

**Enclosure B**

**COUNTY RESPONSE COVER PAGE**

**Riverside County** is requesting participation in the Enhanced Anti-Fraud Program and hereby submits a draft Plan and Data, with a final Plan and Data as described above to be submitted by December 1, 2009.

**Board of Supervisor Approval**

Approved on NOV 24 2009, 2009, by the County Board of Supervisors

Name of Approver: Jeff Stone, Chairman of the Board

Signature: Jeff Stone

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ATTEST:  
KECIA HAPPER-IHEM, Clerk  
By [Signature]  
DEPUTY

FORM APPROVED COUNTY COUNSEL  
BY [Signature] 11/9/09  
LARISA R-MCKENNA DATE

## **County of Riverside In-Home Supportive Services Program Integrity Plan**

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### **PROJECT OVERVIEW**

The Riverside County proposed Plan recognizes that early detection and proactive intervention is key to protecting recipient-victims, law abiding service-providers, taxpayers and program financial integrity, so that funding will be available for the eligible blind, aged and disabled who are unable to remain safely in their own home without this assistance. Effective fraud detection requires a collaborative and proactive approach to educate service providers and recipients on their roles and responsibilities, and to prevent, detect and deter future fraud through interagency cooperation and proactive investigative partnership efforts. Hence, this proposed Plan adopts a comprehensive approach of education, quality assurance review, and proactive investigative efforts to thwart fraud through program controls at the front end to prevent potential fraud, and at the back end through fraud detection activities and quality investigations that lead to successful prosecutions and restitution orders, ultimately holding those who commit fraud accountable and acting as a deterrent to would-be fraudsters.

Riverside County will implement a three part process to ensure the integrity of the In-Home Supportive Services (IHSS) program. The program will utilize established and tested methodology currently proving to be successful in the Cash Aid and Supplemental Nutrition Assistance programs administered by the Riverside County Department of Public Social Services (DPSS). This process will focus on:

- Fraud prevention through customer education,
- Fraud and overpayment/underpayment detection through the quality assurance review, and
- Fraud detection and investigation utilizing DPSS Welfare Fraud Investigators, District Attorney Office (DAO) Senior Investigators and California Department of Health Care Service Investigations Branch (DHCS) Investigators working as a task force.

It is expected that by providing information to the customers before services are rendered, random audits of on-going cases, and investigations of suspected fraud which result in convictions that it will be possible to have a direct and positive effect on the integrity of the IHSS program.

Riverside County will utilize staff comparable to incumbents providing the same services for other public aid programs. DPSS Investigative Technicians (IT) will educate potential providers through the Preventative Fraud Group presentation prior to the provider's approval as an In-Home Supportive Service provider. The DPSS IT will review pertinent information on the required forms in order to ensure all potential providers understand their responsibilities as an IHSS provider and what fraud is and how to avoid committing fraud. Additional investigative work by



the DPSS IT will be completed as requested by the IHSS case worker. Two Program Specialist II positions and one full-time Public Health Nurse will ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. Through these efforts, they will detect incidents of potential fraud and make referrals for investigation. Additionally, the Program Specialist II positions will review and analyze a variety of exception reports, such as the 'Death Match' report and the "300 hours" report for indicators of potential fraud. The Public Health Nurse will also be responsible for evaluating the accuracy of "protective supervision" hours authorized by the social worker. The Program Specialists and Public Health Nurse will refer potentially fraudulent cases to DPSS Welfare Fraud Investigators. The DPSS Welfare Fraud Investigator (WFI), The DAO Investigators and the DHCS Investigators will work as a task force and will be responsible for reviewing and/or investigating all IHSS fraud referrals in order to determine which allegations will be referred to collections for recovery of the over-payment and which allegations will be investigated for fraud and forwarded to the DAO's for prosecution.

The County of Riverside has demonstrated success in ensuring the program integrity of Cash Aid and SNAP programs through the prevention, detection and prosecution of welfare fraud. As such, we are confident of our ability to successfully expand these efforts to include the IHSS program

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## **BACKGROUND**

The State of California Budget Act of 2009, signed into law on July 28, 2009, amended the State's FY 08/09 and 09/10 budgets. Among the amendments in the Act, was a \$10 million appropriation of state funds for the purposes of fraud prevention, detection, referral and investigation and program integrity efforts related to In-Home Supportive Services (IHSS) programs in all 58 counties.

IHSS is a state administered, county run program that provides state, county and federal funding to enable eligible program recipients to hire a qualified caregiver. The IHSS Program pays for services provided to those over 65 years of age, or disabled, or blind, or a disabled child, so that they may remain safely in their own home as an alternative to out-of-home care, such as nursing homes or board and care facilities. Through a series of evaluations performed by county social workers, IHSS recipients can be authorized for up to 283 hours or more per month of services. These services include assistance with the administration of medications, accompaniment to medical appointments, providing assistance with activities such as housecleaning, laundry, grocery shopping, personal care services and protective supervision for the mentally impaired.

The California Department of Social Services (CDSS) recognized that many counties could strengthen their quality assurances with regard to acts of fraud within the system. IHSS fraud is an intentional attempt by some service providers, and some beneficiaries, to receive unauthorized payments or benefits from the program. Major types of IHSS PROVIDER FRAUD statewide include a service provider not working or incarcerated or continuing to bill services for a recipient

who is either deceased or hospitalized. Major types of IHSS RECIPIENT FRAUD include overstated needs, demanding a share of provider pay, misreporting income and not reporting changes in the household.

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### **IHSS OVERPAYMENTS/UNDERPAYMENTS ACTIVITIES AND DATA**

The Department of Public Social Services will continue to detect, compute and process all overpayments and underpayments consistent with County policy and program regulations. This will be accomplished through the enhancement of the current Quality Assurance (QA) activities. This enhanced in-depth quality assurance review will lead to the discovery and cause of overpayments and underpayments. When the cause of the overpayment or underpayment is found to be provider or recipient caused, appropriate referrals will be made. If the cause is found to be agency caused, corrective action can then be taken to prevent further like occurrences from happening.

Riverside County DPSS has been very successful in the recovery of public funds for many programs. In the last four fiscal years, the amount recovered for all programs has increased from \$4,761,760 in FY 05/06 to \$6,290,726 in FY 08/09. Many of the same tools and resources used in those recoveries will be utilized in the recovery of IHSS overpayments, including pursuing civil action in civil court, wage garnishment, attaching bank accounts and property liens.

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### **IHSS FRAUD REFERRALS/OUTCOMES**

The Department of Public Social Services will act as the county-wide IHSS fraud referral repository through the utilization of current fraud reporting hotlines and DPSS staff. All participating agencies in this plan will forward all IHSS fraud referrals received to DPSS for central logging and forwarding to the California Department of Health Care Services (DHCS) Investigations Branch Rancho Cucamonga Office, as is the current practice. A county-wide IHSS Fraud Referral Form will be developed and implemented for utilization by all participating departments in this plan. (A proposed draft is attached – see Attachment A).

The fraud hotlines that are currently published on the DPSS Internet pages will be provided to providers and recipients during the IHSS orientation. The fraud hotlines will be made available to the general public through community outreach and public service announcements.

Referrals of suspected fraud involving DPSS employees tasked with the administration and oversight of the IHSS program will be centrally logged through DPSS and then forwarded to the DPSS Special Investigations Unit (SIU) for initial criminal investigation. All administrative investigations arising from the same allegations of IHSS fraud by DPSS employees shall be handled by a separate investigative unit pursuant to existing DPSS policies and procedures. There



shall be no comingling of case information between the criminal and administrative investigative teams.

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## **COLLABORATION AND PARTNERSHIPS WITH DISTRICT ATTORNEY'S OFFICE [DAO]**

In preparation of this plan submission the DAO and DPSS collaborated with the DHCS Investigations Branch to develop a proactive fraud prevention and investigation plan. The participating agencies investigative units agree to work in a task force model and to adopt a multidisciplinary investigative approach to IHSS Fraud Investigations. The IHSS Fraud Task Force will first address the (approximate 65) pending backlogged caseload of IHSS fraud referrals previously referred to DHCS by a variety of sources for investigation. Case prioritization for immediate investigation efforts would begin with the highest potential fraud loss beginning at 300 hours and thereafter at lower fraud losses in 50 hour blocks of time below 300 hours.

Referrals of suspected fraud involving DPSS employees tasked with the administration and oversight of the IHSS program will be centrally logged through DPSS and then forwarded to the DPSS Special Investigations Unit (SIU) for initial criminal investigation. All administrative investigations arising from the same allegations of IHSS fraud by DPSS employees shall be handled by a separate investigative unit pursuant to existing DPSS policies and procedures. There shall be no comingling of case information between the criminal and administrative investigative teams.

This proposed Plan utilizes a Deputy District Attorney (DDA) for IHSS pre-prosecution education and investigative activities. This DDA will support pre-prosecution anti-fraud efforts. Specifically, the DDA will attend monthly collaborative team task force meetings, and review all program search warrants and IHSS fraud cases submitted for criminal filing. The DDA will also provide feedback as necessary regarding the controlling law and further investigation, if needed. The DDA will also provide in-service training to improve quality of cases submitted for prosecution.

A prosecution commences when an indictment or information is filed, a complaint is filed charging a misdemeanor or infraction, a case is certified to the Superior Court, or an arrest warrant or bench warrant is issued. (Penal Code section 804.) **All program funding to support the DDA will exclude post-prosecution activities.**

### ***A. DAO's Responsibilities:***

1. File criminal and/or civil charges when investigation(s) reveals sufficient evidence of fraud against IHSS Program. Welfare Fraud DDA to provide feedback on cases submitted for filing regarding quality of evidence and any further investigation needed; assist with search warrant review process; and provide training as warranted to support program integrity and quality of cases submitted for prosecution.

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2. Provide search warrant review through Welfare Fraud DDA.
3. Cooperate in establishing and maintaining a vigorous, viable program of IHSS fraud control in Riverside County.
4. Be subject to audit and review for compliance by any agency of the State of California or Federal government involved in the administration of this program.
5. Complete timesheets using work codes to specifically identify the time spent on program activities. All timesheets shall be retained in the DAO's files for future audit purposes. A copy of the timesheets will be provided to DPSS on a quarterly basis so the data extracted from the timesheets may be included in the annual report.
6. For all criminal restitution efforts with which the DAO has involvement, the DAO shall instruct the Superior Court that restitution made by criminal defendants shall be ordered to the IHSS Program through the DPSS Recovery Unit.
7. Forward all disposition action regarding fraud referrals made to the DPSS Investigations Branch for inclusion in the quarterly report.
8. DAO personnel assigned to IHSS Fraud shall be responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.
9. The primary responsibilities of DAO Investigators shall be as follows:
  - a. Investigate cases of false documents, forged signatures and duplicate check cases, in the IHSS program.
  - b. Investigate assigned IHSS referrals developed through exception reports such as the Death Match report, out of state warrant report and the 300 hour report.
  - c. Perform field investigations of suspected fraudulent receipt of IHSS grants by gathering, assembling, preserving and reporting facts and evidence.
  - d. Review and/or investigate all IHSS fraud referrals received directly by DAO that are deemed time sensitive warranting immediate attention and subsequently notify other Task Force partners through established procedures other than DPSS internal fraud allegations.
  - e. Locate fraud suspects, witnesses and other informational sources and evaluate testimony.
  - f. Submit investigative reports to DAO Welfare Fraud DDA for pre-filing review.
  - g. Assemble and prepare evidence for presentation in court and appear as a witness if necessary.
  - h. Apply proper techniques of arrests, search and seizure in the apprehension of suspects, and the confiscation and proper storage of evidence.
  - i. Transporting and booking suspects into County of Riverside Jail or transporting suspects to court.
  - j. Perform criminal investigations related to IHSS Program fraud.

- k. May serve legal processes for DAO including search warrants, arrest warrants, and subpoenas for IHSS.
  - l. Prepare oral and written reports and correspondence related to IHSS Program fraud.
  - m. Submit minute court order reports of convictions to IHSS Program for permanent removal of fraudulent providers from IHSS Program.
  - n. DAO staff shall meet with DPSS staff as often as needed to exchange pertinent information, resolve problems, and work together to effectively coordinate services.
10. Secondary Responsibilities of DAO Investigators shall be to:
- a. Assist in establishment of IHSS Program procedures for Fraud Prevention.
  - b. Assist IHSS Program in training Social Workers regarding "red flags" to look for in determining fraudulent conduct.
  - c. Report coercion/abuse/undue influence of recipients in IHSS Program to Adult Protective Services (APS) and/or local law enforcement.
11. DAO Investigative Technician(s) will perform all administrative support duties for IHSS fraud unit.

***B. DPSS Investigative Component Responsibilities:***

DPSS Welfare Fraud Investigators (WFIs) are sworn Peace Officers under Penal Code section 830.35 and investigated IHSS allegations prior to January of 2005. The WFIs are currently responsible for conducting criminal investigations of suspected violations of public assistance laws, rules, and regulations, and a variety of other departmental matters.

1. The primary responsibilities of WFIs shall be as follows:
- a. Investigate cases of false documents, forged signatures and duplicate check cases, in the IHSS program.
  - b. Investigate assigned IHSS referrals developed through exception reports such as the Death Match report, out of state warrant report and the 300 hour report.
  - c. Review and/or investigate all IHSS fraud referrals deemed time sensitive by DPSS APS/SIU management staff and subsequently notify other Task Force partners through established procedures.
  - d. Fraud referrals submitted by IHSS staff, other agencies, recipient/provider family members and/or friends or other private citizens will be submitted directly to the DHCS for assignment through the newly developed task force.
  - e. Perform field investigations of suspected fraudulent receipt of IHSS grants by gathering, assembling, preserving, and reporting facts and evidence.
  - f. Locate fraud suspects, witnesses and other informational sources and evaluate testimony.
  - g. Submit investigative reports to DAO Welfare Fraud DDA for pre-filing review.
  - h. Assemble and prepare evidence for presentation in court and appear as a witness if necessary.
  - i. Apply proper techniques of arrests, search and seizure in the apprehension of suspects,



- and the confiscation and proper storage of evidence.
- j. Transporting and book suspects into County of Riverside Jail or transporting suspects to court.
  - k. Perform criminal investigations related to IHSS Program fraud.
  - l. May serve legal processes for IHSS investigations including search warrants and arrest warrants.
  - m. Prepare oral and written reports and correspondence related to IHSS Program fraud.
  - n. Submit minute court order reports of convictions to IHSS Program for permanent removal of fraudulent providers from IHSS Program.
  - o. DPSS shall provide the DAO investigative staff assigned to IHSS fraud investigations with full access to all welfare fraud information necessary to conduct and complete IHSS fraud investigations.
  - p. DPSS shall provide in-service training for DAO staff to orient them to procedures and regulations related to the IHSS Program.
  - q. DPSS staff shall meet with DAO staff as often as needed to exchange pertinent information, resolve problems, and work together to effectively coordinate services.

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**COLLABORATION AND PARTNERSHIPS WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES [DHCS] AND THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES [CDSS]**

To strengthen the quality of fraud prevention and detection investigative efforts, the Riverside County District Attorney's Office (DAO), the Department of Social Services (DPSS), and the DHCS Investigations Branch have agreed to adopt a task force team model to approach anti-fraud activities. A Memorandum of Understanding will be drafted to guide the team's collaborative anti-fraud activities with regard to recipient/provider IHSS pretrial investigations.

The DAO and DPSS have agreed to collaboratively participate in monthly IHSS Fraud Group meetings comprised of DHCS Investigators, DAO Investigators and DPSS Welfare Fraud Investigators and the DAO welfare fraud prosecutor. These monthly investigative collaboration meetings will be scheduled by the Senior District Attorney Investigator III responsible for functional supervision of the District Attorney Bureau of Investigation personnel assigned to the IHSS Fraud Unit. These meetings will be attended by District Attorney Investigators, the DHCS Supervising Investigator and Investigators, and DPSS Welfare Fraud Supervising Investigator and Welfare Fraud Investigators. All fraud referrals received during the preceding month will be reviewed and equally distributed for investigation based upon existing agency commitments (DHCS = 2 Investigators, DAO = 2 Investigators, DPSS = 2 Investigators).

A component of the monthly team meeting will be to address existing investigations in a peer review format. Each participating agency will bring their expertise to bear upon the investigative process and direction. It is the intent of this collaborative process to facilitate interagency collaboration and interdisciplinary training of DHCS, DPSS and DAO partners with an expected outcome of a quality investigative and prosecution work product.



The participating agency investigative units agree to work in a multidisciplinary investigative capacity to first address the (approximate 65) pending/backlogged IHSS fraud referrals previously referred to DHCS by DPSS for investigation. The pending/backlogged cases are currently retained by DHCS Investigations Branch. As such, this multidisciplinary investigative team will begin this plan with an existing caseload. Thereafter, these agencies will meet monthly for the review and assignment of IHSS fraud investigation referrals as set forth above. Case prioritization for investigation would begin with the highest potential fraud loss beginning at 300 hours and thereafter at lower fraud losses in 50 hour blocks of time below 300 hours.

Referrals received by a participating agency that warrant immediate attention will be handled forthwith by the receiving agency, with subsequent notification to agency partners through established procedures.

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### **MECHANISMS FOR TRACKING/REPORTING**

The County of Riverside will purchase and enhance a database that will track the outcomes of its efforts. The database will be utilized for the collection, analysis, and reporting of data. The data submitted to the State will be in the format described by and in the time frame set by the State.

Fraud-related data and outcomes will be collected by each participating agency and forwarded quarterly to the DPSS Investigations Branch for use in the compilation of collaborative quarterly and annual reports. These reports will also be a useful tool in the identification of fraud trends.

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### **COUNTIES CURRENT AND PROPOSED ANTI-FRAUD ACTIVITIES**

#### **Current Anti-Fraud Activities**

The County of Riverside ensures IHSS program integrity utilizing a Quality Assurance process in conjunction with ongoing training and process improvements. Riverside County has an IHSS QA/QI program that currently reviews cases for program and policy compliance. The results of these case reviews are used to train staff on best practices, address over/under payments and refer cases of potential fraud for investigation. This program has been recognized by the State for improving the integrity of the overall program.

#### **Proposed Anti-Fraud Activities**

The County of Riverside will ensure IHSS program integrity utilizing a collaborative plan consisting of three complementary components: Fraud Prevention Education, Enhanced Quality Assurance Controls, and Proactive Criminal Investigative Activities. Staff representing the each Component of the IHSS Program will attend a multi-disciplinary quarterly meeting with all

participating Program members to discuss identified IHSS program efforts, successes, failures and training needs. This forum will provide an opportunity for enhanced IHSS in-service training.

**Fraud Prevention Education**

The **first component**, Fraud Prevention Education, includes methods to prevent fraud from occurring in the In-Home Supportive Services (IHSS) program. A Preventative Fraud Group (PFG) presentation will be conducted in conjunction with the Provider Orientation. The Provider Orientation is required for all new IHSS providers effective November 1, 2009. Current providers are not required to attend but will be encouraged to do so by IHSS staff. The PFG will be conducted by an Investigative Technician (IT) employed by the Riverside County DPSS Fraud Early Detection (FRED) unit, which currently provides program integrity activities for the Cal-Works and Public Assistance SNAP programs.

This component will educate potential providers through the Preventative Fraud Group (PFG) presentation prior to the provider's approval as an IHSS provider. Additional fraud prevention work related to any discrepancies or inconsistencies will be completed by the IT no later than one (1) month after the approved Provider receives his or her first payroll check for services provided to the In-Home Services consumer.

The PFG presentation is considered an educational process for the prospective provider. During the PFG, the Investigative Technician will review and explain to prospective providers the DPSS 305 C "Planning With You To Avoid Fraud" form, W&IC 12305.81, 12305.85, SOC 426 form, SOC 426B form and SOC 846 form. \*Note: Information and forms may change as new information is received.

The IT will explain the following to prospective providers:

- The provider's reporting responsibilities related to the recipient's living arrangements and level of care (DPSS 305 C form);
- The legal definition of what fraud and perjury is and the potential legal consequences of committing these crimes;
- The mandates set forth by Welfare & Institutions Code sections 12305.81, 12305.85 and the importance of accurately reporting their criminal history;
- That the provider application and supporting documents may be chosen for further review by DPSS staff or IHSS investigative staff in order to clarify inconsistencies and/or discrepancies; and
- Home calls and other field work may also be conducted in order to expeditiously clarify inconsistencies and/or discrepancies.

The IT will review pertinent information on the SOC 426, SOC 426B, and 305C state forms in order to ensure all potential providers understand their responsibilities as an IHSS provider.

IHSS staff may request that a DPSS IT conduct a more detailed review of recipient/provider forms and/or conduct field work if a discrepancy is found. An In-Home Supportive Services Communication Form was developed to assist IHSS staff and DPSS IT's in communicating quickly and effectively regarding IHSS recipient/provider inconsistencies and discrepancies. (A



proposed draft is attached – see Attachment B). The IHSS Communication Form also serves as a tool for the IT to document information gathered during the preventative fraud review or field work processes for notification to and potential use by the Investigative component in the proposed Plan.

The education of the providers on what fraud is, how to avoid committing fraud, and what the consequences are when fraud is committed will reduce fraud. Catching discrepancies at the front end with early informal contact with IHSS recipients and providers will further ensure program compliance.

### **Enhanced Quality Assurance**

The **second component** will be an enhanced Quality Assurance (QA) component. The enhanced QA component will consist of two (2) Program Specialist II positions and one (1) Public Health Nurse (PHN). These positions will be responsible for developing IHSS and Departmental policies/procedures/forms, etc. for the additional fraud prevention activities. They will ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. Additionally, the Program Specialist II positions will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report. The PHN will assess IHSS cases that have been authorized “protective supervision” hours and paramedical services. The PHN will be responsible for reviewing the specific services in both paramedical and “protective supervision” cases and will act as a liaison with social workers, medical professionals, clients and providers in cases identified by social workers as high risk or with fraud potential. The PHN will also evaluate to ensure the most accurate health assessment for protective supervision services based on the recipients needs. The Program Specialists and PHN will make referrals of potentially fraudulent cases to DPSS Investigative component pursuant to established IHSS fraud referral process in this proposed Plan.

This enhanced in-depth quality assurance review will lead to the discovery and cause of overpayments and underpayments. When the cause of the overpayment or underpayment is found to be provider or recipient caused, appropriate referrals will be made. If the cause is found to be agency caused, corrective action can then be taken to prevent further like occurrences from happening.

Another result of this in-depth quality assurance review will be the discovery of potentially fraudulent activities. In addition to making fraud referrals to the appropriate Investigation Component, the QA staff will also be able to identify potential training or program changes that are necessary to prevent future fraud and identify trends that identify potential fraud.

### **Proactive Investigative Activities**

The **third component** will be Criminal Investigative activities. The Riverside District Attorney’s Office (DAO), Department of Public Social Services (DPSS) Investigations Branch and the California Department of Health Care Services (DHCS) Investigations Branch will investigate and deter future IHSS fraud through interagency cooperation, and proactive investigative partnership efforts, including cross-training in respective disciplines for IHSS, DPSS and DAO staff. The participating agencies investigative units agree to adopt a task force team model, with two (2)

DHCS Investigators, two (2) DPSS Welfare Fraud Investigators, and two (2) DAO Senior Investigators.

This multidisciplinary investigative team will be known as the IHSS Fraud Task Force. A Memorandum of Understanding will be drafted to guide the team's collaborative anti-fraud activities with regard to recipient/provider IHSS pretrial investigations.

The Task Force will meet monthly to review all fraud referrals received during the preceding month and will make an equitable distribution of cases for investigation based upon existing agency commitments. The Task Force will have an existing caseload of approximately 65 pending backlogged cases of IHSS fraud referrals previously referred to DHCS by DPSS for investigation. The Task Force will prioritize immediate investigation efforts on those cases representing the highest potential fraud loss beginning at 300 hours and thereafter at lower fraud losses in 50 hour blocks of time below 300 hours. The DAO Welfare Fraud prosecutor will attend meetings as needed.

However, all referrals of suspected fraud involving DPSS employees tasked with the administration and oversight of the IHSS program will be centrally logged through DPSS and then forwarded to the DPSS Special Investigations Unit (SIU) for initial criminal investigation. All administrative investigations arising from the same allegations of IHSS fraud by DPSS employees shall be handled by a separate investigative unit pursuant to existing DPSS policies and procedures. There shall be no comingling of case information between the criminal and administrative investigative teams.

A component of the monthly Task Force meeting will be to address existing investigations in a peer review format. Each participating agency will bring their expertise to bear upon the investigative process and direction. It is the intent of this collaborative process to facilitate interagency collaboration and interdisciplinary training of DHCS, DPSS and DAO partners with an expected outcome of a quality investigative and prosecution work product.

This proposed Plan also incorporates a multidisciplinary team to coordinate and plan various compliance checks at the different stages of IHSS program implementation. This team will be comprised of DHCS Investigators, DA Investigators, WF Investigators, DPSS Investigative Technicians and Program Specialists. The multidisciplinary team will have the ability to address client concerns and on site needs during compliance checks, as well as to immediately identify incidents of fraud to prevent long term program fund loss.

This Plan will utilize a DAO Welfare Fraud Deputy District Attorney (DDA) for IHSS pre-prosecution education and investigative activities. This DDA will support pre-prosecution anti-fraud efforts by attending monthly Task Force meetings, reviewing all program search warrants and IHSS fraud cases submitted for criminal filing and providing feedback as necessary with regard to controlling law and required further investigation. In collaboration with the Fraud Prevention Education, Quality Assurance, and Investigative Components, the DDA may participate in in-service training to support program integrity and improve quality of cases submitted for prosecution.



Staff representing the IHSS Fraud Task Force, which make up the Investigative Component of the Program, will attend a multi-disciplinary quarterly meeting with all participating Program members to discuss identified IHSS program efforts, successes, failures and training needs. This forum will provide an opportunity for enhanced IHSS in-service training.

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

The County of Riverside's IHSS Proposed Integrity Plan will utilize the funding as follows:

### **Staff/Administration**

#### **DPSS**

The proposed Plan will employ (10) full-time and (one) part time DPSS staff:

- Four Investigative Technicians (DPSS - full time) The Investigative Technicians will be responsible for educating potential providers through the Preventative Fraud Group presentations prior to the provider's approval as an In-Home Supportive Service provider. The Investigative Technician will review pertinent information on the required forms in order to ensure all potential providers understand their responsibilities as an In-Home Supportive Services provider and what fraud is and how to avoid committing fraud. Additional investigative work by the Investigative Technician will be completed as requested by the IHSS case worker.
- Two Welfare Fraud Investigators (DPSS – full time) – The DPSS Welfare Fraud Investigator (WFI) will be responsible for reviewing and/or investigating all In-Home Supportive Services overpayments forwarded by In-Home Supportive Services staff in order to determine which overpayments will be referred to collections and which overpayments will be investigated and forwarded to the District Attorney for prosecution as well as investigating all In-Home Supportive Services fraud referrals they receive. Additionally, the WFI's will assist the Department of Health Care Services Investigations Branch (DHCS IB) in investigating In-Home Supportive Services fraud allegations.
- Two Program Specialist II (DPSS – full time) - The Program Specialist II positions will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report as well as reviewing cases to ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. The Program Specialist will refer potentially fraudulent cases to DPSS Welfare Fraud Investigators.
- One Public Health Nurse (DPSS – full time) - The Public Health Nurse will be responsible for evaluating the accuracy of "protective supervision" hours authorized by the social worker, will review cases identified as high risk or with potential fraud and will refer potentially fraudulent cases to DPSS Welfare Fraud Investigators.
- One Office Assistant II (DPSS – full time) – The Office Assistant (OA) will be responsible for the collection, recording and analysis of data for this project.

- Supervising Fraud Investigator (DPSS – 20% of full time) - The Supervising Fraud Investigator will be responsible for providing functional direction to the Investigative Technicians and Welfare Fraud Investigators.

### DAO

The proposed Plan will employ three (3) full-time and three (3) part time DAO staff:

- Two (2) Senior District Attorney Investigators (DAO – Full-time). The Senior District Attorney Investigators will be responsible for the duties set forth above in Section “A” District Attorney Office Responsibilities (page 3). Furthermore, the Senior District Attorney Investigators will participate in a collaborative investigative task force comprised of Department of Health Care Services Investigations Branch (DHCS IB) and DPSS SIU in the county-wide investigation of IHSS fraud allegations.
- One (1) District Attorney Bureau Commander (DAO - 0.50 Part-time). The Bureau Commander is a mid-level manager providing functional direction over sworn and non-sworn personnel assigned to specialized criminal or civil investigative units. The Bureau Commander will assign, monitor and evaluate criminal and civil investigations involving the gathering of evidence for the apprehension and prosecution of persons suspected of committing IHSS fraud.
- One (1) Deputy District Attorney III (DAO – 0.25 Part-time). The Deputy District Attorney will be responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities as set forth in Section “A” District Attorney Office Responsibilities.
- One (1) Investigative Technician II (DAO – .20 Part-time) The Investigative Technician under general supervision, will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators, through the service of civil and criminal legal processes, such as: subpoenas, summons and complaints; makes positive identification of person served and time and location of services; and assists in serving search warrants.
- One (1) Legal Support Assistant II (DAO – full time) The Legal Support Assistant will assist in processing and in tracking a wide variety of IHSS documents, records and correspondence to perform responsible and difficult specialized legal clerical work in support of the Deputy District Attorney and the District Attorney Investigators. The Legal Support Assistant will perform other IHSS fraud related work as required including preparing, completing and tracking legal documents required by the deputy district attorneys’ case building process.



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**Budget**

**DPSS**

4 Investigative Technicians	Full time - 6 months	\$164,395
2 Welfare Fraud Investigators	Full time - 6 months	\$110,457
2 Program Specialists	Full time - 6 months	\$112,952
1 Public Health Nurse	Full time - 6 months	\$75,954
1 Office Assistants	Full time - 6 months	\$27,636
1 Supervising WFI	20% - 6 months	\$12,852
	<b>Total Personnel</b>	<b>\$504,245</b>

**Available Resources:**

- **Facilities** – The program will utilize existing space that is not currently being utilized.
- **Meeting Room for Preventative Fraud Group meetings** – The program will utilize meeting rooms located in each district office.

**Needed Resources (DPSS):**

- **Personnel :**
  - 10 full time staff at 100% salary, one staff at 20% salary.
- **Equipment:**
  - Purchase of Software – estimated \$12,354

**TOTAL (Personnel/Equipment) - \$516,599**

**DAO**

2 Senior District Attorney Investigators	Full-time - 6 months	\$148,165
1 District Attorney Bureau Commander	50% - 6 months	\$ 44,067

County of Riverside  
In-Home Supportive Services Program  
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1 Deputy District Attorney III	25% - 6 months	\$ 18,563
1 Investigative Technician	20% - 6 months	\$ 7,877
1 Legal Support Assistant	Full-time - 6 months	\$ 30,038
Overtime - 2 Senior District Attorney Investigator	260 hours - 6 months	\$ 19,644
Overtime - Investigative Technician	130 hours - 6 months	\$ 5,069
	<b>Total Personnel</b>	<b>\$ 273,423</b>

**Needed Resources (DAO):**

- **Personnel :**
  - 3 full time staff at 100% salary, one part time staff at 50% salary, one part time staff at 25% salary and one part time staff at 20% salary.
- **Operating Costs:**
  - \$56,440
- **Facilities:**
  - None.
- **Equipment:**
  - \$7,770 (Purchase of 2 computers with VPN access, 1 printer, 1 scanner and 2 digital cameras for surveillance operations).

**TOTAL (Personnel/Operating/Equipment) - \$337,633**

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

The Riverside County proposed Plan will utilize established and tested methodology currently proven to be successful in the Cash Aid and SNAP programs administered by DPSS. The County of Riverside has been a pioneer with inventive processes for ensuring the program integrity of Cash Aid and SNAP programs and the detection and prosecution of welfare fraud.

Riverside County DPSS developed an early fraud prevention and detection program in October of 1991 in an effort to improve and maintain the integrity of Cash Aid and Supplemental Nutrition Assistance programs administered by DPSS. In spring of 2000, Riverside County DPSS developed a fraud prevention program specific to the Child Care program. Since that time, Riverside County



County of Riverside  
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Enclosure C

DPSS has continued to provide fraud prevention services for Cash Aid, SNAP and Child Care programs.

The Riverside County DPSS Fraud Early Detection (FRED) Unit strives to maintain the integrity of the CalWORKs and Supplemental Nutritional Assistance Program (SNAP) by educating DPSS customers through Preventative Fraud Interviews (PFI) which are conducted in both a group and one-on-one setting. During the PFI, a DPSS Investigative Technician explains to the DPSS customer their rights and reporting responsibilities, what welfare fraud and perjury is and how the customer can avoid committing welfare fraud. The Investigative Technician reviews with the DPSS customer the RVSD 2306 Cal-Works Intake Questionnaire (fraud indicator questionnaire), the RVSD 3322 EBT Responsibility Statement and the DPSS 512B "Planning with You to Avoid Fraud" form. During the one-on-one PFI, the Investigative Technician has an opportunity to review the customer's application and ask the customer pertinent questions related to their application for cash aid and SNAP benefits.

In the Non-assistance SNAP and Child Care programs, DPSS Investigative Technicians conduct Preventative Fraud Focused Reviews (PFR). Investigative Technicians conduct PFR by reviewing SNAP and Child Care applications for discrepancies and inconsistencies. The Investigative Technician utilizes a variety of government and public record databases to assist in identifying and/or clarifying discrepancies.

In both the PFI and PFR process, Investigative Technicians routinely conduct field work in order to expeditiously clarify inconsistencies and discrepancies as well as to identify potentially fraudulent situations. Information gathered through field investigations is shared with eligibility staff and documented on the C-IV journal page.

Identifying potential fraudulent situations early in the application process assists eligibility staff in correctly determining eligibility at the time of application and reapplication, allowing for eligibility caseloads to consist of only those customers who are actually in need of public assistance benefits. The Fraud Early Detection program is a key strategy to maintaining the integrity of these public assistance programs.

The Department of Public Social Services IHSS program has committed resources to ensure that pro-active systems are in place to ensure program integrity through a number of methods, including a variety of QA activities. The Quality Assurance (QA) Unit performs a variety of duties that assure program integrity. Monthly, approximately 250 random cases are reviewed for policy compliance and practice consistency regarding need assessments, time per task, eligibility, documentation, authorized hours, home visits, time lines, and more. The staff conducts a home call and reviews the need of services with the consumer when needed. After the case review findings and recommendations are written up, the best practice recommendations are referred to the district supervisor for case follow-up. If the case review indicates potential fraud, an allegation is referred to DHSC for investigation. Additionally, standard procedures have been created and utilized to identify and recover inappropriate payments. The current IHSS QA process has improved the program's ability to deliver consistent, appropriate and accurate services and improved the uniformity of the delivery of services.

The following shows current fraud detection, prevention and program integrity efforts and the success of those efforts.

In the fiscal year 08/09, the DPSS Fraud Early Detection Unit was responsible for the denial, discontinuance or reduction in benefits in over 2,500 cases which resulted in the cost avoidance of \$3,490,300.

In the same time period, the DPSS Welfare Fraud Investigators filed 259 cases of Welfare Fraud with the District Attorney's Office for prosecution. The District Attorney's Office obtained convictions in 383 Welfare Fraud cases during that fiscal year. Additionally, through the investigative work of the DPSS WFI's, close to \$4 million in overpayments and overissuances were identified.

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#### **ANNUAL OUTCOMES REPORT**

The County of Riverside will provide an annual outcome report by August 1, 2010 which will identify activities, data and outcomes associated with the efforts to mitigate, prevent, detect, investigate, and prosecute IHSS fraud. The report will be submitted to the State and all IHSS Program Integrity participating agencies in the format described by and in the time frame set by the State. DPSS Investigations Branch will take the lead in coordinating the annual report and submission to the California Department of Social Services. Participating agencies will provide activities, data, outcomes and any required narratives to the DPSS Investigations Branch.

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#### **DATA REPORTING SPREADSHEET**

The Riverside County proposed Plan provides in the required reporting spreadsheet data from 2004 to present. (See Enclosure D).

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#### **BOARD OF SUPERVISOR APPROVAL**

The Riverside County Board of Supervisor Approval of this Plan will be submitted by December 1, 2009. Enclosure B will be submitted with the final plan.

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**CONTACT INFORMATION**

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**FRAUD FORMS**

Attachment A: IHSS Fraud Referral For Action on Suspected Fraud Form (Draft)  
Attachment B: IHSS Preventative Fraud Review Communication Form (Draft)

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**ENCLOSURES**

Enclosure B: County Response Cover Page – (Pending)  
Enclosure D: Data Reporting Spreadsheet (Draft)

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**Enclosure D**  
**Page One**

County:     **Riverside County**    

Overpayment identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:						
Number of Instances:		<b>84</b>	<b>167</b>		<b>161</b>	<b>83</b>
Breakdown of Causes	Provider:					
	Recipient:					
	County Error:					
	Unknown:					
	Other:					

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:						
Number of Instances:		<b>2422</b>	<b>1309</b>	<b>705</b>	<b>3870</b>	<b>3927</b>
Breakdown of Causes	Provider:					
	Recipient:					
	County Error:					
	Unknown:					
	Other:					

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:			<b>31</b>	<b>63</b>	<b>44</b>	<b>97</b>
Number handled locally by DPSS:		<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>
Number of convictions:		<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>
Court Ordered Restitution:		<b>5595</b>	<b>4599</b>	<b>6278</b>	<b>4419</b>	<b>0</b>
Amount of funds involved in the convictions:		<b>5595</b>	<b>4599</b>	<b>6278</b>	<b>4419</b>	<b>0</b>
Amount of funds recovered:		<b>3423</b>	<b>3524</b>	<b>709</b>	<b>350</b>	<b>0</b>
Amount of funds pending recovery:		<b>2172</b>	<b>1075</b>	<b>5569</b>	<b>4069</b>	<b>0</b>
Basis for the conviction:						
Individuals Responsible	Recipient:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Provider	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>
	County Staff:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Unknown:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Other:	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Enclosure D**  
**Page Two**

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
<b>Documented referrals to DA*</b>						
<b>Outcomes</b>	Accepted:	3	2	2	2	0
	Rejected:	0	0	0	0	0
	Pending:	0	0	0	0	0
	<b>Completed Investigation</b>	3	2	2	2	0
	No Fraud:	0	0	0	0	0
	Restitution Action:	3	2	2	2	0
	Referred for Prosecution:	3	2	2	2	0
	Criminal Charges Filed:	3	2	2	2	0
	No Charged Filed:	0	0	0	0	0
	Convictions:	3	2	2	2	0
	Acquittals:	0	0	0	0	0
	Dismissals:	0	0	0	0	0
	Pending Investigation:	0	0	0	0	0
	<b>Restitution</b>					
	Court Ordered:	5595	4599	6278	4419	0
	Restitution Action:	3423	3524	709	350	0
	<b>Fines</b>	500	200	200	400	0
	<b>Prosecutions Completed</b>	3	2	2	2	0
	<b>Convictions</b>	3	2	2	2	0
	Misdemeanor	1	2	0	0	0
Felony	2	0	2	2	0	



## Budget Justification

### Riverside County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 580,293
B. Operating Expenses	\$ 152,016
C. Equipment Expenses	\$ 7,770
D. Travel/Per Diem and Training	\$ 7,500
E. Subcontracts and Consultants	\$ 75,954
F. Other Costs	\$ 0
G. Indirect Expenses	\$ 17,510
<b>Total Expenses</b>	<b>\$ 841,043</b>

A. Personnel Costs (including employee benefits)	Total Budget
<p><b>Title:</b> Welfare Fraud Investigator - 2 FTEs prorated for 6 months</p> <p><b>Salary Calculation:</b> FY Salary \$53,620 + Benefits \$25,737</p> <p><b>Duties Description:</b> Responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.</p>	\$ 79,357
<p><b>Title:</b> Investigative Technician I - 4 FTEs prorated for 6 months</p> <p><b>Salary Calculation:</b> FY Salary \$79,803 + Benefits \$38,306</p> <p><b>Duties Description:</b> Will conduct preventative fraud interviews of providers, conduct home calls and research as needed.</p>	\$ 118,109
<p><b>Title:</b> Supervising Investigator - .2 FTEs prorated for 6 months</p> <p><b>Salary Calculation:</b> FY Salary \$6,239 + Benefits \$2,995</p> <p><b>Duties Description:</b> Supervise and review submitted reports of investigation.</p>	\$ 9,234
<p><b>Title:</b> Program Specialist II - 1 FTE prorated for 6 months</p> <p><b>Salary Calculation:</b> FY Salary \$27,415 + Benefits \$13,159</p> <p><b>Duties Description:</b> Responsible for conducting in-depth reviews of cases, identifying trends that lead to over and underpayments, analyze exception reports, submitting fraud allegations as appropriate.</p>	\$ 40,574
<p><b>Title:</b> Social Service Worker V - 1 FTE prorated for 6 months</p> <p><b>Salary Calculation:</b> FY Salary \$26,852 + Benefits \$12,889</p> <p><b>Duties Description:</b> Responsible for conducting in-depth reviews of cases, identifying trends that lead to over and underpayments, analyze exception reports, submitting fraud allegations as appropriate.</p>	\$ 39,741
<p><b>Title:</b> Office Assistant III - 1 FTE prorated for 6 months</p> <p><b>Salary Calculation:</b> FY Salary \$13,415 + Benefits \$6,440</p> <p><b>Duties Description:</b> Responsible for routing and tracking IHSS fraud allegations and reporting fraud investigation activities.</p>	\$ 19,855

<p><b>Title:</b> Deputy District Attorney III</p> <p><b>Salary Calculation:</b> \$52,995 (6 mo. salary) x .25 (FTE) = \$13,248  \$13,248 x 40.119% (Benefit %) = \$ 5,315</p> <p><b>Duties Description:</b> Responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities</p>	\$ 18,563
<p><b>Title:</b> Commander</p> <p><b>Salary Calculation:</b> \$62,524 (6 mo. Salary) x .50 (FTE) = \$31,262  \$31,262 x 40.959% (benefit 5%) = \$12,805</p> <p><b>Duties Description:</b> The Bureau Commander will assign, monitor and evaluate criminal and civil investigations involving the gathering of evidence for the apprehension and prosecution of persons suspected of committing IHSS fraud.</p>	\$ 44,067
<p><b>Title:</b> Sr. DA Investigator</p> <p><b>Salary Calculation:</b> \$52,585 (6 mo. Salary) x 2.00 (FTE) = \$105,168  \$105,168 x 40.883% (Benefit %) = \$ 42,996</p> <p><b>Duties Description:</b> Responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.</p>	\$ 148,165
<p><b>Title:</b> Legal Support Assistant</p> <p><b>Salary Calculation:</b> \$20,006 (6 mo. salary) x 1.00 (FTE) = \$20,006  \$20,006 x 50.146% (Benefit %) = \$10,032</p> <p><b>Duties Description:</b> The Legal Support Assistant II will assist in processing and in tracking a wide variety of IHSS documents, records and correspondence to perform responsible and difficult specialized legal clerical work in support of the Deputy District Attorney and the District Attorney Investigators.</p>	\$ 30,038
<p><b>Title:</b> Investigative Technician II</p> <p><b>Salary Calculation:</b> \$27,135 (6 mo. salary) x .20 (FTE) = \$5,427  \$5,427 x 45.143% (Benefit %) = \$2,450</p> <p><b>Duties Description:</b> The Investigative Technician II will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators.</p>	\$ 7,877
<p><b>Title:</b> Sr. DA Investigator - Overtime</p> <p><b>Salary Calculation:</b> 260 hours x 75.55 (overtime rate) = \$19,644</p> <p><b>Duties Description:</b> Overtime costs for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.</p>	\$ 19,644
<p><b>Title:</b> Investigative Technician II - Overtime</p> <p><b>Salary Calculation:</b> 130 hours x \$38.99 (overtime rate) = \$5,069</p> <p><b>Duties Description:</b> Overtime costs for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.</p>	\$ 5,069
<b>Total Personnel Costs:</b>	<b>\$ 580,293</b>

<b>B. Operating Expenses</b>	<b>Total Budget</b>
<b>Title:</b> DPSS operating expense prorated for 6 months <b>Description:</b> Applied at a rate of 58% of Salary Cost	\$ 120,586
<b>Title:</b> Communications <b>Description:</b> County radio systems, cell phones, office phones	\$ 4,718
<b>Title:</b> General Supplies <b>Description:</b> Protective gear, equipment maintenance, office supplies, photocopying, printing, postage, computer software.	\$ 13,568
<b>Title:</b> Vehicle Expense <b>Description:</b> County vehicle costs, fuel, maintenance	\$ 13,144
<b>Total Operating Expenses:</b>	<b>\$ 152,016</b>

<b>C. Equipment Expenses</b>	<b>Total Budget</b>
<b>Title:</b> Laptops with VPN access <b>Description:</b> Qty: 2	\$ 5,000
<b>Title:</b> Printers <b>Description:</b> Qty: 2	\$ 550
<b>Title:</b> Scanners <b>Description:</b> Qty: 2	\$ 500
<b>Title:</b> Data Card for Laptop <b>Description:</b> Qty: 2 x \$60 x 6 months	\$ 720
<b>Title:</b> Digital cameras for surveillance operations <b>Description:</b> Qty: 2	\$ 1,000
<b>Total Equipment Expenses:</b>	<b>\$ 7,770</b>

<b>D. Travel/Per Diem and Training</b>	<b>Total Budget</b>
<b>Title:</b> Travel/Training <b>Description:</b> Training costs required for IHSS training, State Mandated Perishable Skills Training, and any other IHSS program related conferences, seminars or mandated trainings.	\$ 7,500
<b>Total Travel/Per Diem and Training:</b>	<b>\$ 7,500</b>



<b>E. Subcontracts and Consultants</b>	<b>Total Budget</b>
<b>Title:</b> Public Health Nursing Services - Prorated for 6 months	\$ 75,954
<b>Description:</b>	
<b>Total Subcontracts and Consultants:</b>	<b>\$ 75,954</b>

<b>F. Other Costs</b>	<b>Total Budget</b>
<b>Title:</b>	\$
<b>Description:</b>	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Total Other Costs:</b>	<b>\$ 0</b>

<b>G. Indirect Expenses</b>	<b>Total Budget</b>
<b>Title:</b> DA Administrative overhead – 10% of salaries	\$ 17,510
<b>Description:</b> Accounting services and administrative salaries	
<b>Title:</b>	\$
<b>Description:</b>	
<b>Total Other Costs:</b>	<b>\$ 17,510</b>



## Riverside County In-Home Supportive Services Task Force Referral for Action on Suspected Fraud

Date:

### Allegation(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Provider not working the hours     | <input type="checkbox"/> Unreported changes in household          |
| <input type="checkbox"/> Recipient or Provider incarcerated | <input type="checkbox"/> Recipient demanding provider share check |
| <input type="checkbox"/> Recipient in hospital/nursing home | <input type="checkbox"/> Overstated needs                         |
| <input type="checkbox"/> Recipient deceased                 | <input type="checkbox"/> Misrepresented income                    |
| <input type="checkbox"/> Other (specify):                   |   |

Case Number :

<b>Recipient Information</b>	Name:	SSN:
	Address:	DOB:
	City, Zip:	Gender:
	Phone:	

<b>Provider Information</b>	Name:	SSN:
	Address:	DOB:
	<input type="checkbox"/> Same as Recipient	Gender:
	City, Zip:	
	Phone:	

COMPLETE ADDITIONAL REFERRAL FORMS IF RECIPIENT HAS MULTIPLE PROVIDERS INVOLVED IN SUSPECTED FRAUD

### GROUND FOR SUSPECTED FRAUD:

In the present case there are reasonable grounds to suspect that, on the basis of the false statements on the documents listed in the Statement of Reason, or made verbally to the Social Worker and recorded in the case record, recipient/provider attempted to receive or did receive aid and/or payment of IHSS benefits fraudulently for the periods of time, for the specified sums and involving the items noted below.

Suspected Fraud Committed By:  Recipient  Provider  Both

Statement of Reason of Suspected Fraud (include known dates and possible monetary amounts) :

Referral Source:

Complaint Taken By:

Reporting Party:

Date:

Phone:

Routing: DHCS

DAO

DPSS

**RIVERSIDE COUNTY DPSS  
IHSS PREVENTATIVE FRAUD REVIEW (PFR)  
COMMUNICATION FORM**

*Complete at Application or Yearly Review for PFR Request*

<p>Date of Request: _____</p> <p>CASE NUMBER: _____</p> <p>SOCIAL WORKER: _____ <span style="margin-left: 200px;"><i>(Name, Number)</i></span></p> <p>CONSUMER NAME: _____</p> <p>Address: _____ City: _____</p> <p>Telephone: _____ SSN: _____</p> <p>PROVIDER NAME: _____</p> <p>Address: _____ City: _____</p> <p>Telephone: _____ SSN: _____</p>	<p><b><u>TYPE:</u> (One type only)</b></p> <p><input type="checkbox"/> New application</p> <p><input type="checkbox"/> Yearly Review</p> <p><input type="checkbox"/> Provider Change</p> <p><input type="checkbox"/> Other: _____</p>
--	---

**Is an interpreter required? If so, for what language:**

**BASIS FOR INVESTIGATION (Check all that apply):**

- PROVIDER is over billing hours
- PROVIDER is not working the hours required
- PROVIDER subcontracting IHSS services
- PROVIDER/CONSUMER is incarcerated
- PROVIDER living more than 25 miles from recipient
- PROVIDER is under reporting income to CalWORKS
- RECIPIENT demanding provider share check
- RECIPIENT is overstating needs
- RECIPIENT in hospital/nursing home
- RECIPIENT is deceased
- RECIPIENT questionable medical condition
- misrepresented income
- unreported changes in household
- Questionable Forms or Verifications (Explain in comment section)
- Other (Explain in comment section)

**COMMENTS (DESCRIPTION OF CLARIFICATION NEEDED OR DISCREPANCY FOUND):**

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**INVESTIGATIVE TECHNICIAN:**  
**PFR COMPLETED:**  
**HOURS:**