

FRAUD REFERRAL

Fraud Referral Policy

Before a fraud referral is initiated, the recipient/provider must be contacted to clarify the inconsistent information and/or failure to report changes. If necessary the Social Worker can perform a new assessment of need, obtain additional verification, and/or a sworn statement, as appropriate. In making the decision to refer a case for investigation, the worker must analyze the specific case situation in relation to all known facts about the recipient.

When inconsistent information cannot be clarified or resolved, a fraud referral can be made to the IHSS Quality Control Unit (QC) or to the PAFD unit. Fraud estimated at amounts greater than \$1500.00 for a recipient/provider *must* be referred for investigation to PAFD for possible prosecution. In some instances, the concern may be resolved and no fraud referral is required. The recipient/provider must still cooperate with any overpayment collection.

WHEN TO INITIATE A FRAUD REFERRAL

If the Social Worker is unable to resolve the discrepancy, inconsistency, or a fraud allegation after steps to clarify have been taken, a fraud investigation referral will be initiated. Fraud referrals are made to the Public Assistance Fraud Division (PAFD) of the District Attorney's Office using form HHS 12-50.

SUPERVISORY ROLES

The Social Worker is responsible for determining if a fraud referral/investigation will be made to PAFD, based on his/her judgment and the facts in a given situation. The supervisor and/or the Program Manager should provide guidance but may not prohibit the Social Worker from making a referral to PAFD that the staff member believes is appropriate.

WHO COMPLETES THE FRAUD REFERRAL

When recipient fraud is suspected or alleged, and it is discovered or brought to the attention of HHS by other than the assigned Social Worker or Medi-Cal Worker, the HHS staff person receiving the information must notify the assigned Social Worker and the Medi-Cal Worker so that he/she can evaluate the issue and make a fraud referral, if appropriate. If there is an allegation or suspicion that the Social Worker and/or Medi-Cal Worker is/are involved in the fraudulent activity, the person who received the information or discovered the possible fraudulent activity must immediately contact Internal Security to report the information. Internal Security will investigate the facts, notify the IHSS Program Manager, and if needed, complete the fraud referral to PAFD.

SOCIAL WORKER RESPONSIBILITIES

If the allegation of fraud concerns issues other than the financial eligibility or SOC determination of an income eligible applicant/recipient, the Social Worker will gather the information for the fraud referral or investigation request by contacting the Medi-Cal Worker, recipient, provider, authorized representative, or other relevant person to obtain as much information as is available to determine whether or not there is sufficient cause/reason to suspect fraud.

Types Of Fraud Referrals

Employee Fraud

If there is an allegation or the suspicion of employee involvement in the fraud, the person who receives or discovered the information is to contact Internal Security immediately by telephone at (619) 338-2135 and then notify the IHSS Program Manager of the referral.

Recipient/Provider Fraud

The Public Assistance Fraud Division (PAFD) of the District Attorney's office has contracted the HHSA to investigate fraud estimated at amounts of \$1,500 and above.

Referrals For Investigation Of Fraud

Referrals are made in situations where IHSS staff suspect fraud due to inconsistencies in the recipient's behavior, statements, verifications, or the observations of the Social Worker. An investigation is requested because further proof is needed to support a determination of fraud/ineligibility.

Referrals For Prosecution Of Fraud

Situations in which PAFD has uncovered compelling evidence that the recipient has been receiving benefits to which he/she is not entitled, by reason of inaccurate or false statements made to support their entitlement, are referred by PAFD for prosecution of fraud. The decision to prosecute will be made by the PAFD unit.

Cooperation With The District Attorney's Investigation

The HHSA has contracted with the District Attorney's office to provide fraud investigation services for IHSS. Case file information is made available to the DA Investigators upon their request, and a release of confidential information is not required. The Social Worker should ask questions to verify who is calling or take a telephone number and call the office back.

Question Of Intent

If a situation arises in which the worker has verification that the recipient and/or provider (including contractors) is/are not eligible for IHSS/Medi-Cal benefits, but the worker is unsure of the intent to defraud, a referral is to be initiated and the PAFD will make the decision regarding "intent."

IHSS Status Of Cases Referred To The DA

If the Social Worker/Medi-Cal Worker has determined that the recipient is receiving benefits to which he/she is not entitled, services are to be terminated or reduced as appropriate without regard to the status of the fraud referral.

- If a provider is linked to an alleged fraud and the recipient is not, a different provider will be utilized to provide the assessed needs when appropriate.
- If there is only the suspicion of fraud and an investigation has been requested, recipient services *cannot be discontinued or changed* until fraud or ineligibility has been established.

PAFD Referrals

When the overpayment amount is more than \$1500.00 or the amount is unknown:

- *Do not complete* the Overpayment Referral.
- Complete the 12-50 IHSS Fraud Referral form, *leaving the overpayment amount blank*.
- Forward the form with any appropriate documentation attached to the Social Work Supervisor for review.
- The Social Work Supervisor will review the form for completeness and the appropriateness of the referral, and forward to the IHSS Program Manager at W253.
- The IHSS Program Manager will forward the referral to the PAFD unit at the District Attorney's Office.
- When the results of the fraud investigation have been received, if appropriate follow the overpayment referral procedures.

The following documentation should be attached to the HHS 12-50:

- PSUM (Provider Summary Screen) from CMIPS.
- Copies of the current and any other relevant SOC 293s.
- Copies of the current and any other relevant SOC 311s.
- CMIPS RHSS Screen (shows IHSS activity in another county).
- Copies of narratives from the present, back to the beginning of the alleged fraud period.
- IHSS worksheets (IHSS 12-42) governing the period in question.
- Relevant medical information such as the 12-37 or 12-37A.
- Any other form or information relevant to the investigation.

Information For The PAFD Unit

The PAFD investigators need as much information as can be provided including:

- First name, middle initial and last name of the persons involved in the fraudulent activity.
- Birthdates of all persons involved.
- Last known addresses and telephone numbers of participants, witnesses, and informants.
- Any other identifying information regarding the participants, e.g., Social Security number, California driver's license number, etc.
- A description of the activity or inconsistency which is an indicator of possible fraud.
- A statement indicating how the "fraudulent" activity impacts eligibility or the benefit level.
- A statement indicating what steps the worker has taken to resolve the issue.
- Copies of any documents that support the allegation of fraud.

NOTE:

Additional information and/or verification(s) received by the worker after a referral has been made to the District Attorney are to be forwarded directly to the PAFD investigator/unit.

Notification to Social Security Administration

If the recipient is involved or suspected of being involved in the fraud, and is also receiving SSI/SSP, the Social Worker completes form DSS 07-94 and faxes it to the recipient's Social Security Administration field office. The following information should be included:

- Whether or not this recipient has been referred to PAFD.
- If the recipient has been referred to PAFD, identify whether it was for investigation or prosecution of fraud.
- A description of the fraudulent activity or inconsistency which is an indicator of fraud.
- A statement indicating what steps you have taken to resolve the issue.
- Whether or not the IHSS case is still active.
- Your name, office address, telephone number, worker number, and fax number.

Program Manager Role

All fraud referrals and requests for fraud investigation will be routed via the IHSS Supervisor to the IHSS Program Manager. The IHSS Program Manager will maintain a tracking log indicating:

- Case name.
- Case number.
- District office.
- Social Worker number.
- Medi-Cal Worker number.
- Date of fraud referral.
- Whether this is a referral for prosecution of fraud or a referral for a fraud investigation.
- The date and disposition of the referral when it is returned by the PAFD.

The fraud referrals and investigation requests are forwarded by the Program Manager to the District Attorney's office, Public Assistance Fraud Division. The District Attorney's response to the referrals will be routed back through the Program Manager. The Program Manager will report quarterly to the AIS Assistant Deputy Director of Operations on the status of all referrals. The DA will keep the IHSS Program Manager regularly informed of the status of fraud referrals and investigations.

Confirmation Of Fraud

If it is determined by the PAFD Investigator that the recipient/provider received IHSS benefits that he/she/they were not eligible to receive, the investigator will notify the IHSS Program Manager who will in turn contact the IHSS district supervisor. The Social Worker, once informed of the determination of fraud, must take the necessary case actions at the earliest time possible to deny, reduce, or terminate benefits to which the recipient/provider is not entitled and initiate collection for any overpayment. The supervisor should be consulted for the appropriate actions.

Quality Control Fraud Referrals

Referrals are made to the IHSS Quality Control (QC) Unit by using the form IHSS QC Fraud Investigation Request. When completing the referral:

- Information requested on the form should be as complete as possible.

- Include any additional information that would be helpful in conducting the review.
- On the fraud referral form the Social Worker will clearly state the intended goal of the fraud referral, e.g. "Please complete a drop-in home visit and verify household composition if possible".

When determining the type of fraud referral (QC or PAFD), please remember that QC Social Workers are *not authorized* to do the following:

- Conduct surveillance.
- Conduct third party interviews without a recipient's written permission.
- Obtain any written or electronic records not already available to IHSS Social Workers.
- Conduct a home visit at the provider's home.

After completing the IHSS QC Fraud Investigation Request:

- Forward the form with any appropriate documentation attached to the IHSS Social Work Supervisor for review.
- The Social Work Supervisor will review the form for completeness and the appropriateness of the referral, and then forward it to the IHSS Program Manager at W253.
- The IHSS Program Manager forwards the referral to the QC Supervisor at MS W433.

The QC Social Worker will conduct a full review of the case, including an unannounced home visit. When a case review has been completed, QC returns the referral with recommendations and observations to the IHSS Program Manager. QC will provide as much information as possible in order to make a fraud referral to PAFD (if such a referral is warranted). The district Social Worker will be responsible for completing the PAFD fraud referral packet.