

In-Home Supportive Services							
Quarterly Report on Quality Assurance/Quality Improvement (QA/QI)							
For Personal Care Services Program (PCSP), IHSS Plus Waiver (IPW)							
And IHSS Residual (IHSS-R) Programs							
County:	Fresno						
County Code:	10	Reporting Quarter: June 2006					
Name/Title of person completing report:	Donald McClellan, Program Manager						
Phone number:	(559) 453-6204						
Date completed:	6/14/2006						
Routine Scheduled Review of Supportive Services Cases							
1. Desk Reviews		PCSP		IPW		IHSS-R	
A.	Number of desk review cases with no further action required	1	10	2	1	3	2
B.	Number of desk review cases requiring additional action	4	100	5	11	6	6
C.	Number of desk review cases completed (Item 1a plus Item 1b)	7	214	8	29	9	8
2. Home Visits		PCSP		IPW		IHSS-R	
A.	Number of home visits with no further action required	10	0	11	0	12	0
B.	Number of home visits requiring additional action	13	0	14	0	15	0
C.	Number of home visits conducted (Item 2a plus item 2b)	16	0	17	0	18	0
3. Fraud Prevention/Detection and Over/Underpayment Activities		PCSP		IPW		IHSS-R	
A.	Number of cases identified through QA/QI activities requiring further county review	19	1	20	1	21	0
B.	Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation	22	0	23	0	24	0
C.	Number of underpayment actions initiated as a result of QA/QI activities	25	1	25	0	27	0
D.	Number of Nonfraud-related overpayments initiated as a result of QA/QI activities	28	0	29	1	30	0
E.	Number of fraud-related overpayments initiated as a result of QA/QI activities	31	0	32	0	33	0
F.	Other: (specify) _____		0		0		0

4. Critical Events/Incidents Identified (Complete All That Apply)		PCSP	IPW	IHSS-R	
A.	Number of Neglect Cases	34 0	35 0	36	0
B.	Number of Abuse Cases (physical, sexual, mental, financial, exploitation)	37 0	38 0	39	0
C.	Number of Provider "No Show" Cases That Pose a Threat to the Health and Safety of the Recipient	0	0		0
D.	Number of "Harmful to Self" Cases	40 0	41 0	42	0
E.	Other Types of Critical Events/Incidents: (specify)	43 0	44 0	45	0
5. Actions Taken On Critical Events/Incidents Requiring a Response Within 24 Hours (Complete All That Apply)		PCSP	IPW	IHSS-R	
A.	Adult Protective Services (APS) Referral	46 0	47 0	48	0
B.	Child Protective Services (CPS) Referral	49 0	50 0	51	0
C.	Law Enforcement Referral	52 0	53 0	54	0
D.	Public Authority (PA) Referral	55 0	56 0	57	0
E.	911 Call Center Referral	58 0	59 0	60	0
F.	Out-of-Home Placement Referral	0	0		0
G.	Other: (specify) _____	0	0		0
6. Targeted Reviews (Complete All That Apply)		PCSP	IPW	IHSS-R	
A.	Timely Assessments	82 \$0.00	83 0	84	0
B.	Timely Reassessments	\$0.00	0		0
C.	Provider Enrollment Form (SOC 426)	85 0	86 0	87	0
D.	Voluntary Services Form (SOC 450)	88 0	89 0	90	0
E.	Paramedical Services Form (SOC 321)	91 0	92 0	93	0
F.	Protective Supervision Medical Certification Form (SOC 821)	94 0	95 0	96	0
G.	Hours Exceed Guidelines	97 0	98 0	99	0
H.	Able and Available Spouse	## 0	101 0	102	0
I.	Proration Calculations	## 0	104 0	105	0
J.	Services For Children	## 0	107 0	108	0
K.	Over-300-Hours Report	43	1		0
L.	Recipients Advised of Availability of Fingerprinting Information on Providers	## 0	110 0	111	0
M.	Other: (specify) _____	0	0		0

7. Quality Improvement Efforts (Check All That Apply)	
A. <input checked="" type="checkbox"/> XX Developed QA Tools/Forms and/or Instructional Materials	
B. <input checked="" type="checkbox"/> XX Ensured Staff Attended IHSS Training Academy	
C. <input checked="" type="checkbox"/> XX Offered County Training on Targeted Areas	
D. <input checked="" type="checkbox"/> XX Established Improvement Committees	
E. <input checked="" type="checkbox"/> XX Established Tools for QA/QI Fraud Prevention/Detection	
F. <input type="checkbox"/> Conducted Corrective Action Updates (Attach A Brief Summary)	
G. <input type="checkbox"/> Utilized Customer Satisfaction Surveys	
H. <input type="checkbox"/> Other: (specify) _____	