



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

April 6, 2012

ALL-COUNTY LETTER NO.: 12-17

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) FRAUD DATA REPORTING
FORM SOC 2245

REFERENCE: COUNTY FISCAL LETTER No. 11/12-19, DATED SEPTEMBER
16, 2011, COUNTY FISCAL LETTER No. 10/11-34, DATED
NOVEMBER 23, 2010, COUNTY FISCAL LETTER No. 09/10-37,
DATED DECEMBER, 10, 2009 AND COUNTY FISCAL LETTER No.
09/10-33, DATED OCTOBER 29, 2009.

PURPOSE

This All-County Letter (ACL) is to clarify county In-Home Supportive Services (IHSS) fraud and program integrity data reporting requirements pursuant to legislation enacted in 2009. Additionally, this ACL transmits the new IHSS Fraud Data Reporting Form (SOC 2245), instructions and reporting timeline.

BACKGROUND

The state Budget Acts of 2009 and 2010 appropriated funding for IHSS fraud referral, investigation and program integrity efforts. Counties that submitted anti-fraud plans and received fraud funding are required to submit data to California Department of Social Services (CDSS) pursuant to the specifications in the Data Reporting Spreadsheet (Enclosure D) of the County Board of Supervisors Letter. Receipt of IHSS fraud prevention funding was voluntary by counties.

In 2009, Assembly Bill 19, Fourth Extraordinary Legislative Session (ABX4 19) (Chapter 17, Statutes of 2009) was also enacted. The legislation added Welfare and Institutions Code, Section 12305.82(d), requiring counties to report to CDSS when they conclude that there is reliable evidence that fraud has been committed. To facilitate the required fraud data reporting, an allocation for "IHSS Anti-Fraud Initiative (later

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

changed to 'IHSS Program Integrity') County Investigation" was implemented beginning in Fiscal Year (FY) 2009/10. The implementation of this reporting requirement applies to all counties, not just those that received IHSS fraud prevention funding tied to county anti-fraud plans.

FORM DEVELOPMENT

In developing the new reporting form, CDSS reviewed the data submitted by counties on Enclosure D for the reporting period FY 2009/10. The review revealed that many, if not all of the participating counties, were unable to provide all of the data elements and in many cases the gaps in reporting were consistent. During FY 2010/11 CDSS revised Enclosure D and recently conducted regional conference calls with county IHSS Program managers, Quality Assurance staff and representatives of county Special Investigations Units and District Attorney's offices to review and obtain feedback on the reporting form. Counties that did not receive fraud funding also participated in the conference calls. During the conference calls, CDSS surveyed the county staff and obtained agreement to utilize the new IHSS Fraud Data Reporting Form (SOC 2245) to report the FY 2010/11 fraud data, and to report to CDSS quarterly.

COUNTY RESPONSIBILITIES

Effective FY 2011/12, all counties are required to submit data to CDSS quarterly utilizing the new IHSS Fraud Data Reporting Form (SOC 2245). Data for the first three quarters of FY 2011/12 (July - September 2011, October - December 2011, and January - March 2012) is due to CDSS on April 16, 2012. Thereafter, the report will be submitted 15 days following the end of each quarter. Attached is the IHSS Fraud Data Reporting Form (SOC 2245) and instructions for completing the form. Claiming instructions are outlined in County Fiscal Letter No. 09/10-37.

Questions regarding this ACL or the reporting form should be directed to Quality Assurance Research and Program Integrity Unit at (916) 651-3494, or by email at IHSS-PI@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment

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

County: _____

Date Completed: _____

Reporting Quarter and State Fiscal Year: _____

Section I. Fraud Complaints	
A	Total Number of Complaints Received
A.1.	Number of Complaints Received By Source
	Recipient
	Provider
	Family member
	County staff
	Neighbor
	Data matches
	Anonymous- phone
	Anonymous- mail
	Anonymous- website
	Other (Explain in Comments- section VI.1.)
A.2.	Number of Complaints By Outcome - Initial Review
	Referred for county investigation
	Referred for state investigation
	Referred for administrative action
	Referred to APS/CPS
	Dropped, no action
Section II. Early Detection Savings	
A	Total Number of Cases Terminated/Reduced
A.1.	Number of Cases Terminated/Reduced as a Result of:
	Data matches
	Entirely overstated disability
	Partially overstated disability
	Household composition/proration
	Misrepresented program eligibility
B	Total Number of Hours Terminated/Reduced
B.1.	Number of Authorized Hours Terminated/Reduced as a Result of:
	Data matches
	Entirely overstated disability
	Partially overstated disability
	Household composition/proration
	Misrepresented program eligibility

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

Section III. Fraud Investigations - Completed	
A	Total Number of Investigations Completed
A.1.	Number of Investigations By Type
	Collusion (Provider & Recipient)
	Provider fraud
	Recipient fraud
	County staff
	Other (Explain in Comments - section VI.2.)
A.2.	Number of Investigations By Outcome
	Dropped, no action
	Referred for admin. action to IHSS
	Referred for prosecution to County DA
	Referred for prosecution to DOJ
A.3.	Amount Estimates by Outcome (\$)
	Estimated amount referred for admin. action to IHSS
	Estimated amount referred for prosecution

Section IV. Prosecutions - County	
A	Total Number of Cases Received for Prosecution
A.1.	Number of Cases by Outcome
	Cases declined by DA
	Plea deal, no conviction
	Cases dismissed
	Number of cases - with convictions
	Number of felony convictions
	Number of misdemeanor convictions
	Number of defendants prosecuted
	Number of Referrals to suspended and ineligible list

Section V. Totals (\$)	
A	Loss Identified to IHSS Program
B	Total Amount Identified for Collection through Court Ordered Restitution
C	Total Amount Identified for Collection through County Overpay Recovery

Section VI.I. Comments	

Section VI.2. Comments	

IHSS FRAUD DATA REPORTING FORM INSTRUCTIONS

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 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 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.
- **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 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 in each category based on the cause for the termination/reduction.

B. **Total Number of Hours Terminated/Reduced** – Record the total number of monthly authorized 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 monthly authorized hours that were terminated or reduced 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 completed investigations that were conducted this fiscal year.

A.1. Number of Investigations by Type – The number of complaints, grouped by the source of the fraud.

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 action taken on cases referred for investigation, grouped by outcome.

A.3. Amount Estimates by Outcome (\$) – The estimated amount of fraud involved in cases, 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

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

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. or III.A.1.