

IHSS COMPLAINT OF SUSPECTED FRAUD FORM**Please fill in as much information as possible**

Provider relationship to recipient: _____

County: _____

IHSS recipient name: _____

IHSS provider name: _____

IHSS recipient SSN: _____

IHSS provider SSN: _____

IHSS recipient DOB: _____

IHSS provider DOB: _____

IHSS recipient address: _____

IHSS provider address: _____

 Complaint against recipient Complaint against provider**A. REPORTING PARTY**

Name: _____

Date: _____

Email: _____

Phone no.: _____

Relationship to IHSS participant: _____

No. in household: _____

How did you become aware of this information: _____

Name of person and Agency taking complaint: _____

B. REASON FOR COMPLAINT **Deceased** **Recipient residing in a care facility or hospital** Recipient Provider

Name of facility: _____

Date of death: _____

Dates of stay: _____

 In Jail Recipient Provider Dates: _____**Provider Issues** Being paid for services not provided Stealing from recipient Abuse/neglect/maltreatment of recipient County employee is IHSS provider Other (specify) _____**Recipient Issues** Does not appear to Need Services Seen performing strenuous activities (such as yard work, sports, lifting heavy object, etc.) Seen driving Seen working

If yes, where: _____

 Other (specify) _____**C. NARRATIVE DESCRIPTION** *(Actions observed, date observed, etc)*

D. CASE FILE INFORMATION (for County use ONLY)

IHSS recipient name: _____

Authorized no. hours: _____

Case no.: _____

Date of last F2F: _____

No. in household: _____

Who conducted last F2F: _____

- Severely Impaired Protective Supervision Married SSN verified

Program service(s) in question: _____

Rank in service(s): _____

- Caseworker contacted for information

Name of person completing: _____

Enclosures:

- Pay warrants (copy of front and back) Other (specify) _____
- Timesheets

E. INITIAL REFERRAL (for County use ONLY)

- Sent to DHCS Sent to DA/SIU for investigation
- APS/CPS No action (provide explanation in section G)
- Sent for administrative action

Date referred: _____ Approximate case amount \$: _____

If referred to other than DHCS: MOU with DHCS Under \$500

F. DETERMINATION (for County use ONLY)

- Administrative action Reassessment Date: _____
- Reduced hours _____ hours reduced
- Termination of services _____ hours saved in termination
- Overpayment recovery in the amount of: \$ _____ -
- To DA for prosecution for violation of PC(s):
- To DOJ for prosecution for violation of PC(s):
- No action – Case not viable (provide explanation in section G)

G. EXPLANATION OF NON-VIABILITY (Add information obtained that rendered case non-viable)

Investigator signature: _____ Date: _____

Attach additional case file information.
Copy of complaint must be retained in county case file.

IHSS COMPLAINT OF SUSPECTED FRAUD FORM INSTRUCTIONS

Provider relationship to recipient: Enter the provider's relationship to the recipient if known.

IHSS recipient name: Enter the name of the recipient.

IHSS recipient SSN: Enter the recipient's social security number (SSN) if known.

IHSS recipient DOB: Enter the recipient's date of birth (DOB) if known.

IHSS recipient address: Enter the IHSS recipient's address if known.

County: Select the county where services are provided.

IHSS provider name: Enter the name of the provider. If the complaint is concerning more than one provider, indicate this in section C.

IHSS provider SSN: Enter the provider's SSN if known.

IHSS provider DOB: Enter the provider's DOB if known.

IHSS provider address: Enter the IHSS provider's address if known.

Check one or both of the following options to indicate whom the complaint is against: Complaint against recipient and/or complaint against provider.

A. Reporting Party

Name: Enter the name of the person filing the complaint.

Email: Enter the email address of the person filing the complaint.

Relationship to IHSS participant: Record the relationship of the person filing the complaint to the recipient.

How did you become aware of this information: Record how the person filing the complaint knows of the information they are reporting.

Date: Enter the date the complaint was taken.

Phone no.: Enter the phone number of the person filing the complaint.

No. in household: Enter the total number of people including the recipient that the complainant suspects are living in the household.

Name of person and agency taking complaint: Record the name of the person taking the complaint and the agency they are associated with (county agency, etc.)

B Reason for Complaint

Check the box that best represents the focus of the complaint. Specify details as applicable.

Deceased: Check if the reason for complaint is to report the death of recipient or provider and check the recipient or provider box as appropriate.

Date of death: Record the date of death.

Recipient residing in a care facility or hospital: Check if the reason for complaint is to report that the recipient is/was residing in a care facility or hospital.

Name of facility: Enter the name of the facility, in known.

Date of stay: Enter the dates of the stay of recipient in the facility, if known.

In jail: Check if the reason for complaint is to report that recipient or provider is/was in jail. Check the box of who is/was the person in jail.

Dates: Enter dates the person was in jail, if known.

Provider Issues:

Being paid for services not provided: Check if the reason for complaint is to report that the provider is/was being paid for services not provided.

Stealing from recipient: Check if the reason for complaint is to report that the provider is/was stealing from recipient.

Abuse/neglect/maltreatment of recipient: Check if the reason for complaint is to report that the provider is/was showing unacceptable

treatment such as abuse, neglect or any maltreatment to the recipient.

County employee is IHSS provider: Check if the reason for complaint is to report that the provider is a county employee.

Other (specify): Check if there is another reason for complaint that is not in the options. Specify the reason.

Recipient Issues:

Does not appear to need services: Check if the reason for complaint is to report that the recipient does not appear to need services.

Seen performing strenuous activities (such as yard work, sports, lifting heavy objects, etc.): Check if the reason for complaint is to report that the recipient was seen performing activities that he/she was reported unable to do because of his/her condition.

Seen driving: Check if the reason for complaint is to report that the recipient was seen driving.

Seen working: Check if the reason for complaint is to report that the recipient was seen working.

If yes, where: Specify where he/she is working, if known.

Other (specify): Check if there is another reason for complaint that is not in the options. Specify the reason.

C Narrative Description

Record any information pertinent to the complaint, things that were observed, dates, time, locations, etc.

D. Case File Information (for County use ONLY)

Use this section to provide the following information:

IHSS recipient name: Enter the name of the IHSS recipient.

Case no.: Enter the IHSS case number.

No. in household: Enter the total number of people living in the household including the recipient.

Authorized no. hours: Enter the number of hours authorized for purchase.

Date of last Face-to-face (F2F): Enter the date of the last recorded face-to-face contact the county had with the recipient.

Person who conducted last F2F: Enter the name of the person who conducted the last face-to-face with the recipient.

Check any of the following applicable boxes:

Severely Impaired: Check if the recipient meets the Severely Impaired criteria.

Protective Supervision: Check if the recipient is currently authorized Protective Supervision.

Married: Check if the recipient is listed as married.

Minor: Check if the recipient is a minor.

SSN Verified: Check if Social Security Number was verified.

Program service(s) in question: Enter the services in question based on complaint.

Rank in service(s): Enter the Functional Index (FI) ranking of the services in question.

Caseworker contacted for information: Check if the caseworker was contacted for information.

Name of person completing: Enter the name of the person completing the case file information.

Enclosures:

Check the applicable boxes for any attached documents.

Pay warrants (copy of front and back): Check if pay warrants are attached to the complaint form.

Timesheets: Check if timesheets are attached to the complaint form.

Other (specify): Check if any other documents are attached. Specify what documents are attached.

E. Initial Referral (for County use ONLY):

Check the box for the action taken on the case.

Sent to DHCS: Check if the initial referral was sent to DHCS.

Sent to APS/CPS: Check if the initial referral was sent to APS/CPS.

Sent for administrative action: Check if the initial referral was sent for administrative action.

Sent to DA/SIU for investigation: Check if initial referral was sent to DA/SIU for investigation.

No action: Check if no action was taken and provide explanation in section G.

Date referred: Record the date the referral was made.

Approximate case amount: Record the estimated case amount in dollars.

If not sent to DHCS: Check one of the boxes for the reason the case was not sent to DHCS.

F. Determination**Check the box for the determined outcome of the case**

Administrative action: Check if the case was determined by administrative action.

Reassessment: Check if the case was determined by reassessment.

Date: Record the date of the reassessment.

Reduced hours: Check if the case was determined to reduce hours. Enter the number of hours that were reduced.

Termination of services: Check if the case was determined to terminate services. Enter the number of hours saved in termination.

Overpayment recovery in the amount of: Check if the case was determined to recover overpayment. Enter the amount of overpayment recovered.

To DA for prosecution for violation of PC(s): Check if the case was determined by DA for prosecution for violation of PC(s). Record the penal

code section.

To DOJ for prosecution for violation of PC(s): Check if the case was determined by DOJ for prosecution for violation of PC(s). Record the penal code section.

No action – Case not viable: Check if the case was determined as not viable and provide explanation in Section G.

G. Explanation of Non-Viability

Record information obtained that rendered the case non-viable.

Investigator Signature: Investigator must sign off on the case regardless of the action taken.

Date: Record the date the report was completed.