



Department of Human Resources
311 W. Saratoga Street
Baltimore, MD 21201-3521

F I A ACTION TRANSMITTAL

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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS**

**FROM: *Charles E. Henry for*
KEVIN MAHON, EXECUTIVE DIRECTOR, FIA**

RE: QUALITY CONTROL 16 PROCEDURES

PROGRAMS AFFECTED: ALL PROGRAMS SUBJECT TO QUALITY CONTROL REVIEW

ORIGINATING OFFICE: OFFICE OF QUALITY ASSURANCE

SUMMARY:

Quality Control (QC) and the Division of Management Support (DMS) monitor all QC 16 forms that indicate an error discovered during the review process. Local departments are to respond to all QC 16s error forms by the date on the transmittal letter and specify the corrective action and recoupment/recovery plan as appropriate.

BACKGROUND INFORMATION:

Local Departments receive a QC 16 form as notification of a QC error discovered during the QC review process. Each QC 16 is to be carefully examined by the local department to determine if the information cited in the review is complete and accurate. It is important that each error is scrutinized to ensure that the state or local department is not improperly charged with an error.

This action transmittal outlines the procedures for processing the QC 16 for all error cases. A copy of the revised QC 16 is attached.

PROCEDURE: Review the QC 16 for complete and accurate information.

- If the local department **concur**s with the QC determination, follow these steps:
 1. Indicate that the local department **does** concur with the QC determination, in the Quality Control Findings section (A) provided on the QC 16.
 2. Complete the Corrective Action section (B).
 3. Complete the Suspected Fraud/Recoupment/Recovery/Restoration Action section (C), as appropriate. New actions have been added for the local department to indicate when a "Suspected Fraud" case was referred to the Division of Special Investigations (DSI) and benefited to the customer were restored.
 4. Return the original QC 16 to QC by the due date listed in the transmittal letter.
- If the local department **does not** concur with the QC determination, follow these steps:
 1. Indicate that the local department **does not** concur with the QC determination in the Quality Control Findings section (A) provided on the QC 16.
 2. Provide any additional information that may affect the eligibility decision for the review month.
 3. Return the QC 16 and any additional information to QC by the due date listed in the transmittal letter for re-review.
- If the case is found to be **correct** after re-review, QC will notify the local department in writing and no further action is required.
- If the case **remains in error** after re-review, QC will notify the local department in writing. The local department should take the following actions:
 1. Complete the Corrective Action section (B) of the QC 16.
 2. Complete the Suspected Fraud/Recoupment/Restoration/Recovery section (C), as appropriate. New actions have been added to this section for DSI referrals and restorations.
 3. Return the QC 16 to QC.
- Local departments need to make a photo copy of the original QC 16 for their records. The QC 16 will be processed on a PC, therefore, carbon sets or NCR paper cannot be provided.

Local departments are expected to conduct thorough investigations to determine if the error cited appropriately and the amount of the error was calculated correctly by QC. It is especially important to make QC aware of any additional information or documentation impacting the error that was not available to QC when the error determination was made. Local department investigations that result in correct findings and reversal of the QC error that not only affects the local department's error rate but the error rate statewide.

If the local department needs additional time to investigate an error, contact Helen Grier, Acting QC Manager, at (410) 767-7943 to establish a new due date. Attachments 1 (CARES) and 2 (AIMS) are examples of correctly completed QC 16s.

Local departments will be notified in writing of any QC 16 without an extended due date or no response by the original due date. This follow-up assures that the QC 16 was received and proper corrective action has been taken.

Division of Management Support (DMS) will monitor QC 16s for all error cases on a twice monthly basis. The Legislative Auditors always review the QC 16 documents to ensure that the cited corrective actions have been taken by the local department.

ACTION REQUIRED:

Respond to all QC 16s which cite an error by the original or extended due date. Complete the Quality Control Findings, Corrective Action and Suspected Fraud/ Recoupment/Restoration/Recovery Action(s) sections of form.

ACTION TAKEN BY: All Local Departments

ACTION DUE DATE: Upon receipt

Inquiries may be directed to Helen Grier, Acting QC Manager, on (410) 767-7943.

LOCAL DEPARTMENT RESPONSE PAGE

SECTION IV

LDSS: _____ Review #: _____ Case Name: _____

Please complete the following and return to QC by due date:

A. QUALITY CONTROL FINDINGS:

Local department agrees Local department does not agree

COMMENTS: _____

B. CORRECTIVE ACTION:

Case Closed Benefit Increased Benefit Decreased Other

Effective date: ____/____/____ Old Amt: _____ New Amt: _____

Other, please explain: _____

Action(s) in place to prevent this type of error in the future:

1. _____
2. _____
3. _____

C. SUSPECTED FRAUD/RECOUPMENT/RESTORATION/RECOVERY ACTION(S):

Referred to DSI? YES, date ____/____/____ NO

Recoupment AMT: \$ _____ Effective date: ____/____/____

Restoration AMT: \$ _____ Issue date: ____/____/____

Recovery Referred to: _____

Action taken: _____

If NO action, why?: _____

Signature/Title

Telephone

Date

INSTRUCTIONS FOR RESPONSE PAGE

Section IV

1. A response to every error finding is due at QC within 15 calendar days from the date of the QC notification.
2. The original is forwarded to QC and a copy is retained in the local department.
3. If additional time is needed to investigate a QC finding, an extension must be requested. Contact the QC Manager prior to the due date.

Section A

Indicate whether local department agrees or disagrees with QC findings and make any comments as appropriate.

Section B

1. Check appropriate action(s) taken on the case.
2. Enter benefit amounts and effective date.
2. List action(s) in place to prevent error from recurring.

Section C

1. Check appropriate action(s) taken on the case.
2. As appropriate, enter the date referred to DSI; enter recoupment/restoration amounts and dates; and referral for recovery.
3. Indicate action taken on the case and, if no action was taken, explain why.

NOTE: Corrective action(s) are to be completed within 60 days of the QC response due date. This timeline will be monitored by DMS.

LOCAL DEPARTMENT RESPONSE PAGE

ATTACHMENT I (CARE

SECTION IV

LDSS: Your local Review #: 0123456 Case Name: Mary Smith

Please complete the following and return to QC by due date:

A. QUALITY CONTROL FINDINGS:

Local department agrees Local department does not agree

COMMENTS: Information that verifies the child care allowed was located in the local department district office. A copy is attached.

B. CORRECTIVE ACTION:

Case Closed Benefit Increased Benefit Decreased Other

Effective date: _____ Old Amt: _____ New Amt: _____

Other, please explain: _____

Action(s) in place to prevent this type of error in the future:

1. _____
2. _____
3. _____

C. SUSPECTED FRAUD/RECOUPMENT/RESTORATION/RECOVERY ACTION(S):

Referred to DSI? YES, date ____/____/____ NO

Recoupment AMT: \$ _____ Effective date: ____/____/____

Restoration AMT: \$ _____ Issue date: ____/____/____

Recovery Referred to: _____

Action taken: _____

If NO action, why?: _____

Richard Johnson
Signature/Title

123-4567
Telephone

11/25/96
Date

LOCAL DEPARTMENT RESPONSE PAGE

ATTACHMENT II (A)

SECTION IV

LDSS: Your local Review #: 234567 Case Name: Karen Jones

Please complete the following and return to QC by due date:

A. QUALITY CONTROL FINDINGS:

X Local department agrees Local department does not agree

COMMENTS: _____

B. CORRECTIVE ACTION:

Case Closed Benefit Increased X Benefit Decreased Other

Effective date: 1/1/96 Old Amt: 123 New Amt: 23

Other, please explain: _____

Action(s) in place to prevent this type of error in the future:

1. Two workers designated to process interim changes.
2. Log-in system for interim changes.
3. _____

C. SUSPECTED FRAUD/RECOUPMENT/RESTORATION/RECOVERY ACTION(S):

Referred to DSI? YES, date _____ / _____ X NO

Recoupment AMT: \$ _____ Effective date: _____ / _____

Restoration AMT: \$ _____ Issue date: _____ / _____

Recovery Referred to: Overpayment Unit

Action taken: Customer reported increase in earnings, information in case record but not processed.

If NO action, why?: _____

Mary Smith 123-4567 11/25/96
Signature/Title Telephone Date