

Report of Quality Control Review for CCA

Case name	Case number	Review number
Child name	Child's SID number	
IM worker	County	Service area
QC reviewer	Review date	Date report sent to field

Quality control findings:

- Case correct Over authorization \$_____ Under authorization \$_____
- Agency error Client error

Point in time error was made (at time of application, reported change or review):

Reviewer's finding narrative:

Policy reference:

New information for worker:

The worker who made the error must review the error, correct the case, and complete this form. This is part of the learning experience for the worker, supervisor, and central office.

Note: The worker needs to **review the file to determine** if the findings (over or under authorization) require action. A QC finding of an over or under authorization does not automatically mean there is an overpayment or underpayment.

Corrected to QC findings: Yes No

If not corrected, state why:

Date claim or adjustment completed (attach claim or adjustment documentation):

Describe what you did to correct this error:

Answer all of the following questions that apply to your error to help us improve the program.

1. Did you incorrectly apply policy? If yes, state why.

2. Did you fail to act on reported information? If yes, state why.

3. Did you fail to follow up on an impending change? If yes, state why.

4. Did you fail to obtain or verify required information? If yes, state why.

5. Did you make a math error? If yes, state why and how.

6. Was information not used found in the case record? If yes, state why not used.

7. If none of the above questions are the reason for the error, state the reason, and why the error was made.

8. If the client caused the error, could something have been done to prevent that error, e.g., check income screens, better tracking method, different interview technique, better narrative to alert worker to future questions, better understanding of reporting requirements by client, simpler policy, etc. Please share your opinion.

9. Given the nature of the error and the time of occurrence, what could a worker do differently to prevent future errors of this type?

By signing this form you state that you have reviewed the QC findings, made your best effort to determine or identify the causes of any errors noted, corrected the case, and completed a claim or issued lost benefits, as appropriate.

Signature of IM Worker

Date

By signing this form you state that you have reviewed the QC findings, any error noted, and error causes with the worker. The case has been corrected and a claim completed or lost benefits issued, as appropriate.

Signature of the IM Supervisor or Designee

Date