

IN-HOME SUPPORTIVE SERVICES (IHSS) FRAUD DATA REPORTING FORM

County:	
Reporting Quarter and State Fiscal Year:	QTR 1 for FY 2016-17
Date Completed:	

Section I. Fraud Complaints

A	Total Number of Complaints Received	1
A.1.	Number of Complaints Received By Source	
	Recipient	2
	Provider	3
	Family member	4
	County staff	5
	Neighbor	6
	Data matches	7
	Anonymous- phone	8
	Anonymous- mail	9
	Anonymous- website	10
	Other (Explain in Comments- section VI.1.)	11
A.2.	Number of Complaints By Outcome - Initial Review	
	Referred for county investigation	12
	Referred for state investigation	13
	Referred for administrative action	14
	Referred to APS/CPS	15
	Dropped, no action	16

Section II. Early Detection Savings

A	Total Number of Cases Terminated/Reduced	17
A.1.	Number of Cases Terminated/Reduced as a Result of:	
	Data matches	18
	Entirely overstated disability	19
	Partially overstated disability	20
	Household composition/proration	21
	Misrepresented program eligibility	22
B	Total Number of Hours Terminated/Reduced	23
B.1.	Number of Authorized Hours Terminated/Reduced as a Result of:	
	Data matches	24
	Entirely overstated disability	25
	Partially overstated disability	26
	Household composition/proration	27
	Misrepresented program eligibility	28

Section III. Fraud Investigations - Completed

A	Total Number of Investigations Completed	29
A.1.		
	Collusion (Provider & Recipient)	30
	Provider fraud	31
	Recipient fraud	32
	County staff	33

	Other (Explain in Comments - section VI.2.)	34
A.2.	Number of Investigations By Outcome	
	Dropped, no action	35
	Referred for admin. action to IHSS	36
	Referred for prosecution to County DA	37
	Referred for prosecution to DOJ	38
A.3.	Amount Estimates by Outcome (\$)	
	Estimated amount referred for admin. action to IHSS	39
	Estimated amount referred for prosecution	40

Section IV. Prosecutions - County

A	Total Number of Cases Received for Prosecution	41
A.1.	Number of Cases by Outcome	
	Cases declined by DA	42
	Plea deal, no conviction	43
	Cases dismissed	44
	Number of cases - with convictions	45
	Number of felony convictions	46
	Number of misdemeanor convictions	47
	Number of defendants prosecuted	48
	Number of Referrals to suspended and ineligible list	49

Section V. Totals (\$)

A	Loss Identified to IHSS Program	50
B	Total Amount Identified for Collection through Court Ordered Restitution	51
C	Total Amount Identified for Collection through County Overpay Recovery	52

Section VI.1. Comments

53

Section VI.2. Comments

54

INSTRUCTIONS for completing the IHSS Fraud Data Reporting Form (SOC 2245)

General: County fraud data is reported to the California Department of Social Services (CDSS) quarterly using the SOC 2245 form. The data is due by the 15th of the first month following the reporting quarter.

Data entry: When entering data into the form, please enter numerical data only, there is no need to report “None” or “N/A.” If your county does not collect data for a particular reporting field, leave the field blank. Leave the field blank *only* if your county does not collect the appropriate data; if the data was collected and the answer is zero, please enter “0”.

If you inadvertently enter a number in a field for which your county does not collect data, exit the field, then single click or use the arrow keys to return to that field, and use the “Delete” key to clear the field.

Section I. Fraud Complaints

Definitions:

- **Complaint** – A complaint is any concern that comes in to the county; some will become referrals and some will not. Complaints may include a neighbor’s general suspicions, a family member’s concerns about the quality of a provider, or county staff’s suspicion of fraudulent behavior.
- **County Staff** – Any employee at the county level, this may include: Child Protective Services (CPS), Adult Protective Services (APS), social workers, county investigative staff, District Attorney’s Office, or others.
- **Data Matches** – Data matches may originate at the State or county level and may include death match, hospital match, jail match, etc.
- **Administrative Action** – any administrative action taken on a case and may include: overpay recovery, hour reduction, case termination, etc.

A. **Total Number of Complaints Received** – Record the total number of complaints received.

A.1. **Number of Complaints Received by Source** – The purpose of this section is to track where complaints are originating.

Record each complaint received during the reporting quarter in every applicable category. If the complaint was reported by a provider who is also a family member, record the complaint once for provider and once for family member. The total of A.1. must be greater than or equal to A.

A.2. **Number of Complaints by Outcome – Initial Review** – The action taken on the complaints after the initial review, grouped by outcome.

The review is conducted in accordance with your county’s process. These are initial outcomes determined this quarter regardless of when the

complaint was received. Record each complaint reviewed during the reporting quarter in every applicable outcome category. If a complaint was referred for county investigation and had an overpay recovery action initiated, mark “referred for county investigation” once and “referred for administrative action” once.

*Note: Counties must report all cases sent for investigation to the State, once received for investigation, the State will report on those cases separately. If the State sends the case back to the county for investigation or prosecution, the county must resume reporting on the case.

Section II. Early Detection Savings

Definitions:

- **Early Detection Savings** – Any future savings achieved by terminating or reducing hours on a case. Data is reported as hours saved in a single month.
- **Entirely/Partly Overstated Disability** – Recipient either completely or partially misrepresented his or her care needs.
- **Household Composition/Proration** – There was a misrepresentation regarding the people in the household or their usage of the household space.
- **Misrepresented Program Eligibility** – Recipient provided an incorrect citizenship status or misrepresented income/assets.

A. **Total Number of Cases Terminated/Reduced** – Record the total number of cases that were terminated or had authorized hours reduced during the reporting quarter as the result of a complaint.

A.1. Number of Cases Terminated/Reduced as the Result of: – Record each case that was terminated or had hours reduced during the reporting quarter in each category based on the cause for the termination/reduction.

B. **Total Number of Hours Terminated/Reduced** – Record the total number of monthly hours that were terminated or reduced as the result of being identified by a complaint.

B.1. Number of Hours Terminated/Reduced as the Result of: – Record the number of hours that were terminated or reduced in a single month in each category based on the cause for the termination/reduction.

Section III. Fraud Investigations – Completed

A. **Total Number of Investigations Completed** – Record the number of investigations that were completed this reporting period.

A.1. Number of Investigations by Type – The number of complaints investigated during the reporting quarter, grouped by the type of fraud suspected. Record each complaint by the person(s) suspected of committing fraud at the time the

report is being completed. This may or may not be the same person(s) suspected when the original complaint was reported.

- A.2. Number of Investigations by Outcome – The result of the completed investigations, grouped by outcome.
- A.3. Amount Estimates by Outcome (\$) – The estimated amount of fraud involved in the cases investigated, grouped by outcome.

Section IV. Prosecutions – County

Definitions:

- **Cases Declined by the DA** – Cases sent to the DA for prosecution that the DA declines to prosecute.
- **Plea Deal, No Conviction** – Any cases that were plead out for restitution only, no conviction.

A. **Total Number of Cases Received for Prosecution – Provide the number of cases that were received for prosecution in this reporting quarter.**

- A.1. Number of Cases by Outcome – Provide the number of cases with completed prosecutions in the reporting quarter, grouped by outcome. 1) These will be county prosecuted cases only. 2) You may record a case more than once if, for example, it resulted in a conviction and a referral to the suspended and ineligible list, or if it resulted in both misdemeanor and felony convictions.

Section V. Totals (\$)

- A. **Loss Identified to IHSS Program** – Record the total overpay amount (gross) in all cases identified, whether or not they were sent for prosecution. This does not include extraneous costs such as court fees, hours for investigation, etc. Sections V.B. and V.C. do not need to equal V.A.
- B. **Total Amount Identified for Collection Through Court Ordered Restitution** – Record the total amount of restitution ordered for repayment to the IHSS program.
- C. **Total Amount Identified for Collection Through County Overpay Recovery** – Record the total net amount of overpayments identified as a result of a fraud investigation.

Section VI. Comments

1. and 2. Please use these sections to clarify if the “other” line is used in section I.A.1 and III.A.1.