OFFICE OF INVESTIGATIVE SERVICES
POLICY AND PROCEDURE #355

QUALITY ASSURANCE REVIEWS

POLICY:

Quality Assurance (QA) Reviews, which are federally required, are used as a tool to provide consistent feedback to the investigative staff on the quality of work and to assist in the identification of regional and statewide training needs. Cases are randomly selected by the OIS case tracking system for Quality Assurance and will typically include one screen out and one claim disposition for every Investigator from each month's production.

When conducting the QA review, the IIC is required to read the complete referral and review all referral and claim dispositions associated with the referral. The IIC will review the OIS investigative file, the county DFCS assistance and service records, documentation on SUCCESS and other appropriate computer systems containing assistance information, and the county DFCS claim files as appropriate.

Cases that have been identified for Quality Assurance will be reviewed for the following areas:

- Proper use of OIS disposition criteria
- Proper use of OIS policy
- Proper use of federal and state program regulations
- Proper use of investigative techniques
- Proper overpayment calculations
- Proper conclusion of the investigation
- Use of current federal, state, and OIS forms
- Proper form completion and disposition documentation
- Proper reporting to SUCCESS and the OIS database
- Proper OIS file maintenance

In the event that a QA review is selected for an investigation begun by one investigator and transferred to a different investigator, the case is read from the point of receipt for technical errors. If technical errors made by another investigator are discovered, the errors will be noted, but the investigator whose case is being reviewed will not be responsible for those errors. The receiving Investigator is accountable for the procedural accuracy of the investigation, overpayment calculation, and claim disposition.

County visits are required when reviewing claim dispositions. In the event that the assistance record has been transferred to another county outside the region or is not available, the IIC will complete a desk review of the OIS file and documentation on SUCCESS. The IIC may use discretion when determining the necessity of a county visit to review screen outs.

The IIC will notify the county DFCS office in writing prior to making a visit to complete a QA review. The county DFCS office must be advised of the date of the visit and be given a listing of the case records needed for review.

CONDUCTING THE QA REVIEW:

A Quality Assurance Review, Recap will be generated for each region that lists the Quality Assurance selections for the period. The IIC will record the findings of each Quality Assurance Review in a legible manner on the **QA Review Checklist**. The QA review will be conducted and the checklist will be completed based on the following standards:

QA Review Checklist Header:

The header of the **QA Review Checklist** contains information that identifies the case and disposition being reviewed. The IIC reviewing the case will indicate the method of review by initialing whether the case was reviewed through a county visit or by a desk review. The IIC will sign the checklist and indicate the date the review was conducted.

If errors are noted in the review of the case, the IIC will report the total procedural and/or technical errors and return the OIS file to the Investigator for correction. The IIC indicates on the checklist the deadline for the correction to be made and returned to the IIC for review. Once the Investigator has made the appropriate review and correction, the Investigator signs, dates, and returns the checklist and the OIS file to the IIC. The IIC will complete the review for correction of errors, sign, and date the checklist indicating the error review has been completed.

Procedural Review:

A procedural error for the purpose of Quality Assurance is defined as a failure to comply with established OIS policy and procedure regarding the investigation, overpayment calculation, or disposition of a suspected fraud referral. Procedural errors also include any failure to comply with state or federal regulations guiding the Food Stamp, TANF, or Child Care programs.

1. SUSPECTED FRAUD REFERRAL (5667) IN FILE: The IIC will assure that the original form 5667 is in the OIS file.

2. INVESTIGATION:

    - Allegations Addressed: The IIC will assure that all allegations included on the original form 5667 and any subsequent or supplemental 5667's were addressed and fully documented in the OIS file. The IIC is responsible for determining that the appropriate Food Stamp/TANF/Child Care policy and procedures were used by the Investigator in addressing the allegations and determining the correct disposition of the referral.

    - Evidence Considered: The IIC will review that the Investigator made a valid attempt to verify all potential sources of verification regarding the allegations. The IIC will assure that all evidence obtained by the Investigator and all information contained in the assistance records was considered prior to the disposition of the referral. The IIC will review the OIS file to assure there is documentation to support the disposition of the referral.

3. OVERPAYMENT CALCULATION: The IIC will assure that the overpayments were calculated using the appropriate method and in accordance with the Food Stamp/TANF/Child Care regulations. The IIC will determine that the Investigator used the correct information in the calculation of the overpayment.

4. CLAIM DISPOSITION:

    - Proper Use of OIS Disposition Criteria: The IIC will assure that the Investigator pursued the appropriate disposition according to OIS disposition criteria and documented any deviation from the criteria on the **Case Review Checklist**.

    - 60 Day Disposition Time Standard Met: The IIC will determine that the Investigator initiated a legal adjudication or moved the claim to a collectible status within 60 calendar days of establishing the claim.

- PAC Notice of Investigation Prior to Code 3: In the event that a claim disposition is being pursued through the PAC Process, the IIC will review that the client was given the required opportunity (10 days advance notice) to respond to the potential claim by receiving a **Notice of Investigation** and that the response was considered before a TR code 3 was reported to the OIS database.

- Claim Scheduled Correctly in SUCCESS: The IIC will assure that the claim being reviewed is properly scheduled in SUCCESS with the correct claim type and in the correct claim status. The Investigator should include a copy of the CLMS and CLSC screen printed from Inquiry in the OIS file.

- Disqualification Period Properly Assigned: The IIC will determine through DRS, claim documentation in the county assistance records, and county DFCS claim files that the Investigator assigned the proper length of disqualification to the correct individual.

- Failure to Cooperate Policy Correctly Applied: The IIC will assure that the Investigator initiated the Failure to Cooperate Policy properly and appropriately.

Technical Review:

A technical error for the purpose of Quality Assurance is defined as an omission of the information or the entering of erroneous information on a document. Technical errors that occur as the result of a procedural error (such as an incorrect overpayment calculation) should not be counted again as a technical error. If there are no procedural errors, all information on the form required by the technical review must be accurate.

1. SCREEN OUT DOCUMENTATION ON NARR:
   - Date of Form 5667/Referral Source: The date of the referral should be referenced in the documentation. If the referral was from a source other than the county DFCS (such as CSE), the Investigator should reference the source of the referral in the narrative.
   - Reason for Screen Out: The narrative should accurately describe the reason no IPV was determined.
   - Description of OP's Created in Error: If an overpayment was computed in SUCCESS and later withdrawn as inappropriate, the Investigator should reference the months of erroneous calculation in the narrative.
   - Description of Agency Error Discovered: If potential Agency Error overpayments were discovered during the course of the investigation, the Investigator should reference the potential months and reason in the narrative.
   - OIS Identifier/Investigator Name/Date: All three elements should appear somewhere in the documentation. The documentation should be entered in SUCCESS on the date the disposition is completed.

2. CASE REVIEW CHECKLIST:
   - Case Name: The correct case name from the assistance record should be recorded.
   - Case Number: The correct case numbers from all assistance records reviewed should be recorded.
   - Case Review: All related records should be reviewed and documented.
   - Profile of Recipient: Any special considerations discovered from the review of the case record or response from the client should be listed. If no considerations are listed, "None Noted" should be indicated.
   - Disposition/Reason: The claim disposition being reviewed should be indicated. The reason for the choice of disposition should meet OIS disposition criteria or the deviation should be documented on the form.
   - Investigator Signature: The Investigator should sign the form.

3. EBT TRAFFICKING CASE REVIEW CHECKLIST:
   - Case Name: The correct case name from the assistance record should be recorded.
   - Case Number: The correct case numbers from the assistance records should be recorded
   - EBT Documents: All documents in the OIS file used in the investigation should be indicated.
   - Profile of Recipient: Any special considerations discovered from the review of the case record or response from the client should be listed. If no considerations are listed, "None Noted" should be indicated.
   - Disposition/Reason: The claim disposition being reviewed should be indicated. The reason for the choice of disposition should either meet the OIS disposition criteria or the deviation should be documented on the form.
   - Screen Out Documentation: The narrative should accurately describe the reason no IPV was determined from the EBT investigation, if applicable.
   - Investigator Signature: The Investigator should sign the form.

4. CLAIM ESTABLISHMENT DOCUMENTATION ON NARR:
   - Date of Form 5667/Discovery Date: The date of the referral should be referenced in the documentation. If the Discovery Date is significantly different from the date of the 5667, the Discovery Date should also be referenced.
   - Description of how OP occurred/Findings of Investigation: The narrative should include all pertinent information involving the reason the claim was established. All allegations from the referral should be addressed.
   - Identification of Months of OP/Program Involved: The Investigator should list the months involved in the claim and the program in which the claim occurred.
   - Identification of months of OP calculated outside SUCCESS:
     The Investigator should list the months involved in the claim that were worked outside SUCCESS.
   - Status of Claim Schedule in SUCCESS: The Investigator should document that the claim is suspended pending adjudication or that it has been activated, depending on the type of disposition.
   - Description of Unusual Budgeting/OP's in Error: The Investigator should describe any unusual budgeting in SUCCESS, such as entering earned income on the unearned income screen to protect disregards. The Investigator should reference the months of erroneous calculation in the narrative, if an overpayment was computed in SUCCESS and later withdrawn as inappropriate.
   - Description of Agency Error Discovered: If potential Agency Error overpayments were discovered during the course of the investigation, the Investigator should reference the potential months and reason in the narrative.
   - CAPS claims only – County in which the OP Occurred: The county of occurrence for CAPS is required as repayment must be made to the county in which the claim was established.
   - EBT claims only – Notation: EBT OP should not be considered when calculating any future claims for the same months: This notation will alert the county DFCS or future investigator that a financial overpayment can be calculated for the same months as an EBT claim.
   - OIS Identifier/Investigator Name/Date: All three elements should appear somewhere in the documentation. The documentation should be entered in SUCCESS on the date the claim is scheduled in SUCCESS.

5. CLAIM DISPOSITION DOCUMENTATION ON NARR:
   - Date/Type of Disposition: The Investigator should document the claim disposition and the date of the action.
   - Disqualification Period/Program: The Investigator should document the length of any disqualification periods assigned, the name of the individual disqualified, and the program in which the disqualification is to be applied.
   - OIS Identifier/Investigator Name/Date: All three elements should appear somewhere in the documentation. The documentation should be entered in SUCCESS on the date the claim disposition is completed.

6. FOOD STAMP REPORT OF CLAIM DETERMINATION:
   - Client Name: The correct case name from the assistance record should be recorded.
   - County: The county in which the overpayment is being established should be listed.
   - Case Number: The correct case numbers from the assistance records should be recorded.
   - Discovery Date: The date indicated should be the date that the agency had enough information to determine that an overpayment occurred.
   - Agency Loss: The total loss indicated should be the sum of the overpayments calculated on the claim determination.
   - OP Reason: Suspected IPV should be indicated.
   - Circumstances Summary/Documentation: The appropriate description should be indicated. The documentation should include information involving the reason for the overpayment or a reference to the NARR screen in SUCCESS.
   - Investigator Signature/Conclusion Date: The Investigator should sign and date the form.
   - OP Profile for Every Month: All months calculated on the Claim Determination should be in the OIS file.

7. EBT REPORT OF CLAIM DETERMINATION:
   - Client Name: The correct case name from the assistance record should be recorded.
   - County: The county in which the overpayment is being established.
   - Case Number: The correct case numbers from the assistance records should be recorded.
   - Discovery Date: The date indicated should be the date that the client admits to trafficking or the Investigator has sufficient information to determine that an overpayment occurred.
   - Trafficking Profile: At least one item to describe the trafficking profile should be indicated.
   - Trafficking Total: The Grand Total should be the sum of the Identified Transactions.
   - Investigator Signature/Conclusion Date: The Investigator should sign and date the form.

8. TANF REPORT OF CLAIM DETERMINATION:
   - Client Name: The correct case name from the assistance record should be recorded.
   - County: The county in which the overpayment is being established.
   - Case Number: The correct case numbers from the assistance records should be recorded.
   - Discovery Date: The date indicated should be the date that the agency had enough information to determine that an overpayment occurred.
   - Agency Loss: The total loss should be the sum of the overpayments calculated on the claim determination.
   - OP Reason: Suspected IPV should be indicated.
   - Circumstances Summary/Documentation: The appropriate description should be indicated. The documentation should include information involving the reason for the overpayment or a reference to the NARR screen in SUCCESS.
   - Investigator Signature/Conclusion Date: The Investigator should sign and date the form.
   - OP Profile for Every Month: All months calculated on the Claim Determination should be in the OIS file.

9. CAPS REPORT OF CLAIM DETERMINATION:
   - Client Name: The correct case name from the assistance record should be recorded.
   - Client Address: The client's complete address should be listed.
   - County: The county in which the overpayment is being established.
   - Case Number: The correct case numbers from the assistance records should be recorded. (Pre-MAXSTAR, the SSN of the head of the family unit will serve as the CAPS case number.)
   - Discovery Date: The date indicated should be the date that the agency had enough information to determine that an overpayment occurred.
   - UAS Code: The UAS Code in which the client received an overpayment should be identified.
   - Agency Loss: The total loss should be the sum of the overpayments calculated on the claim determination.

- OP Reason: Suspected IPV should be checked.
- Circumstances Summary/Documentation: The appropriate description should be indicated. The documentation should include information involving the reason for the overpayment or a reference to the NARR screen in SUCCESS.
- Investigator Signature/Conclusion Date: The Investigator should sign and date the form.
- OP Profile for Every Month: All months calculated on the Claim Determination should be in the OIS file.

10. WAIVER OF DISQUALICATION HEARING (WDH – CODE 6)
    - Respondent Name: The correct name should be listed.
    - Case Number: The correct case numbers from the assistance records should be recorded.
    - OP Amount: The correct amount of the total overpayments should be entered.
    - DT1OV/DTLOV: The correct first and last months of overpayment should be entered.
    - Disqualification Period/Initial: The correct lengths of disqualification should be entered. This should be initialed by the client. (For WDH's obtained through the mail, an instruction for the client to initial will be considered sufficient if the client fails to initial the section.)
    - Admission/No Admission: One of the two boxes should be checked and initialed by the client. (For WDH's obtained through the mail, an instruction for the client to initial will be considered sufficient if the client fails to initial the section.)
    - Repay Type A or B/Initial: The client should select the choice of repayment methods by initialing the appropriate section. (For WDH's obtained through the mail, an instruction for the client to initial will be considered sufficient if the client fails to initial the section.)
    - Legal Services Office: The phone number or address of the nearest Legal Services Office should be entered.
    - Respondent/HH/Caretaker Relative Signatures/Date: All appropriate parties should sign and date the form. (For WDH's obtained through the mail, the date stamp when OIS receives the WDH will be considered the date the client signed the form.)
    - Investigator Signature/Date: The Investigator should sign and date the form.

11. PAC REFERRAL SUMMARY (CODE 20,30): The PAC Referral Summary only is read for the accuracy if the consent agreement has not been signed.
    - Respondent Name: The correct name should be entered.
    - SSN: The SSN listed should be the same as the case key on the TR.
    - Case Number/Program: The correct case numbers and all programs being referred should be entered.
    - OP Amount: The correct claim amounts should be entered.
    - DT1OV/DTLOV: The correct first and last months of overpayment should be entered.
    - Disqualification Period: The correct lengths of disqualification should be entered.
    - Head of Household: If the Head of Household is different from the Respondent, the Head of Household should have been notified of the meeting and given the opportunity to sign the agreement.

12. CONSENT AGREEMENT: The Consent Agreement will be read for accuracy if the agreement has been signed by the time of the QA review.
    - OP Amount: The correct claim amounts should be shown on the agreement.
    - DT1OV/DTLOV: The correct first and last months of overpayment should be shown on the agreement.
    - Disqualification Period/Initial: The correct lengths of disqualification should be entered. This should be initialed by the client.
    - Repayment Schedule/Initial: The client should select the choice of repayment methods by initialing the appropriate section.
    - Date/Signatures: DA/Investigator/Defendant: All appropriate parties should sign and date the form.

- Head of Household SSN: The SSN listed should be the same as the case key on the TR.
- Certificate of Non-Disqualification: A copy of the form should be in the OIS file if no disqualification was imposed on the agreement.

13. DISQUALIFICATION HEARING REFERRAL (CODE 1):
    - Date: The referral should show the date the hearing referral was made.
    - Case Number: The correct case numbers and all programs being referred should be entered.
    - Investigator Name and Region: The Investigator's Name and Region should be on listed.
    - Respondent Name/HH/Caretaker Relative Name: The correct Respondent name and other referred clients should be entered.
    - Supervisory Approval on Checklist: The IIC's initials should be on the Case Review Checklist.

14. PROSECUTION:
    - Prosecution Summary in File: A copy of the Prosecution Summary should be in the OIS file,
    - Supervisory Approval on Checklist: The IIC's initials should be on the Case Review Checklist.

15. REPAYMENT AGREEMENT (CODE 7):
    - Client Name: The correct name should be entered.
    - Case Number: The correct case number from the assistance record should be entered.
    - OP Amount: The correct claim amount should be entered.
    - Payment Schedule: The repayment choice should be indicated.
    - Date/Signatures: Both the client and Investigator should sign and date the agreement.

16. DFCS RECOUPMENT (CODE 8):
    - Dispo Letter/Documentation on NARR: The disposition should be documented on a Dispo Letter or in the narrative on SUCCESS.

17. UNLOCATABLE (CODE 21):
    - Dispo Letter/Documentation on NARR: The disposition should be documented on a Dispo Letter or in the narrative on SUCCESS.
    - SUCCESS Screened: Evidence of the Investigator's attempts to locate the client through SUCCESS information should be documented on the Case Review Checklist.
    - CBI Inquiry: Evidence of the Investigator's attempts to locate the client through a CBI inquiry should be documented of the Case Review Checklist.

18. DISPOSITION LETTER:
    - Date: The form should be dated.
    - County Name: The county's name where the disposition was provided should be entered.
    - Investigator Name: The Investigator's name should be on the form.
    - Case Name: The correct case name should be entered.
    - Case Number: The correct case number should be entered.
    - Date of Form 5667: The date of the original 5667 and any supplemental 5667's should be referenced.
    - Disposition: The type of disposition should be indicated.
    - Copy to Claims Consultant: If agency error was discovered, the Investigator should indicate a copy of the disposition letter was sent to the Claims Consultant.

19. TRANSACTION REPORT (TR):
    - Head/Household SSN: The case key of the TR should be the SSN of the Head of Household.
    - Referral Dispo Code/Date: The disposition date should match the date on the Disposition Letter in the event of a TR code 2. In the event that a claim is reported, the date will be after the client has been given a chance to respond to a Notice of Investigation or other documentation in the OIS file.
    - DT1OV: The correct first date of overpayment should be entered.

- OP Amount: The correct claim amount should be entered.
- Case Number: The correct case number should be entered.
- Event Code/Date (Corresponding to PAC Referral, Order, WDH, RA, Dispo Letter, NARR, Prosecution Summary, Hearing Referral): The proper event code and date of the action should be reported.

FEEDBACK TO THE INVESTIGATOR AND ERROR CORRECTION:

The IIC should provide feedback to the Investigator regarding the outcome of the Quality Assurance review. Feedback can be provided verbally or in writing at the discretion of the IIC. All reviewed cases should be returned to the Investigator for review, whether or not errors are detected.

If errors are found, the IIC will return the completed **QA Review Checklist** and the OIS file to the Investigator who is required to correct all procedural and technical errors. Cases returned to the Investigator for correction of errors should be corrected and returned to the IIC as specified by the IIC, usually within 30 days. The IIC is responsible for completing an error review of the OIS file in order to insure that the Investigator has corrected all identified errors.

REGIONAL QUALITY ASSURANCE SUMMARY:

A Regional Quality Assurance Summary will be generated as part of the Quality Assurance Review, Recap each quarter. The IIC is to complete the document and provide a summarization of the regional errors for the quarter. This document should be used to develop management analysis and plan corrective action for the region.

QA REVIEW SCHEDULE:

Quality Assurance Reviews will be completed and the required documentation will be provided to the Assistant Director according to the following schedule:

Production Months	Selections Distributed	Completion Due Dates
July, August, September	mid-October	January 15th
October, November, December	mid-January	April 15th
January, February, March	mid-April	July 15th
April, May, June	mid-July	October 15th

DOCUMENTATION REQUIREMENTS:

The original QA Review Checklist will be made a part of the OIS investigation file.

The following documents will be provided to the Assistant Director according to the above schedule:
- A completed Regional Quality Assurance Summary
- The Quality Assurance Review, Recap listing all cases selected for review

- A copy of the QA Review Checklist for each case reviewed (the Checklist that includes the signed IIC Error Review should be included, if completed)
- Copies of all notification letters to the county DFCS offices arranging QA visits

Copies of all documents described in this process should be maintained in a regional administrative file by the IIC. A record of QA errors should be maintained by the IIC for employee evaluations and development of training needs.