A Primer on IHSS Fraud – and Suggestions for Curbing It

Prepared by the Senate Office of Oversight and Outcomes
June 26, 2009

Background

On March 24, the Senate Human Services Committee held a hearing on California's In-Home Supportive Services program, a $5.4 billion program that seeks to keep people out of nursing homes by paying for in-home attendants. As background for the hearing, the Senate Office of Oversight and Outcomes prepared a report which scrutinized IHSS. The focus of the report was 2004 legislation, part of SB 1104, which aimed to ensure program integrity and measure the delivery of services.

Although the report did not specifically identify fraud, waste or abuse in the IHSS program, it did identify administrative shortcomings that could lead to significant overpayments by the state.

Committee vice-chairman Sen. Abel Maldonado requested follow-up information focusing on IHSS fraud. Specifically, the senator asked:

1) What deficiencies in state law or IHSS policy promote fraud and/or hinder aggressive prosecution?
2) How is fraudulent activity monitored and measured in IHSS? How many providers and recipients are convicted of defrauding the system each year?
3) What methods of investigation have proven successful and how can they be implemented in other areas?
4) Can the state facilitate in the establishment of "best practices" to be made available to all county fraud investigators?

This report attempts to answer the Senator's questions, although statewide data on the extent of fraud in the IHSS program has not been released. We include observations and recommendations from state and local fraud investigators.

* * *

1) What deficiencies in state law or IHSS policy promote fraud and/or hinder aggressive prosecution?

The IHSS program works on an "honor" system. Key to the program is the concept that recipients are *employers*, with the latitude to hire, fire and direct workers. Advocates for people with disabilities hail such self-direction. Still, it leaves open the possibility that workers and recipients may conspire to exaggerate a recipient's needs in order to get more authorized hours. In nearly half of IHSS cases, close relatives are the paid caretakers.

The "recipient as employer" tenet of IHSS also may leave recipients afraid to challenge a neglectful or dishonest caretaker. One Sacramento County IHSS recipient told the Senate Office of Oversight and Outcomes: "I've been pressured to sign fraudulent timecards by people bigger and stronger than me. I am not empowered just because you call me the employer."

By law, social workers must visit IHSS recipients only once every 12 to 18 months. Unless a recipient complains, there is generally no external oversight of a caretaker's work between visits. The Department of Social Services officials who oversee the IHSS program say that by signing timesheets, recipients are essentially verifying that workers performed the authorized tasks and worked the claimed hours.

One major inconsistency in the IHSS program involves the tasks – such as laundry, shopping or bathroom assistance – that a social worker deems necessary to help a person stay safely at home. IHSS workers are paid by the state to perform the specific tasks assigned by the social worker. Numerous documents given to IHSS participants indicate that services should be limited to those detailed by a social worker. For example, the Department of Social Services suggests – but does not mandate – that an IHSS recipient and worker sign a "job agreement" and discuss authorized duties.

Yet there is no legal requirement that an IHSS worker know exactly what duties he or she is paid to perform. No law requires social workers or IHSS recipients to show workers the list of assigned tasks.

Advocates for people with disabilities say such information should be private so that IHSS recipients with more than one paid provider can decide how to divide tasks among workers. (A recipient may feel more comfortable having a certain worker help with bathing, for example.) Disability rights advocates also argue that there must be flexibility in caretaking and recipients know best what they need day to day.

Union officials who speak on behalf of IHSS workers, however, say that IHSS employees should at least have a legal right to know what tasks they are being paid to perform, lest they risk allegations of fraud or neglect.

Regardless, IHSS workers are not required to document what they do. The program's timesheets ask only for a total number of hours worked in a day. County fraud investigators say more detailed timesheets that show, at a minimum, the hours when a caretaker started and stopped working in a day would make it easier to prove fraud. Investigators with the state Department of Health Care Services say "time card deficiencies" hinder fraud prosecution.

This legislative session, Senator Maldonado introduced a pair of bills that address two of these issues. One, SB 142, would require that IHSS workers be provided with a list of the specific tasks a social worker has authorized. The other, SB 141, would require both the IHSS recipient and the worker to certify that a timesheet is true and correct -- and would levy civil penalties up to $1,000 if it is not. Both bills have passed the Senate and are currently pending in the Assembly.

* * *

2) How is fraudulent activity monitored and measured in IHSS? How many providers and recipients are convicted of defrauding the system each year?

In response to this question, the answer from the Department of Health Care Services was blunt:

> *"Currently there is no accurate means of measuring or monitoring IHSS fraud within the state. This is because of the number of jurisdictions involved and the various data collection systems in place . . . Because there is no accurate means of measuring or monitoring IHSS fraud within the state, we do not know the exact number of providers or recipients committing fraud."*

The department says it is testing a new data collection system that will help monitor IHSS fraud.

State law defines fraud in the IHSS program as "the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person." In practice, it can range from simple padding of a timesheet to a recent case in Los Angeles in which two suspects allegedly used multiple names and Social Security numbers to defraud IHSS of $390,000.

Related to a discussion of fraud in the IHSS program is the concept of overpayments. State law defines "overpayment" as the amount paid by the state to an IHSS worker "which is in excess of the amount for services authorized or furnished." Overpayments may be accidental or fraudulent.

The Welfare and Institutions Code directs counties and the state to work together to minimize the potential for fraud and maximize collection of overpayments. Counties have written their own fraud prevention and detection policies and by law must refer all

cases of suspected fraud to the Department of Health Care Services for investigation. Not all counties observe this rule, however; some handle their own IHSS investigations and prosecutions.

Until early this year, the DHCS had only two investigators assigned to IHSS fraud cases, with a backlog of roughly 1,000 cases. In February, the Legislature and governor agreed to pay for five more IHSS investigators and an analyst. In May, the administration sought an additional $1.7 million to hire 30 more staff dedicated to IHSS fraud detection and prevention. That proposal is still pending in the Legislature.

Statewide data about the extent of fraud in the IHSS program is difficult to find. In March, DHCS surveyed all counties about their fraud referral practices, average number of IHSS fraud referrals, average amount of overpayment collected, etc. DHCS officials say many counties have yet to return the surveys, and no comprehensive results have been released.

A pending bill by Assemblywoman Bonnie Lowenthal (D-Long Beach) would require the Department of Social Services to "determine the extent and type of fraud that may occur within the IHSS program," including the amount of money involved and number of people harmed or placed at risk as a result of fraud between 2005 and 2010. The bill, AB 682, has passed the Assembly and is pending in the Senate.

To get a sense of the extent of fraud in Los Angeles County, home to 40% of the IHSS caseload, the Department of Health Care Services reassigned 22 investigators from other social service programs to IHSS in February. The department has yet to release the results of that focused effort, but in June, a dozen Los Angeles residents were arrested for allegedly defrauding IHSS and other public assistance programs of nearly $1 million.

At the county level, the managers who operate the IHSS program call social workers their first line of defense against fraud and a primary source of tips about suspicious situations.

County officials say they also look for potential fraud by crosschecking payroll records against two reports issued periodically by the state Department of Social Services:

- The department sends counties the names of IHSS workers who purportedly worked in excess of 300 hours a month -- that's more than 10 hours a day, seven days a week. (One local fraud investigator recommends lowering this threshold to 200 hours a month.)

- Roughly once every three months, the state mails counties a list of IHSS recipients who have died. Counties must check whether workers continued submitting timesheets after the deaths of their employer. (Some critics say this three-month lag is too long -- six IHSS paychecks could be issued during that period.)

By law, the state must also check Medi-Cal payment records to find out when IHSS recipients are hospitalized. But only one such check has been performed since the requirement was imposed in 2004. Such checks should be automated under the new IHSS payroll system scheduled for launch statewide in 2011.

County officials say they depend upon another level of screening to flag fraud and overpayments. State law requires each county to dedicate at least one worker to the "quality assurance" task of sampling local IHSS cases and checking the accuracy and completeness of the paperwork. "Quality assurance" workers also visit the homes of some recipients to double-check the assessments performed by social workers. Occasionally, they discover fraud. In 2007, quality assurance staff visited 3,883 homes and reviewed the paperwork involved in 19,940 cases, according to the Department of Social Services. As a result, they referred 557 cases of alleged fraud to the Department of Health Care Services.

* * *

3) What methods of investigation have proven successful and how can they be implemented in other areas?

The Department of Health Care Services describes the most successful approach as a "full field investigation" that involves criminal history checks, data mining, interviews of neighbors and surveillance of the beneficiary/provider before contact is made with the subjects of the investigation. The department also touts a "multi-disciplinary" approach in which its investigators partner with county district attorneys, the state Department of Justice and any other pertinent agencies.

The oversight office also gathered tips and advice from IHSS fraud investigators in three California counties.

Fresno County's Rod Spaulding has given much thought to how the state can tighten up IHSS to deter and detect fraud. Spaulding, a senior district attorney investigator specializing in IHSS, makes these recommendations:

- Shift to using the more detailed SOC 310 form for new IHSS applicants and for their annual reassessment. *(See Attachment A.)* This state form is signed under penalty of perjury and collects important data about the applicant's living arrangement, housemates, financial situation, employment and earnings of parents if the recipient is a child under 18. To document changes in circumstances, Spaulding thinks that an SOC 310 should be used for each reassessment. Forcing social workers to ask more questions will yield more information about a recipient's abilities and resources, he said.

- In-home assessments should be unannounced as opposed to scheduled. Spaulding said surprise visits allow social workers to see clients in their ordinary circumstances without the opportunity to prepare or stage a condition.

(Department of Health Care Services officials agree; they cite "lack of random or targeted unannounced home visits" as a problem in the program.)

- In the state computer system, design a fraud page for both recipients and providers to document when a fraud referral has been made, a brief description of the allegation, disposition of the case and any exclusion from the program.

- While the IHSS program hinges on the assessment of a social worker, not a doctor, social workers occasionally seek a doctor's opinion to help guide their assessment of an applicant's abilities. Spaulding suggested that the state adopt a medical evaluation form like that created by Fresno County. *(See Attachment B.)* Fresno County's Medical Evaluation form requires a physician to sign under penalty of perjury and specifically asks the doctor if the patient would require out-of-home placement if not granted IHSS services. The Fresno medical evaluation form cites two Welfare and Institutions Code sections that state IHSS is for individuals "who cannot safely remain in their homes" unless these services are provided and who have "a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months" or expected to result in death within a year.

- Likewise, said Spaulding, the state's medical evaluation form should require the doctor to specify a level of care needed, not just the diagnosis and prognosis. (*See Attachment C.)*

- Mandate training for all workers – especially family members – on fraud and how to fill out time cards.

- Get better training for the administrative law judges who handle the appeals of people dissatisfied with the hours of care they are authorized under IHSS. For example, Spaulding said, judges have failed to back county social workers who cut off services to people who refuse to provide medical information, even though IHSS rules allow termination for failure to cooperate.

The **Los Angeles County** Department of Public Social Services convened an IHSS Fraud Roundtable last year that identified two dozen "action items." *(See Attachment D.)* Among their recommendations:

- More fraud training for social workers.

- Require all providers to be seen by social workers. (There is no such requirement under current law; often a social worker may never see the person hired to care for a recipient.)

- Identify physicians involved in fraud cases.

- Develop a "high-risk" profile for potential fraud that keys on such factors as young age and disability, P.O. Box addresses, consumers/providers who do not respond to letters, consumers/providers who live at same address, frequent provider changes or providers caring for more than one consumer.

- Match nursing home data to county IHSS recipient rolls and notify counties when an IHSS recipient is admitted. (IHSS workers are not supposed to work or submit timesheets when their employer is in a hospital or nursing home.)

- Revise time sheets to show time when providers are performing services, not just total hours per day.

- Identify consumers who have numerous ailments but no doctors' visits.

Here are recommendations from **Sacramento County** fraud investigators:

- Before giving a recipient protective supervision (which entails the maximum number of authorized IHSS hours for mentally impaired people at risk of harming themselves), get the opinion of a panel of medical examiners instead of one doctor. By definition, a bed-bound client shouldn't be eligible for protective supervision. *(See Attachment E.)*

- Educate doctors about the purpose of the IHSS program, which is to keep people safely in their homes who would otherwise be placed in a nursing home.

- Require photo identification and social security number for providers. Then investigators can check welfare and Employment Development Department databases to flag providers who are getting aid, unemployment benefits, working another job, in jail, etc.

- Have a regulation that prohibits paying a provider for more than 12 hours a day.

* * *

4) Can the state facilitate in the establishment of "best practices" to be made available to all county fraud investigators?

The Department of Health Care Services had this response:

- The DHCS investigations bureau has developed a power point presentation and accumulated various IHSS-related materials that we use to train our new investigators. A variation of this presentation has been disseminated to county employees and will be the basis for the training program to be presented to county social workers.

- All investigators who are California peace officers receive standardized academy training and similar investigations-specific training. Each investigator, regardless of employer, utilizes those techniques that work best for them and that are authorized by their specific employer and jurisdiction.

***

Finally, here are some additional thoughts from people on the front lines of IHSS fraud detection:

Deterrence
"You need to cut fraud off before the money goes out the door. Then, instead of the cost of prosecution, you can cut them off before they get a dollar. If people know there is fraud detection going on, that will be a powerful deterrent....We believe there is systemic fraud. They figure out that no one is really checking." Cynthia Besemer, chief deputy district attorney, Sacramento County

In-person meetings between caseworker and care providers
Philip Browning, director of the Department of Public Social Services for Los Angeles County, contends that one way to improve program integrity is to require providers to meet social workers in person. He said such meetings would allow social workers to ascertain that providers in fact exist. As incentive for these meetings, Browning suggested the Legislature give counties the latitude to deny IHSS aid to recipients whose providers fail to meet the social workers.

Enlist social workers
Several fraud investigators spoke of the importance of enlisting social workers as the front line in finding abuse. Social workers are more than just extra eyes and ears – they have a different approach than law enforcement that can prove effective. Sacramento County went one step further, assigning two social workers full-time to the fraud detail.

A Sacramento County investigator says it paid off: "Fraud social workers get statements and admissions we investigators couldn't get in a million years."

Use other government databanks to pinpoint fraud

"We've had situations where the provider or the recipient were in jail and still time cards are turned in," a Sacramento investigator said.

Use county timesheet clerks to flag problems

The people who enter data from timesheets can notice problems and patterns that might indicate fraud. They should be encouraged to flag timesheets for social workers or fraud investigators. (IHSS workers submit two time sheets a month, and investigators say many workers fill out their first timesheet of the month as if they had worked the total monthly allotted hours in just two weeks. County workers often correct the timesheets rather than question whether the timesheet is false.)

# # #

Senate Office of Oversight and Outcomes
1020 N Street, Suite 560
Sacramento, CA 95814
(916) 651-1518

STATEMENT OF FACTS FOR IN-HOME SUPPORTIVE SERVICES

Note: *Your eligibility for In-Home Supportive Services (IHSS), under Welfare and Institutions Code Section 12300, will be determined by the information you provide on this form.*

FOR COUNTY USE ONLY

(1.) APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)		BIRTHDATE
HOME ADDRESS	**CITY**	**ZIP CODE**
MAILING ADDRESS (IF DIFFERENT)	**HOME PHONE** ( )	**MESSAGE PHONE** ( )
PLACE OF BIRTH	**SOCIAL SECURITY NUMBER**	**MEDI-CAL CARD NUMBER**

ARE YOU:

☐ AGE 65 OR OVER? ☐ DISABLED? ☐ BLIND?

MARITAL STATUS:

☐ MARRIED (Date__/__/__) ☐ SEPARATED (Date__/__/__) ☐ WIDOWED (Date__/__/__) ☐ DIVORCED (Date__/__/__)

☐ SINGLE

COMPLETE THE FOLLOWING:

NAME OF SPOUSE OR PARENT(S) *(IF YOU ARE UNDER 18 YEARS OF AGE)*

IS SPOUSE/PARENT(S):

☐ AGE 65 OR OVER? ☐ DISABLED? ☐ BLIND?

SPOUSE/PARENT(S) SOC. SEC. NO.	SPOUSE/PARENT(S) ADDRESS *(IF DIFFERENT THAN APPLICANT'S)*

(2.) **DO YOU RESIDE IN CALIFORNIA WITH THE INTENTION TO CONTINUE RESIDING HERE?** ☐ YES ☐ NO

(3.) ARE YOU A CITIZEN OF THE UNITED STATES? *(IF "YES", GO TO "ITEM 4")* ☐ YES ☐ NO

(A.) IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU LAWFULLY ADMITTED TO PERMANENT RESIDENCE OR LEGALLY PERMITTED TO REMAIN IN THE U S.? ☐ YES ☐ NO

(B.) WHAT IS YOUR ALIEN REGISTRATION NUMBER?

(C.) WHAT IS NAME OF SPONSOR?

(D.) WHAT IS SPONSOR'S ADDRESS?

(4.) WHAT IS YOUR LIVING ARRANGEMENT?

MY HOME IS A: ☐ HOUSE ☐ APARTMENT ☐ ROOM ☐ ROOM & BOARD ☐ TRAILER/ MOTOR HOME ☐ OTHER

IN WHICH I: ☐ OWN/ AM BUYING ☐ RENT ☐ LIVE COST FREE ☐ RECEIVE BOARD AND CARE

LANDLORD'S NAME	AMOUNT OF RENT, BOARD AND/OR MORTGAGE PAID $_____/MONTH	
ADDRESS	**CITY**	**ZIP CODE**

(5.) ARE THERE OTHERS LIVING IN THE HOUSEHOLD? *(IF "YES", GIVE THE INFORMATION BELOW:)* ☐ YES ☐ NO

NAME	RELATIONSHIP	AGE

FOR COUNTY USE ONLY

6. DO YOU, YOUR SPOUSE OR YOUR PARENT(S) OWN REAL PROPERTY OTHER THAN YOUR HOME? ☐ YES ☐ NO
(If "YES", GIVE THE INFORMATION BELOW: OR ON PAGE 4 PARAGRAPH 21.)

ADDRESS	CITY	COUNTY

STATE	ZIP CODE	PARCEL NUMBER

ASSESSED VALUE	TOTAL AMOUNT OWED ON MORTGAGE(S)	MONTHLY PAYMENT
$	$	$

ANNUAL TAXES	ANNUAL INSURANCE	ANNUAL ASSESSMENTS
$	$	$

HOW IS PROPERTY UTILIZED?	IF USED AS RENTAL, INDICATE AMOUNT OF RENT.	ARE TAXES INCLUDED IN THE MONTHLY PAYMENT? ☐ YES ☐ NO

OTHER PROPERTY EXPENSES	IS INSURANCE INCLUDED IN THE MONTHLY PAYMENT? ☐ YES ☐ NO

7. DO YOU, YOUR SPOUSE OR YOUR PARENT(S) OWN MOTOR VEHICLES (CARS, TRUCKS, MOTORCYCLES, BOATS, MOTORHOMES)? ☐ YES ☐ NO
(IF "YES", GIVE THE INFORMATION BELOW:)

MAKE AND MODEL	YEAR	ESTIMATED VALUE	CHECK IF USED FOR: WORK	CHECK IF USED FOR: MEDICAL TRANS.	MODIFIED FOR DISABLED PERSON?

8. WHAT IS THE VALUE OF YOUR LIQUID RESOURCES?
(IF APPLICANT IS A BLIND OR DISABLED CHILD UNDER AGE 18, INCLUDE RESOURCES OF PARENT(S) RESPONSIBLE FOR CHILD, INDICATE IF ANY RESOURCE IS EXCLUSIVELY FOR BURIAL EXPENSES FOR YOU OR YOUR IMMEDIATE FAMILY.)

LIQUID RESOURCES	(✓) IF NONE	ENTER VALUE UNDER OWNER: SELF	SPOUSE/PARENTS	JOINTLY	(✓) FOR BURIAL
CASH ON HAND AND/OR MONEY KEPT IN THE HOME		$	$	$	
CHECKING ACCOUNT		$	$	$	
SAVINGS ACCOUNT, CREDIT UNION TRUST FUNDS		$	$	$	
CHECKS OR CASH IN SAFETY DEPOSIT BOX		$	$	$	
STOCKS, BONDS, OR MUTUAL FUNDS NOTES, MORTGAGES, DEEDS		$	$	$	
IRA, CERTIFICATES OF DEPOSIT, MONEY MARKET		$	$	$	
OTHER *(SPECIFY)*:		$	$	$	

9. DO YOU, YOUR SPOUSE OR PARENT(S) (IF APPLICANT IS UNDER 18) HAVE ANY PERSONAL GOODS OR HOUSEHOLD EFFECTS WITH A COMBINED EQUITY VALUE OF MORE THAN $2,000? (E. G., HOUSEHOLD FURNISHINGS, CLOTHING, AND JEWELRY.) *(IF ADDITIONAL SPACE IS NEEDED, SPECIFY IN ITEM 21.)* ☐ YES ☐ NO
(IF "YES", GIVE INFORMATION BELOW:) *(EXCLUDE REHABILITATION DEVICES AND EQUIPMENT.)*

DESCRIPTION	CURRENT MARKET VALUE	AMOUNT OWED
A.	$	$
B.	$	$
C.	$	$

10. DO YOU, YOUR SPOUSE OR YOUR PARENT(S) HAVE ANY LIFE INSURANCE? ☐ YES ☐ NO
(IF "YES", GIVE THE INFORMATION BELOW:)

NAME OF OWNER	NAME OF INSURED	NAME AND ADDRESS OF INSURANCE COMPANY

POLICY NUMBER	TOTAL FACE VALUE OF POLICY	CASH SURRENDER VALUE	WHEN WAS THE POLICY PURCHASED	IF THERE IS A LOAN AGAINST THE POLICY WHAT IS THE AMOUNT

FOR COUNTY USE ONLY

(11.) DO YOU, YOUR SPOUSE OR YOUR PARENT(S) HAVE ANY BURIAL FUNDS, INSURANCE, TRUSTS, SPACES OR CONTRACTS? *(IF "YES", GIVE THE INFORMATION BELOW:)* ☐ YES ☐ NO

OWNER OF EACH ITEM	NAME OF EACH ITEM	TOTAL PURCHASE VALUE OF EACH ITEM	HOW MUCH IS OWED ON EACH ITEM	NAME AND ADDRESS OF COMPANY/SOURCE
			$	
			$	

(12.) HAVE YOU, YOUR SPOUSE OR PARENT(S) (IF A MINOR IS APPLYING) SOLD, TRANSFERRED OR GIVEN AWAY ANY PROPERTY, INCLUDING MONEY, IN THE LAST 36 MONTHS? *(IF "YES", GIVE THE INFORMATION BELOW:)* ☐ YES ☐ NO

DESCRIPTION	DATE OF TRANSFER	ESTIMATED VALUE	AMOUNT RECEIVED
		$	$
		$	$

(13.) ARE YOU OR YOUR SPOUSE EMPLOYED OR SELF—EMPLOYED? *(IF "YES", GIVE THE INFORMATION BELOW:) (IF APPLICANT IS A BLIND OR DISABLED CHILD UNDER 18 INCLUDE EMPLOYMENT OF PARENT(S).)* ☐ YES ☐ NO

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	
OCCUPATION	GROSS SALARY PER PAY PERIOD $	HOW OFTEN PAID?

IF SELF-EMPLOYED, ATTACH VERIFICATION OF ALL ORDINARY AND NECESSARY BUSINESS EXPENSES, PRINCIPAL PAYMENTS OR ENCUMBRANCES AND PERSONAL INCOME TAX.

(14.) DO YOU, YOUR SPOUSE OR YOUR PARENT(S) HAVE ANY BUSINESS EQUIPMENT INVENTORY, OR MATERIAL? *(IF "YES", GIVE THE INFORMATION BELOW:)* ☐ YES ☐ NO

DESCRIPTION	PURPOSE	ESTIMATED VALUE	AMOUNT OWED
		$	$
		$	$

(15.) IF YOU ARE BLIND OR DISABLED AND WORKING, DO YOU HAVE ANY WORK—RELATED EXPENSES DUE TO BLINDNESS OR DISABILITY? *(IF "YES", GIVE THE INFORMATION BELOW:)* ☐ YES ☐ NO

COST OF TRANSPORTATION TO AND FROM WORK	COST OF ITEMS OR SERVICES TO PREPARE FOR WORK	COST OF ITEMS OR SERVICES NEEDED FOR JOB PERFORMANCE
$	$	$

(16.) LIST INCOME RECEIVED EACH MONTH FROM SOURCES OTHER THAN EMPLOYMENT. IF APPLICANT IS A BLIND OR DISABLED CHILD UNDER AGE 18, INCLUDE INCOME OF PARENT(S) RESPONSIBLE FOR CHILD.

TYPE OF INCOME	(✓) NONE	ENTER MONTHLY AMOUNT RECEIVED BY: SELF	SPOUSE/PARENT(S)	CLAIM NUMBER
A. SOCIAL SECURITY *(RETIREMENT, SURVIVOR, DISABILITY INSURANCE)*		$	$	
B. CASH CONTRIBUTIONS		$	$	
C. STATE DISABILITY/ UNEMPLOYMENT INSURANCE		$	$	
D. VETERAN'S PENSION/COMPENSATION		$	$	
E. V.A. AID AND ATTENDANCE CARE/ HOUSEBOUND ALLOWANCE		$	$	
F. GOVERNMENT PENSION		$	$	
G. PRIVATE AND/OR MILITARY RETIREMENT PENSION		$	$	
H. ALIMONY, CHILD SUPPORT		$	$	
I. RENTAL INCOME		$	$	
J. INTEREST, DIVIDENDS, ROYALTIES		$	$	
K. RAILROAD RETIREMENT PENSION		$	$	
L. WORKER'S COMPENSATION		$	$	
M. AFDC PAYMENTS		$	$	
N. OTHER: *(SPECIFY)*		$	$	

(17) HAVE YOU, YOUR SPOUSE OR YOUR PARENT(S) APPLIED FOR OR DO YOU EXPECT TO START RECEIVING INCOME FROM ANY OF THE SOURCES LISTED IN "ITEM 16"? ☐ YES ☐ NO

(IF "YES", GIVE THE INFORMATION BELOW:)

TYPE OF INCOME	PLACE APPLIED	DATE APPLIED	DATE EXPECTED

(18) HAVE YOU, YOUR SPOUSE OR YOUR PARENTS HAD MEDICAL EXPENSES WITHIN THE LAST 3 MONTHS AND WANT MEDI-CAL FOR THOSE EXPENSES? ☐ YES ☐ NO

(19) (A.) DO YOU, YOUR SPOUSE OR YOUR PARENT(S) RECEIVE ANY NON-CASH GIFTS OR CONTRIBUTIONS OF RENT, FOOD, CLOTHING OR OTHER ITEMS OF NEED? ☐ YES ☐ NO

(B.) DO YOU, YOUR SPOUSE OR YOUR PARENT(S) RECEIVE NON-CASH COMPENSATION IN RETURN FOR WORK? ☐ YES ☐ NO

(IF "YES" TO "(A)" OR "(B)", GIVE THE INFORMATION BELOW:)

ITEM CONTRIBUTED	FREQUENCY OF RECEIPT	CASH EQUIVALENT
		$
		$

(20) DO YOU, YOUR SPOUSE OR YOUR PARENT(S) HAVE HEALTH OR HOSPITALIZATION INSURANCE (INCLUDING PAID BY AN EMPLOYER)? ☐ YES ☐ NO

(IF "YES", GIVE THE INFORMATION BELOW:)

INSURANCE CARRIER (CHECK APPLICABLE(S))	PERSON(S) INSURED
☐ MEDICARE *(CLAIM NO.*)	
☐ CHAMPUS	
☐ VETERAN'S ADMINISTRATION COVERAGE	
☐ KAISER	
☐ ROSS—LOOS	
☐ BLUE SHIELD	
☐ BLUE CROSS	
☐ PREPAID HEALTH PLAN	
☐ HEALTH MAINTENANCE ORGANIZATION *(SPECIFY:*)	
☐ OTHER CARRIER *(SPECIFY:*)	

(21)

ITEM NUMBER	ADDITIONAL INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

FOR COUNTY USE ONLY

EXPECTED INCOME

How Verified:

a. _____

b. _____

c. _____

IN-KIND INCOME

30-775.11

How Verified: _____

_____

_____

_____

_____

PREMIUM PAYMENTS

Amount Paid: $ _____

How often: _____

How Verified: _____

_____

_____

_____

_____

SOC 310 VERIFICATION

☐ ELIGIBLE ☐ INELIGIBLE

REASON (IF INELIGIBLE):

SOCIAL SERVICE WORKER:

DATE:

BE SURE YOU HAVE READ EVERY ITEM AND ANSWERED ALL THE QUESTIONS THAT APPLY TO YOU. READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I HEREBY STATE BY MY SIGNATURE THAT THE ANSWERS I HAVE GIVEN ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

I AGREE TO TELL THE COUNTY DEPARTMENT OF SOCIAL SERVICES WITHIN 10 DAYS IF THERE ARE ANY CHANGES IN MY INCOME, POSSESSIONS, OR EXPENSES, OR IN THE NUMBER OF PERSONS IN MY HOUSEHOLD, OR IF ANY CHANGE OF ADDRESS, AND I AGREE TO MEET ALL OTHER RESPONSIBILITIES EXPLAINED IN THE "MEDI-CAL RESPONSIBILITIES CHECKLIST" I HAVE RECEIVED.

I UNDERSTAND THAT I MAY BE ASKED TO PROVE MY STATEMENTS, BUT THAT THE COUNTY IS REQUIRED BY LAW TO KEEP THEM CONFIDENTIAL.

I UNDERSTAND THAT IF I AM DISSATISFIED WITH ANY ACTIONS TAKEN BY THE COUNTY DEPARTMENT OF SOCIAL SERVICES, I HAVE THE RIGHT TO A STATE HEARING.

I UNDERSTAND THAT I MUST DISPOSE OF ANY EXCESS RESOURCES WITHIN A SIX-MONTH PERIOD IN THE CASE OF REAL PROPERTY AND WITHIN THREE MONTHS IN THE CASE OF PERSONAL PROPERTY AND REPAY ANY OVERPAYMENTS WITH THE PROCEEDS OF THE DISPOSED PROPERTY.

I UNDERSTAND THAT IF I AM ELIGIBLE FOR IHSS SERVICES, I WILL BE PROVIDED A MEDI-CAL CARD AT NO SHARE-OF-COST TO ME IF I PAY THE IHSS SHARE OF COST I AM OBLIGATED TO PAY.

I UNDERSTAND THAT FEDERAL AND STATE LAW REQUIRE THE RECOVERY OF ALL MEDI-CAL BENEFITS RECEIVED AFTER AGE 55 FROM THE ESTATE OF A MEDI-CAL BENEFICIARY IF THERE IS NO SURVIVING SPOUSE, MINOR CHILDREN, OR PERMANENTLY AND TOTALLY DISABLED CHILDREN.

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF WITNESS *(REQUIRED IF APPLICANT SIGNED BY MARK)*	DATE
SIGNATURE OF PERSON ACTING FOR APPLICANT (RELATIONSHIP: PARENT, GUARDIAN, CONSERVATOR)	DATE	SIGNATURE OF PERSON HELPING APPLICANT COMPLETE FORM	DATE

Medical Evaluation for In-Home Supportive Services Recipient

Patient Name: _____ Case No.: _____ Date: _____
Address: _____ DOB: _____
SW Name: _____ SW Phone No.: _____ SW Fax No.: _____

I _____ authorize the mutual release for my medical information which includes information regarding alcoholism, drug abuse, mental illness or HIV infection as it pertains to my medical need for domestic/ related and personal care services to In-Home Supportive Services of Fresno County. IHSS is not responsible for the cost of completing this form.

Recipient Signature: _____ Date: _____

Authorized Representative/Witness: _____ Date: _____

This release of information expires 12 months from the date above and may be revoked in writing or in person before that date.

The above patient has applied for In-Home Supportive Services (IHSS) and states that they have certain functional impairments resulting from their medical condition. IHSS provides help to those eligible aged, blind or disabled individuals who, according to Welfare and Institutions Code 12300, "...who are unable to perform the services themselves and who cannot safely remain in their homes or abode of their own choosing unless these services are provided." Section 14132.95 a (4) of this code states "...these services are provided to a beneficiary who has a **chronic, disabling condition that causes functional impairment that is expected to last at least twelve consecutive months or that is expected to result in death within twelve months..."**
Fresno County IHSS is requesting the treating physician, to complete, sign and return this information to us by _____.

Please complete and return this document so we may provide or continue services.

In your opinion, will this individual require out of home placement if they do not receive assistance in their home? ☐ Yes ☐ No

If you answered **No,** please complete the signature box on the back of this form and return it.

If you answered **Yes,** please complete the remainder of the form in full and complete the signature box on the back of the form.

What level of assistance or care is necessary? ☐ None ☐ Skilled Nursing ☐ Assisted Living ☐ Board and Care

Date patient last seen: _____ How often is patient seen? _____

Prognosis: _____ **Estimated Length of Disability:** _____

Diagnosis

Medical: _____

_____

Psychiatric: _____

_____

Impairments

Auditory	Visual	Speech
☐ No Impairment	☐ No Impairment	☐ No Impairment
Impairment: _____	Impairment: _____	Impairment: _____

Mental Status

☐ Oriented X: _____

Confused: ☐ Mild ☐ Moderate ☐ Severe

Substance Abuse

Type: _____

Treatment/Services: _____

Mobility

☐ Ambulates Unassisted

☐ Ambulates with help

☐ Uses assistive device

☐ Wheelchair dependent

☐ Bed Bound

Transfer Activity

☐ Unassisted

☐ With help

☐ Unable to Transfer

Functional Ability:

Task	Independent	Limitations- If box checked, must explain.
Medication	☐	☐ _____
Hand Fed	☐	☐ _____
Bathing	☐	☐ _____
Dressing	☐	☐ _____
Sit	☐	☐ _____
Stand	☐	☐ _____
Walk	☐	☐ _____
Push	☐	☐ _____
Pull	☐	☐ _____
Bend	☐	☐ _____
Reach	☐	☐ _____
Grab/Grasp	☐	☐ _____
Drive	☐	☐ _____

Fresno County IHSS is requesting the treating physician, under penalty of perjury to complete, sign and return this evaluation form in the self addressed stamped envelope enclosed to:
In-Home Supportive Services P.O. Box 1912, Fresno, CA 93750 or FAX form to (559) 453-8636

Physician Signature: _____ Date: _____

Print Physician Name: _____ Provider No.: _____

Address, City, Zip: _____ Phone: _____ Fax: _____

PHYSICIAN'S CERTIFICATION OF MEDICAL NECESSITY

DATE:

This form must be completed to determine Personal Care Services Program eligibility and annually for recertification.

After completion, return this form to the agency address indicated below.

PATIENT'S NAME	DATE OF BIRTH	CASE NUMBER

Dear Doctor:

The Personal Care Services Program provides assistance through In-Home Supportive Services, to those eligible individuals who are limited in their ability to care for themselves and would be unable to remain safely in their own homes without this service.

Your patient has requested help with one or more of the following personal care services: assistance with ambulation; bathing; oral hygiene; grooming; dressing; care and assistance with prosthetic devices; bowel, bladder and menstrual care; repositioning, skin care, range of motion exercises and transfers; feeding and assurance of adequate fluid intake; respiration; or assistance with self-administration of medications.

Your examination of this patient may be reimbursable through Medi-Cal as an office visit provided that all other applicable Medi-Cal requirements are met, or through Medi-Care.

AGENCY	SERVICE WORKER	SERVICE WORKER NUMBER
AGENCY ADDRESS (Street, City, Zip)		PHONE ( )
SERVICE WORKER'S SIGNATURE		DATE

PATIENT AUTHORIZATION

By signing this form, I hereby authorize the release of information, including information regarding alcoholism, drug abuse, mental illness or HIV infection, pertaining to my medical necessity for personal care services to the above named agency.

PATIENT'S SIGNATURE (Or Authorized Representative)	DATE

FOR PHYSICIAN'S USE ONLY

PHYSICIAN'S NAME	PHONE
	( )
OFFICE ADDRESS (Street, City, Zip)	
DIAGNOSIS	DATE LAST SEEN BY PHYSICIAN
PROGNOSIS (If Known)	

I recommend one or more of the above listed personal care services for this patient in order to prevent out-of-home placement. ☐ Yes ☐ No

PHYSICIAN'S SIGNATURE	PROVIDER NUMBER	DATE

IHSS FRAUD ROUNDTABLE MEETING

August 26, 2008

	ACTION ITEM	PRO/CON	NEXT STEPS	SUGGESTED LEAD AGENCIES	STATUTORY, REGULATORY OR POLICY
1	Conduct periodic meetings with local, State and County departments that interact with IHSS.			CDHCS/CDSS/DOJ/SSA/DA/COUNTY	
2	Generate report matching data from Housing Authority to IHSS data.			CDHCS/CDSS	
3	CDHCS to communicate directly to CDSS regarding IHSS policy questions.			CDHCS/CDSS	
4	Improve Death match - get it quicker/ electronically.			SCO, CDSS, SSA	
5	Provide more training to DPSS staff on potential for fraud.			CDHCS/DOJ/COUNTY	
6	Require all Providers to go through PASC.			CDSS/CDHCS	
7	Require all Providers to be seen by DPSS social workers.			CDSS/CDHCS	
8	Identify physicians on Consumer fraud cases.			CDHCS	
9	Providers to sign relevant forms under penalty of perjury.			CDHCS/CDSS/COUNTY	
10	Develop a "high risk" profile for potential fraud, e.g., young age and disability, PO Box addresses, Consumers/Providers do not respond to letters, Consumers/Providers live at the same address, frequent Provider changes, Providers caring for more than one Consumer.			CDHCS/CDSS/COUNTY	
11	Generate reports matching data from SNF, ICF, and other nursing home care to DPSS.			CDHCS/CDSS	
12	Revise timesheets to show time when Providers are performing services, not just the total hours per day.			CDSS/COUNTY	
13	Generate "prior conviction" Provider match			CDHCS/CDSS	

CONTROTABLE [illegible] 2008

IHSS FRAUD ROUNDTABLE MEETING
August 26, 2008

	ACTION ITEM	PRO/CON	NEXT STEPS	SUGGESTED LEAD AGENCIES	STATUTORY, REGULATORY OR POLICY
14	Clarify legal residence policy			CDSS	
15	Make unannounced visits to Consumers			CDSS/COUNTY	
16	Generate a report matching Child Care Providers to IHSS Providers			CDSS/SSA/COUNTY	
17	Revew/revise existing policy to clarify which SSI cases can be referred to SSI Fraud Investigators if SW has concerns.			STATE/COUNTY	
18	Review, update, and reinforce Provider instuctions (e.g., not bill when Consumer in hospital or nursing home).			CDSS/COUNTY	
19	Identify Consumers who have numerous "ailments" but no doctors' visits.			COUNTY (DPSS)	
20	Verify doctors' statements.			COUNTY (DPSS)	
21	Review all "case status updates" from CDHCS investigators			COUNTY (DPSS)	
22	Review Advance Pay cases more closely.			COUNTY (DPSS)	
23	Centralize Employee Provider cases.			COUNTY (DPSS)	
24	Reinforce existing policy on follow-up action when Providers/Consumers do not respond to letters.			COUNTY (DPSS)	

ASSESSMENT OF NEED FOR PROTECTIVE SUPERVISION FOR IN-HOME SUPPORTIVE SERVICES PROGRAM

☐ Release of Information Attached

PATIENT'S NAME:	PATIENT'S DOB: / /
MEDICAL ID#: (IF AVAILABLE)	COUNTY ID#:
IHSS SOCIAL WORKER'S NAME:	
COUNTY CONTACT TELEPHONE #:	COUNTY FAX #:

Your patient is an applicant/recipient of **In-Home Supportive Services** (IHSS) and is being assessed for the need for Protective Supervision. Protective Supervision is available to safeguard against accident or hazard by observing and/or monitoring the behavior of non self-directing, confused, mentally impaired or mentally ill persons. This service is not available in the following instances:

(1) When the need for protective supervision is caused by a physical condition rather than a mental impairment;
(2) For friendly visitation or other social activities;
(3) When the need for supervision is caused by a medical condition and the form of supervision required is medical;
(4) In anticipation of a medical emergency (such as seizures, etc.);
(5) To prevent or control antisocial or aggressive recipient behavior.

Please complete this form and return it promptly. Thank you for your assisting us in determining eligibility for Protective Supervision.

(Welfare and Institutions Code §12301.21)

DATE PATIENT LAST SEEN BY YOU:	LENGTH OF TIME YOU HAVE TREATED PATIENT:
DIAGNOSIS/MENTAL CONDITION:	PROGNOSIS: ☐ Permanent ☐ Temporary - Timeframe:

PLEASE CHECK THE APPROPRIATE BOXES

MEMORY

☐ No deficit problem ☐ Moderate or intermittent deficit (explain below) ☐ Severe memory deficit (explain below)

Explanation: _____

ORIENTATION

☐ No disorientation ☐ Moderate disorientation/confusion (explain below) ☐ Severe disorientation (explain below)

Explanation: _____

JUDGMENT

☐ Unimpaired ☐ Mildly Impaired (explain below) ☐ Severely Impaired (explain below)

Explanation: _____

1. Are you aware of any injury or accident that the patient has suffered due to deficits in memory, orientation or judgment? ☐ Yes ☐ No
   If Yes, please specify: _____
2. Does this patient retain the mobility or physical capacity to place him/herself in a situation which would result in injury, hazard or accident? ☐ Yes ☐ No
3. Do you have any additional information or comments? _____

CERTIFICATION

I certify that I am licensed to practice in the State of California and that the information provided above is correct.

SIGNATURE OF PHYSICIAN OR MEDICAL PROFESSIONAL:	MEDICAL SPECIALTY:	DATE:
ADDRESS:	LICENSE NO.:	TELEPHONE: ( )

RETURN THIS FORM TO: *COUNTY'S MAILING ADDRESS, CITY, CA.: ATTN. SW-NAME*