



General Information Memorandum

ISD-GI 16-72

TO: ISD Employees

FROM: Sean Pearson, Deputy Secretary, Human Services Department

RE: Findings Review Process

DATE: October 4, 2016

This GI amends previous GI 16-21 regarding "Findings Review Process," and serves to outline the updated review process for Quality Control (QC) findings and the role of the Error Review Committee (ERC) as per the October 2016 revised FNS 310 Handbook policies.

QC will report final error findings to the County Director (CD) and the Regional Operations Manager (ROM). The findings will be forwarded after the completion of the case review by the QC reviewer and evaluation by Central QC staff. All cases determined eligible/correct and cases not subject to review findings will be forwarded to the ROM and CD.

QC Error Findings

Once the CD receives the QC Summary of Error Findings (071) and the 011e signed by the QC Manager with a date of discovery, the CD and ROM will be responsible for review of the QC finding. The CD will be responsible for completing the QC Findings 011e and submitting their corrective action within five (5) calendar days to the QC Manager and OIS. The CD will identify if it was worker caused or system caused. If the error is determined to be worker caused, the CD will be responsible for developing a Performance Improvement Response. If the error is determined to be system caused, the CD will be responsible for submitting a ticket.

QC Claims

The claim should be established within ten (10) calendar days. The CD will track that a claim is established or a supplemental issuance authorized, if appropriate. The CD must provide the ROM with verification of the corrective action within 30 days of the date of the corrective action response to the QC findings.

Error Review Committee

The Error Review Committee (ERC) is comprised of the QC Manager, Supplemental Nutrition Assistance (SNAP) Program Manager and Training Manager. The ERC role is primarily one of reviewing cases to assess trends for future corrective action planning; not to review individual error cases to assess the potential for reducing or eliminating the errors in a sampled individual case. This process allows States to identify error trends discovered in by Quality Control in order to implement process improvements or training to prevent future errors during the eligibility and error determination process. ERC must incorporate and maintain procedures that minimize the likelihood of unacceptable bias being introduced into the QC review process.

Each month, training bureau manager will provide an ERC summary with error findings, how they could have been prevented, and corrective actions.

ROMs have defined a regional plan for the Performance Improvement Committee process at each office. Attached are copies of the County Response form, and the QC Review Findings Flow Chart.

If there are any questions please contact:
Carolyn Craven, QAB Bureau Chief, (505) 827-7224
Mary McIntyre, Operations Manager, (505) 827-6243
Lorene Quintana, QC Manager, (505) 827-7209.

Attachments:
County Corrective Action Response to QC Findings Form
QC Review Findings Flow Chart

RESCINDED

COUNTY CORRECTIVE ACTION RESPONSE TO QC FINDINGS

1. COUNTY OFFICE INFORMATION

Case Name:	Case #:	Supervisor Name:
County:	Category:	Within the certification period, what type of review was completed?
Review #:	Review Month:	<input type="checkbox"/> Regular Supervisory Review
FAA Name:		<input type="checkbox"/> Prior to Disposition Review
FAA Experience (yr./mo.):		Findings: <input type="checkbox"/> Correct <input type="checkbox"/> Corrections Needed

2. COUNTY OFFICE RESPONSE DUE DATE:

<input type="checkbox"/> WORKER ERROR Provide a detailed explanation of the action taken by the worker that caused the error, and provide a detailed explanation of the plan for improvement.	<input type="checkbox"/> SYSTEM ERROR Provide a Ticket Number and a detailed explanation of how the system caused the error.
CD Signature/e-mail address	Date

3. SUMMARY OF QUALITY CONTROL FINDINGS

Allotment Amount: \$ Incorrect Amount: \$ Client <input type="checkbox"/> Agency <input type="checkbox"/> <input type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Ineligible <input type="checkbox"/> Valid Negative <input type="checkbox"/> Invalid Negative	Please initiate the following actions: <input type="checkbox"/> Potential Fraud; Refer for ADH by: <input type="checkbox"/> Overissuance, Complete Claim by: <input type="checkbox"/> Under issuance, see 8.139.640 NMAC
QC Manager eSignature:	Date of discovery:

Email this form to Lorene.Quintana@state.nm.us and Carolyn.Craven@state.nm.us as well as your Regional Office Manager.

Quality Control (QC) Review Findings Flow Chart

