



Shasta County

Health and Human Services Agency

Department of Social Services Adult Services

SHASTA COUNTY PLAN FOR FRAUD INVESTIGATIONS AND PROGRAM INTEGRITY

☞ IN-HOME SUPPORT SERVICES OVERPAYMENTS/UNDERPAYMENTS

Fraud Plan Activity Differentiation

QA Activities:

The County of Shasta will utilize a Quality Assurance Officer (QAO) to identify both overpayments and underpayments at the Quality Assurance (QA) desk review and those identified by In-Home Support Services (IHSS) staff. These findings will be compiled into an Annual Outcomes Report as specified by the California Department of Social Services (CDSS).

It is the County's belief that with this enhanced investigative component, overpayments and fraudulent activities will decrease in the next fiscal year and will continue to decline in coming years.

The county plans to track overpayments identified by the QAO separately from other IHSS staff. The County will track all categories identified in Enclosure D including the numbers of instances, providers, recipients, errors, and total dollar amount of overpayments and underpayments per fiscal year. All overpayments will be tracked by the Adult Services Senior Analyst. All underpayments will be tracked by the Adult Services Office Assistant Supervisor.

IHSS Anti-Fraud Activities:

The county of Shasta will utilize its IHSS program to engage in early fraud detection and fraud prevention through increased training of its social workers and support staff resulting in an increase in referrals for DA investigations.

IHSS anti-fraud activities will also include the utilization of broadcast media to educate the public relative to the issue of fraud in the IHSS program. A 24 hour reporting hotline will be available for the public to report instances of suspected fraud and will be advertised as part of the broadcast media IHSS fraud suppression plan.



Shasta County

Health and Human Services Agency Department of Social Services Adult Services

☞ FRAUD REFERRAL/OUTCOMES

Shasta County Health and Human Services Agency, through its IHSS Program, is committed to identifying fraud and referring suspected cases to the District Attorney's Office for follow-up investigation. Listed below is the IHSS fraud referral policy and procedure.

Referral Policy and Procedure

NOTE: IHSS Staff are to contact the law enforcement agency of jurisdiction if there is a suspicion that a recipient's welfare is in danger. Do not delay in order to have Special Investigation Unit (SIU) investigate.

I. All suspected fraud¹ in IHSS is to be recorded and forwarded to the Quality Assurance (QA) supervisor for review and will include the following:

A. Brief narrative:

1. Name and contact information of complainant
2. Name of the suspected abuser
3. Date(s) and time of the alleged fraudulent activity occurred and for what period of time
4. Physical and mental status of client

B. Supporting documents:

1. Copy of time cards
2. Copy of *Avoiding Fraud* forms for each suspect
3. Copy of provider's photo identification and Social Security Card and enrollment form, if provider is suspect
4. A list of everyone in the client's household and if anyone has a criminal history, if known
5. Completed overpayment forms², if also making a fraud referral

II. Supervisor will review the information for accuracy and determine:

A. If further investigation is required (i.e., consumer responsible)

1. If confirmed, QA will complete the MC-609 and forwards to SIU along with supporting documents
2. If unconfirmed, then no action is warranted and QA will keep a copy of the

¹ For the purposes of this policy, "IHSS fraud" is to be defined as activities by either an IHSS recipient, or an IHSS provider, or both, that the claimant knows are incorrect, resulting in an inappropriate payment of IHSS funds. "Suspected" is to be defined as the Department of Social Services having received credible information that a fraud may have occurred.

² OP's will continue to be processed by the SW and forwarded to their Supervisor for approval who forwards to the Analyst for calculation of OP. Analyst returns calculated OP and documents to SW who then makes copies for QA.

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Health and Human Services Agency

Department of Social Services Adult Services

information for future reference.

- B. If an APS investigation is warranted (provider responsible), 341 will be completed by QA and forwarded to APS
 - 1. If confirmed, District Attorney files charges with resulting information provided to QA for recording keeping
 - 2. If unconfirmed, the information is kept by QA for future reference
- C. If the evidence is clear then the IHSS MC-609 and supporting documents will be forwarded to SIU for investigation
 - 1. If confirmed, DA files charges with resulting information provided to QA for recording keeping
 - 2. If unconfirmed then information kept by QA for recording keeping

III. In addition to the procedure for making Fraud Referrals (those in which there are concrete allegations regarding specific misuse of IHSS funds) *Suspicious Activity* will also be referred to the DA Special Investigators Unit for intervention and possible early fraud prevention. These are cases in which no specific fraud activity that can be definitively determined by the Social Worker, but the activities or reports imply that there MIGHT be some type of unspecified fraud. Based upon the SIU investigation, these cases MAY become formal fraud referrals at a later time, if the evidence is able to indicate that a suspected fraudulent activity has occurred.

Note: This category of “suspicious activity” will be screened by QA.

The following three categories of IHSS referrals may be sent to either APS or SIU as *Suspicious Activity* referrals:

- A. IHSS providers who appear on the 300+ Hour report, and who have both of the following characteristics:
 - 1) The provider lives separately from at least one of the recipients, and
 - 2) The provider has not already been “cleared” in the past (i.e., if an investigation has occurred but no wrong doing was found, the name will not be sent in again, unless the circumstances have changed.)
- B. Complaints received from the Public which have the following characteristics:
 - 1) The complaint involves an alleged misuse or fraud of the IHSS program
 - 2) A specific IHSS recipient and/or provider is identifiable
 - 3) The source of the complaint is considered credible by IHSS staff
- C. IHSS staff’s suspicions, such as:
 - 1) Paid IHSS tasks do not appear to be done, despite claims of recipient and/or provider
 - 2) Client appears to be exaggerating disability
 - 3) Timesheet “anomalies”

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Health and Human Services Agency

Department of Social Services Adult Services

- i. All hours claimed at beginning of time period;
- ii. Provider out of the area;
- iii. Timesheets changed after recipient's signature, etc.
- iv. Recipient's signature appears forged
- v. Staff has information that the recipient is not in his/her home when services are claimed (e.g., in a care facility, deceased, or with a family member).

Protocol for Referral:

1. Clerical staff receiving such information will forward to the appropriate Social Worker (SW). The SW will document in the case file what suspicious activity has occurred and how it might impact the IHSS case. The Social Worker needs to provide clear and precise information and any supporting documentation they may have gathered such as the *Report of Suspected IHSS Fraud* form, a *Declaration of Facts*, and any other names and content information, if needed.
2. The Social Worker will forward this information to the QA Supervisor who will conduct preliminary research to determine whether the suspicious activity might have a legitimate explanation. This will include a review of the case file, the complainant, and/or the provider information. QA Supervisor will then forward to the appropriate entity (APS or SIU).

∞ FRAUD OUTCOMES:

Enclosure D attached

∞ COLLABORATION AND PARTNERSHIPS WITH DISTRICT ATTORNEY'S OFFICE

The enhanced funding provided for fraud investigations and program integrity efforts related to the In-Home Supportive Services Program provided to Shasta County pursuant to the *California State Budget Act of 2011* will improve the integrity of the IHSS Program in the following areas:

1. Increased investigative support from the District Attorney's Office
2. Increased interaction and training availability from the District Attorney's Office to the IHSS line and supervisory staff.
3. Increased public awareness of IHSS fraud through a multi-media educational outreach program.
4. Increased reporting of IHSS fraud through the use of a 24 hour anti fraud phone hot line manned by existing Adult Services staff 8AM to 5PM and by Adult Services answering services after hours.

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Health and Human Services Agency Department of Social Services Adult Services

☞ **COLLABORATION AND PARTNERSHIP WITH CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AND THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**

Shasta County will collaborate with Department Health Care Services on an as needed basis. Annual activity reports will be sent to DHCS as requested. Shasta County will contact DHCS investigators and/or other staff on a case by case basis.

Shasta County will collaborate with CDSS in a manner consistent with present practice. Shasta County will comply with any requests for case or program data in a timely manner.

☞ **MECHANISM FOR TRACKING/REPORTING**

Shasta County will track and report outcomes of its fraud investigation/prevention efforts and will submit final data for State Fiscal Year 2011/12 as specified by CDSS.

☞ **COUNTY'S CURRENT AND PROPOSED ANTI-FRAUD ACTIVITIES**

Shasta County's current anti-fraud policy and procedure: Listed under Fraud Referrals/Outcomes.

Proposed future fraud detection/prevention activities include:

1. Enhanced collaboration through increased meetings, field work, and outcomes analysis with the District Attorney's Office, and other law enforcement agencies, as appropriate.
2. Development and maintenance of an anti-fraud phone hot line available through the Adult Services Program on a 24/7 basis.

☞ **COUNTY PROPOSED BUDGET FOR UTILIZATION OF FUNDS**

The Shasta County IHSS Program has an existing memorandum of understanding with the District Attorney's office for fraud investigation and conviction. The state has allocated a total of \$159,786 to Shasta County in the Anti-Fraud Planning Proposal. This amount includes a required \$24,152 county match. The Social Services FY 2011/12 adopted budget includes sufficient appropriation authority for the county match requirement and activities described in this proposal.

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Health and Human Services Agency

Department of Social Services Adult Services

The Anti-Fraud Planning Proposal total allocation is as follows:

\$79,284	Federal Funds
\$56,350	State Share
\$24,152	County Share
\$159,786	Total funds

Shasta County will distribute the funding received providing \$113,076 to the DA for ongoing investigation and referral during the term of this agreement, and \$46,710 will be retained by the IHSS program for fraud prevention, detection, and referral activities.

☞ **DESCRIPTION OF HOW THE COUNTY WILL INTEGRATE OTHER PROGRAM INTEGRITY EFFORTS WITHIN THE PLAN**

Shasta County will integrate the *'Fraud Investigations and Program Integrity Plan'* into ongoing program review and outcomes management practices in the IHSS Program. This will also involve collaborative partners that include but are not limited to Adult Protective Services and the District Attorney's Office.



Shasta County

Health and Human Services Agency Department of Social Services Adult Services

Enclosure E

Budget Justification Shasta County's IHSS Fraud Funding Plan for FY 2011-12

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$123,540
B. Operating Expenses	\$ 16,961
C. Equipment Expenses	\$0
D. Travel/Per Diem and Training	\$0
E. Subcontracts and Consultants	\$0
F. Other Costs	\$12,500
G. Indirect Expenses	\$6,785
Total Expenses	\$159,786

A. Personnel Costs (including employee benefits)	Total Budget
<p>Title: Social Worker Supervisor (QA Officer) .3 FTE</p> <p>Salary Calculation: (\$52,020 + \$24,840)*.3</p> <p>Duties Description: The QA officer is responsible for leading internal reviews of IHSS/PCSP cases to ensure that the social workers appropriately apply uniformity system and policies for assessing recipients' needs to the end that there are accurate assessments of needs and hours. In addition, the position will conduct joint case review activities with State QA staff, including random post-payment paid claims reviews to ensure that payments to providers were valid and were associated with existing program recipients, and will identify, refer to, and work with appropriate agencies in investigation, administrative action, or prosecution of instances of fraud in the provider of services. This position will also receive, and respond appropriately to claims data matches discrepancies, or other information that indicates potential overpayments, will monitor the delivery of services in the county to detect and prevent potential fraud by providers, recipients, and others and maximize the recovery of overpayments from providers or recipients.</p>	\$23,058
<p>Title: Social Worker (.18 FTE)</p> <p>Salary Calculation: (\$41,766 + \$20,189)*.18</p>	\$ 11,152

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Shasta County

Health and Human Services Agency

Department of Social Services Adult Services

<p>Duties Description: Under direction, to carry a service caseload and to provide social services; to conduct social studies and develop service plans which may include the need for specialized services; to provide information about available services and to arrange for referral of clients to appropriate departmental or community services resources; and to do other work as required.</p>	
<p>Title: DA Investigator (1 FTE)</p> <p>Salary Calculation: (\$62,531 + \$26,799)</p> <p>Duties Description: The D.A. Investigator is responsible for reviewing and investigating potential IHSS fraud cases referred by the QA officer to see if there is reasonable suspicion that fraud has been committed. The investigator will concentrate on crimes directly related to IHSS fraud. The investigator will review the allegation and determine if the case is suitable for investigation or if additional information is needed. This review will include intent, verifying the subject properly filled out all paperwork and whether or not it appears fraud has been committed. If additional information is needed the investigator will contact the QA officer or the social worker. This review will also include checking the subject's criminal history for prior fraud convictions. When there is enough information to give reasonable suspicion that a crime has been committed, the Investigator will conduct a thorough investigation by interviewing the provider, recipient and other witnesses. The investigator will collect necessary evidence, conduct surveillance when appropriate, write a thorough report and submit the case for Prosecution. When no overpayment has been established, the investigator may conduct an early fraud investigation prior to completing a thorough criminal investigation. In the event the amount of the overpayment is too small or intent was not proven, the investigator will assist IHSS in setting up repayment when appropriate. The investigator will keep the QA officer informed about the findings and final outcomes of prosecutions.</p>	<p>\$ 89,330</p>
Total Personnel Costs:	\$ 123,540

B. Operating Expenses	Total Budget
<p>Title: DA investigator</p> <ul style="list-style-type: none"> Supplies – office and investigation Liability Insurance Facilities Maintenance Vehicle Maintenance Training Computer Maintenance & Services 	<p>\$848</p> <p>\$1,239</p> <p>2,944</p> <p>\$5,795</p> <p>\$1,074</p> <p>\$5,061</p>
Total Operating Expenses:	\$16,961

C. Equipment Expenses	Total Budget
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Health and Human Services Agency Department of Social Services Adult Services

Title	\$0
Description:	
Total Equipment Expenses:	\$0
D. Travel/Per Diem and Training	Total Budget
Title:	\$ 0
Description:	
Total Travel/Per Diem and Training:	\$ 0

E. Subcontracts and Consultants	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Subcontracts and Consultants:	\$ 0

F. Other Costs	Total Budget
Title: Public Information/Media Campaign	\$ 12,500
Description: Will develop IHSS Fraud Prevention Media Campaign utilizing local radio stations to air spots that educate the listening public on how to identify and report suspected fraud. Will also list the Shasta County 24 hour IHSS fraud reporting hot line.	
Total Other Costs:	\$ 12,500

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Health and Human Services Agency

Department of Social Services Adult Services

G. Indirect Expenses	Total Budget
Title: DA Investigator cost – 7.6% of salaries & benefits	\$ 6,785
Total Indirect Expenses:	\$ 6,785