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ORANGE COUNTY SOCIAL SERVICES AGENCY
ADULT SERVICES
POLICY AND PROCEDURE MANUAL

Program:	**Adult Services Division**	**Number:**	**SH 40.7.5**
Subject:	**Suspected Fraud by Recipient/Provider**	**Date:**	**05/16/12**
Approved:	Signature On File	**Replaces:**	**SH 4.1.7**

I. PURPOSE

To provide policy and instruction for referring suspected In-Home Supportive Services (IHSS) fraud involving IHSS recipients and/or providers to the District Attorney (DA) Fraud Investigation Unit.

II. POLICY

Orange County IHSS Staff shall promptly report all instances of suspected recipient and/or provider fraud as mandated by the state QA/QI initiative and in accordance with the procedures outlined below.

III. BACKGROUND

The IHSS Quality Assurance/Quality Improvement Initiative (IHSS QA/QI) includes a mandate for counties, the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS) and the DA's Office to work together to detect and prevent fraud, including recipient/provider fraud, in the IHSS program.

These statutes specifically extend DHCS and the DA's right and responsibility to investigate fraud in the IHSS Residual program in addition to the Personal Care Services Program (PCSP) and the Independence Plus Waiver (IPO) Program.

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IV. PROCEDURE

A. Social Worker to complete the Fraud Investigation Referral Form (Attachment A) and submit to the DA Secretary with a cc: to the appropriate SSSI and SSSII

IMPORTANT NOTE: Making a fraud referral is a confidential process. Do not discuss filing the fraud referral with any of the involved parties

B. Attach Supporting Documentation

Documents that support the discovery or suspicion of fraud shall be gathered by the assigned IHSS Social Worker and attached to the completed Referral Form. Documents may include, but are not limited to

1. Current Worksheet
2. Following CMIPS Print-Outs

a. RELA – Recipient Personal Data
b. RELB – Recipient Eligibility
c. RELC – Recipient Grid Hours
d. SSNR – Recipient Social Security # Cross Reference
e. PELG – Provider Eligibility
f. PSUM – Provider Summary

C. Social Worker to place a copy of the Fraud Referral and all subsequent documentation on the Fraud Acco of the client's file

D. DA Investigator to electronically return the results of their investigation on the Fraud Investigator Response Form (Attachment B) to the Social Worker and/or the internal reporting party with a cc: to the SSSI and SSSII. These results include the Investigator's observations and their recommendations regarding future eligibility and authorization of services.

E. Social Worker will, after consultation with the SSSI and if needed the SSSII and the Investigator, determine the appropriate action to be taken in accordance with the IHSS Quality Assurance Initiative and/or relevant IHSS regulations and will make the changes as dictated by IHSS policies and procedures. The case is then:

1. Routed to the SSSI to sign off and, if needed, SSSI will consult with SSSII
2. SSSII will consult with Operational Managers as needed

F. Social Worker will document the actions in (E) above on the Social Worker Final Disposition Response Form (Attachment C) and electronically return the form to the DA Investigator.

G. Social Worker will then process the updated assessment and narrate the follow up actions taken as a result of the fraud investigation following current fraud narrative instructions. Social Worker will make two copies of the fraud follow up narrative (one for the service folder and one for the fraud acco).

H. If Social Worker closes the case as a result of fraud, she/he is to enter **"Fraud"** in the County Use Line, so that if the client reapplies the case is routed back to the Social Worker who closed it.

I. Internal fraud reports that are routed to Operations need to remain confidential and noted on the fraud confidential acco slip that the case is **"Internal"**. If the case closes and/or goes to Appeals, the internal fraud info is not routed to closed files and/or is handled in a confidential manner when routed to Appeals.

Processing of internal fraud cases through Accounting are given to the accounting supervisor to assign inputting tasks.

J. All other closed fraud cases are sent to closed files with a neon golden rod cover sheet filed on the top left side of case acco which states, "Do Not Image, Do Not Destroy"

K. If a case is re-opened with a "Fraud" indicator in the County-Use Field of the RELB screen, the unit OT will request the physical case from Closed Files and route to the assigned Social Worker.

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V. REFERENCES

IHSS QA/QI Initiative: SB 1104 (Chapter 229, Statutes of 2004)
Welfare and Institutions Code (WIC) Sections:

- 12305.72
- 12305.8
- 12305.81
- 12305.82

All County Information Notices (ACIN)

- I-69-04
- I-24-05
- I-04-06

VI. ATTACHMENTS

Attachment A: Fraud Investigation Referral Form.doc
Attachment B: Fraud Investigator Response Form.doc
Attachment C: SW Final Disposition Response Form.doc

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