

In-Home Supportive Services Quality Assurance – Remediations

PP# 1901-00 IN-HOME SUPPORTIVE SERVICES QUALITY ASSURANCE - REMEDIATIONS

Disclosure: This document has been updated to include new coding ADS-PP-001-V1-IHSS
QA for reference purposes only. No revisions have been made to the policy or
procedure content.

COMPLIANCE- ADMINISTRATION	In-Home Supportive Services Quality Assurance - Remediations	P&P No.	PP 1901-00
		Effective Date	5/28/2026
		Director Initials	PSL

POLICY AND PROCEDURE APPROVAL

TITLE	In-Home Supportive Services Quality Assurance Remediations		
PURPOSE	To ensure that all In-Home Supportive Services, Quality Assurance action item findings identified by the Imperial County Department of Social Services are appropriately addressed and remediated within the established 45-calendar-day timeframe.		
SCOPE	In- Home Supportive Services and Quality Assurance Program Support staff.		
APPROVED BY	TITLE	SIGNATURE	DATE
Paula S. Llanas	Director	<i>Paula S. Llanas</i>	5/28/2026
Iris Zapien	Assistant Director	<i>Iris Zapien</i>	5/28/2026
Evelyn Sanchez	Deputy Director	<i>Evelyn Sanchez</i>	5/29/2026
REVIEWED BY:			
Sonia Duran	Program Manager		
Cynthia Quinonez	Program Manager		
AUTHOR	Zoyla Leyva		
DISTRIBUTION	In-Home Supportive Services and Program Support Staff		
REASON FOR REVISION	☐ New Letter or Notice ☐ N/A ☐ Erratum to existing Letter or Notice ☐ Other: ☒ Internal Request		
POLICY AND/OR PROCEDURE DELIVERY METHOD	☒ Informative only / written communication ☐ Informative in person meeting with section/unit ☐ Classroom training		

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POLICY

The Imperial County Department of Social Services (ICDSS) recognizes the importance of maintaining high standards of program quality and accountability. The In-Home Supportive Services (IHSS) Quality Assurance (QA) process includes systematic reviews of case documentation, service assessments, and eligibility determinations. When deficiencies, inconsistencies, or errors are identified—whether through routine desk reviews or evaluations of denied applications; those issues are formally documented as action item findings. These findings require corrective action to ensure that services provided reflect the current needs and conditions of the recipient, as outlined in the In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) Policy Manual and in accordance with Manual of Policies and Procedures (MPP) Section 30-702 – County Quality Assurance and Quality Improvement and the California Welfare and Institutions Code (WIC) Section 12305.71

Remediation responsibilities lie with IHSS program staff, who are required to address standard findings within 30 calendar days and findings involving immediate health and safety concerns within 10 calendar days. Supervisory personnel must confirm the completion of these corrections and communicate their resolution to the designated QA analyst. The QA analyst is responsible for reviewing the remediation responses to confirm that they are complete, accurate, and appropriately documented in the Case Management, Information and Payroll System II (CMIPS II).

Should any discrepancies remain unresolved or disputed, additional procedural steps will be initiated, including reassessment of the findings, reissuance of review summaries, and recalibration of deadlines within the 45-day compliance window. All QA actions and responses are tracked in centralized logs, and summary updates are provided to IHSS leadership on a weekly basis. Where remediation deadlines are approaching or at risk of being exceeded, escalation protocols ensure that administrative oversight is engaged in a timely manner. These procedures align with guidance provided in All County Letter (ACL) No. 13-110.

This policy ensures that all QA findings are addressed within regulatory timelines, reduces the risk of service gaps, and maintains the integrity of the IHSS program. It formalizes a structured communication and tracking process that supports compliance, promotes best practices, and upholds the department's commitment to protecting and empowering IHSS recipients.

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PURPOSE

To ensure that all IHSS QA action item findings identified by the Imperial ICDSS are appropriately addressed and remediated within the established 45-calendar-day timeframe.

SCOPE

This policy applies to IHSS and QA Program Support staff.

DEFINITIONS

Action Item Findings: Are identified issues that require follow-up or corrective action to ensure IHSS case compliance and accurate service authorization.

Case Management, Information, Payroll System II (CMIPS II): Is an information technology system that supports the IHSS program by providing functionality for case management of IHSS recipients, payroll processing for service providers, reporting, and customer support.

Desk Reviews: Comprehensive reviews conducted to verify that recipient needs are accurately assessed and that documentation complies with all applicable State and county requirements.

Denied Case Reviews: To confirm whether applications were correctly denied based on proper application of regulations.

Immediate Action Item Findings: These items occur when the health and safety of the recipient is at risk due to inadequate service delivery or inaccuracy of current assessment.

Remediation: When county QA has confirmed all identified findings have been corrected or successfully disputed by program staff and rescinded by QA.

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POLICY STATEMENT

It is the policy of the ICDSS to ensure that all findings identified through the IHSS QA review process are addressed accurately, promptly, and in accordance with applicable state and county requirements. This policy establishes the standards and procedures for the timely remediation of QA findings to uphold program integrity, safeguard recipient welfare, and ensure full compliance with the IHSS program requirements.

PROCEDURES

Desk Reviews:

QA Analyst shall:

1. Complete IHSS case desk reviews by documenting all action item findings requiring remediation on the Case Review Summary (Attachment A) or the Immediate Action Notice (Attachment B).
2. Complete desk reviews of IHSS denied cases by documenting all action items on the Denied Case Review Summary (Attachment C).
3. Route the physical case files, along with the corresponding Case Review Summary or Denied Case Review Summary, to the IHSS Office Assistant Supervisor every Monday. In the event Monday is a holiday, the cases will be routed the following day.

IHSS Social Worker Assistants, Social Workers or Social Worker Supervisors shall:

1. Address and correct all identified action items and submit a response within 30 calendar days from the date the physical case file and associated form(s) were received by IHSS.
2. Address and correct all immediate action item findings and submit a response within 10 calendar days from the date the physical case file and associated form(s) were received by IHSS.

IHSS Social Worker Supervisors shall:

1. Notify QA Analyst via email before the 30-calendar-day deadline, indicating that all case findings have been remediated and that the Case Review Summary, Denied Case Review Summary, or Immediate Action Notice are completed.

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2. Submit the completed Case Review Summary, Denied Case Review Summary, or Immediate Action Notice to the designated QA Analyst Inbox.

3. Notify QA Analyst for delays resulting from recipient noncompliance, the assigned worker shall document all reasonable efforts in the CMIPS II Case Notes screen.

QA Analyst shall:

1. Review remediation responses to ensure that action item(s) have been properly addressed and accurately documented or entered into the appropriate CMIPS II screen(s).
 - a. If it is determined that corrective action has been taken accordingly, the reviews are considered remediated. *Maintain copies of all completed forms and documents. These copies will be retained by the IHSS QA – Program Support Unit for three (3) years.*
 - b. If the remediation response is determined to be inconsistent with the identified finding(s), the following action(s) shall be taken:
 - i. When an action item can be corrected promptly, the QA Analyst shall notify the IHSS Social Worker Supervisor via email and/or telephone of the pending remediation and ensure immediate correction.
 - ii. When IHSS assigned worker disagrees with a finding(s), QA Analyst shall identify on the Case Review Finding Decision form (Attachment D) the following:
 - a. Your challenge to the findings is accepted; the finding will be removed.
 - b. Your challenge to the findings is not accepted; the finding stands and corrective action(s) is required.
 - c. As a result of the corrective action taken a new finding was identified requiring corrective action(s).
 - iii. Case Review Findings Decision (Attachment D) will be returned to IHSS Social Worker Supervisor for distribution to assigned workers. A new response due date shall be established, but it must still fall within the 45-calendar day limit.
2. Logs the date when the remediation response was provided in the IHSS QA Review Log (Attachment E) located in the IHSS QA shared drive and in the CMIPS II QA Assessment Review screen.
3. Send a bi-weekly email, on Mondays, including the IHSS Deputy Director, Program Managers, Social Worker Supervisors, and the Office Assistant Supervisor notifying them of all QA review responses that are due. *Note: In the event Monday is a holiday, the email will be sent the following day.*

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4. Notify the QA Program Manager five days before reaching the 30-day time limit on any pending QA responses

QA Program Manager shall:

- 1. Inform the IHSS Program Manager five days prior to reaching the 30-day time limit on any pending QA responses.
- 2. Inform the Deputy Director of any responses pending for findings that have reached the 30-day time limit.

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ATTACHMENTS

- Attachment A Case Review Summary (Attachment F in QA Plan)
- Attachment B Immediate Action Notice (Attachment H in QA Plan)
- Attachment C Denied Case Review Summary (Attachment G in QA Plan)
- Attachment D Case Review Findings Decision (Attachment I in QA Plan)
- Attachment E IHSS QA Review Log

REFERENCES

ACL No. 13-110 - Release of CDSS IHSS Quality Assurance/Quality Improvement (QA/QI) Policy Manual.

In-Home Supportive Services (IHSS) Quality Assurance/Quality Improvement (QA/QI) Policy Manual

Manual of Policies and Procedures (MPP) Section 30-702 – County Quality Assurance and Quality Improvement.
California Welfare and Institutions Code (WIC) Section 12305.71

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REVISION RECORD

REVISION NUMBER	DESCRIPTION OF CHANGE	REVISION COMPLETED BY	DATE
0	Initial Release		
1	Added new coding ADS-PP-001-V1-IHSS QA. No changes were made to the policy or procedure content.		7/27/2026
2			
3			
4			
5			

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Attachment A

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment F

CASE REVIEW SUMMARY

Case Sample (Month/Year):	☐ Desk Visit	☐ Phone	☐ Home
Case Name: Click or tap here to enter text.	Case Number: Click or tap here to enter text.	Case Worker: Click or tap here to enter text.	
Review Date: Click or tap here to enter text.	Response Due Date: Click or tap here to enter text.	Reviewed By: Click or tap here to enter text.	

TYPE OF ELIGIBILITY

☐ Status	☐ Income Eligible	☐ PCSP
☐ IHSS-R	☐ IPO	☐ CFCO

TYPE OF FINDING

☐ No Finding	☐ Action Item	☐ Informational Item
☐ Procedural	☐ Underpayment	☐ Overpayment

During the Desk/Phone Review, QA found the following Action/Info items:

Action Items:

Informational Items:

RESPONSE REQUIRED

☐ YES	☐ NO	☐ OST	☐ CASEWORKER
------------------------------	-----------------------------	------------------------------	-------------------------------------

TO BE COMPLETED BY IHSS STAFF

☐ I agree with findings and corrective action has been taken	☐ I disagree with findings.
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***Explanation must state the specific corrective action(s) taken or reason for disagreement; please include applicable regulation(s) (ACL, ACIN, MPP, WIC).**

***Disagreement response must be submitted within 10 calendar days of Review Date.**

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment F

Response to Action Item:

Effective Date:_____Hrs. Changed
from_____to_____

Disagreement:

FOR IHSS USE AND PURPOSE ONLY:							
Received by IHSS PM on:		Assigned to:		Date Assigned:			
Completed by:		Completion Date:		Verified by:		Verification Date:	

Attachment B

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment H

IMMEDIATE ACTION NOTICE		
Sample Month/Year:	Review Date Completed:	Response Due Date:
Case Name:	Case Number:	Case Worker:
Reviewed By:		

IMMEDIATE ACTION ITEMS: The above case was reviewed by QA and found items that need immediate action.

☐ **Critical Incident:** the health and safety of the recipient is at risk due to inadequate service delivery or inaccuracy of current assessment.

☐ **IHSS Services Ineligible:** recipient has been found to be ineligible for a specific IHSS service; for instance, any case without a Request for Order and Consent – Paramedical Services Form (SOC 321).

For the options stated below, the IHSS caseworker is required to immediately close the case, subject to the 10-day NOA.

☐ **1. Recipient moved out of State/County:** recipient is no longer an Imperial County resident.

☐ **2. Recipient is unwilling to give information/complete a home visit:** in case a recipient agrees to cooperate with QA, caseworker must contact QA. Case cannot be reopened unless recipient has cooperated with QA first.

☐ **3. Recipient is ineligible for IHSS:** recipient has been found to be ineligible for IHSS services; for instance, any case without a Health Care Certification Form (SOC 873) or alternative documentation.

ESSENTIAL FACTS:

RECOMMENDATION:

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment H

APPLICABLE REGULATION(S):

TO BE COMPLETED BY IHSS STAFF

☐ I agree with findings and corrective action
has been taken

☐ I disagree with findings.

*Explanation must state the specific corrective action(s) taken or reason for disagreement;
please include applicable regulation(s) (ACL, ACIN, MPP, WIC).

*Disagreement response must be submitted within 3 calendar days of Review Date.

RESPONSE TO IMMEDIATE ACTION:

DISAGREEMENT:

FOR IHSS USE AND PURPOSE ONLY:

Received by IHSS PM on:		Date of action:		Effective Date:	
Completed by:		Completion Date:		Approval Date:	

Attachment C

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment G

DENIED CASE REVIEW SUMMARY		
Case Sample (Month/Year): Click or tap here to enter text.		
Case Name: Click or tap here to enter text.	Case Number: Click or tap here to enter text.	Case Worker: Click or tap here to enter text.
Reviewed by: Click or tap here to enter text.	Reviewed Date: Click or tap here to enter text.	Response Due Date:
TYPE OF FINDING		
☐ No Finding	☐ Procedural	
☐ Action Item	☐ Informational Item	

During the Desk Review, QA found the following Action/Informational items:

Action Items:

Informational Items:

RESPONSE REQUIRED	
☐ YES	☐ NO
TO BE COMPLETED BY IHSS STAFF	
☐ I agree with findings and corrective action has been taken ☐ I disagree with findings.	

*Explanation must state the specific corrective action(s) taken or reason for disagreement; please include applicable regulation(s) (ACL, ACIN, MPP, WIC).

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment G

*Disagreement response must be submitted within 10 calendar days of Review Date.

Response to Action Item:

Disagreement:

FOR IHSS USE AND PURPOSE ONLY:							
Received by IHSS PM on:		Assigned to:		Date Assigned:			
Completed by:		Completion Date:		Verified by:		Verification Date:	

Attachment D

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment I

CASE REVIEW FINDINGS DECISION		
Review Month/Year:	Date Review Completed:	Date Received: Click or tap here to enter text.
Case Name: Click or tap here to enter text.	Case Number: Click or tap here to enter text.	Case Worker: Click or tap here to enter text.

Thank you for your response to the case review findings. Disposition to your challenge/corrective action is indicated below:

CORRECTIVE ACTIONS:

☐The documents you provided as verification of your corrective action(s) are not sufficient.

DISAGREEMENT WITH FINDINGS:

- ☐Your challenge to the findings is accepted; the finding will be removed.
- ☐Your challenge to the findings is not accepted; the finding stands and corrective action(s) is required.
- ☐As a result of the corrective action taken, a new finding was identified requiring corrective action(s).

EXPLANATION OF DECISION:

QA Reviewer:	Date:Click or tap here to enter text.
QA Supervisor: Click or tap here to enter text.	Date:

IHSS RESPONSE:

Imperial County Dept. of Social Services-IHSS-Quality Assurance | Attachment I

FOR IHSS USE AND PURPOSE ONLY:							
Received by IHSS PM on:		Assigned to:		Date Assigned:			
Completed by:		Completion Date:		Verified by:		Verification Date:	

Attachment E

- ☒

QA CASE REVIEWED RECORDS
- ☐

AGREE
- ☐

STATE REVIEW
- ☐

COMPLETED
- ☒

Case not reviewed
- Cases received and returned.

CASE NAME	CASE #	SW#	TYPE OF CASE	REVIEWER
John Doe	999999	RAYS	PCSP	BREN