

**MEMORANDUM  
PLACER COUNTY HEALTH AND HUMAN SERVICES**

**TO:** Honorable Board of Supervisors

**FROM:** Richard J. Burton, M.D., M.P.H.  
Health Officer and Director of Health & Human Services

Bradford R. Fenocchio  
District Attorney

**DATE:** October 20, 2009

**SUBJECT:** In-Home Supportive Services (IHSS) Fraud Investigations Plan

---

---

**ACTION REQUESTED:**

Approve the attached In-Home Supportive Services Fraud Investigations Plan and authorize its submission to the California Department of Social Services. The County is requesting \$253,963 which would include a required County General Fund share of \$41,142. These funds are not included in the Department's 2009-10 Budget. Once the Plan is approved by the State, a budget revision will be required.

**BACKGROUND:**

The State's Budget Act of 2009 appropriated \$10 million for fraud prevention, detection, referral, investigation and program integrity efforts related to In-Home Supportive Services. Along with matching federal funds and required county matching funds, the total available statewide is \$26.4 million.

The California Department of Social Services (CDSS) is soliciting proposals from counties wishing to participate in these IHSS fraud investigations and program integrity efforts. A County Plan must be coordinated and developed in conjunction with the District Attorney and Human Services, approved by the Board of Supervisors, and submitted no later than November 1, 2009.

While CDSS has preliminarily allocated \$109,962 of the statewide funding to Placer County, any funding available from counties that do not submit Plans will be reallocated to one or more counties that implement a proven model to combat fraud and ensure program integrity, and that demonstrate an ability to commit and effectively spend any augmented funding in the remainder of the fiscal year.

Placer County has had demonstrated success in IHSS quality assurance and anti-fraud efforts coordinated with the IHSS Public Authority, IHSS Quality Assurance Unit, Human Services welfare fraud investigations and the District Attorney. Over the past four years, there have been 61 referrals to the District Attorney's Office for investigation. Therefore, Placer County is seeking funding beyond the preliminary estimate and requesting the full cost of a dedicated investigator to implement a comprehensive approach to IHSS fraud prevention, detection and intervention.

HHS and the District Attorney's office have collaborated to create the attached County Plan and associated budget. Upon Plan approval, the County must begin the implementation phase within 60 days of receipt of funding.

**FISCAL IMPACT:**

Placer County is requesting a total cost of \$253,963 which includes a required County General Fund share of \$41,142. These funds are not included in the Department's 2009-10 Budget. Once Placer's plan is approved by the State, a budget revision will be required.

The complete Plan and attachments are on file with the Clerk of the Board for review.

**PLACER COUNTY  
HEALTH AND HUMAN SERVICES  
IN-HOME SUPPORTIVE SERVICES**

**ANTI – FRAUD  
PLANNING PROPOSAL**



**Health and Human Services  
379 Nevada St  
Auburn, CA 95603**

**V: (530) 886-1870  
F: (530) 886-1810**

## Table of Contents

Component 1:	IHSS Overpayments/Underpayments .....	3
Component 2:	Fraud Referrals/Outcomes.....	3
Component 3:	Collaboration and Partnerships with District Attorney's Office (DAO).....	4
Component 4:	Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)...	4
Component 5:	Mechanism for Tracking/Reporting .....	5
Component 6:	County's Current and Proposed Anti-Fraud Activities.....	6
Component 7:	County Proposed Budget for Utilization of Funds.....	8
Component 8:	Description of how the County will Integrate Other Program Integrity Efforts within the Plan.....	9
Component 9:	Annual Outcomes Report.....	10
Component 10:	Data Reporting Spreadsheet.....	10
Enclosure B – Placer County Response Cover Page and Checklist of Required Components		
Enclosure C – List of Required County Plan Components		
Enclosure D – County of Placer Report		
Attachment A – IHSS QA Quality Improvement Plan		
Attachment B – IHSS Placer County Quarterly Report		
Attachment C – IHSS QA Fraud Policy and Procedure		
Attachment D – Fraud Prevention Detection and Investigation brochure		
Attachment E – Fraud Information form		
Attachment F – IHSS QA Fraud Referral Summary		
Attachment G – IHSS QA Quality Improvement Plan		
Attachment H – IHSS Placer County Quarterly Report		
Attachment I – IHSS QA Fraud Policy and Procedure		
Attachment J – Fraud Prevention Detection and Investigation brochure		
Attachment K – Fraud Information form		
Attachment L – IHSS QA Fraud Referral Summary		

**Component 1: IHSS Overpayments/Underpayments**

California Welfare and Institution Code Section 12305.71 requires each county to establish a dedicated In Home Supportive Services Quality Assurance/Quality Improvement function or unit. All Counties are required to perform routine, scheduled reviews of IHSS for appropriate application of the IHSS/PCSP uniformity system, as well as IHSS rules and policies for assessing participant's needs for services (Attachment A). Case reviews (both in chart review and home visits) are conducted to ensure accurate assessment of need and authorized hours. In addition, QA staff participates with CDSS in data claim matches indicating potential overpayments, and to implement procedures to identify third-party liability.

Beginning in 2007, Placer County's Health and Human Services' QA staff has performed 250 desk reviews and 50 home visits annually as well as participated with CDSS in Error Rate studies such as Death Match report information verification, Out-of-State provider report, etc. In addition, Placer County QA staff monitors "Provider Working Over 300 Hours" per month reports. All of these methods are used to assist in overpayment detection on the part of the county. All overpayment/underpayments activity is reported to CDSS on the QA Quarterly Report (Attachment B).

**Component 2: Fraud Referrals/Outcomes**

Placer County QA-IHSS Fraud Policy and Procedure (Attachment C) includes collaborative efforts on the part of IHSS Caseworkers, Public Authority Registry Specialists, Quality Assurance, and Welfare Fraud Special Investigations Unit (SIU) to actively prevent and detect fraud activities. Placer County's current methodology for determining the appropriate agency for referral/investigation includes referring fraud referrals to the local Welfare SIU and following Local Fraud SIU protocol. In addition to on-going county fraud prevention and detection activities, on a quarterly basis, QA staff is mandated to report all fraud referral data to DHCS.

**Component 3: Collaboration and Partnerships with District Attorney's Office (DAO)**

Health and Human Services and the District Attorney's office currently collaborate on all types of public assistance fraud. Deputy District Attorneys are available and have met with HHS investigators providing counsel on an array of issues, from answering questions involving search warrants, to providing suggestions on investigative approaches, to legal opinions, and to determine if investigations are ready for submission to the District Attorney's Office for charging. This collaboration will expand to include IHSS fraud cases. With the addition of another investigator to address this type of public assistance fraud, the level of collaboration and the number of referred cases should increase. Successful prosecution of individuals engaged in IHSS fraud will ultimately improve the integrity of the program and support deterrence efforts.

**Component 4: Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)**

Beginning in 2006, Placer County QA, IHSS Program, and Welfare Fraud SIU have worked collaboratively with DHCS in designing and implementing the protocols for addressing potential program fraud. Based on 2005 QA program requirements, all fraud referrals were to be summarized and reported quarterly (by number of referrals and potential overpayment amount) to DHCS.

Regarding IHSS Program collaboration with CDSS, when the State distributes new All County Letters (ACLs) and All County Information Notices (ACINs) which may include complex program changes and associated instructions, the IHSS Program Supervisor will contact CDSS representatives to obtain further clarification. If there is an existing IHSS regulation that is open to interpretation, the Supervisor will also contact CDSS for feedback. Additionally, Placer County seeks feedback from CDSS when writing policies and procedures. The IHSS Supervisor attends regional CWDA meetings, such as the Northern CWDA Meeting and the Long Term

Care Operations (LTCOPs) meeting. These meetings allow county representatives an opportunity to speak with State representatives and collaborate with them on new policies. The CDSS Quality Assurance Unit conducts a yearly audit of IHSS cases. During the audit, our county has the opportunity to discuss "best practices" and ask questions. Of note, the CDSS Quality Assurance Unit visited Placer County in August of 2008 for the express purpose of training new State Q.A. workers. Placer County provides ongoing feedback, as requested, by CDSS through other methods as well. For example, our county recently provided a copy of our IHSS Provider Handbook to CDSS to help in the implementation of the new required IHSS Provider Orientation.

Placer County intends on continuing to collaborate with DHCS and CDSS on data gathering of fraud referrals, joint investigations when needed as well as provide prosecution data of fraud cases.

**Component 5: Mechanism for Tracking/Reporting**

Please reference Attachments A through F for examples of tools used to track and report outcomes of our Fraud efforts reporting to CDSS.

- A. IHSS QA Quality Improvement Plan – FY2009/2010 QA Work Plan
- B. IHSS Placer County Quarterly Report - Q4 FY2008/2009 submission
- C. IHSS QA Fraud Policy and Procedure – Revised May 7, 2009
- D. Fraud Prevention Detection and Investigation brochure – mass-mailed to all IHSS recipients in 2007, presented by caseworkers at all intake interviews and QA home visits, and presented to all new providers at Orientation and Enrollment
- E. Fraud Information form – signed by the IHSS Recipient in the presence of the IHSS Caseworker at the initial intake Home Visit

- F. IHSS QA Fraud Referral Summary – submitted with each State Quarterly Report by  
IHSS QA staff

**Component 6: County's Current and Proposed Anti-Fraud Activities**

**Current Practice:** Placer County's current fraud detection/prevention activities (Attachment C) include an early intervention model which includes a collaborative effort between Public Authority, IHSS Program Staff, QA staff, and Welfare Fraud Investigations. At Provider Orientation and Enrolment, providers are informed of program rules and the activities that constitute program fraud, IHSS Program Staff inform Recipients of fraud prevention and detection in Placer County and requires a signature of advisement (Attachment E), QA Staff provides informational brochures on fraud (Attachment D), and routine QA mandated activities address fraud by reviewing needs assessments and authorization of services during desk reviews and home visits. Placer County currently conducts error rates studies collaboratively with CDSS in the form of death match reports and out of county provider reports. In addition, Placer County will utilize all available data monitoring capabilities provided by CMIPS II.

In addition, Placer County uses the following documents and forms to document reported fraud referrals and ongoing investigations. Please refer to Attachments G through L:

- G. IHSS QA Initial Fraud Reporting Summary – telephone triage document completed by  
QA clerical staff
- H. IHSS / QA – Access Fraud Call Log – maintained by QA Clerical Staff using item E  
above
- I. IHSS QA Home Visit Summary – documentation completed by QA staff at recipient QA  
home visit
- J. IHSS Overpayment Computation Worksheet – completed by QA staff following fraud  
investigation and before prosecution
- K. IHSS / QA Fraud Referral Year-to-Date – maintained by IHSS QA Staff

L. IHSS / PA Fraud Investigation Referral – completed by IHSS and PA staff and submitted to IHSS QA staff for follow up

**Proposed Changes:** Placer County's Health and Human Services Special Investigation Unit (SIU) currently investigates all cases of suspected IHSS fraud. Unlike other forms of public assistance fraud, currently, Placer County has limited early fraud approaches designed specifically to prevent, detect, and deter IHSS fraud. It is our goal to develop a strategic and innovative approach by implementing an early intervention program exclusively designed to ensure program integrity within the IHSS program by adding a dedicated full-time IHSS fraud investigator and an IHSS Fraud Coordinator. Increasing the current staffing level of the SIU will assist the unit in dedicating a full-time investigator to support the program integrity efforts of IHSS. In addition, the establishment of an IHSS Fraud Coordinator will ensure a comprehensive and consistent approach to preventing, detecting, and investigating potential fraud among the multitude of county players. The IHSS Fraud Coordinator will lead an IHSS Quality Assurance Task Force to bring each of the appropriate county units together including the front end IHSS social workers, IHSS Public Authority staff, IHSS Quality Assurance Unit, SIU, and the District Attorney's office. Doing so will enable greater collaboration among the county units while fostering innovative solutions to deter fraud.

Additional investigative tools such as a "Suspected IHSS Fraud Hotline" and enhancing the county's website demonstrating our dedication to program integrity will be utilized. The Placer County Compliance Plan was designed to establish a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to Federal and State laws, and ethical business policies. The Compliance Plan covers all County employees and contract workers. Use of the County Compliance Hot Line (530) 886-3622 will be expanded to include reporting IHSS fraud and abuse as one of the proposed anti-fraud activities. Additional mailings, identifying the IHSS Hot Line number, to all recipients and providers has been

proposed to further address the issue of IHSS fraud prevention and deterrence. The Hot Line number will also be placed on the Placer County District Attorney's and Welfare Fraud's website. The websites will be enhanced to include information on specific signs and symptoms of fraud and abuse to educate the general public as well as IHSS recipients and providers. We are also proposing the establishment of IHSS Fraud Referral "Reward" program; thereby encouraging input from the community to deter and prevent fraud.

As well as these investigative duties, the addition of investigation staff will support IHSS program staff by developing and implementing an enhanced training program for IHSS recipients, care providers, and social workers. Investigative staff will collaborate with Quality Assurance staff, Public Authority staff, Adult Protective Services staff, and IHSS caseworker staff to identify fraud indicators and trends so that the prevention of fraudulent activity as well as the successful identification of fraud at the earliest stages will curtail program abuse. Welfare Fraud staff representation will be included at the IHSS Provider Orientation Training for similar prevention purposes. The IHSS Fraud Coordinator will assure that these efforts are coordinated among units to maximize IHSS program integrity in the most effective and efficient manner.

**Component 7: County Proposed Budget for Utilization of Funds**

<b>IHSS Fraud Investigator</b>	
<u>Salaries &amp; Benefits</u>	<u>Amount</u>
Salaries	\$ 71,036
Benefits	\$ 39,780
<b>Subtotal</b>	<b><u>\$110,816</u></b>
<u>Operating Equipment</u>	<u>Amount</u>
Badge	\$ 300
Ammunition	\$ 300
Firearm	\$ 800
Body Armor	\$ 1,000
Computer	\$ 3,000
Office Furniture	\$ 5,000
Travel and Training	\$ 20,000
Vehicle	\$ 27,000
<b>Subtotal</b>	<b><u>\$ 57,400</u></b>

Total	<u>\$168,216</u>
-------	------------------

**IHSS Fraud Coordinator**

<u>Salaries &amp; Benefits</u>	<u>Amount</u>
Salaries	\$ 52,011
Benefits	\$ 33,736
<b>Total</b>	<b><u>\$85,747</u></b>

**Grand Total: \$253,963**

**Component 8: Description of how the County will integrate Other Program Integrity**

**Efforts within the Plan**

Placer County is currently underway with integrating other state identified program integrity efforts. We are diligently working with our Risk Management Department to facilitate the identification requirements through fingerprinting recipients for identification purposes; and fingerprinting providers and processing Department of Justice background clearances. Risk Management currently provides for fingerprinting registry providers and also processing their DOJ background clearances. Fingerprinting of all providers and recipients will be an expansion of these services.

We are currently in discussions with IHSS Public Authority staff regarding the new requirement that all providers attend an orientation; and managing the new provider requirements related to the provider enrollment process and the use of the new/expanded provider enrollment form. Currently IHSS Public Authority staff conducts a required orientation for registry providers and a voluntary orientation for non-registry providers. This staff also conducts provider enrollment for all providers. Taking on the required orientation for all providers and the requirements related to the provider enrollment process and the use of the new/expanded provider enrollment form will be an expansion of these services.

**Component 9: Annual Outcomes Report**

As evidenced by our regular reporting on all required data elements related to our IHSS QA Plan, we will fully comply with all data required by the Annual Outcomes Report, including identifying activities, data and outcomes associated with Placer County's efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year.

**Component 10: Data Reporting Spreadsheet**

Please refer to Enclosure D for the Data Reporting information.

**Enclosure B**

COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND SUBMITTED WITH PLAN AND DATA

\_\_\_\_\_ County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described above, by November 1, 2009.

**Board of Supervisor Approval**

Approved on \_\_\_\_\_, 2009, by the County Board of Supervisors

Name of Approver: \_\_\_\_\_

Signature \_\_\_\_\_

Name of County District Attorney Representative: \_\_\_\_\_

County District Attorney Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of County Welfare Department Representative: \_\_\_\_\_

County Welfare Department Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

CHECKLIST OF REQUIRED COMPONENTS TO BE INCLUDED IN THE PLAN

**NOTE: Failure to include any of the following required components in the Plan, as outlined in Enclosure C, may result in non-award of funds:**

X IHSS Overpayments/Underpayments Activities and Data

X IHSS Fraud Referrals/Outcomes Activities and Data

X Collaboration and Partnerships with District Attorney's Office (DAO) related to the IHSS Program

X County Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) related to the IHSS Program

X Mechanism for Tracking/Reporting IHSS Fraud Data and Activities

X County's Current and Proposed Anti-Fraud Activities related to the IHSS Program

X County Proposed Budget for Utilization of Funds (use Enclosure A as a guideline)

X Description of how the County will integrate other Program Integrity Efforts into the Plan

X Commitment to produce an Annual Outcomes Report (due August 1 of each year)

X Data Reporting Spreadsheet (Enclosure D – includes data from 2004 to present)

**Enclosure B**

**COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND SUBMITTED WITH PLAN AND DATA**

\_\_\_\_\_ County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described above, by November 1, 2009.

**Board of Supervisor Approval**

Approved on \_\_\_\_\_, 2009, by the County Board of Supervisors

Name of Approver: \_\_\_\_\_

Signature \_\_\_\_\_

Name of County District Attorney Representative: \_\_\_\_\_

County District Attorney Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of County Welfare Department Representative: \_\_\_\_\_

County Welfare Department Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Enclosure B

COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND  
SUBMITTED WITH PLAN AND DATA

\_\_\_\_\_ County is requesting participation in the Enhanced Anti-Fraud Program  
and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on \_\_\_\_\_, 2009, by the County Board of Supervisors

Name of Approver: \_\_\_\_\_

Signature \_\_\_\_\_

Name of County District Attorney Representative: \_\_\_\_\_

County District Attorney Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of County Welfare Department Representative: \_\_\_\_\_

County Welfare Department Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Enclosure B**

**COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND SUBMITTED WITH PLAN AND DATA**

\_\_\_\_\_ County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described above, by November 1, 2009.

**Board of Supervisor Approval**

Approved on \_\_\_\_\_, 2009, by the County Board of Supervisors

Name of Approver: \_\_\_\_\_

Signature \_\_\_\_\_

Name of County District Attorney Representative: \_\_\_\_\_

County District Attorney Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of County Welfare Department Representative: \_\_\_\_\_

County Welfare Department Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Enclosure C

**LIST OF REQUIRED COUNTY PLAN COMPONENTS**

**IHSS Overpayments/Underpayments**

The plan must address how the county will identify overpayments/underpayments and set forth a plan to reduce the occurrence of each. In addition, Enclosure D must be completed to include the number of instances, amounts, and causes of overpayments and underpayments identified by County Quality Assurance (QA) activities since enactment of the QA Initiative in 2004 to the present to establish a county baseline for outcome comparison post July 1, 2010.

**Fraud Referrals/Outcomes**

The plan should include the county's methodology for determining the appropriate agency for referral/investigation. In addition, Enclosure D must be completed that includes the number of suspected fraud referrals to the state Department of Health Care Services (DHCS), the number of suspected fraud cases handled locally, the number of convictions for fraud, the amount of funds involved in the convictions, the amount recovered, the basis for the conviction, and the individuals responsible (i.e., provider, recipient, county worker, etc.). The data is requested for the period since enactment of the QA Initiative in 2004 to the present to establish a county baseline for outcome comparison post July 1, 2010.

**Collaboration and Partnerships with District Attorney's Office (DAO)**

The plan should address how the county will improve the integrity of the IHSS program through IHSS fraud detection/prevention/referral activities in SFY 2009-10. Any examples of past efforts that produced successful outcomes could be included in the description of this section.

**Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)**

The plan should address how the county will collaborate with DHCS and CDSS on such issues as referrals, joint investigations, prosecutions, etc. The plan should include how referrals to DHCS will be tracked.

**Mechanism for Tracking/Reporting**

Each county must commit to track and report outcomes of its efforts to CDSS. Participating counties will be required to submit final data for SFY 2009-10 by August 1, 2010, in a format that will be shared later with participating counties. Counties will be required to submit a plan each year on June 1st in order to be considered for continued funding for this program. The plan should include any updates to the previous year's plan, as well as an agreement to continue tracking, reporting, and submitting final data for the previous fiscal year to CDSS by August 1

Enclosure C  
Page Two

**County's Current and Proposed Anti-Fraud Activities**

The plan must briefly describe the county's current fraud detection/prevention activities as well as proposals for future fraud detection/prevention activities, including possible error rate studies.

**County Proposed Budget for Utilization of Funds**

The plan must include a budget that outlines use of funding by activity and agency. Counties may use Enclosure A as a guideline for developing a budget; however the amount of funding may vary depending on the number of counties participating.

**Description of how the County will Integrate Other Program Integrity Efforts within the Plan**

The plan must include a brief statement as to how the County will integrate their plans for use of these funds with other program integrity efforts, including the anti-fraud components provided in the State Budget Act of 2009 for the IHSS program

**Annual Outcomes Report**

All participating counties will be asked to provide an annual outcomes report by August 1 of each year, identifying activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year. CDSS will send the format to each participating county in January 2010.

Enclosure D

County: County of Placer

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:		0	0	0	0	0
Number handled locally by DA:		0	6*	13*	27*	15*
Number of convictions:		0	0	0	0	0
Court Ordered Restitution:		0	0	0	0	0
Amount of funds involved in the convictions:		0	0	0	0	0
Amount of funds recovered:		0	0	0	0	0
Amount of funds pending recovery:		0	0	0	0	\$5,267
Basis for the Conviction:		0	0	0	0	0
Individuals Responsible	Recipient:	0	0	0	0	0
	Provider:	0	0	0	0	0
	County Staff:	0	0	0	0	0
	Other:	0	0	0	0	0
	Unknown:	0	0	0	0	0

\* Referrals handled by county Fraud Investigator

213

Enclosure D  
Page Two

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	02/09
Documented referrals to DA*		0	0	0	0	0
Outcomes	Accepted	0	0	0	0	0
	Rejected	0	0	0	0	0
	Pending	0	0	0	0	0
	Completed Investigation	0	0	0	0	0
	No Fraud	0	0	0	0	0
	Restitution Action	0	0	0	0	0
	Referred for Prosecution	0	0	0	0	0
	Criminal Charges Filed	0	0	0	0	0
	No Charged Filed	0	0	0	0	0
	Convictions	0	0	0	0	0
	Acquittals	0	0	0	0	0
	Dismissals	0	0	0	0	0
	Pending Investigation	0	0	0	0	0
	Restitution	0	0	0	0	0
	Court Ordered	0	0	0	0	0
	Restitution Action	0	0	0	0	0
	Fines	0	0	0	0	0
	Prosecutions Completed	0	0	0	0	0
	Convictions	0	0	0	0	0
	Misdemeanor	0	0	0	0	0
Felony	0	0	0	0	0	

**In-Home Supportive Services  
Quality Assurance  
Quality Improvement Plan**



*Placer County*

**Department of Health and Human Services**

**Fiscal Year 2009/2010**

**Placer County**  
**In-Home Supportive Services**  
**Quality Assurance/Quality Improvement Plan**  
**5/29/09**  
**Table of Contents**

I.	DISCOVERY METHODOLOGY.....	2
A.	Mission and Goals.....	2
B.	Quality Control Overview .....	2
II.	PROCEDURES AND RESPONSE TO REVIEWS.....	4
A.	Desk Review Process .....	4
B.	Home Visits / Field Review Process .....	5
C.	Targeted Case Reviews.....	5
D.	Management Response.....	5
III.	FRAUD .....	6
IV.	QUALITY CONTROL FINDINGS.....	6
A.	Finding Types .....	6
B.	Other Results.....	7
V.	REMEDIATION PROCESS.....	8
VI.	COUNTY RESPONSE TO CRITICAL EVENTS .....	8
VII.	PERSON CENTERED PLANNING .....	9
VIII.	QUALITY IMPROVEMENT MEASURES .....	10
A.	Training .....	10
B.	Policies and Procedures.....	11
C.	Quality Assurance IHSS Recipient Driven Review .....	11
IX	DATA COLLECTION AND REPORTING.....	11
A	Responding to Claims Data Matches .....	11.
B.	Third Party Liability .....	11

# Placer County Health and Human Services IHSS Quality Assurance/Quality Improvement Plan

Fiscal Year 2009-2010  
May 29, 2009

## I. DISCOVERY METHODOLOGY

### A. Mission and Goals

The In-Home Supportive Services (IHSS) Quality Assurance (QA) Unit's mission is to assist and support the IHSS staff of Placer County to authorize and provide IHSS services in a uniform, effective, and accurate manner in order to protect the health and welfare of IHSS Recipients.

The goals of the IHSS-QA unit are to detect and prevent fraud, to assure compliance with program regulations, and to maintain program integrity incorporating Placer County Systems of Care's strength-based, person-centered approach.

IHSS-QA unit utilizes routine scheduled reviews to identify actual dollar findings and other findings that require corrective action and to track indicators of the need for program improvements.

The process provides reliable data to management in the form of IHSS statistical summaries obtained from reviews of randomly selected IHSS cases.

### B. Quality Control Overview

The IHSS-QA staff will monitor the delivery of supportive services to detect and prevent potential fraud by providers, IHSS Recipients, and others, and to maximize the recovery of overpayments and remedy underpayments.

The IHSS-QA staff will complete reviews on randomly selected samples of IHSS cases. One purpose of the review is to detect trends in the application of policy and procedures for corrective action and/or clarification. Evaluating and utilizing the review results enable administration and staff to gain program-wide uniformity, prevent recurring errors, identify training needs, and assure compliance with State and County IHSS regulations.

IHSS-QA staff will conduct reviews using standardized forms, review the same components, and interpret findings uniformly.

IHSS-QA staff will review an average of three or four cases for each of the five full-time IHSS caseworkers in the Auburn (DeWitt) and Roseville (Cirby Hills) sites and

one or two cases per month for the part-time IHSS caseworker in the Carnelian Bay site. Total cases reviewed will be 250 per year

IHSS-QA staff will look at key populations, opportunity for program improvement and problematic program issues by performing a Targeted Case Review a minimum of two times per year and/or when program examination necessitates research and data collection.

IHSS-QA staff will complete a monthly total of four or five home visits per month on cases chosen from a subsample of the monthly desk reviews for a total of 50 home visits per year.

Based on 1 F.T.E. QA staff for Fiscal Year 2009-2010, QA staff will conduct, during the fiscal year, the following case review workload for the period July 1, 2009 through June 30, 2010:

- Desk Review 250 cases
- Targeted Review 60-75 cases
- Home Visits 50
- Total for 2009-2010 360-375

IHSS caseworkers performing assessments and their supervisors have been trained in the case review process to ensure their input and buy-in. IHSS Staff will continue to learn and understand what their responsibilities are in responding to and correcting findings.

On site reviews will be conducted on a monthly basis at the Cirby Hills and Dewitt sites. Cases are chosen at random for one of four types of review: desk/field, targeted desk review, and home visit.

The desk/field review will confirm that the information in the case record accurately reflects the client's circumstances. The targeted desk review focuses on singular topics to ensure compliance with current policy and/or procedures.

Findings will be reported in a consistent manner to caseworkers, supervisors, program managers, and the Adult System of Care Director.

As reviews are completed, the compliance tool is submitted to the caseworker for necessary corrective action. Cases requiring no corrections will be noted as "no correction necessary" and the case review tool with that notation will be submitted to the caseworker. Electronic copies of the review tool are forwarded to the IHSS and IHSS-QA supervisor, the IHSS-QA and Public Authority Program Manager, and the Adult System of Care Director for their information. The original review tool is retained on the Quality Assurance Unit. If the IHSS Caseworker disagrees with the finding, a meeting will be held with the Caseworker and the IHSS Supervisor. The caseworker will make their case using specific facts and

references from the IHSS regulations to support their position. If the issue cannot be resolved, the chain of command will be followed to determine a resolution.

After corrections are made, the caseworker will give the corrections and the review tool to their supervisor for signature and approval. The review tool is then returned to the Quality Assurance unit and, if all parties are in agreement with the corrections, the corrections are considered completed. Corrections are to be returned to the Quality Assurance unit within 30 days. If corrections are not completed within 30 days, the Quality Assurance Unit will contact the IHSS supervisor. The IHSS supervisor will then provide the caseworker with assistance in completing corrective action.

Review results from the IHSS-QA review tool are entered on a database and monthly status reports are generated for caseworkers and management.

## **II. PROCEDURES AND RESPONSE TO REVIEWS**

### **A. Desk Review Process**

As the desk case reviews are completed, copies of the case review tool and a cover letter are generated and distributed to the IHSS caseworker, IHSS and IHSS-QA Supervisors, IHSS-QA and Public Authority Program Manager, and Adult System of Care Director. IHSS-QA staff will return the review tool to the caseworker no later than the last day of the month. Information from the case review tool will then be entered on the Case Review Data Base. All case material is treated confidentially.

See information in Section I.B, Quality Control Overview, regarding procedures and response to desk reviews.

Review results will be summarized in monthly statistical reports. The report will delineate the results into categories that can be used to address training and/or corrective action needs of the IHSS program. The summary reports are as follows:

- Quality Assurance Desk Review tool.
- Corrections Verified Report: Caseworker.
- Corrections Verified Report: Program Manager.
- IHSS Case Review Reports Summary.
- Cover letter to IHSS Case managers, Supervisors and Program Managers.

The core components, as stated in the In Home Supportive Services Quality Assurance Procedures Manual and required by California Department of Social Services, are included in the case review tool.

## **B. Home Visits / Field Review Process**

QA Staff will select, from a subsample, one of each caseworker's cases receiving Desk Reviews for a QA Home Visit. QA staff will conduct a home visit to verify information in the case, including eligibility for services, and to review the assessment.

The Desk Review findings are compared with home visit observations, IHSS Recipient statements, and third party verifications as necessary.

The IHSS Recipient/Recipient's representative is interviewed, preferably without the presence of the IHSS Recipient's Care Provider. The care provider is interviewed separately either in person or by telephone.

The components stated in the In Home Supportive Services Quality Assurance Procedures Manual and required by California Department of Social Services are included in the Home Visit review interview.

## **C. Targeted Case Reviews**

Quarterly Targeted case reviews will focus on singular topics to ensure compliance with current policy and/or procedures. Topics may include pro ration, children, and protective supervision cases.

Cases from the Dewitt site and from the Cirby Hills site will be reviewed for a single targeted issue. The IHSS-QA Staff may also note other issues(s) found during the course of this review which may result in a desk review or home visit.

Targeted case reviews will be conducted on approximately 60 to 75 cases depending on the review subject. After the review, the data and a findings summary will be distributed to the IHSS caseworkers, the IHSS and QA/IHSS Supervisor, and the QA/IHSS and Public Authority Program Manager and the Adult System of Care Director.

Targeted review activities will be reported on the quarterly report to California Department of Social Services.

## **D. Management Response**

Staff is required to correct deficiencies within 30 days of the review date. If caseworkers challenge the finding, they will meet with the IHSS supervisor with specific facts supporting their position. The IHSS Supervisor and QA Staff will

review the finding and attempt to resolve the issue. If the issue cannot be resolved, the chain of command will be followed to determine a resolution.

### III. FRAUD

Placer County Quality Assurance Unit will monitor the delivery of supportive services in the county to detect and prevent potential fraud by Care Providers, IHSS Recipients, and others. In addition, the recovery of overpayments and remedy underpayments will be maximized.

Placer County IHSS-QA staff will:

- Review the Over 300 Hour report provided through the Case Management, Information and Pay Rolling System (CIMPS) and perform appropriate follow-up activities when indicated, including desk, phone, or field reviews to detect potential fraud
- Review the quarterly Death Match Report for discrepancies, identify potential fraud, and complete appropriate follow up activities.
- Maintain a record of IHSS Recipient for admission to higher level of care to identify potential matches with Care Provider timesheets during time of IHSS Recipient's facility stay.

IHSS staff will forward potential fraud cases to IHSS-QA after an initial investigation. The IHSS Supervisor will approve all referrals. The IHSS Supervisor will forward the information to the IHSS-QA Unit.

The Quality Assurance unit will monitor and refer potential IHSS fraud cases to the Placer County fraud investigator. Placer County IHSS has a working agreement with the Department of Welfare Fraud to identify and prosecute potential fraud.

Copies of fraud referrals will be sent to the Department of Health Services and reporting results to the IHSS Supervisor and Program Manager.

### IV. QUALITY CONTROL FINDINGS

#### A. Finding Types

Findings may be determined only on cases that receive a review. The types of findings are:

Change in Assessment

The client indicates different (increased or decreased) needs than were identified at the time of the IHSS caseworker assessment.

#### Overpayment/Underpayment

An incorrect amount of services/payment has been paid out; a data entry or arithmetic error has been made; provider/client has been collecting payment for services not rendered

#### Critical Incident

The health and safety of the IHSS Recipient is at risk due to inadequate service delivery or the current assessment requires immediate action to resolve.

#### Ineligible

The IHSS Recipient does not meet the financial, safety/health or other required criteria to be eligible for IHSS. IHSS regulations and policy are either not applied or are applied incorrectly, resulting in the authorization of services to persons not eligible for IHSS.

#### Procedural

The IHSS Recipient's eligibility is not documented in the case record, but Quality Assurance can verify the IHSS recipient's eligibility.

### **B. Other Results**

When a case has more than one finding and these findings do not have a financial consequence as described above, the findings are identified as Action items or Information Items.

#### Action Items

These items occur when the case does not reflect the current situation, and the case needs to be and can be corrected. This includes service changes and paperwork corrections.

#### Information Items

This is information that IHSS-QA staff discovers in the course of the review that does not affect eligibility or service. It is provided to the caseworker to be used at his/her discretion. This category also identifies omissions by clerical staff. A response to Quality Assurance is not required.

## V. REMEDIATION PROCESS

The primary focus of the Quality Assurance/Quality Improvement activities will be to assess the quality of service to ensure that the IHSS Recipient's needs are assessed at a level that allows them to remain safely at home and avoid institutionalization.

The Quality Assurance Case Review Procedures and Response to Reviews (Page 4) outlines the process to respond to QA findings. Information from the case review discovery process will be discussed on a managerial level. Problems are identified and addressed on an individual basis, as needed. Systemic problems will be addressed in IHSS staff trainings and meetings.

The process for detection and prevention of potential fraud is established in Section III, the Fraud Referral procedure (Page 6)

## VI. COUNTY RESPONSE TO CRITICAL EVENTS

Placer County Office of Emergency Services (OES) is the emergency management agency for Placer County. Placer County OES, (530) 886-5300, is headquartered in Auburn, the County seat. The office provides service countywide, in cooperation with local cities and special districts, such as fire and law agencies.

The public outreach and emergency public information agency provides preparedness information to citizens and community groups, provides emergency information to the public, and coordinates training of the Public Information Team. Placer County utilizes a Teleminder system. This is a system that simultaneously sends our pre-recorded telephone messages to a pre-selected group of IHSS Recipients.

For at-risk adults in emergencies and crises, a special 24-hour response program is available by contacting the Adult Child Community Emergency Service System (ACCESS) at (916) 787-8860. In addition, Mental Health Services/Crisis Intervention and Adult Protective Services are available with the telephone numbers listed in the front of area telephone books.

Public Authority Registry Specialist maintains a hard copy of the monthly list of IHSS Recipients who have impairments and life support needs that need attention by first responders. This list is divided into categories that include medical complications, foreign language requirements, and zip code addresses.

Placer County also provides current official emergency information to local radio and television stations.

A critical incident is defined as any personal event in an IHSS Recipient's life that may result in physical, emotional, or mental harm to the recipient, impedes the

recipient's ability to remain independent, or result in abuse of their finances and resources. The staff person who is made aware of the critical incident will report the incident to Adult Protective Services (APS) or Child Welfare Services (CWS) within 24 hours. If the staff person made aware of the critical incident is not the assigned worker, the staff person will also report the incident to the assigned worker and the incident, referral, and follow up will be documented in the casefile.

If, during the QA process, any critical events that pose an immediate threat to the health and safety of any recipient are discovered, the QA unit will immediately report their finding to the IHSS Caseworker assigned to the case and/or the IHSS Supervisor. The supervisor will follow up to insure appropriate action is taken, including making an Adult Protective Services referral if required. The supervisor will monitor any critical events to ensure that appropriate and timely action has been taken.

If needed, the recipient experiencing a critical event can be referred to the IHSS Multi-Disciplinary Team (MDT) for input and intervention strategies. The MDT is a team of agency participants that meet once a month to give input on difficult, complex, and critical cases.

In extreme critical incidents, those in which the recipient is at immediate and high risk due to physical injury, mental illness, or a natural disaster, the staff person will contact the 9-1-1 emergency responses to ensure that emergency services are provided as soon as possible.

## **VII. PERSON CENTERED PLANNING**

The Placer County In-Home Supportive caseworker currently discusses the following items with the recipient at the first home visit and at annual reassessment:

- The recipient's rights and responsibilities to self-direct their services, which allows them choice and control over those services and supports
- The IHSS caseworker's name and telephone number
- In-Home Supportive Services Responsibility Checklist
- Telephone numbers and information for Placer County Ombudsman and Advocate systems
- Telephone numbers to report critical incidents
- Complete Individual Back-Up Plan (SOC 827)
- Alternative community resources including Public Authority services

A signed copy of the Statement of Reporting Responsibilities, SOC 332, In-Home Supportive Services Recipient/Employer Responsibility Checklist, Individual Emergency Back-Up Plan/SOC 827 is kept in the case record file. QA monitors

compliance of IHSS Caseworkers obtaining mandated information during routine Desk Review process or Targeted Case Review.

The Public Authority produces a quarterly newsletter which provides information about IHSS program updates, important announcements, highlights on local community services and programs, aging and disability topics, and contact information.

Due to an increase in IHSS caseload numbers and budgetary restrictions, Placer County anticipates an increase in the number of IHSS Recipients who will not have their annual reassessment in the mandated 12 month assessment timeframe. In order to make every possible effort in addressing recipient safety, QA Staff will continue to contact IHSS Recipients by telephone to identify any issue that may indicate that the IHSS Recipient cannot receive a delayed reassessment. QA Staff will provide IHSS Caseworkers with written feedback resulting from the telephone calls to their IHSS Recipients.

## **VIII. QUALITY IMPROVEMENT MEASURES**

### **A. Training**

Based on findings from the Quality Assurance analysis of cases (in addition to direction from the State Quality Assurance Bureau), and at the direction of the IHSS management team, IHSS Caseworkers will be trained to insure uniformity on the IHSS worksheet and SOC 293 IHSS Services Assessment to meet current Hourly Task Guidelines. The goal will be to improve caseworker consistency in authorizing hours while helping recipients live to their highest personal potential in the least restrictive environment.

IHSS and IHSS-QA staff will continue to attend state trainings, when possible.

IHSS-QA staff will identify staff trends regarding inaccuracies and miscalculations. These trends may be found during the case review process and will be discussed with caseworkers and their IHSS supervisor for improvement.

The IHSS-QA Staff will attend trainings with the Placer County Welfare investigator to increase knowledge of procedures necessary to assist the fraud investigator.

Future staff trainings may include assessment of extraordinary need of children, assessment of minimal need in IHSS Recipient's initial intake, and protective supervision for children.

The Quality Assurance unit, IHSS Supervisor, Public Authority Program Manager, and Managed Care Program Manager will attend monthly meetings to review

Quality Assurance findings, make recommendations for training needs, policy and procedural changes, and other identified system wide changes for program improvement.

## **B. Policies and Procedures**

IHSS-QA will continue to develop and update IHSS-QA policies and procedures to ensure system wide problems are identified and corrected. IHSS-QA staff and IHSS Supervisor will continue to work together in developing policies and procedures that identify IHSS best practices when addressing challenges of decreased IHSS staff resources and increased IHSS Recipient population in Placer County.

## **C. QA IHSS Recipient Driven Review**

In order to ensure that Placer County IHSS offers IHSS Recipients a process by which to settle significant differences they have with authorization conclusions at a least restrictive level, IHSS-QA provides a telephone interview and chart review of IHSS Recipient's case. This process is not in lieu of advising IHSS Recipients of their rights to file for Fair Hearing and is not legally binding.

## **IX. DATA COLLECTION AND REPORTING**

### **A. Responding to Claims Data Matches**

Placer County QA Staff follows cooperates with State-level data match activity by receiving, resolving and responding appropriately to claims of data match discrepancies which may indicate potential overpayment for supportive services. California State Department of Social Services is responsible for coordinating data matches on specified Medi-Cal provider payment records against IHSS provider payment records such as death match report and acute and skilled nursing admissions. As State-level data matches are identified and generated, Placer County QA Staff will participate fully in activities of this nature.

### **B. Third Party Liability**

Placer County QA Staff participated in training IHSS Caseworkers on examples of third-party liability such as civil judgments/pending litigations, long term care insurance, and worker's compensation insurance. These resources may indicate other funds available to cover costs of services. Placer County QA Staff reports third party liability to Department of Health Services Third Party Liability Unit.

In-Home Supportive Services Quarterly Report On Quality Assurance/Quality Improvement (QA/QI) For Personal Care Services Program (PCSP), IHSS Plus Waiver (IPW) And IHSS Residual (IHSS-R) Programs				
County:	Placer			
County Code:	31	Reporting Quarter:	Jun-09	
Name/Title of Person Completing Report:	Margaret Chambers/QA-IHSS			
Telephone Number:	530-886-5406	Date Completed:	July 14, 2009	
ROUTINE SCHEDULED REVIEWS OF SUPPORTIVE SERVICES CASES				
<b>1. Desk Reviews</b>	PCSP	IPW	IHSS-R	
A. Number Of Desk Review Cases With No Further Action Required	52	4	0	
B. Number Of Desk Review Cases Requiring Additional Action	14	0	0	
C. Number Of Desk Review Cases Conducted (1A plus 1B)	66	4	0	
<b>2. Home Visits</b>	PCSP	IPW	IHSS-R	
A. Number Of Home Visits With No Further Action Required	11	1	0	
B. Number Of Home Visits Requiring Additional Action	0	0	0	
C. Number Of Home Visits Conducted (2A plus 2B)	11	1	0	
<b>3. Total Number Of Desk Reviews And Home Visits Conducted</b>	PCSP	IPW	IHSS-R	
A. Total Number Of Reviews (1C plus 2C)	77	5	0	
B. Total Number Of Reviewed Cases With No Further Action Required (1A plus 2A)	63	5	0	
C. Total Number Of Reviewed Cases Requiring Case Action That <u>Did Not</u> Result In A Change In Service Authorizations	14	0	0	
D. Total Number Of Reviewed Cases Resulting In A Change In Service Authorizations	0	0	0	
E. QA Cases Reviewed This Quarter Still Pending Final Determination	0	0	0	
F. Total Number Of Reviewed Cases With Individual Emergency Back-Up Plan (SOC 827) On File	77	5	0	
<b>4. Resolution Of Cases Pended Last Quarter</b>	PCSP	IPW	IHSS-R	
A. Cases Pended Last Quarter (CPLQ) (BE from last quarter)	0	0	0	
B. CPLQ Determined To Have Correct Service Authorizations	0	0	0	
C. CPLQ Determined To Require Case Action That <u>Did Not</u> Result In A Change In Service Authorizations	0	0	0	
D. CPLQ Determined To Require Case Action Resulting In A Change In Service Authorizations	0	0	0	
E. CPLQ Not Yet Resolved	0	0	0	
<b>5. Fraud Prevention/Detection And Over/Underpayment Activities</b>	PCSP	IPW	IHSS-R	
A. Number Of Cases Identified Through QA/QI Activities Requiring Further County Review	11	0	0	
B. Number Of Cases Identified Through QA/QI Activities Referred To California Department Of Health Care Services For Investigation	0	0	0	
C. Number Of Underpayment Actions Initiated As A Result Of QA/QI Activities	0	0	0	
D. Number Of Nonfraud-Related Overpayments Initiated As A Result Of QA/QI Activities	0	0	0	
E. Number Of Fraud-Related Overpayments Initiated As A Result Of QA/QI Activities	0	0	0	
F. Other: (specify)	0	0	0	

<b>6. Critical Event/Incident Identified (Complete All That Apply)</b>		<b>PCSP</b>	<b>IPW</b>	<b>IHSS-R</b>
A.	Number Of Neglect Cases	0	0	0
B.	Number of Abuse Cases (Physical, Sexual, Mental, Financial, Exploitation)	0	0	0
C.	Number Of Provider "No Show" Cases That Pose A Threat To The Health And Safety Of The Recipient	0	0	0
D.	Number Of "Harmful To Self" Cases	0	0	0
E.	Number Of Cases With More Than One Critical Event/Incident	0	0	0
F.	Other: (specify)	0	0	0
<b>7. Actions Taken On Critical Events/Incidents Requiring A Response Within 24 Hours (Complete All That Apply)</b>		<b>PCSP</b>	<b>IPW</b>	<b>IHSS-R</b>
A.	Adult Protective Services Referral	3	0	0
B.	Child Protective Services Referral	0	0	0
C.	Law Enforcement Referral	0	0	0
D.	Public Authority Referral	0	0	0
E.	911 Call Center Referral	0	0	0
F.	Out-Of-Home Placement Referral	0	0	0
G.	Other: (specify)	0	0	0
<b>8. Targeted Reviews (Complete All That Apply)</b>		<b>PCSP</b>	<b>IPW</b>	<b>IHSS-R</b>
A.	Timely Assessments	0	0	0
B.	Timely Reassessments	0	0	0
C.	Provider Enrollment Statement (SOC 823)	0	0	0
D.	Voluntary Services Certification (SOC 450)	0	0	0
E.	Request For Order And Consent-Paramedical Services (SOC 321)	0	0	0
F.	Protective Supervision Medical Certification Form (SOC 821)	0	0	0
G.	Hours Exceed Guidelines	0	0	0
H.	Able And Available Spouse	0	0	0
I.	Proration Calculations	0	0	0
J.	Services For Children	0	0	0
K.	Provider 300+ Paid Hours Report	54	11	0
L.	Recipients Advised Of Availability Of Fingerprinting Of Providers	0	0	0
M.	Other: (specify) 1.late reassess	131	0	0
<b>9. Quality Improvement Efforts (Check All That Apply)</b>				
A.	Developed QA Tools/Forms And/Or Instructional Materials	<input checked="" type="checkbox"/> 9A		
B.	Ensured Staff Attended IHSS Training Academy	<input type="checkbox"/> 9B		
C.	Offered County Training On Targeted Areas	<input checked="" type="checkbox"/> 9C		
D.	Established Improvement Committees	<input type="checkbox"/> 9D		
E.	Established Tools For QA/QI Fraud Prevention/Detection	<input checked="" type="checkbox"/> 9E		
F.	Conducted Corrective Action Updates (attach a brief summary)	<input type="checkbox"/> 9F		
G.	Utilized Customer Satisfaction Surveys	<input type="checkbox"/> 9G		
H.	Other: (specify) See Attachment to QA/QI Quarterly Report	<input checked="" type="checkbox"/> 9H		

## HHS SYSTEMS OF CARE

### In Home Supportive Services Quality Assurance Fraud Policy and Procedure

Draft 1: February 22, 2007

Revised: May 7, 2009

#### POLICY

In Home Supportive Services-Quality Assurance policy is to use reasonable measures to prevent and detect fraud.

#### PURPOSE

To ensure that the In-Home Supportive Services (IHSS) Recipients or Providers abide by IHSS program policies.

#### PROCEDURE

- I. Initial fraud calls made to ACCESS will be routed to the Quality Assurance unit for follow up. (See Initial Fraud Call Reporting procedure for additional information regarding this step)
- II. When fraud is suspected, the IHSS Caseworker will complete the following:
  - A. Call and consult with Quality Assurance Staff as needed.
  - B. Call IHSS Payroll agent requesting pertinent time cards.
  - C. Complete Fraud Referral form and send to Quality Assurance Unit.
- III. Quality Assurance staff will complete the following:
  - A. Enter referral information in Fraud Referral Log.
  - B. Create file for referral original documents in Quality Assurance Unit
  - C. Request the case file from chart room or closed files, if necessary.
  - D. Interview current IHSS Caseworker for pertinent information.
  - E. Send e-mail to Placer County Fraud Investigator with initial information about the referral.
  - F. Obtain additional information for IHSS Payroll Unit, as needed.
  - G. Obtain copy of Death Certificate or Death Match Report (as needed).
  - H. Obtain copies of California Case Management, Information and Payrolling System (CMIPS) reports identifying IHSS Recipient and provider payment history.

- I. Complete the Quality Assurance portion of the Fraud Investigation Referral and send to Placer County Welfare Fraud Investigation Unit along with supporting evidence.
- J. Assist Fraud Investigator with obtaining additional IHSS case and program information as well as IHSS Recipient interview, if appropriate.

**IV. Placer County Fraud Investigator will conduct investigation.**

- A. Confer with IHSS Caseworker regarding specifics of IHSS case.
- B. Conduct fraud investigation.
- C. Refer and/or coordinate investigation with State Fraud Investigation Unit in accordance with Placer County Fraud Investigation Protocol.

**V. Placer County Fraud Investigator will coordinate overpayment collection.**

- A. If the IHSS Recipient/Provider is determined guilty of IHSS fraud by the Superior Court, a copy of court order is sent to Revenue and Reimbursement department for collection processing.
- B. If substantial evidence determines that it is likely that the IHSS Recipient/Provider has committed fraud, but the matter is deemed not suitable for a referral to court, the IHSS Investigator obtains a signed Promissory Note from the IHSS Recipient identifying the amount of money due to Placer County.
- C. IHSS Fraud Investigator sends a copy of the Promissory Note and the IHSS Recipient demographic information to Placer County Revenue and Reimbursement department for collection processing.
- D. IHSS Fraud Investigator sends a summary of investigation to IHSS Supervisor and the Quality Assurance Staff.

**VI. Quality Assurance Staff completes case recording.**

- A. Quality Assurance Staff will submit a summary of fraud case results to the State IHSS Fraud Unit and ensure case file contains a summary of fraud investigation result.

Our fraud specialists are working hard to help you avoid actions that might lead to fraud within In-Home Supportive Services.

*California Senate Bill 1104 states that a person convicted of IHSS fraud is not eligible to receive IHSS payments for a period of 10 years.*

"When a person makes a deliberate attempt to deceive or to obtain something in an unlawful or unfair manner, this is fraud."

**In-Home Supportive Services**  
11512 B Avenue  
Auburn, California 95603  
Phone (916) 787-8860

Placer County HHS, SOC Managed Care Unit  
In-Home Supportive Services, Quality Assurance  
11716 Enterprise Dr  
Auburn, CA 95603  
14 429457 41030

## In-Home Supportive Services

Fraud Prevention,  
Detection and  
Investigation



Helping  
Recipients  
&  
Providers  
Understand Fraud

ALM-07-000110

231

## COMMON FRAUD ISSUES IN IHSS

It is often the case that either recipients or providers do things they might not know are fraudulent. This brochure is to help you understand what actions on your part could be considered fraud so that you might avoid making these mistakes.

### USING A FALSE IDENTITY

Providers **must** use their own personal information, such as name, address and Social Security Number.

### TIMESHEETS

- If the recipient is not available to sign the timesheet, you **may not** sign it for him or her. Your recipient is your employer. Only he or she can sign a timesheet and only AFTER all hours claimed have actually been worked.
- If your recipient dies, **do not** sign the timesheet for him or her. Sign your own name and write "deceased" and the date he or she died instead of their signature.
- **Do not** turn in the timesheet early. You must wait until all hours have actually been worked.

### MISSING PAYCHECKS

If you completed a request to receive a replacement check, **do not** cash the original check if it arrives. Return it to the IHSS office. Cashing both checks is fraud.

### RECIPIENT OUT OF THE HOME

A Provider **cannot** be paid to take care of a recipient who is:

1. In the Hospital
2. In a Nursing Home
3. In Jail
4. Living out of county

IHSS is designed to help a recipient remain safely **in his/her home**; therefore, you cannot claim hours worked or turn in time sheets for work done while the recipient is **out of the home**.

You are only permitted to claim, and receive payment for, the actual hours you work for the recipient, **in his/her home**.

When a recipient returns home a Provider **cannot** make up those hours by adding extra hours to his or her next timesheet.

### SPLITTING THE CHECK

You **may not**...

- Split the IHSS check between the recipient and care provider. Only the provider can be paid for services performed on behalf of the recipient. You are not allowed to split a check for services. It is a program violation.

You **may not**...

- Split the IHSS check between the official care provider and a second, unofficial helper. Splitting the check with a "helper" is a program violation.

It is important to note that you **may not** claim more hours on your timesheet than you actually work.

### RECIPIENT'S TRUE DISABILITY

Recipients and providers **may not** make false statements about the extent of the recipient's disabilities or claim that the recipient needs more hours than are actually necessary for their proper in-home care.

### RECIPIENT REPORTING REQUIREMENTS

Recipients **must** report...

- All the members in the household, whether or not they are related.
- If your **spouse** lives with you, whether legally married or common-law.
- Changes in living situation, residence or level of disability.

These changes might affect the amount of services available to you and must be reported.

### PROSECUTION

If you are reported for IHSS fraud, the report will be investigated. Fraud will be prosecuted. If information is found that another agency is being defrauded (SSA, Welfare), a referral will be sent to the appropriate agency.

**If you suspect fraud, please  
contact your caseworker.**

Placer County  
In-Home Supportive Services

FRAUD INFORMATION

In Home Supportive Services (IHSS) is a welfare program funded by federal, state, and county funds. Any false statement, claim, or concealment of information may be prosecuted under federal and state law.

**Fraud** is an intentional deception or misrepresentation made by the IHSS recipient or IHSS provider with the knowledge that the deception could result in an unauthorized benefit.

Some examples of **fraudulent behaviors** include, but are not limited to the following:

- Recipient or provider knowingly making, or causing to be made, any false or fraudulent claim for payment
- Recipient knowingly signing providers' timesheets for hours not actually worked
- Provider claiming hours for providing services that are not authorized by IHSS
- Recipient and provider conspiring together to receive payment for services neither are eligible to receive
- Provider claiming hours for providing services when the recipient is hospitalized, on vacation, or otherwise not at home
- Recipient or provider misrepresenting or exaggerating the level of need for IHSS services
- Provider falsely reporting on-the-job injuries in an effort to collect Workers' Compensation benefits
- Forgery of recipient or provider signatures on timesheets
- Recipient signing a blank time sheet

**Signing this form means you understand the IHSS Fraud Information listed above. You also acknowledge that falsifying information or signature forgery on an IHSS timesheet is submitted under penalty of perjury.**

\_\_\_\_\_  
IHSS Recipient Printed Name

\_\_\_\_\_  
IHSS Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IHSS Caseworker Signature

\_\_\_\_\_  
Date







Questions in bold are QA considerations and not interview questions.

**Placer County Systems Of Care  
In-Home Supportive Services – Quality Assurance  
Home Visit (For Independent Provider Cases)**

Date \_\_\_\_\_ PCSP  Waiver  Residual  NST  SI   
 Recipient Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_ Male  Female   
 Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_ Age \_\_\_\_\_

Identity verified by:  Driver's License  Other Photo Identification  
 Explanation of why there is no photo ID \_\_\_\_\_

**Is there a Emergency Back Up Plan for Client?**  Yes  No

Res.	L/A	# Rms.	Yard	Stove	Refrig.	Washer	Dryer

- Name of person and relationship to recipient responding to these questions:  
\_\_\_\_\_
- Guardian/conservator:  yes  no Name: \_\_\_\_\_
- Name, age, and relationship of those living in the home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do any of the people living with you also receive IHSS?  yes  no  
Name: \_\_\_\_\_

**Medical/Health Information**

5. List any condition that is limiting your activities. List surgeries, major accidents, or illnesses.

What happened?	Date

Questions in bold are QA considerations and not interview questions.

6.. Check any boxes that apply:

- Wheelchair (able to maneuver without assistance, needs someone to assist with corners or other difficult areas, must be pushed at all times>)
- Walker  Cane  Scooter  Other devices
- Limited eyesight  Wears glasses  Limited hearing  Hearing Aids
- Bedbound (never leave bed, leave bed on good days, can leave bed for short period of time only)
- Bedside commode  Raised toilet seat  Shower bench
- Lifeline  Oxygen  Hospital bed  Safety bars  Hoyer lift
- Ambulates without difficulty or use of a device (safe?) \_\_\_\_\_
- Must use a device to ambulate (safe?) \_\_\_\_\_
- Difficulty rising \_\_\_\_\_
- Difficulty standing \_\_\_\_\_
- Difficulty bending \_\_\_\_\_
- Limited ability to lift and carry \_\_\_\_\_
- Confused (judgment) Rank on G-line \_\_\_\_\_ (orientation) Rank on G-line \_\_\_\_\_
  - None observed or reported
  - states occasionally but not observed
  - significant observable problem
- Forgetful (memory) Rank on G-line \_\_\_\_\_
  - None observed or reported
  - States problem with short term memory and requires assistance
  - Significant observable problem
- Depressed (safety)
  - Recipient indicates occasional problem, but takes no medication
  - Recipient takes medication or receives treatment for depression

8. Do you have good and bad days?  yes  no
- Can you tell me what a good day is like for you? \_\_\_\_\_
  - What is a bad day like for you? \_\_\_\_\_
  - Would you say today is a:  good day  bad day
  - How often do you have a bad day? \_\_\_\_\_

9. Do you know who your caseworker is and how to contact him/her?  yes  no

10. How easy is it to contact your caseworker? \_\_\_\_\_

11. Has there been a change in your health since the last time your caseworker was here?  
 yes  no (specify what) \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

12. Do you have trouble communicating (language barrier or social skills) with your caseworker  yes  no  n/a

If so, do you have someone to help you communicate?  yes  no  n/a

Who? \_\_\_\_\_

13. Has the county offered a certified interpreter?  yes  no  n/a

14. Do you know that if you are unable to resolve any disagreements you may have with the county regarding the hours authorized or the services you receive, you can request a fair hearing before an impartial judge?  yes  no

Now, I am going to ask you about the types of things you are able to do for yourself and the things that your provider does for you. I can't change the number of hours you have been assigned, but I can make recommendations to your IHSS caseworker.

Rank 1 Independent; Rank 2 able to perform function with reminding/guidance  
Rank 3 Perform function with assistance including physical; Rank 4 Perform function only with substantial human assistance Rank 5 Cannot perform without human assistance .

**Domestic Services:**

RANK: \_\_\_\_\_ CURRENT : \_\_\_\_\_

6 hrs per month

Exception needed? Y N

Recipient can perform all housework

Tasks needing help with:

- ♦ Sweeping  take out garbage  ♦ Vacuuming  ♦ dusting and picking up
- Changing bed linen  ♦ Washing floors  ♦ clean stove and refrigerator  ♦ Clean bathroom ♦  bringing fuel for cooking/heating ♦

What tasks are you able to perform? \_\_\_\_\_

Comments: \_\_\_\_\_

**Meal Preparation:**

RANK: \_\_\_\_\_ CURRENT : \_\_\_\_\_

BB – Meal Prep *per week*

Exception needed? Y N

Rank 1 if tube fed and use paramedical.

	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No services needed  Meal Prep separate

What meals can you prepare yourself? \_\_\_\_\_

What meals do you need help with? \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

What do you usually eat?

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Comments: \_\_\_\_\_

**Meal Cleanup:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

CC - Meal Cleanup *per week*

Exception needed? Y N

	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.53	3.50

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recipient is able to do all meal clean up  Partial clean up

Provider does all clean up

What can you do? \_\_\_\_\_

Comments: \_\_\_\_\_

**Laundry:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

1 hour *per week*, facilities in home

Exception needed? Y N

1.5 hours *per week*, facilities out of home

No services needed  Facilities on premises  Laundry separate

What can you do? \_\_\_\_\_

Extra laundry  Why? \_\_\_\_\_

Comments: \_\_\_\_\_

**Food Shopping:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

1 hour *per week*, per household

Exception needed? Y N

No services needed  Shopping separate  Remoteness

Comments: \_\_\_\_\_

**Other Shopping/Errands:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

.50 *per week*, per household

No services needed  Shopping separate  Remoteness

Comments: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

**Respiration**

Rank 1 or 5 CURRENT: \_\_\_\_\_

No services needed

Exception needed? Y N

Rank 1 and list under paramedical if all needs for human assistance met with paramedical services such as tracheostomy care and suctioning

Recipient installs, maintains, and cleans equipment w/out assistance Rank 1

Needs assistance  Who services the equipment? \_\_\_\_\_

Oxygen

Nebulizer

Bipap/Cpap

Comments: \_\_\_\_\_

**Bowel and Bladder:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

II – Bowel and Bladder Care *per week*

Exception needed? Y N

	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Services Needed

Needs Assistance with: Incontinence  Catheter  Colostomy

Assist Toilet  Added time due to menstrual care

(time is included in getting to/from bathroom)

- Actual time to perform \_\_\_\_\_ per day.
- Actual time to perform \_\_\_\_\_ per week

Change Diaper ambulatory .05

- Actual time to perform \_\_\_\_\_ per day.
- Actual time to perform \_\_\_\_\_ per week.

Change Diaper bedbound .12

- Actual time to perform \_\_\_\_\_ per week.
- Actual time to perform \_\_\_\_\_ per week.

Bedpan Assist.

Catheter Assist.

Comments: What can recipient do: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

**Feeding (eating):**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_  
Exception needed? Y N

JJ - Feeding *per week*

Rank 1 if tube fed and use paramedical.

	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

---

---

---

---

---

No services needed  Reminding/monitoring  Full Asst.  Partial Asst.

Time to perform per:

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

**Bed Baths:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_  
Exception needed? Y N

KK Routine Bed Baths *per week*

	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

---

---

---

---

---

No services needed  Totally Dependent  Semi-dependent .25

How often: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

**Dressing:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_  
Exception needed? Y N

LL - Dressing *per week*

	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

---

---

---

---

---

No services needed

Reminding/monitoring  Totally Dependent  Semi-dependent

Changes all clothes each day Times per day \_\_\_\_\_

Minor changes of clothes each day: Times per day \_\_\_\_\_

Total time per day: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

**Menstrual Care**

Low .28 High .80 CURRENT \_\_\_\_\_

MM - Menstrual Care *per week*

Exception needed? Y N

No services needed  Reminding/monitoring  Totally Dependent   
Ambulatory  (**Wears diapers**  **do not authorize time for menstrual care**)

How often: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

**Ambulation**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

NN - Ambulation *per week*

Exception needed? Y N

	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No services needed  Standby assistance  Semi-dependent  Total dependent

How often per day: \_\_\_\_\_

In/Out of vehicle  How often: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

**Help/In/Out of Bed:**

No services needed

Standby assistance  Total Dependent .08 each transfer

Semi-dependent  How often: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

**Transfer**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

OO - Transfer *per week*

Exception needed? Y N

	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No services needed

From (bed, chair, couch, wheelchair, walker or other device in same room) to

Questions in bold are QA considerations and not interview questions.

How often: \_\_\_\_\_

Time: to perform: \_\_\_\_\_

How often: \_\_\_\_\_

Time: to perform: \_\_\_\_\_

How often: \_\_\_\_\_

Time: to perform: \_\_\_\_\_

**Bathing and Grooming:**

RANK: \_\_\_\_\_ CURRENT: \_\_\_\_\_

PP – Bathing/Oral Hygiene?Grooming *per week* Exception needed? Y N

	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No services needed  Total dependent  Semi-dependent

Bath/shower with shampoo .33  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Standby assistance  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Reminding/monitoring  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Sponge bath  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Oral hygiene  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Shampoo sink  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Shaving  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Hair Care (Brush, Comb)  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Nail Care  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Other  \_\_\_\_\_

What can recipient do: \_\_\_\_\_

Comments: \_\_\_\_\_

**Repositioning/rubbing skin:**

Low .75 High 2.80 CURRENT \_\_\_\_\_

No services needed  Exception needed? Y N

Rubbing of skin .08  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Repositioning  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Range of motion  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

**Care and Assistance with Prosthesis/Medication**

Low .47 High 1.12 CURRENT: \_\_\_\_\_

RR – Care/Asst w/Prosthetic Devices *per week* Exception needed? Y N

No services needed

Setting up meds/med box: \_\_\_\_\_ per week

Assist with meds each time How often: \_\_\_\_\_ Time: to perform: \_\_\_\_\_

Reminders  How often: \_\_\_\_\_ Time to perform: \_\_\_\_\_

Comments: What can recipient do: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

**Accompaniment to Medical Appointments** CURRENT : \_\_\_\_\_

Exception needed? Y N

No services needed  Driving only  Accompaniment

Dr. \_\_\_\_\_ Where: \_\_\_\_\_ How often: \_\_\_\_\_ Time: \_\_\_\_\_

Dr. \_\_\_\_\_ Where: \_\_\_\_\_ How often: \_\_\_\_\_ Time: \_\_\_\_\_

Dr. \_\_\_\_\_ Where: \_\_\_\_\_ How often: \_\_\_\_\_ Time: \_\_\_\_\_

Dr. \_\_\_\_\_ Where: \_\_\_\_\_ How often: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

**Accompaniment to Alternative Resources:** CURRENT : \_\_\_\_\_

No services needed

Where: \_\_\_\_\_ How often: \_\_\_\_\_ Time: \_\_\_\_\_

Where: \_\_\_\_\_ How often: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

**Paramedical Services** (physician's recommendation required):

CURRENT : \_\_\_\_\_

No services needed

PARAMEDICAL TASKS TO BE PERFORMED

TASKS	TIME PER OCCURENC	TIMES PER DAY	DAYS PER WEEK
<b>Bladder</b>			
Cath care			
Diabetic Urine Testing			
External cath removal, cleaning and application			
<b>Blood glucose monitoring</b>			
<b>Blood pressure per Dr.</b>			
<b>Bowel</b>			
Supporstory			
Digital Stimulation			
Disimpaction			
Enemas			
Ostomy Care			
<b>Diabetic Care (Per Dr.)</b>			
<b>Feeding</b>			
Use of feeding set			
G-tube set up, clean up			
G-tube medication			
Use of syringe for bolus feed			
<b>Foot Treat Per Podiatrist</b>			

Questions in bold are QA considerations and not interview questions.

TASKS	TIME PER OCCURENC	TIMES PER DAY	DAYS PER WEEK
<b>Injectable Meds</b>			
<b>Medication</b>			
<b>IV Fluids</b>			
<b>Respiratory Care</b>			
Suctioning			
Clean Trach			
Chest Percussion			
Nebulizer			
<b>Passive ROM (per Dr.)</b>			

Comments: \_\_\_\_\_

**Protective Supervision**

**CURRENT :** \_\_\_\_\_

No services needed  Is there a 24 Hour Care Plan?  yes  no

Note: Must be non self-directing, confused, mentally impaired or mentally ill and physically capable of movement, NOT caused by medical condition or anticipation of a medical emergency or to prevent or control anti-social or aggressive behavior.

Comments: \_\_\_\_\_

14. Do you feel you need more time for any additional services?  yes  no

Why:

- My needs have changed
- Caseworker doesn't understand my needs
- Caseworker told me regulations don't allow for more time.
- Provider does more than is being paid to do.
- I don't know.

a. Have you told your caseworker that you need more hours?  yes  no

b. Do you know what authorized services you have?  yes  no

15. Are there any services that your provider is doing for you now that you feel you can be doing for yourself?  yes  no Comments: \_\_\_\_\_

16. Are you receiving any services from any other agency, business, or a person other than your provider?  yes  no Comments: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

I am now going to ask some questions about how well your provider(s) works for you. I do want to let you know that I am a mandated reporter for abuse and will be obligated to report this kind of information to the county.

17. How many providers do you currently have?  1  2  3  4

Name \_\_\_\_\_ Days \_\_\_\_\_ Hrs. \_\_\_\_\_

18. What relationship is your provider(s) to you?

- |  |   |
|--|---|
| <input type="checkbox"/> Spouse                | <input type="checkbox"/> Landlord                   |
| <input type="checkbox"/> Parent of minor child | <input type="checkbox"/> Housemate/Live in Provider |
| <input type="checkbox"/> Parent of adult child | <input type="checkbox"/> Friend                     |
| <input type="checkbox"/> Adult child           | <input type="checkbox"/> IP                         |
| <input type="checkbox"/> Other Relative        | <input type="checkbox"/> Other _____                |

Comments: \_\_\_\_\_

19. Do you have trouble communicating with your provider(s)?  yes  no

Comments: \_\_\_\_\_

20. If you had to replace your provider(s), would you know how?  yes  no

Comments: \_\_\_\_\_

21. How often does your provider come to provide you services:

- Live in \_\_\_\_\_ times per week
- \_\_\_\_\_ other (specify)

Comments: \_\_\_\_\_

22. Does your provider(s) work at times that are convenient for you?  yes  no

If no, why not? Comments: \_\_\_\_\_

23. How often does your provider(s) arrive on time?

- Always  Usually  Occasionally  Rarely  Never

Comments: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

24. Has your provider(s) ever not shown up as scheduled?

Never  Rarely  Occasionally  Usually  Always  No set schedule

Comments: \_\_\_\_\_

25. Does anyone let you know if your provider(s) is unable to work for you on the day as scheduled?  yes  no

a. Do they arrange with you to work on another day?  yes  no

Comments: \_\_\_\_\_

26. If your provider(s) can't make it, do you and your provider arrange for a substitute provider?  yes  no

Comments: \_\_\_\_\_

27. Does your provider(s) do more or stay longer than they're paid for by IHSS?

yes  no Comments: \_\_\_\_\_

28. Do you or anyone else ever pay your provider(s) extra for things they do?

yes  no Comments: \_\_\_\_\_

29. Does your provider(s) visit or watch TV instead of doing authorized tasks?

yes  no Comments: \_\_\_\_\_

30. Are you usually satisfied with the way services are done?  yes  no

Comments: \_\_\_\_\_

31. If you are not satisfied with the services, have you made any efforts to resolve this problem with the provider(s)?  yes  no

Comments: \_\_\_\_\_

**Now I'd like to ask you a few questions about how comfortable you feel with your provider(s) and how they treat you.**

32. How does your provider(s) generally treat you?

Very good  Good  Fair  Poor

Do they follow your instructions?  yes  no

Comments: \_\_\_\_\_

Questions in bold are QA considerations and not interview questions.

33. Does your provider(s) bring other people with them to work?  yes  no

If so, have you ever told them not to?  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_

34. Have you ever had reason to believe your provider(s) is responsible for money or other items disappearing from your home?  yes  no

If so, what did you do about it and what were the results?

Comments: \_\_\_\_\_  
\_\_\_\_\_

35. Do you have any reason to believe that your provider has come to work under the influence of drugs or alcohol?  yes  no

If so, what did you do? Comments: \_\_\_\_\_  
\_\_\_\_\_

**Keep in mind for the next questions that I am a mandated reporter.**

36. Have you ever felt fearful or intimidated by your provider(s)?  yes  no

Do you feel you are being abused or neglected in any way by anyone?  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_

37. Who fills out the time sheet? \_\_\_\_\_

38. Is the time sheet filled in before the work is done?  yes  no

39. Does anyone else ever sign the time sheet for you?  yes  no

Who? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

40. Have you ever had any disagreements with your provider(s) over time entered on the timesheet?  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_

41. Are you always at home when your provider works?  yes  no

Comments: \_\_\_\_\_  
\_\_\_\_\_

42. Do you think you would be able to remain safely in your home without IHSS?

yes  no



## In-Home Supportive Services Overpayment Computation Worksheet

RECIPIENT:

NUMBER:

OVERPAYMENT MONTH/YEAR					
A. GROSS NUMBER OF HOURS REPORTED					
X HOURLY RATE					
- SHARE OF COST					
AMOUNT PAID	\$	\$	\$	\$	\$
B. CORRECTED GROSS NUMBER OF HOURS					
X HOURLY RATE					
- SHARE OF COST					
AMOUNT PAID	\$	\$	\$	\$	\$
C. OVERPAYMENT (A NET - B NET)	\$	\$	\$	\$	\$
D. TOTAL AMOUNT OF IHSS OVERPAYMENT (ROUNDED)					\$



**Placer County Systems Of Care  
In-Home Supportive Services—Public Authority  
Fraud Investigation Referral**

IHSS Case Worker's Name:	Caseworker Phone:
Today's Date:	
Reporter's Name:	Reporter's Phone:
Reporter is anonymous <input type="checkbox"/>	

Provider Information		Recipient Information	
Provider is: <input type="checkbox"/> suspect <input type="checkbox"/> victim <input type="checkbox"/> n/a		Recipient is: <input type="checkbox"/> suspect <input type="checkbox"/> victim	
Name:	Name:	Name:	Name:
IHSS Provider Number:	IHSS Case Number:	IHSS Case Number:	IHSS Case Number:
DOB:	DOB:	DOB:	DOB:
Social Security:	Social Security:	Social Security:	Social Security:
Address:	Address:	Address:	Address:
City:	City:	City:	City:
Phone:	Phone:	Phone:	Phone:

**Investigation Type**

<input type="checkbox"/> Out of home/location	<input type="checkbox"/> Approximate amount:
<input type="checkbox"/> Death	<input type="checkbox"/> Over claimed hours
<input type="checkbox"/> Collusion	<input type="checkbox"/> Household comp.
<input type="checkbox"/> Forgery	<input type="checkbox"/> Other

**Caseworker's Narrative:**

Reviewing Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Quality Assurance Investigation:**

Q/A Worker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Received: \_\_\_\_\_

Q/A Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Q/A Comments:

*Placer County Systems Of Care  
In-Home Supportive Services--Public Authority  
Fraud Investigation Referral*

**Placer County Investigator's Comments:**

---

---

---

---

---

---

---

---

---

---

Fraud Investigator \_\_\_\_\_ Date: \_\_\_\_\_

**Investigation Recommendations**

<input type="checkbox"/>	Discontinuance/Denial of IHSS case	<input type="checkbox"/>	Reduced hours
<input type="checkbox"/>	Terminate provider	<input type="checkbox"/>	Prosecution
<input type="checkbox"/>	Banned from registry	<input type="checkbox"/>	Restitution
<input type="checkbox"/>	Unfounded/Insufficient evidence	<input type="checkbox"/>	Referred to another agency.
			Agency name
			Forms Sent
			Date Called: