

SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

235



FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES /  
DISTRICT ATTORNEY'S OFFICE

SUBMITTAL DATE:  
September 13, 2011

SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM INTEGRITY  
PLAN

RECOMMENDED MOTION: That the Board of Supervisors approve and:

1. Authorize the Department of Public Social Services (DPSS) to submit a final plan and budget, based on revisions to the FY 10/11 Plan and budget, to the California Department of Social Services (CDSS) by October 1, 2011;
2. Authorize the Chairman of the Board to sign Enclosure B and other documents pertaining to the IHSS Fraud Prevention & Program Integrity Plan on behalf of the County; and
3. Authorize the Director of DPSS to oversee continued work on the Plan prior to submission to assure that the Plan is competitive, complete and accurate prior to submission.

(CONTINUED - 2 pages in total)

*Paul E. Zellerbach*  
Paul Zellerbach, District Attorney

*Susan Loew*  
Susan Loew, Director

FINANCIAL  
DATA

Current F.Y. Total Cost: \$ 0  
Current F.Y. Net County Cost: \$ 0  
Annual Net County Cost: \$ 0

In Current Year Budget: N/A  
Budget Adjustment: No  
For Fiscal Year: 11-12

SOURCE OF FUNDS: 50.00% Federal Funding; 35.00% State Funding; 15.00%  
County Funding.

Positions To Be Deleted Per A-30 ☒

Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Ashley and duly carried, IT  
WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone and Ashley  
Nays: None  
Absent: Benoit  
Date: September 27, 2011  
cc: DPSS, DA, Purchasing

Kecia Harper-Ihem  
Clerk of the Board

By: *[Signature]*  
Deputy

Prev. Agn. Ref.: 11/24/09 (#3.79);  
8/31/10 (#3.65)

District: All

Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.23

FORM APPROVED COUNTY COUNSEL  
BY: *[Signature]* 9/15/11  
MARSHALL VICTOR DATE

Departmental Concurrence

Policy ☒

Policy ☒

Consent ☐

Consent ☐

Dep't Recomm.:

Per Exec. Ofc.:

**TO: BOARD OF SUPERVISORS**

**DATE: September 13, 2011**

**SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM  
INTEGRITY PLAN**

**BACKGROUND:**

The State of California Budget Act of 2009 included a \$10 million appropriation of State funds for the purpose of fraud prevention, detection, referral, investigation, and additional program integrity efforts related to In-Home Supportive Services programs in all 58 counties.

On November 24, 2009 (Agenda #3.79) and August 31, 2010 (Agenda #3.65), the Board approved the submission of prior plans requesting State funding for Fraud Investigation and Program Integrity Efforts related to the IHSS Program. In FY 2009/10, Riverside County was awarded \$854,232 to implement its fraud prevention and detection plan, and the FY 2010/11 funding was \$917,621. Funding for the FY 2011/12 Program year is currently pending, as it is one of the programs targeted for elimination if the State doesn't realize certain revenue receipts on or before December 15, 2011.

As a result, while the program is currently operational, it isn't clear that the County will be fully reimbursed for these costs. At this time, we have the county share of funding that has been budgeted and we are seeking clarification about the ability to match these funds with Federal funding. Despite the uncertainty of the State budget, both DPSS and the DA recommend continuing the program until a final funding decision is made at the end of December. If the program is eliminated, the Departments will terminate the program as of January 1, 2012 and take measures to absorb the costs that aren't reimbursed by the State.

Riverside County's plan has successfully focused on three areas, fraud prevention through recipient and provider education, fraud and overpayment/underpayment detection through quality assurance review, and proactive fraud detection and investigation utilizing the task force model. The Riverside County IHSS Task Force, comprised of Investigators from the Riverside District Attorney's Office, DPSS, and the California Department of Health Care Services (DCHS) work collaboratively to detect and investigate possible Program fraud.

Over the seven month period the plan was functional in FY 2010/11, there were over 17,500 IHSS recipients with approximately 17,000 IHSS providers. A total of 2,871 underpayments were identified, as compared to 3,927 the previous year.

Riverside County's plan was successful in all three areas. During FY 2010/11, the IHSS Task Force received 326 fraud referrals, completed 163 investigations, and has another 163 cases pending investigation. By handling these 326 investigations locally, our Task Force cleared the investigative backlog at DCHS of IHSS fraud referrals and has further identified \$65,467 in overpayments due to fraudulent activities. Of the cases handled locally, 47 resulted in IHSS Program restitution actions, while another 16 cases were submitted to the District Attorney's Office for prosecution review. Five of the 16 filed criminal cases have already resulted in criminal convictions with court ordered restitution to the IHSS program. In addition, there are 23 more IHSS fraud cases that are in the process of completion and are expected to yield criminal convictions and court-ordered Program restitution.

**TO: BOARD OF SUPERVISORS**

**DATE:** September 13, 2011

**SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM  
INTEGRITY PLAN**

**BACKGROUND (Cont.):**

Should the State continue to support this program, the FY 2011/12 plan attached requests total funding of \$1,446,805 which would include the following changes to further enhance the effectiveness of the program:

- Streamlining the staffing to reduce management
- Increasing line staff investigations
- Enhancing the training of IHSS staff on reporting suspected fraud
- Engaging and educating the public on what fraud issues are and how to report suspect activities through advertisements and publication of fraud reporting portals
- More in depth review by investigative staff of cases to ensure program integrity

**FINANCIAL:** The FY 2011/12 estimated allocation to Riverside County is \$933,514, with Federal funds of \$466,757, State Funds of \$326,730 and County funds of \$140,037. DPSS and the District Attorney's Office are currently operating at this funding level pending a final decision about the availability of funding and approval of the plan submitted. Any necessary budget adjustments after State approval will be requested through the quarterly reporting process.

**ATTACHMENT:** IHSS Fraud Prevention & Program Integrity Draft Plan (5 copies)  
Enclosure B (5 copies)

SL:PR:clh

original 10/5

Enclosure B

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

Riverside County is requesting participation in the Enhanced Anti-Fraud Program  
and will submit a Plan and Data as described above, by October 1, 2011.

Board of Supervisor Approval

Approved on 2011, by the County Board of Supervisors

Name of Approver: Bob Buster, Chairman of the Board

Signature Bob Buster

Name of County District Attorney Representative: Paul Zellerbach

County District Attorney Representative Telephone #: (951) 955-5400

Email Address: PZellerbach@RivCoDA.org

Name of County Welfare Department Representative: Susan Loew

County Welfare Department Representative Telephone #: (951) 358-3005

Email Address: sloew@Riversidedpss.org

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

FORM APPROVED COUNTY COUNSEL

BY: Marshall Victor 11/1/11  
MARSHALL VICTOR DATE

SEP 27 2011 3.23

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:*

   IHSS Overpayments/Underpayments Activities and Data IHSS Fraud Referrals/Outcomes Activities and Data

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

   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

   Mechanism for Tracking/Reporting IHSS Fraud Data and Activities

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

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

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

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

   Data Reporting Spreadsheet (Enclosure D - includes data from 2006 to present)

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

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### **PLAN ENHANCEMENTS AND OVERVIEW**

In an effort to ensure increased program integrity in the IHSS program, this proposed plan enhances Riverside's current successful strategy by: increasing a focus on educational components, increasing preventative and early fraud detection activities, reducing management of the investigative units, and increasing line staffing for these responsibilities.

Proposed activities that lend to the enhancement of the current plan are:

- Enhance and train the IHSS staff on written policies and procedures for reporting suspected fraud.
  - Train IHSS staff utilizing the State developed curriculum to enhance program integrity.
  - Create a web-based referral process for the general public.
  - Create an IHSS brochure entitled Common Fraud Issues in IHSS. Distribute the brochure to any client or recipient.
  - Develop IHSS Fraud Prevention flyers and posters and distribute them to organizations that work with our clients and/or providers. The posters will hang in DPSS offices.
  - Implement a process in the IHSS program comparable to the CalWORKS Preventative Fraud Interview. These new Preventative Fraud activities, such as verifying assets and income on all new cases that are approved for IHSS services will validate the eligibility of the IHSS applicants and thereby ensuring the program's integrity.
  - Advertise the SIU Fraud Allegation Hot Line to take allegations locally.
  - Develop a process working in cooperation with the County Registrar-Recorder to receive death notification prior to receiving notification from the State.
  - Triage all allegations before forwarding allegations to the State. For allegations not considered criminal, provide education opportunities to the clients and providers on regulations that may have not been observed.
  - Develop a list of fraud indicators which will be used to pull cases for in-depth review.
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## **COUNTY'S CURRENT AND PROPOSED ANTI-FRAUD ACTIVITIES**

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

Riverside County will continue a three part process to ensure the integrity of the In-Home Supportive Services (IHSS) program. The proposed anti-fraud activities will utilize a collaborative plan consisting of three complementary components: Fraud Prevention and Education, Enhanced Quality Assurance Controls, and Proactive Criminal Investigative Activities.

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

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

- Fraud prevention through education of recipients, providers, and the community, including community outreach,
- Fraud and overpayment/underpayment detection through the quality assurance review, conducting Early Fraud detection and prevention activities, and
- Fraud detection and investigation utilizing DPSS Welfare Fraud Investigators, and District Attorney Office (DAO) Senior Investigators working as a task force.

By providing information to IHSS providers and recipients before services are rendered and by conducting random audits of on-going cases and investigations of suspected fraud which result in convictions, there has been a direct and positive effect on the integrity of the IHSS program.

County of Riverside  
In-Home Supportive Services Program  
Enclosure C

Riverside County will continue to utilize staff comparable to incumbents providing the same services for other public aid programs.

- Potential providers will be educated through the Preventative Fraud Group presentation prior to the provider's approval as an In-Home Supportive Service provider. The IHSS staff will review pertinent information on the required forms in order to ensure all potential providers understand their responsibilities as an IHSS provider and what fraud is and how to avoid committing fraud. A brochure describing common fraud issues will be developed and distributed to recipients and providers by the IHSS staff.
- DPSS Investigative Technicians (IT) will perform preliminary investigative work as requested by the IHSS case worker as well as educating clients who may be unknowingly violating regulations.
- A process comparable to the CalWORKS Preventative Fraud Interview will be implemented. These new activities will validate the eligibility of all new IHSS applicants by activities such as verifying assets and income.
- The Program Specialists and the part-time Public Health Nurse will ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. Through these efforts, they will detect incidents of potential fraud and make referrals for investigation.
- The Program Specialists will review and analyze a variety of exception reports, such as the 'Death Match' report and the '300 hours' report for indicators of potential fraud.
- A process will be developed whereby the IHSS program will receive and review death notification directly from the County Registrar-Recorders office, prior to receiving the information from the State.
- The Program Specialists will enhance and train the IHSS staff on written policies and procedures. The material for the training will partially be based on information gathered from fraud referrals and educational activities.
- Based on information gathered from fraud referrals and educational activities, a list of fraud indicators will be developed and utilized to pull case files for in-depth review.
- The Public Health Nurse will also be responsible for a more in-depth analysis and evaluation of the needs and services being provided in paramedical and protective supervision cases.
- The Program Specialist and Public Health Nurse will refer potentially fraudulent cases to the Fraud Investigators.
- A web-based referral process will be created for the general public.
- The County SIU Fraud Allegation Hot Line will be advertised in the community newspapers to be able to obtain allegations locally.
- The Supervising Fraud Investigator will triage all incoming fraud referrals, separating and distributing the allegations based on whether the allegation is criminal or regulatory. Criminal allegations will be worked by the task force staff; regulatory allegations will be worked by the DPSS Investigative Technicians. If possible criminal activity is found during the investigation of the regulatory allegations, those allegations will be transferred to the investigators to be worked.



- The DPSS Welfare Fraud Investigator (WFI) and the DAO Investigators will work as a task force and will be responsible investigating all IHSS fraud referrals and forwarded to the DAO's for prosecution.

The County of Riverside has demonstrated success in ensuring the program integrity of Cash Aid and SNAP programs through the prevention, detection and prosecution of welfare fraud. The prior two years have confirmed Riverside's ability to enhance program integrity and prevent, detect and prosecute IHSS related fraud. As such, we are confident of our ability to successfully expand these efforts to further enhance the IHSS program. The County of Riverside will commence this plan upon receipt of funding.

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### COUNTY PROPOSED BUDGET FOR UTILIZATION OF FUNDS

The County of Riverside is requesting \$1,446,805 in order to implement the IHSS Proposed Integrity Plan. The funding will utilized as follows:

- **Personnel costs:** \$1,165,401
- **Operating Costs:** \$ 263,404
- **Training/Travel:** \$ 8,000
- **Printing/Advertising:** \$ 10,000

The Proposed Plan will employ (10) full-time and (4) part time staff augmented with one (1) part-time Public Health Nurse:

- .75 Public Health Nurse (DPSS – .75) - The Public Health Nurse will be responsible for a more in-depth analysis and evaluation of the needs and services being provided in paramedical and protective supervision cases , will review cases identified as high risk or with potential fraud and will refer potentially fraudulent cases to the Fraud Investigators.
- One Senior Administrative Analyst (DPSS - .3) – The Senior Administrative Analyst (SAA) will be responsible for gathering, analyzing, and reporting the data for the activities related to this proposed plan. Additionally, the SAA will assist in the research in different databases for information utilized in the investigation and overpayment calculations.
- One Supervising Program Specialist (DPSS – full time) – The Supervising Program Specialist (SPS) will be responsible for supervising the Quality Assurance staff. In addition to the supervision duties, the SPS will also assist in the grievance process and the tasks assigned to the Program Specialists.
- Two Program Specialist II (DPSS – full time) - The Program Specialist II position will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report as well as reviewing cases to ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. The Program Specialists (PS) will refer potentially fraudulent cases to the Fraud

County of Riverside  
In-Home Supportive Services Program  
Enclosure C

Investigators. The PS will also be responsible for the research on the Subsequent Arrest Notices.

- One Office Assistant III (DPSS – full time) – The Office Assistant (OA) will be responsible for the collection and recording of data for this project.
- One Supervising Fraud Investigator (DPSS – full time) - The Supervising Fraud Investigator will be responsible for providing functional direction to the Investigative Technicians and Investigators as well as conducting triage on incoming referrals.
- 0.5 Investigative Technician II (DAO – Part-time) The Investigative Technician will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators, through the service of civil and criminal legal processes, such as: subpoenas, summons and complaints; makes positive identification of person served and time and location of services; and assists in serving search warrants.
- Two Investigative Technicians (DPSS - full time) The Investigative Technicians will be responsible for educating potential providers through the Preventative Fraud Group presentations prior to the provider's approval as an In-Home Supportive Service provider. The Investigative Technician will review pertinent information in order to ensure all potential clients are eligible for the IHSS program. Additional investigative work by the Investigative Technician will be completed as requested by the IHSS case worker. The Investigative Technician will assist in and perform routine, non-sworn investigative work in support of the Investigators, through the criminal legal processes.
- 1.5 Welfare Fraud Investigators (DPSS – full time) – The DPSS Welfare Fraud Investigators (WFI) will participate in a collaborative investigative task force comprised of DPSS SIU and the DAO in the county-wide investigation of IHSS fraud allegations. The DPSS Welfare Fraud Investigators will be responsible for investigating all In-Home Supportive Services fraud referrals they receive.
- Two Senior District Attorney Investigators (DAO – 2 Full-time). The Senior District Attorney Investigators will participate in a collaborative investigative task force comprised of DPSS SIU and the DAO in the county-wide investigation of IHSS fraud allegations. The Senior District Attorney Investigators will be responsible for investigating all In-Home Supportive Services fraud referrals they receive.
- .05 Deputy District Attorney III (DAO – Part-time). The Deputy District Attorney will be responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities as well as reviewing all program search warrants and IHSS fraud cases submitted for criminal filing. The DDA will also provide feedback as necessary regarding the controlling law and any further investigation that may be required. The DDA will also provide in-service training to improve quality of cases submitted for prosecution.

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

In preparation of this plan submission, the DAO and DPSS collaborated to develop a proactive fraud prevention and investigation plan. Under this plan, the participating agency's investigative units work in a task force model adopting a multidisciplinary investigative approach to IHSS Fraud Investigations.

This proposed Plan utilizes a Deputy District Attorney (DDA) for IHSS pre-prosecution education and investigative activities. This DDA supports pre-prosecution anti-fraud efforts. Specifically, the DDA will review all program search warrants and IHSS fraud cases submitted for criminal filing. The DDA will also provide feedback as necessary regarding the controlling law and any further investigation that may be required. The DDA will also provide in-service training to improve quality of cases submitted for prosecution.

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## **IHSS FRAUD REFERRALS/OUTCOMES**

The Department of Public Social Services acts as the county-wide IHSS fraud referral repository through the utilization of current fraud reporting hotlines and DPSS staff. All IHSS fraud referrals received by DPSS will be logged into the IHSS database. Information about the fraud allegations will be forwarded to the California Department of Health Care Services (DHCS) Investigations Branch Rancho Cucamonga Office, as is the current practice.

The Supervising Fraud Investigator will triage all incoming fraud referrals, separating and distributing the allegations based on whether the allegation is criminal or regulatory. Criminal allegations will be worked by the task force staff; regulatory allegations will be worked by the DPSS Investigative Technicians. If possible criminal activity is found during the investigation of the regulatory allegations, those allegations will be transferred to the investigators to be worked.

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

Outcomes will be reported in the annual report and on enclosure D of this plan.

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

The Department of Public Social Services will continue to detect, compute and process all overpayments and underpayments consistent with County policy and program regulations. This will be accomplished through the enhancement of the current Quality Assurance (QA) activities.

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

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

Riverside County will collaborate with DHCS and CDSS in a manner consistent with present practice. Riverside County will comply with any requests from DHCS and CDSS for case or program data in a timely manner.

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## **MECHANISMS FOR TRACKING/REPORTING**

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

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

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

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

A provider orientation is required for all new IHSS providers. This orientation allows the providers to submit the required documentation in person at the county office, and receive the orientation required by AB X4 19.

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

The County of Riverside will continue to ensure IHSS program integrity by enhancing current anti-fraud activities and integrating with the new protocol established in response to the State Budget Act of 2009. The proposed anti-fraud activities will utilize a collaborative plan consisting of three complementary components: Fraud Prevention and Education, Enhanced Quality Assurance Controls, and Proactive Criminal Investigative Activities. Staff representing each

component of this plan will attend a multi-disciplinary quarterly meeting with all participating Program members to discuss identified IHSS program efforts, successes, failures and training needs. This forum will provide an opportunity for enhanced IHSS in-service training for all team members.

### **Fraud Prevention and Education**

The **first component**, Fraud Prevention and Education, includes methods to prevent fraud from occurring in the In-Home Supportive Services (IHSS) program. A Preventative Fraud Group (PFG) presentation will be conducted in conjunction with the required IHSS Provider Orientation. The PFG will be conducted by IHSS staff.

This component will educate potential providers through the Preventative Fraud Group (PFG) presentation prior to the provider's approval as an IHSS provider. The PFG presentation is considered an educational process for the prospective provider. During the PFG, the IHSS staff person will review and explain to prospective providers the DPSS 305 C "Planning With You To Avoid Fraud" form, W&IC 12305.81, 12305.85, SOC 426 form, SOC 426B form and SOC 846 form. \*Note: Information and forms may change as new information is received.

The IHSS staff will explain the following to prospective providers:

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

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

IHSS staff may request that a DPSS IT conduct a more detailed review of recipient/provider forms and/or conduct field work if a discrepancy is found. An In-Home Supportive Services Communication Form was developed to assist IHSS staff and DPSS IT's in communicating quickly and effectively regarding IHSS recipient/provider inconsistencies and discrepancies. The IHSS Communication Form also serves as a tool for the IHSS staff and IT staff to document information gathered during the preventative fraud review or field work processes for notification to and potential use by the Investigative component in the proposed Plan.

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

New to this year's plan is the proposed Early Fraud Detection activities. The Investigative Technicians (IT) will develop and implement a process comparable to the programs currently in place in the CalWORKS and CalFresh programs. New applicant cases will be further reviewed to detect possible recipient fraud. The cases will be examined to verify qualifying case information such as assets and income to assure eligibility.

Additional fraud prevention work related to any discrepancies or inconsistencies will be completed by a DPSS IT no later than one (1) month after the approved Provider receives his or her first payroll check for services provided to the In-Home Services recipient. The additional fraud prevention work performed by the DPSS IT will include, but not be limited to clarifying inconsistencies and/or discrepancies by completing field work that may include verification of: providers other employment, incarceration of provider, doctor's signature, death of client. Additionally, DPSS ITs will do in-depth case review on cases that have fraud indicators.

Prevention and early detection fraud will also be accomplished by the creation and distribution of a brochure, flyer, and posters which discuss common fraud issues. The brochures will be distributed to the recipients and providers; the flyers and posters to other organizations that interact with our clients and/or providers.

### **Enhanced Quality Assurance**

The **second component** will be an enhanced Quality Assurance (QA) component. The enhanced QA component will consist of two (2) full time Program Specialist II positions, one (1) full time Supervising Program Specialist, 30% of one (1) Senior Administrative Analyst, and 75% of one (1) Public Health Nurse (PHN) position. The Program Specialist II positions will be responsible for developing IHSS and Departmental policies/procedures/forms/training for the additional fraud prevention activities. They will ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. Additionally, the Program Specialist II positions will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report. The Program Specialist II position will continue to enhance the written policies and procedures for determining and processing IHSS overpayments/underpayments. All overpayments/underpayments will be reviewed by the Program Specialist II's and the appropriate fraud referrals made.

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

Another result of this in-depth quality assurance review will be the discovery of potentially fraudulent activities. In addition to making fraud referrals to the appropriate Investigation Component, the QA staff will also be able to identify potential training or program changes that are necessary to prevent future fraud and identify trends that identify potential fraud. This component will be integrated with the current activities underway to develop standardized curriculum and training materials as required by the State Budget Act of 2009.

The PHN will become involved with IHSS cases that are being or have been authorized "protective supervision" hours and paramedical services. The PHN will be responsible for reviewing the specific services in both paramedical and "protective supervision" cases and will act as a liaison with social workers, medical professionals, clients and providers in cases identified by social workers as high risk or with fraud potential. The PHN will also evaluate to ensure the most accurate health assessment for protective supervision services based on the recipients needs. The PHN will be involved as needed in any IHSS administrative hearings related to these cases. The Program Specialist and PHN will make referrals of potentially fraudulent cases to the DPSS Investigative component pursuant to established IHSS fraud referral processes in this Plan.

#### **Proactive Investigative Activities**

The **third component** will be Criminal Investigative activities. The Riverside District Attorney's Office (DAO) and The Department of Public Social Services (DPSS) Investigations Branch will investigate and deter future IHSS fraud. The participating agencies' investigative units agree to adopt a task force team model, with one and one half (1.5) DPSS Welfare Fraud Investigator, and two (2) DAO Senior Investigators under the supervision of one (1) Supervising Welfare Fraud Investigator.

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

The Task Force will co-locate and work under the supervision of the DPSS Supervising Fraud Investigator. The Supervising Fraud Investigator will triage all incoming fraud referrals, separating and distributing the allegations based on whether the allegation is criminal or regulatory. Criminal allegations will be worked by the task force investigators.

The Task Force will prioritize immediate investigation efforts based on many factors, including but not limited to the age of the fraud referral, those approaching statute of limitation bars, and those cases representing the highest potential fraud loss beginning at 300 hours and thereafter at lower fraud losses in 50 hour blocks of time below 300 hours.

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

procedures. There shall be no commingling of case information between the criminal and administrative investigative teams.

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

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

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

The County of Riverside will commence this plan upon receipt of funding. The County of Riverside's IHSS Proposed Integrity Plan will utilize the funding as follows:

### **Staff/Administration**

#### **DPSS**

The Plan will employ (8) full-time and two (2) part time DPSS staff augmented with one (1) part-time Public Health Nurse:

- Two Investigative Technicians (DPSS - full time) The Investigative Technicians will be responsible for educating potential providers through the Preventative Fraud Group presentations prior to the provider's approval as an In-Home Supportive Service provider. The IT will review pertinent information in order to ensure all potential clients are eligible for the IHSS program. Additional investigative work by the IT will be completed as requested by the IHSS case worker. The IT will assist in and perform routine, non-sworn investigative work in support of the Investigators, through the criminal legal processes.
- 1.5 Welfare Fraud Investigators (DPSS – full time) – The DPSS Welfare Fraud Investigators (WFI) will participate in a collaborative investigative task force comprised of DPSS SIU and the DAO in the county-wide investigation of IHSS fraud allegations. The DPSS Welfare Fraud Investigators will be responsible for investigating all In-Home Supportive Services fraud referrals they receive.
- Two Program Specialist II (DPSS – full time) - The Program Specialist II position will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report as well as reviewing cases to ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives.



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The Program Specialists (PS) will refer potentially fraudulent cases to the Fraud Investigators. The PS will also be responsible for the research on the Subsequent Arrest Notices.

- .75 Public Health Nurse (DPSS – .75) - The Public Health Nurse will be responsible for a more in-depth analysis and evaluation of the needs and services being provided in paramedical and protective supervision cases , will review cases identified as high risk or with potential fraud and will refer potentially fraudulent cases to the Fraud Investigators.
- One Senior Administrative Analyst (DPSS - .3) – The Senior Administrative Analyst (SAA) will be responsible for gathering, analyzing, and reporting the data for the activities related to this proposed plan. Additionally, the SAA will assist in the research in different databases for information utilized in the investigation and overpayment calculations.
- One Supervising Program Specialist (DPSS – full time) – The Supervising Program Specialist (SPS) will be responsible for supervising the Quality Assurance staff. In addition to the supervision duties, the SPS will also assist in the grievance process and the tasks assigned to the Program Specialists.
- One Office Assistant III (DPSS – full time) – The Office Assistant (OA) will be responsible for the collection and recording of data for this project.
- One Supervising Fraud Investigator (DPSS – full time) - The Supervising Fraud Investigator will be responsible for providing functional direction to the IT's and Investigators as well as conducting triage on incoming referrals.

### **DAO**

The Plan will employ two (2) full-time and two (2) part time DAO staff:

- Two Senior District Attorney Investigators (DAO – 2 Full-time). The Senior District Attorney Investigators will participate in a collaborative investigative task force comprised of DPSS SIU and the DAO in the county-wide investigation of IHSS fraud allegations. The Senior District Attorney Investigators will be responsible for investigating all In-Home Supportive Services fraud referrals they receive.
- .05 Deputy District Attorney III (DAO – Part-time). The Deputy District Attorney will be responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities as well as reviewing all program search warrants and IHSS fraud cases submitted for criminal filing. The DDA will also provide feedback as necessary regarding the controlling law and any further investigation that may be required. The DDA will also provide in-service training to improve quality of cases submitted for prosecution.
- 0.5 Investigative Technician II (DAO – Part-time) The Investigative Technician will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators, through the service of civil and criminal legal processes, such as subpoenas,

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summons and complaints, makes positive identification of person served and time and location of services, and assists in serving search warrants.

**Budget**

**DPSS**

|  |                 |                   |
|--|-----------------|-------------------|
| Investigative Technician               | 2 Full time     | \$ 118,109        |
| Welfare Fraud Investigator             | 1.5 Full time   | \$ 119,036        |
| Program Specialist II                  | 2 Full time     | \$ 162,300        |
| Public Health Nurse                    | .75             | \$ 113,931        |
| Sr. Administrative Analyst             | .3              | \$ 44,376         |
| Office Assistant III                   | 1 Full time     | \$ 39,710         |
| Supervising Program Specialist         | 1 Full Time     | \$ 128,264        |
| Supervising Welfare Fraud Investigator | 1 Full time     | \$ 92,340         |
|  | Total Personnel | <b>\$ 818,066</b> |

**Available Resources:**

- **Facilities** – The program will utilize existing space that is not currently being utilized.

**Needed Resources (DPSS):**

- **Personnel :**
  - 8 full time staff at 100% salary, one staff at 75% salary, one staff at 50% salary, and one at 30% salary.
  - \$818,066
- **Operating Costs:**
  - \$218,282
- **Training/Travel:**
  - \$4,000

- **Printing/Advertising:**

- \$10,000

**TOTAL DPSS (Personnel/Operating) - \$1,050,348**

**DAO**

|  |                        |                   |
|--|------------------------|-------------------|
| Senior District Attorney Investigators | 2 Full-time            | \$ 309,061        |
| Deputy District Attorney III           | .5                     | \$ 8,500          |
| Investigative Technician               | .5                     | \$ 4,125          |
| Overtime of 260 hour for Sr. DA Inv.   | @ \$78.46              | \$ 20,401         |
| Overtime of 130 hours for Inv. Tech.   | @ \$40.37              | \$ 5,248          |
|  | <b>Total Personnel</b> | <b>\$ 347,335</b> |

**Needed Resources (DAO):**

- **Personnel :**

- 2 full time staff at 100% salary, two part time staff at 5% salary.
  - \$347,335

- **Operating Costs:**

- \$45,122

- **Training/Travel:**

- \$4,000

**TOTAL DAO (Personnel/Operating/Training/Travel) - \$396,457**

## **ANNUAL OUTCOMES REPORT**

The County of Riverside will provide an annual outcome report by August 1, 2012 which will identify activities, data, and outcomes associated with the efforts to mitigate, prevent, detect, investigate, and prosecute IHSS fraud. The report will be submitted to the State and all IHSS Program Integrity participating agencies in the format described by and in the time frame set by the State. DPSS Investigations Branch will take the lead in coordinating the annual report and submission to the California Department of Social Services. Participating agencies will provide activities, data, outcomes and any required narratives to the DPSS Investigations Branch.

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## **DATA REPORTING SPREADSHEET**

The Riverside County proposed Plan provides in the required reporting spreadsheet data from 2006 to present. (See Enclosure D).

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## **BOARD OF SUPERVISOR APPROVAL**

The Riverside County Board of Supervisor Approval of this Plan will be submitted on Enclosure B and will be submitted with the final plan.

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## **CONTACT INFORMATION**

### **COUNTY DISTRICT ATTORNEY REPRESENTATIVE**

Von Layvas, Assistant Chief Investigator, Bureau of Investigations  
3960 Orange Street  
Riverside, CA 92501  
Phone: 951-955-9369  
VLayvas@rivcoda.org

Vicki Hightower, Chief Deputy District Attorney  
3960 Orange Street  
Riverside, CA 92501  
Phone: 951-955-5472  
vhightower@rivcoda.org

Sharon Campbell, Administrative Services Supervisor (Finance)  
4075 Main Street  
Riverside, CA 92501  
Phone: 951-955-0298  
sharoncampbell@rivcoda.org

**COUNTY WELFARE DEPARTMENT REPRESENTATIVES**

Patricia Reynolds, Assistant Director, Riverside County DPSS  
4060 County Circle  
Riverside CA 92503  
Phone: 951-358-3045  
PReynold@RiversideDPSS.org

Patrick Pudelek, Chief of Investigations, Riverside County DPSS  
3021 Franklin Avenue  
Riverside CA 92507  
Phone: 951-358-3263  
PPudelek@RiversideDPSS.org

Lisa Shiner, Deputy Director, Riverside County DPSS  
4060 County Circle  
Riverside CA 92503  
Phone: 951-358-4012  
LShiner@RiversideDPSS.org

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**ENCLOSURES**

Enclosure B: County Response Cover Page  
Enclosure D: Data Reporting Spreadsheet (pending state final form)

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## Budget Justification Riverside County's Fraud Funding Plan for FY 2011-12

| Budget Section                                  | Total               |
|---|---------------------|
| A. Personnel Costs (includes employee benefits) | \$ 1,051,470        |
| B. Operating Expenses                           | \$ 243,080          |
| C. Equipment Expenses                           | \$0                 |
| D. Travel/Per Diem and Training                 | \$ 8,000            |
| E. Subcontracts and Consultants                 | \$ 113,931          |
| F. Other Costs                                  | \$10,000            |
| G. Indirect Expenses                            | \$ 20,324           |
| <b>Total Expenses</b>                           | <b>\$ 1,446,805</b> |

| A. Personnel Costs (including employee benefits)   | Total Budget |
|--|--------------|
| <b>Title:</b> Welfare Fraud Investigator - 1.5 FTE<br><br><b>Salary Calculation:</b> FY Salary \$ 80,430 + Benefits \$ 38,606<br><br><b>Duties Description:</b> Responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program. Locates and interviews persons; obtains and presents facts and evidence to support administrative action or prosecution. Prepares and executes search warrants and felony arrests for IHSS investigations. May act in a liaison capacity between the Human Services Agency and the District Attorney's office for the prosecution of all IHSS investigations. | \$ 119,036   |
| <b>Title:</b> Investigative Technician I - 2 FTE<br><br><b>Salary Calculation:</b> FY Salary \$79,803 + Benefits \$38,306<br><br><b>Duties Description:</b> Will conduct preventative fraud interviews of providers and clients, conduct home calls and research as needed. May assist in the gathering of facts for the IHSS investigation.   | \$ 118,109   |
| <b>Title:</b> Supervising Investigator - 1 FTE<br><br><b>Salary Calculation:</b> FY Salary \$62,390 + Benefits \$29,950<br><br><b>Duties Description:</b> Supervise and oversee the activities of the Welfare Fraud Investigator and the DPSS Investigative Technicians. Review submitted reports of investigation.  | \$ 92,340    |
| <b>Title:</b> Program Specialist II - 2 FTE<br><br><b>Salary Calculation:</b> FY Salary \$109,662 + Benefits \$52,638  | \$ 162,300   |

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|   |            |
|---|------------|
| <p><b>Duties Description:</b> Under direction of the Adult Services Policy Manager: research, analyze, and develop recommendations regarding the IHSS Fraud/Program Integrity Initiative. These activities may include research and development of policies, procedures, and forms; business processes analyses; coordinate the development and implementation of program or operational changes; and review IHSS fraud referral request packets for completion.</p> <p><b>ESSENTIAL DUTIES:</b></p> <ul style="list-style-type: none"> <li>• Analyzes new and revised legislation which affect/govern IHSS program integrity and quality assurance to determine impact upon operations; analyzes existing operations and procedures within an assigned area. Develops and reviews departmental policies and procedures to ensure compliance with State and federal legislation, regulations, and directives.</li> <li>• Composes, organizes, and revises departmental policy and procedure manuals; may plan and coordinate the development of new and revised programs, contracts, and interagency agreements with department staff, other County departments, and community agencies. Oversees general inquiries regarding Fraud referrals and Overpayments.</li> <li>• Acts as a technical expert/resource person to Adult Services staff and other interested individuals regarding IHSS program policies, and procedures.</li> <li>• Acts as central point of contact for all Fraud referrals: reviews the completeness of the fraud referral and overpayment; logs/updates necessary information in the Fraud database; forwards Fraud referrals to appropriate internal partners/gatekeepers.</li> <li>• Composes selected correspondence, reports, and directives for use by partners, management and executive teams.</li> <li>• Corresponds with and acts as a department liaison between IHSS staff and various state agencies and departments; may serve as a department representative on various social services committees related to Fraud/Program Integrity.</li> </ul> |            |
| <p><b>Title:</b> Office Assistant III - 1 FTE</p> <p><b>Salary Calculation:</b> FY Salary \$26,831 + Benefits \$12,879</p> <p><b>Duties Description:</b> Responsible for routing and tracking IHSS fraud allegations and reporting fraud investigation activities.</p>  | \$ 39,710  |
| <p><b>Title:</b> Senior Administrative Analyst</p> <p><b>Salary Calculation:</b> FY Salary \$23,074 + Benefits \$21,302</p> <p><b>Duties Description:</b> The Senior Administrative Analyst (SAA) will be responsible for gathering, analyzing, and reporting the data for the activities related to this proposed plan. Additionally, the SAA will assist in the research in different databases for information utilized in the investigation and overpayment calculations.</p>   | \$ 44,376  |
| <p><b>Title:</b> Supervising Program Specialist - 1 FTE</p> <p><b>Salary Calculation:</b> FY Salary \$66,692 + Benefits \$61,572</p> <p><b>Duties Description:</b> The Supervising Program Specialist (SPS) will be responsible for supervising the Quality Assurance staff. In addition to the supervision duties, the SPS will also assist in the grievance process and the tasks assigned to the Program Specialists.</p>  | \$ 128,264 |

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|  |                     |
|--|---------------------|
| <b>Title:</b> Deputy District Attorney III<br><br><b>Salary Calculation:</b> \$120,208.67 (12 mo. salary) x .05 (FTE) = \$6,010<br>\$6,010 x 41.431% (Benefit %) = \$ 2,490<br><br><b>Duties Description:</b> Responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities  | \$ 8,500            |
| <b>Title:</b> Sr. DA Investigator B<br><br><b>Salary Calculation:</b> \$109,221.82 (12 mo. Salary) x 2 (FTE) = \$218,444<br>\$218,444 x 41.483% (Benefit %) = \$ 90,617<br><br><b>Duties Description:</b> Responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.                                   | \$ 309,061          |
| <b>Title:</b> DAO Investigative Technician II<br><br><b>Salary Calculation:</b> \$56,194.97 (12 mo. salary) x .05 (FTE) = \$2,810<br>\$2,810 x 46.806% (Benefit %) = \$1,315<br><br><b>Duties Description:</b> The Investigative Technician II will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators. | \$ 4,125            |
| <b>Title:</b> Sr. DA Investigator B<br><br><b>Salary Calculation:</b> Overtime of 260 hours at \$78.46<br><br><b>Duties Description:</b> As needed.  | \$ 20,401           |
| <b>Title:</b> DAO Investigative Technician II<br><br><b>Salary Calculation:</b> Overtime of 130 hours at \$40.37<br><br><b>Duties Description:</b> As needed.  | \$ 5,248            |
| <b>Total Personnel Costs:</b>  | <b>\$ 1,051,470</b> |



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| <b>B. Operating Expenses</b>  | <b>Total Budget</b> |
|---|---------------------|
| <b>Title:</b> DPSS operating expense<br><br><b>Description:</b> Department operating costs are allocated to various programs through the CDSS County Expense Claim. These operating costs were calculated at 58% of salaries which is consistent with the department's expenditure trends. Operating costs include the following expenditure categories, Advertising, Equipment, Insurance, Internal Service Charges, Leases, Maintenance, Postage, Printing, Professional Services, Supplies, Travel, Communications, and Utilities. | \$ 218,282          |
| <b>Title:</b> DAO Communications<br><br><b>Description:</b> Cost associated with phones, computer lines, county radio systems, cell phones, office phones based on FTE assigned to the project (466.25 x 12 mths)   | \$ 5,595            |
| <b>Title:</b> DAO General Supplies<br><br><b>Description:</b> Cost associated with equipment maintenance, office supplies, photocopying, printing, postage based on FTE assigned to the project (501 x 12 mths).  | \$ 6,012            |
| <b>Title:</b> DAO Vehicle Expense<br><br><b>Description:</b> Costs associated with county vehicle used by DAIs, fuel, maintenance based on FTE assigned to the project (1,099.25 x 12 mths)   | \$ 13,191           |
| <b>Total Operating Expenses:</b>  | <b>\$ 243,080</b>   |

| <b>C. Equipment Expenses</b>             | <b>Total Budget</b> |
|--|---------------------|
| <b>Title:</b><br><br><b>Description:</b> | \$                  |
| <b>Title:</b><br><br><b>Description:</b> | \$                  |
| <b>Title:</b><br><br><b>Description:</b> | \$                  |
| <b>Total Equipment Expenses:</b>         | <b>\$ 0</b>         |

| <b>D. Travel/Per Diem and Training</b>  | <b>Total Budget</b> |
|---|---------------------|
| <b>Title:</b> DAO and DPSS Travel/Training<br><br><b>Description:</b> Training costs required for IHSS training, State Mandated Perishable Skills | \$ 8,000            |

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|   |                 |
|---|-----------------|
| Training, and any other IHSS program related conferences, seminars or mandated trainings. |                 |
| <b>Total Travel/Per Diem and Training:</b>  | <b>\$ 8,000</b> |

| <b>E. Subcontracts and Consultants</b>   | <b>Total Budget</b> |
|--|---------------------|
| <p><b>Title:</b> Public Health Nursing Services - .75 FTE</p> <p><b>Description:</b> PHNs generally provide nursing services, teaching and health counseling in connection with the prevention and control of diseases or adverse health conditions; serve as resource persons in specialty areas to other Public Health Nurses, other staff, administration and community agencies regarding program issues, problem clients, services needed and appropriate resources; participate in research and special studies; assist in assessing needs and developing educational material for staff and community; may coordinate specialty needs clinics conducted in the community. The IHSS PHNs will become involved with Fraud prevention activities related with "protective supervision" hours and paramedical services.</p> <p><b>ESSENTIAL DUTIES:</b></p> <ul style="list-style-type: none"> <li>• Reviews specific services in both paramedical and "protective supervision" cases and acts as a liaison with social workers, medical professionals, clients and providers in cases identified by social workers as high risk or with fraud potential.</li> <li>• Evaluates to ensure the most accurate health assessment for protective supervision services based on the recipients needs; and acts as expert witness in administrative hearings related to these cases.</li> <li>• Provide nursing case consultation for IHSS/APS clients including home visit assessments; provides wound care tips and guidelines to DPSS staff to help ensure that service hours are appropriately authorized.</li> <li>• Utilizes physical, emotional and social assessment skills to identify new and early cases of physical and emotional illness; assesses health and psychosocial needs of individuals and families and helps them to identify appropriate interventions which lead to improved health.</li> <li>• Provides nursing services to individuals in homes and demonstrates nursing care to members of the family or other persons who will give care during the nurse's absence; assists individuals and families in carrying out recommendations made by the physician.</li> <li>• Provides assistance with physician-related issues including contacting the client's medical provider as needed and assisting in obtaining Doctor's Declarations in order to ensure the accuracy of care and related service hours.</li> <li>• Provide general and in-service training at Adult Services Social Service Worker induction classes as requested and approved by DPSS;</li> <li>• Provide quarterly statistical reports on IHSS referrals related with preventative or on-going Fraud.</li> </ul> | \$ 113,931          |
| <b>Total Subcontracts and Consultants:</b>   | <b>\$ 113,931</b>   |

| <b>F. Other Costs</b>  | <b>Total Budget</b> |
|------------------------|---------------------|
| <b>Title:</b> Printing | \$ 10,000           |

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|  |                  |
|--|------------------|
| <b>Description:</b> Costs associated with the creation, printing, and distribution of brochures, flyers and posters. |                  |
| <b>Title:</b>  | \$               |
| <b>Description:</b>  |                  |
| <b>Total Other Costs:</b>  | <b>\$ 10,000</b> |

|   |                     |
|---|---------------------|
| <b>G. Indirect Expenses</b>   | <b>Total Budget</b> |
| <b>Title:</b> DAO Administrative overhead   | \$ 20,324           |
| <b>Description:</b> Department indirect operating costs (accounting services and administrative salaries). These costs were calculated at 10% of salaries which is consistent with the department's expenditure trends. |                     |
| <b>Title:</b>   | \$                  |
| <b>Description:</b>   |                     |
| <b>Total Other Costs:</b>   | <b>\$ 20,324</b>    |