACL’s and educate the team regarding the information. All social workers facilitate referrals to the Nevada-Sierra Regional IHSS Public Authority in Grass Valley, California, for all IHSS Registry and Non-Registry Provider enrollment activities. These activities include, but are not limited to: background checks and provider orientation.

All IHSS staff, including Social Work Supervisor, QA/QI Coordinator, and the 3 IHSS Workers have attended IHSS 101 and IHSS 102. Additionally, the QA/QI Coordinator has attended the two-day Fair Labor Standards Act/Program Integrity, Disability Awareness, State Hearings (FLSA/PI-SH) module, and Mandatory IHSS Refresher Training Course, as well as the online course, Discussing Sexual Orientation and Gender Identity (SOGI) with IHSS Applicants.

April 24 - 26, 2020 CDSS conducted the QA monitoring review and Sierra County was found to be 100 percent compliant in the following areas:

- Request for Order and Consent- Paramedical Services forms (SOC 321s) were in the case file when required, were current, all of the services authorized were paramedical in nature, were completed by a Licensed Health Care Professional and signed by the recipient.
- The Assessment of Need for Protective Supervision forms (SOC 821s) were in the case file
- Unmet need was identified, as appropriate, and attempts to identify other resources were documented.
- Recipient/Employer Responsibility Checklist forms (SOC 332s) were in the case files and were appropriately completed.
- Healthcare Certification forms (SOC 873s) were appropriately completed.

Additionally, Sierra County has no overdue for reassessment currently and has been able to maintain 92% compliance rate for reassessments.

The SW supervisor meets weekly for individual supervision and reviews and approves case work through each phase. Social Work Supervisor also meets with staff individually on a weekly basis where direction and coaching are provided.

It is understood that reviews are intended to provide information for consistent case management and program uniformity, as well as assure compliance with State and County IHSS regulations. This process will also identify needs for staff training and policy clarification. Additionally, the Desk Review, the Home Visit, and any necessary follow-up

should confirm the information in the case record accurately reflects the client's circumstances.

A Desk Review will include all terminated and denied cases, validation of case file information by recipient contact, and verify:

- \* Required forms are present, completed, and contain appropriate signatures and
- \* Need for each service and hours authorized is documented.

A sample of the desk review tool Sierra County uses is attached (Attachment D) as well as a summary tool (Attachment E). Please note these tools may change once the new CDSS yearly assessment tool has been released.

Home Visits include:

- \* A sub-sample of Desk Reviews to confirm the assessment is consistent with the recipient's needs for services, and
- \* The applicable Federal and State laws and policies have been followed in the assessment process.
  - o In the event in-person IHSS QA home visits are not feasible during emergencies such as pandemics or natural disasters, county QA will complete their visits in accordance with existing state regulations and/or local county ordinances.

As mentioned above, the Social Work QA/QI Coordinator will review all terminated cases, denied applications, and withdrawn applications. The purpose of these reviews is to validate that the termination, denial, or withdrawal is consistent with regulations and the County has taken all necessary steps prior to terminating the case or denying the application. Necessary steps include, but are not limited to: making appropriate contacts to obtain required information and providing assistance when needed. This year Sierra County reviewed one application that was withdrawn by the client.

As reviews are completed, they will be submitted to the Social Work Supervisor to assess QA/QI results which may include recommended correction and improvement activities. The Social Work Supervisor and the social services QA/QI coordinator will meet and discuss findings from all Desk Reviews. If additional correction and improvement activities are necessary, a plan of action will be created. If all parties are in agreement with the findings, and necessary correction and improvement activities have been accomplished, the review process is considered complete. If an issue cannot be resolved, it will be elevated to the Social Services Director for resolution.

Targeted Case Reviews differ from routine scheduled Desk Reviews in that rather than a focus on the recipient receiving the correct services at a level which allow him/her to remain

safely in his/her home, the focus is limited to single issues identified by the Social Work QA/QI Coordinator. Examples of Targeted Reviews may include any of the following:

- \* Timely Assessments and Reassessments
- \* Provider Enrollment Form
- \* Voluntary Services Form
- \* Paramedical Services Form
- \* Protective Supervision Cases
- \* Hours Exceed Guidelines
- \* Able and Available Spouse
- \* Services for Children
- \* Proration Calculations
- \* Provider 300+ Paid Hours Report
- \* No Timesheet Activity Report
- \* Specific Service categories
- \* Any area leading to overall improvement
- \* Ensuring a specific policy is being followed

Specific problematic areas will be targeted for special review, to assure all cases in a specific class are following current policies and procedures. The IHSS cases are either found to be in compliance or not in compliance. The Social Work Supervisor receives the reviews directly and is responsible for assuring future compliance.

The Social Work QA/QI Coordinator's duties will also include Fraud Investigation. The QA/QI Coordinator will report directly to the Social Work Supervisor. Also mentioned above, the Anti-Fraud Investigation will be coordinated with the Sierra County Sheriff's Office as appropriate.

#### **IV. Discovery Methodology**

Sierra County will collect data from the following sources in order to assess the quality of ongoing operations and services provided to Community First Choice Option (CFCO), Personal Care Services Program (PCSP), IHSS Plus Option, and IHSS Residual recipients:

- \* Supervisory review of cases of all applications and reassessments
- \* Quality Assurance Reviews conducted by the IHSS QA/QI Coordinator
- \* Information received from State monitoring activities
- \* Case Management, Information and Payrolling System (CMIPS II) reports
- \* Review of complaints/fair hearing outcomes
- \* Consumer/Partner Input
- \* IHSS Public Authority

- \* Direct consumer input
- \* Fraud Detection and Prevention Activities
- \* Anti-Fraud allegations will be referred to the Sierra County Sheriff for remediation.

## **V. Remediation Process**

Sierra County will utilize the data received through the processes outlined in the discovery methodology to identify and correct problems/errors detected. Problems/errors will fall into two categories: individual case or systemic.

### **Individual Case Problems/Errors**

Errors discovered through either the supervisory or QA/QI Review process will be brought to the assigned social worker's attention by the Social Work Supervisor after reviewing the QA/QI Monitoring Desk Review form (Attachment D). If an action is needed, the case file is returned to the assigned social worker along with review form describing any necessary changes. The social worker will make corrections within the 45-day timeline. Should no action be necessary, but a procedural issue has been discovered, the Social Work Supervisor will determine if this is an issue the assigned social worker is struggling with or if it is a systemic problem/error which includes all staff. The Social Work Supervisor's response will be based on this determination. Although it may be identified as an individual social worker struggle, should the issue continue, formalized training may be provided to all social workers.

### **Systemic Problems/Errors**

Should problems/errors be found across staff and/or the frequency of the error is high, the issue will be brought to the attention of both the Social Work Supervisor and the Social Services Director by the QA/QI Coordinator for review. The QA/QI Coordinator will provide recommendations for corrective action. The corrective action may include training, and/or IHSS policy and procedure development or revision. If necessary, CDSS IHSS may be contacted to request clarification of State policy or procedure.

## **VI. County Response to Critical Incidents**

Sierra County IHSS defines a critical incident as any incident/event which presents an immediate threat to the health and/or safety of a recipient and requires County intervention. Critical Incidents may include but are not limited to: serious injuries caused by accident, medication error/reaction, abuse or neglect. In addition, this includes any potentially harmful natural or man-made event that threatens a recipient's life, health, or ability to remain safely in their own home. Examples of this type of critical incident include but are not limited to:

fire, earthquakes, floods, extreme weather conditions, power outages and hazardous material spills.

Countywide incidents are managed by Sierra County Office of Emergency Services. Sierra County HHS is a part of this network. IHSS maintains a disaster preparedness list of impaired recipients and will provide it to first responders.

Personal events in a recipient's life that may result in physical, emotional, or financial harm, or may negatively affect their ability to remain independent are considered critical incidents. Sierra County has a social worker designated as on call 7 days a week and a 24-hour emergency number available to receive and act on emergency reports. Should a critical incident of this nature be discovered, it shall immediately be reported to the on duty social worker who will then contact the Social Work Supervisor or the Social Services Director. Whenever applicable, the social worker will coordinate with local law enforcement to ensure the recipient's safety.

Critical incidents will be documented through the use of a tracking sheet (Attachment B). This tracking sheet will include the date, time, and a summary of the incident. This sheet will be kept in the recipient's IHSS case and a copy will be provided to the QA/QI Coordinator for data collection. Critical incidents will also be reported to Adult Protective Services (APS) or Children and Family Services (CFS) as noted on the Critical incident tracking sheet.

## **VII. Data Matches**

WIC Section 12305.71 (c) (1) requires County QA/QI Coordinator to be in receipt of, resolve, and respond appropriately to claims Data Match discrepancies or to other State level QA/QI and program integrity information indicating potential overpayments and/or underpayments for supportive services.

State QA staff receives a report from the Department of Public Health, which is then sent to the County IHSS with a cover letter and appropriate forms for reporting investigation findings. The County Social Services QA/QI Coordinator will be responsible for the follow up investigation and completion of the State QA/QI reporting forms.

The County Social Work QA/QI Coordinator will be responsible for investigation and completion of forms sent to the County regarding all data matches. This Social Work QA/QI Coordinator may perform the following activities in investigating the Data Match discrepancies:

- \* Verify the individual match is not deceased and an incorrect Social Security number was entered into CMIPS. Then ensure it is corrected.

- \* Meet with the individual match (recipient or provider) and view their photo ID and Social Security card to verify the match is not deceased.
- \* Verify the individual match is deceased, an overpayment occurred, and overpayment recovery action has been initiated.
- \* Verify the individual match is deceased, an overpayment occurred, and a fraud referral has been made to the Sierra County Sheriff. It will be indicated to whom a fraud referral was made, whether to the County IHSS social worker, Program IHSS Fraud Investigator (Sierra County Sheriff), or District Attorney.

## **VIII. Third-Party Liability**

WIC Section 12305.71 (c) (1) requires County QA/QI staff implement procedures to identify potential sources of third-party liability for supportive services. Examples of third-party liability resources include Workers' Compensation insurance, Long-Term Care insurance, Victim Compensation Program payments, and civil judgments/pending litigations.

The County Social Work QA/QI Coordinator may become knowledgeable of the existence of third-party sources while performing routine QA/QI activities including but not limited to: Targeted Reviews, Desk Reviews, and Home Visits. The Social Work QA/QI Coordinator will immediately document in writing pertinent information and forward to the Social Work Supervisor and assigned IHSS social worker when any third-party sources are found. The County Social Work QA/QI Coordinator will also immediately notify the CDSS, DHCS, Third Party Liability, at 916-650-0430. DHCS will instruct the County Social Work QA/QI Coordinator how and where to submit the necessary documentation concerning third-party liability issues.

## **IX. Person-Centered Planning**

### **Consumer Rights and Responsibilities**

Recipients are provided with the following forms at application and renewal:

- \* Publication 13, Your Rights Under California Welfare Programs,
- \* Individual Emergency Back-up Plan (SOC 827) or Individualized Back-Up Plan and Risk Assessment (SOC 864),
- \* Voter's registration,
- \* An information sheet regarding the IHSS program outlining the recipient's role, and
- \* Recipient/Employee Responsibility Checklist (SOC 332).

Forms are reviewed with the recipient by the IHSS social worker. Whenever necessary, the forms are provided to the recipient in their preferred language. Additional forms and materials in other languages are readily available via the internet and CDSS site.

Sierra County Social Services employs a Spanish/English bilingual Social Worker III who has been merit tested at a competency III level. This worker is assigned all cases requiring her skills. Sierra County HHS also maintains a Memorandum of Understanding (MOU) with Spanish bilingual contractors to assist individuals whose primary language is Spanish. Other than those who speak Spanish, individuals whose first contact with the Department is in person are immediately offered the "I speak..." card in order to identify their primary language. If the individual fails to self-identify his or her primary language, a language line is utilized to identify the primary language and for translation of interpreter services available and appointment scheduling.

The use of interpreters and other language forms is documented in the IHSS social worker's narrative. Need for special accommodations due to disability or special language needs are noted in/on the physical case record.

#### **Access to Advocacy/Alternative Community Resources**

Recipients are referred to advocacy and/or alternative community resource services as needed or requested. The Health Insurance Counseling & Advocacy Program (HICAP) is an agency which provides counseling and advocacy services for Medicare Beneficiaries residing in the counties of El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sierra, Sutter, Yolo and Yuba. Currently there is no formal referral process for adult services. The closest office for this agency is Grass Valley, California. Grass Valley is located an hour and a half from the main IHSS office. There are no other advocacy groups/programs available in Sierra County. Sierra County has developed a protocol for assisting individuals in identifying natural supports and resources.

#### **Contacting the Assigned Social Worker**

Information on how to contact their assigned social worker is provided to recipients through the following:

- \* All applications and renewal packets include a cover letter which provides information on how to contact IHSS.
- \* All notices provided to the recipient have the assigned social worker's identifying information listed.
- \* At the home visit, the assigned social worker provides the recipient with a business card and instructs the recipient how to contact them.
- \* Recipients may contact either the Loyalton or Downieville HHS office to inquire about their assigned social worker and how to contact them.
- \* SOC864, IHSS program Individualized Back-up Plan and Risk Assessment, is given to the recipient during the initial assessment and annual reassessment which also

contains information on how to contact the assigned social worker and how to contact the main HHS office.

### **Accessing Back-up Options for Care**

Recipients are encouraged to develop their own back-up plans. Generally during the assessment/reassessment process, the IHSS social worker assists the recipient in completing the Individual Emergency Back-Up Plan (SOC 827). The Individualized Back-Up Plan and Risk Assessment (SOC 864) is completed for all IHSS recipients. Sierra County has a social worker designated as on call 7 days a week and a 24-hour emergency number available to receive and act on emergency reports. Although the on duty social worker is assigned to respond to emergency situations during normal work hours, if that social worker is unavailable, another social worker is assigned to take the call. The on call social worker responds to emergency situations after hours.

## **X. Quality Improvement Measures**

### **Identified Improvements**

Potential areas for quality improvement will be identified through QA/QI activities including, but not limited to:

- ❖ IHSS formalized training,
- ❖ Desk Reviews,
- ❖ Home Visit Reviews,
- ❖ Targeted Case Reviews,
- ❖ Identification of critical events,
- ❖ Supervisor review of cases,
- ❖ Identification of suspected fraud,
- ❖ Collaboration with the IHSS Anti-Fraud Investigator (Sierra County Sheriff),
- ❖ Data Match discrepancies,
- ❖ Input from staff, Public Authority, or other involved agencies,
- ❖ State Hearing decisions, and/or
- ❖ Direct Mailings.

The County Social Work QA/QI Coordinator, the Social Work Supervisor, and the Social Services Director will meet to review:

- ❖ Quality Assurance findings,
- ❖ Overpayments and underpayments,
- ❖ Fraud referrals and findings,
- ❖ Exemplary work by social workers and best practices,
- ❖ Training needs,
- ❖ Policy and procedures, and
- ❖ Other identified system wide changes for program improvement.

All new information, including All County Information Notices (ACIN) and All County Letters (ACL) regarding any IHSS changes is reviewed by the Social Work Supervisor. A copy of the new information is given to the IHSS social workers and the QA/QI coordinator by the Social Work Supervisor. A plan for implementation is explained and implemented. All changes in IHSS will be implemented timely in Sierra County in accordance with instructions from CDSS.

Additionally, any information received by QA/QI activities is treated in the same manner by the Social Services Director. Information and training is given during staff meetings and written material is always given to the IHSS social worker.

### **Proposed Improvements**

Following the 2019-2020 CDSS Site Review, the state identified the following areas of concern:

- The assigned Functional Index (FI) rank was inconsistent with CMIPS documentation in 15 of 25 cases reviewed.
- Hourly Task Guidelines (HTGs) were not correctly applied in 6 of 25 cases reviewed.
- Authorized hours were assessed and/or documented incorrectly in 10 of the 25 cases reviewed.
- Accompaniment to Medical Appointment and/or Wait Time was assessed and authorized incorrectly in 6 of 25 cases reviewed.
- In all three cases reviewed with an application date of 10/01/2018 or later, SOGI requirements were not met.

Sierra County has adopted the following steps to authorize and provide IHSS services in a uniform, effective, and accurate manner for the benefit of program recipients.

Tasks to be completed with implementation timeline:

- ❖ QA/QI Coordinator will complete Quarterly Activities Report (SOC 824) with a target of completing all desk reviews (34) and Home visits (7) prior to the next State QA/QI Review in April 2021.
- ❖ At least one Targeted Case Review based on one of the identified areas of concern (see above). Sierra County has established a timeline for this process as follows:
  - Conduct Targeted Case Review by November 2020
  - Develop plan to address any issues identified from targeted case review by December 2020
  - Use of the quarterly desk reviews to determine compliance and if further action is warranted.

All staff have completed IHSS 101 and IHSS 102 and will be completing, *The Fair Labor Standards Act - Program Integrity - State Hearings, Disabilities Awareness – Medical Implications, and Discussing Sexual Orientation and Gender Identity (SOGI) with IHSS Applicants.*

Sierra County's population continues to decrease but the senior population holds steady with close to 50% of the population being over the age of 60. These are significant numbers which identify the growing need for strong and well informed adult programs. Creating a strong IHSS program is imperative to assist in the quality of life for our community and citizens. Sierra County has recommitted to this focus in 2021-2022.

**XI. Quality Assurance Annual Budget FY 2020-2021**

Please see Attachment C.

**XII. Fraud Detection/Anti-Fraud Plan**

The Sheriff's Office provides this service through an MOU (Attachment A).

**XIII. Signature and Attest of Policy and Procedures**

I, Vickie Clark, Director for Sierra County Health and Social Services attest the above Sierra County In-Home Supportive Services Quality Assurance/Quality Improvement Plan includes all current Policy and Procedures and any proposed Program Improvement.

  
\_\_\_\_\_  
Vickie Clark, MSW  
Director Public Health and Social Services

7/7/21  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Jamie Shiltz, MSW  
Social Work Supervisor

07/07/2021  
\_\_\_\_\_  
Date

## Attachment A

**MEMORANDUM OF UNDERSTANDING  
BETWEEN SIERRA COUNTY SOCIAL SERVICES  
AND  
SIERRA COUNTY SHERIFF'S OFFICE  
FOR THE INVESTIGATION OF FRAUD  
AGAINST THE IN HOME SUPPORTIVE SERVICES (IHSS) PROGRAM**

This Memorandum of Understanding (MOU) is entered into by and between Sierra County Social Services (SCSS) and Sierra County Sheriff's Office (SCSO), to obtain funding through SCSS for reimbursement of certain In Home Supportive Services (IHSS) fraud investigation activities.

**Article 1      Program Provision**

- 1.1 For the purpose of obtaining reimbursement of costs for certain In Home Supportive Services (IHSS) investigation activities SCSO agrees to:
  - 1.1.1 Ensure that investigative personnel assigned to perform the IHSS fraud investigation function and activities meet the minimum standards for peace officers referenced in the California Department of Social Services Manual of Policies and Procedures Division 30 (section 702.15-17)
  - 1.1.2 Refer to District Attorney for filing of criminal and/or civil charges when an investigation reveals probable cause exists to suspect fraud against the IHSS programs by one or more recipients and/or providers of this program.
  - 1.1.3 Cooperate in establishing and maintaining a vigorous, viable program of IHSS fraud control in the County.
  - 1.1.4 Be subject to audit and review for compliance by any agency of the State or Federal Government involved in the administration of this program.

**Article 2      Term**

2.1 The term of this MOU shall be from July 1, ~~2021~~ through June 30, 2022 and renew automatically each fiscal year beginning July 1 and ending June 30 unless terminated by either party.

2.2 Either department/office may terminate the MOU for convenience and without cause upon 30 days advance written notice. In the event of termination by SCSS, SCSO shall receive compensation for any services performed through the effective date of termination.

2.3 This MOU may be cancelled immediately by either party upon written mutual consent.

**Article 3      Fiscal Provisions**

3.1 IHSS funding is available only for a set rate calculated by the investigative officer's salary at overtime plus benefits while performing IHSS case investigations and referral

for criminal and civil prosecutions. The investigative officer must prepare monthly time reporting to be used to allocate the set rate to the appropriate program.

3.2 Time spent in fraud activities must be recorded for each day of investigative activity and will be submitted on the form represented in Attachment A. Time spent must be recorded to the appropriate program and area of investigation and/or referral for prosecution. All original time reports are to be retained by SCSO for future audit purposes. Copies must be submitted to SCSS as supporting documentation of costs invoiced.

3.3 Costs must be claimed on the County Expense Claim by SCSS as a direct Purchase of Service and identified to the appropriate program. These claims are subject to state and federal audits.

3.4 SCSO will charge costs related to the activities described within this MOU (Attachment A) to SCSS. Request for payment shall be in the form of the invoice attached hereto as Attachment B. SCSO will forward the invoice to SCSS fiscal unit for processing. SCSO will include with the invoice documentation sufficient to establish the cost distribution between programs and activities.

3.5 Sierra County Sheriff's Office shall be permitted to use vehicles from Sierra County Health and Human Services fleet for the sole purpose of completing fraud investigations. While Sierra County deputies are utilizing Health and Human Services vehicles, they are prohibited from responding to emergency calls or other Sheriff Office business. Any cost incurred while Sierra County deputies are in the possession of HHS vehicles, i.e. fuel, damages, etc. will be absorbed by Sierra County Health and Human Services.

3.6 Total payments for the term of the 2021/2022 MOU shall not exceed twenty-three thousand Dollars and No Cents (\$23,000.00) for the investigation and referral to the District Attorney for prosecution of IHSS fraud. Upon renewal of the MOU on July 1, total payments for each successive Fiscal Year thereafter shall not exceed Twenty Three Thousand and No Cents (\$23,000.00) as outlined in Attachment A without an amendment to this MOU approved by the Director of Social Services.

3.7 Pursuant to 2 CFR 180.300(a), I understand the suspension and debarment rules and certify to the best of my knowledge and belief, I am not:

- Debarred nor suspended from federal financial assistance programs and activities.
- Proposed for debarment.
- Declared ineligible.
- Voluntarily excluded from participation in covered transactions by any federal department or agency.

#### **Article 4 Non-Discrimination**

4.1 No person shall be subjected to discrimination on the grounds of race, color, national origin, age, political affiliation, religion, marital status, sex, or disability in the investigations covered by this MOU. To this extent, SCSO agrees to comply with the provisions of Division 30 of the Manual of Policies and Procedures of the California Department of Social Services, which implement the provisions of the applicable state and federal civil rights laws.

4.2 SCSSO shall ensure that its policies and procedures for administering this program do not have the effect of subjecting individuals to discriminatory treatment or defeating the objectives of these regulations. SCSSO shall take whatever steps are necessary to fulfill the requirements of this section.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed.

---

Vickie Clark, Director  
Sierra County Social Services

---

Michael Fisher, Sheriff  
Sierra County Sheriff's Office

**ATTACHMENT B**  
**IHSS Quality Assurance**  
**CRITICAL INCIDENT REPORT**

**Recipient Name:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_ **Reporter:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Type of Incident (circle those that apply)**

Hospitalization

Suspected Abuse or Neglect

Environmental Health Contamination

Heat/Cold Related Emergency

Personal Event

Other

**Summary of Event** \_\_\_\_\_

Attachment(s)

\_\_\_\_\_  
**APS report made:**

Yes

No

**CPS report made:**

Yes

No

**QA Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Copy to:  
IHSS File

**Attachment C**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

<b>In-Home Support Services (IHSS) Quality Assurance (QA) Annual Budget Plan</b>			
<b>Part 1. Quality Assurance Annual Budget Planning</b>			
County:	Sierra		
Fiscal Year:	2021-22		
Date Completed:	04/19/21		
Name of person completing QA Annual Budget Plan:	Mary Seymour		
Title of person completing QA Annual Budget Plan:	Financial Officer		
Telephone number:	530-993-6730		
A. Personnel Costs:	\$	90,854.60	
B. Operating expenses:	\$	3,100.00	
C. Travel / Training:	\$	4,314.00	
D. Subcontracts:	\$	-	
E. Equipment expenses:	\$	-	
F. Other expenses:	\$	-	
<b>Total Expenses</b>	<b>\$</b>	<b>98,268.60</b>	
<b>A. Personnel Costs</b>			
Item(s)	FTE / Description / Duties	Annual cost per item (\$)	Total annual cost (\$)
Social Worker QA/QI Coordinator	.7 FTE performs home visits, case review, attends community meetings and conducts surveys	64,265.60	
Social Worker Supervisor	.25 FTE SW Supervisor- provides direct supervision to the QA/QI specialist	26,589.00	\$ 90,854.60
<b>B. Operating Expenses</b>			
Item(s)	Description	Annual cost per item (\$)	Total annual cost (\$)
Office Supplies	Paper, Toner, other office supplies as needed	1,000.00	
Utilities	Electricity, Etc.	600.00	
Vehicle Maintenance	Fuel, maintenance, tire changes/ rotation for home visits and special assignments	1,500.00	\$ 3,100.00

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

<b>C. Travel / Training</b>			
<b>Item(s)</b>	<b>Description</b>	<b>Annual cost per item (\$)</b>	<b>Total annual cost (\$) C.</b>
Program Integrity and State Hearing	3 day training for 1 Social Worker QA/QI Coordinator	1,650.00	\$ 4,314.00
Implications Training	3 day training for 1 Social Worker QA/QI Coordinator	1,650.00	
Hotel	6 nights, average cost per night \$105	630.00	
Per Diem	6 days of training for Social Worker QA/QI Coordinator	384.00	
<b>D. Subcontracts</b>			
<b>Item(s)</b>	<b>Description</b>	<b>Annual cost per item (\$)</b>	<b>Total annual cost (\$) D.</b>
			\$ -
<b>E. Equipment Expenses</b>			
<b>Item(s)</b>	<b>Description</b>	<b>Annual cost per item (\$)</b>	<b>Total annual cost (\$) E.</b>
			\$ -
<b>F. Other Expenses</b>			
<b>Item(s)</b>	<b>Description</b>	<b>Annual cost per item (\$)</b>	<b>Total annual cost (\$) F.</b>
			\$ -

<b>Part 2. Quality Assurance Annual Budget Justification</b>
<b>A. Personnel Costs</b>
<b>Justification</b>
Sierra County averages about 47 cases per year-because of our small size and limited staff, all of the Social Workers carry IHSS cases. It was decided to fund a .7 FTE to perform QA/QI at the Social Worker level. The Social Worker will be directly supervised and will report any findings to the Director of Sierra County Health and Human Services.
<b>B. Operating Expenses</b>
<b>Justification</b>
Operating expense were estimated based on the small caseload in Sierra County.
<b>C. Travel / Training</b>
<b>Justification</b>
Sierra County is sending Social Worker QA/QI Coordinator to training in order to improve the quality of services to consumers.
<b>D. Subcontracts</b>
<b>Justification</b>

<b>E. Equipment Expenses</b>
<b>Justification</b>
<b>F. Other Expenses</b>
<b>Justification</b>

Attachment D

Sierra County IHSS Case Review Tool

<b>Case Information</b>						<b>Reviewed By:</b>	Staci Griffus
<b>Case Number:</b>		<b>Case SW ID:</b>		<b>Funding:</b>		<b>Date Reviewed:</b>	
<b>Recipient Information</b>							
<b>First Name:</b>		<b>Last Name:</b>		<b>Gender:</b>		<b>Age:</b>	
<b>Living Arrangement:</b>						<b>Has Washer and Dryer:</b>	
<b>Medical Condition/Diagnosis:</b>							
<b>Assessment Dates</b>							
<b>Assessment Type:</b>				<b>From Date:</b>		<b>To Date:</b>	
<b>Assessment Timely/Is there a current reassessment in CMIP5?</b>							
<b>Denied Case</b>							
<b>Is this a denied case?:</b>				<b>Appropriate Documentation to support denial?:</b>			
<b>Hourly Task Guidelines</b>							
<b>Service Type</b>	<b>FI</b>	<b>HRS</b>	<b>Min</b>	<b>Max</b>	<b>Stat</b>	<b>Do</b>	<b>Exception Language</b>
Domestic Services			6	6	Low	##	
Meal Preparation			###	7	OK	NA	
Meal Clean-Up			###	3.5	OK	NA	
Laundry			###	FALSE	OK	NA	
Shopping For Food			###	1	OK	NA	
Other Shopping/Errands			###	0.5	OK	NA	
Bowel and Bladder Care			###	FALSE	OK	NA	
Feeding			###	FALSE	OK	NA	
Routine Bed Baths			###	FALSE	OK	NA	
Dressing			###	FALSE	OK	NA	
Menstrual Care			###	FALSE	OK	NA	
Ambulation			###	FALSE	OK	NA	
Transfer			###	FALSE	OK	NA	
Bathing/Oral Hyg/Groom			###	FALSE	OK	NA	
Rubbing Skin/Repos			###	FALSE	OK	NA	
Care/Assist w/Prosthesis			###	FALSE	OK	NA	
<b>Narrative</b>							
<b>Documentation consistent with all FI Rankings</b>				<b>Narrative contains Social Worker's observations</b>			
<b>Needs Assessment</b>							
<b>Sufficient documentation for all assessed services</b>				<b>Hours assessed and documented correctly</b>			
<b>Med Accomp/Wait Time assess and auth correctly</b>							
<b>Household / Living Situation</b>							
<b>Information regarding Household/Living Situation consistent in CMIPS and Case Narrative</b>							
<b>Protective Supervision (SOC 821)</b>							
<b>Is this a Protective Supervision Case</b>				<b>Is there sufficient PS doc/justification</b>			
<b>SOC 821 in file, or documented sent to a physician</b>				<b>PS needs addressed @ each reassessment</b>			
<b>24-Hour plan in case file/rev'd at last assessment (SOC 825)</b>				<b>Memory, Orientation, and Judgement Documented</b>			
<b>Unmet Needs</b>							
<b>Does this case have Unmet Needs?</b>							
<b>SW doc attempt to ID other Unmet Needs Resources?</b>							

<b>Paramedical (SOC 321)</b>	
Is this a Paramedical Services Case	Form SOC 321 is in case file.
Authorized hours consistent with SOC 321	Form SOC 321 is current
SOC 321 signed by a licensed HCP	Is there sufficient documentation for Paramedical
SOC 321 signed by the Recipient/Authorized Rep	
<b>Proration</b>	
Is Proration applicable to this case?	
Adjustments correctly reflect the shared living regulations requirement	
<b>Critical Incidents</b>	
Any noted Critical Incidents were documented	Critical Incident Type:
<b>Companion Case</b>	
Does this case have any companion(s)?	Number of Companion Cases Reviewed:
<b>Alternative Resources</b>	
Is there documentation that ARs were explored?	When available, AR source and service documented
Hours for Service tasks were correctly adjusted.	If required, was the SOC Form 450 on file
<b>IHSS Forms</b>	
SOC 873* Health Care Certification	SOC 426A Recipient Designation of Provider
SOC 873 Signed by a licensed Health Care Professional?	SOC 827/864* Emergency Backup/Risk Assessment
HCP checked "Yes" indicating need for IHSS on Form 873?	Recipient Declined Form SOC 827/864?
SOC 873 If IHSS not indicated, did County follow up?	SOC 332 Recipient/Employer Responsibility Checklist
If no SOC 873 available, was alternative doc in case file?	If applicable, Completed SOC 839 (Designation of Rep)
<b>SOC 295</b>	
SOC 295 Application for In-Home Supportive Services In Case File	
Does SOC 295 have appropriate Signatures	
Is Sexual Orientation and Gender Identity entered in CMIPS Correctly	
<b>QA FINDINGS:</b>	
<b>QA COMMENTS: *These are NOT findings, but they may require follow-up.*</b>	
Provider(s):	
<b>Remediation</b>	
Date Given to Supervisor:	
Date Given to SW:	
Due Date:	(Due date is 45 days from date given to SW)
SW Completed:	
QA Verification:	

Attachment E

Sierra County Review Summary					
Review Type:		Review Dates:			
<b>Overall Case Statistics</b>					
Total County Case Load:		Total Cases Reviewed:			
Total Home Visits:					
Total Standard Cases (non-denied):		Total Denied Cases:			
<b>Case Funding Types</b>					
PCSP Cases:	IPO Cases:	CFCO Cases:	Residual Cases:		
<b>Assessment Statistics</b>					
		Yes	No	Percentage	
Initial Assessments:	0	Initial Assessment Done within 45 day of application:	0	0 #DIV/0!	
Reassessments (12 Mo):	0	Current Reassessment in case file:	0	0 #DIV/0!	
<b>Assessment Narratives/Needs Assessments</b>					
		Yes	No	Percentage	
Documentation is consistent with all Functional Index (FI) rankings:		0	0	#DIV/0!	
Social Worker's observations were included:		0	0	#DIV/0!	
Correct application of HTG (Time-Per-Task not used):		0	0	#DIV/0!	
Services and/or hours assessed and/or documented correctly:		0	0	#DIV/0!	
Medical Accompaniment/Wait Time assessed and authorized correctly:		0	0	#DIV/0!	
<b>Household / Living Situation</b>					
		Yes	No	Percentage	
Household evidence is consistent with case narrative		0	0	#DIV/0!	
<b>Protective Supervision (SOC 821)</b>					
		Yes	No	Percentage	
Number of Protective Supervision Cases Reviewed:		0			
Memory, Orientation, and Judgement functional rank assessed and documented correctly		0	0	#DIV/0!	
Sufficient PS documentation and justification and need addressed at each reassessment:		0	0	#DIV/0!	
Form SOC 821 in case file, or documented as sent:		0	0	#DIV/0!	
24-Hour plan in case file and reviewed at last reassessment:		0	0	#DIV/0!	
<b>Paramedical Cases (SOC 321)</b>					
		Yes	No	Percentage	
Number of Paramedical Cases Reviewed:		0			
SOC 321 is in the case file and completed correctly:		0	0	#DIV/0!	
Paramedical service(s) and/or hour(s) assessed and/or documented correctly:		0	0	#DIV/0!	
<b>Unmet Needs</b>					
		Yes	No	Percentage	
Number of cases with Unmet Needs Reviewed:		0			
Social Worker documented attempt to identify other Unmet Needs resources:		0	0	#DIV/0!	
<b>Alternative Resources</b>					
		N/A	Yes	No	Percentage
Number of cases where social worker documented that Alternative Resources were explored:		0	0	#DIV/0!	
When available, the source/service was documented and hours were adjusted appropriately:		0	0	#DIV/0!	
SOC Form 450 (Voluntary Services Certification) is in the case when required:		0	0	#DIV/0!	
<b>Critical Incidents</b>					
		Yes	No	Percentage	
Number of cases with Critical Incidents found:		0			
<b>IHSS Forms</b>					
		N/A	Yes	No	Percentage
SOC 873	Healthcare Certification	0	0	0 #DIV/0!	
SOC 426A	Recipient Designation of Provider	0	0	0 #DIV/0!	
SOC 864	Emergency Backup Plan form	0	0	0 #DIV/0!	
SOC 332	Recipient /Employer Responsibility Checklist	0	0	0 #DIV/0!	
SOC 839	Designation of Re (if applicable)	0	0	0 #DIV/0!	
SOC 295	Application for In-Home Supportive Services SOGI correctly recorded in CMIPS	0	0	0 #DIV/0!	

## Sierra County Review Summary

Proration		Yes	No	Percentage
Number of cases with Proration Reviewed:	0			
Adjustments correctly reflect the shared living regulations requirement:	0	0		#DIV/0!

Hourly Task Guidelines (HTGs)		Yes	No	Percentage
	Domestic Services	0	0	#DIV/0!
	Meal Preparation	0	0	#DIV/0!
	Meal Clean-up	0	0	#DIV/0!
	Laundry	0	0	#DIV/0!
	Shopping for Food	0	0	#DIV/0!
	Other Shopping/Errands	0	0	#DIV/0!
	Bowel and Bladder Care	0	0	#DIV/0!
	Feeding	0	0	#DIV/0!
	Routine Bed Baths	0	0	#DIV/0!
	Dressing	0	0	#DIV/0!
	Menstrual Care	0	0	#DIV/0!
	Ambulation	0	0	#DIV/0!
	Transfer	0	0	#DIV/0!
	Bathing/Oral Hyg/Groom	0	0	#DIV/0!
	Rubbing Skin/Reposition	0	0	#DIV/0!
	Care/Assist w/Prosthesis	0	0	#DIV/0!
Number of times exception language was required and was properly documented in case file.		0	0	#DIV/0!
Number of times exception language was inputted in error (no language was required)		0		

Companion Cases	
Total Number of Companion Cases Reviewed	0

Denied Cases	
Cases which were appropriate for denial	0

Remediation				
IHSS Worker Name	Number of cases reviewed	Number of cases with findings	Date Remediation is Due	Date Remediation was Completed

--	--	--	--	--