

**County of Orange Social Services Agency
Family Self-Sufficiency & Adult Services Division**

Program/Area: Adult Services/In-Home Supportive Services
Title: Program Integrity Policy
Number: 1039 **Status:** Revised
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Approved: Signature on file

PURPOSE To provide In-Home Supportive Services (IHSS) staff guidelines regarding Program Integrity (PI) regulations and activities for the purposes of fraud prevention in the IHSS Program.

POLICY All counties operating under the authority established in Welfare and Institutions Code (WIC) Sections 12305.7, 12305.71, and 12305.82, must establish policies and procedures for implementing the Uniform Statewide Protocols, which include Unannounced Home Visits (UHV), directed mailings to IHSS providers, and statewide communication and coordination for IHSS program integrity efforts between State and county offices.

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BACKGROUND On July 24, 2009, Assembly Bill 19 required the California Department of Social Services (CDSS) to establish a state and county stakeholders' workgroup to address the key requirements pertaining to IHSS program integrity. The goal of this workgroup was to develop protocols clarifying State and county roles and responsibilities for the implementation and execution of standardized program integrity measures in the IHSS program.

DEFINITIONS **Complaint**
Any program integrity concern/allegation identified or received by the state or county.

Directed Mailing

A standard template letter with required information and customizable area, including a reason why the provider received the letter, and county contact information.

Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or another person. This includes any act that constitutes fraud under applicable federal or state law.

Investigation

The work of law enforcement to review a fraud referral.

Triage

The process whereby designated County staff reviews a complaint of suspected fraud and determines whether the complaint becomes a fraud referral.

Unannounced Home Visits (UHV)

An unscheduled visit conducted by trained county IHSS staff in the home of an IHSS recipient who has been selected using specific indicators.

DIRECTED MAILINGS

The purpose of directed mailings is to reach out to providers associated with cases that appear to indicate potential program integrity concerns (whether or not the concern is founded) and to proactively educate those providers about common program integrity mistakes. The goal is to increase the participants' knowledge and create a better-informed provider of IHSS services to reduce errors, fraud, and abuse in the IHSS program.

CDSS will share the approved indicators list with designated county program integrity contacts for use in directed mailings. Counties will select providers based on these indicators for targeted mailing. Before sending out mailings, counties must email CDSS a spreadsheet listing their prospective providers for review.

Counties will send the designated mailing to providers listed, along with copies to every recipient served by those providers. Counties will conduct at least one directed mailing annually.

FRAUD

IHSS staff at all levels are responsible for reporting any incident of suspected or reported fraud and complete sections A through D of the IHSS Complaint of Suspected Fraud Form (SOC 2248) as thoroughly as possible.

The county must designate staff responsible for reviewing each fraud complaint and determine whether it is appropriate for investigation. The county must identify staff to conduct triage on fraud complaints and refer cases to law enforcement for investigation when appropriate. The fraud complaint package

must be sent for triage as soon as practical. After triage, each complaint will be evaluated to determine whether it is appropriate for investigation. Complaints determined not appropriate for investigation will be returned to the county agency for administrative action. Complaints determined appropriate for investigation will become fraud referrals.

The staff who discovers, receives, or is assigned to the complaint will be responsible for:

- Reviewing the form for accuracy and completion
- Gathering missing information from the Reporting Party
- Adding additional information obtained
- Gathering relevant supporting documentation such as copies of time sheets and paid warrants for the period in question.

The law enforcement agency must conduct an investigation and determine the outcome, and either:

1. Forward the completed investigation for prosecution; or
2. Return it to the originating county agency for possible administrative action as appropriate.

Counties must track fraud complaints and report to CDSS quarterly using the Fraud Data Reporting Form (SOC 2245).

**IN-PATIENT
HOSPITALIZATION
REPORT**

The County is required to resolve data match discrepancies that indicate suspicion of fraud and/or potential overpayments, including the duplication of Medi-Cal payments and initiate the appropriate case action after proper investigation (such as case termination and/or initiation of overpayment recovery where appropriate).

**UNANNOUNCED
HOME VISITS**

The purpose of the UHV by county staff is to ensure that the services authorized are consistent with the recipient's needs at a level which allows them to remain safe in their home and to validate the information in the case file. It is a monitoring tool to safeguard recipient well-being by verifying the receipt has appropriate levels of services, and to ensure program integrity by reminding recipients of program rules and requirements and the consequences for failure to adhere to them, including the potential loss of services.

Each Fiscal Year (FY), CDSS generates lists of recipients who meet UHV criteria for each county and distributes those lists to each county's PI contact. Typically, a recipient will meet UHV criteria based on some concern about the recipient or the quality of their services, their wellbeing, or other program integrity concerns.

Counties are required to assign designated, trained staff responsible for conducting UHVs. Counties must conduct UHVs on all recipients listed by the end of the implementation period, or provide a clear explanation, based on specific knowledge of a case, why one or more of the identified recipients was

not or should not be visited. Counties will not, under any circumstances, conduct PI UHVs at random.

Prior to conducting the home visit, county UHV staff must review the case file and note pertinent information such as specific conditions or needs of the recipient. In addition, reviewing the case file and consulting with the case worker beforehand can help identify when the recipient is most likely to be home, allowing staff to choose the best date and time for the UHV.

To the extent possible, the UHV and all calls and letters to the recipient must be in the documented primary language of the recipient. If it is not possible to conduct the UHV in the recipient's primary language, an interpreter must be used at no cost to the recipient. Any telephone calls, letters, or UHVs attempted in a language other than the recipient's documented primary language must not be counted against the three visits, two calls, and letter to which the recipient is entitled.

Counties must ensure that IHSS case workers (or supervisors) are notified prior to all UHVs of their assigned cases (unless there is a specific need for confidentiality) to avoid duplication of efforts and ensure that the recipient's unique needs are taken into consideration.

Counties must ensure that all persons conducting UHVs possess and present/display photo identification issued by their department upon requesting entry to the home.

Counties must ensure that when entry is granted, the UHV staff informs the recipient of the purpose of the UHV and provide general and/or specific information regarding program requirements and the consequences for failure to adhere to them. The UHV staff must also ask questions regarding the recipients' services and the quality of those services. UHV staff must observe plain-view areas of the home to help determine whether the recipient is receiving appropriate levels of quality care to remain safely in the home.

If a county is unable to conduct a UHV based on unavailability or lack of cooperation from a recipient, that county must closely adhere to these UHV follow-up procedures listed below. These procedures must be completed, in order, within 60 calendar days from the date of the initial UHV attempt.

1. Mail a UHV Follow-Up Letter (Attachment A found on ACL 1-13-13) to the recipient's home. Alternately, the UHV Follow-Up Letter can be left at the recipient's home in an obvious location, such as in the door or in an area otherwise likely to be seen by the recipient upon their return.
2. Call the recipient or authorized representative at the primary phone number in the case file. The telephone call must address:
 - a. Recipient's current address (confirm whether the recipient still resides at the address visited)
 - b. Recipient's wellbeing

- c. Purpose of a UHV and the requirement for recipients to cooperate with the UHV
 - d. Any recurring commitments in the recipient's schedule that should be considered by the county UHV staff when planning future visits
 - e. The telephone call must not be used to schedule a UHV
3. Attempt a second time to conduct a UHV. To the extent possible, the second attempt must be made at a different time and/or day of the week than the first attempt.
 4. Call the recipient or authorized representative at the primary phone number in the case file.
 5. Attempt a third time to conduct a UHV. To the extent possible, the third attempt must be made at a different time and/or day of the week than the previous two attempts.

After 60 calendar days and completion of minimum follow-up, if the UHV cannot be done due to the recipient's unavailability or lack of cooperation, issue a Notice of Action (NOA) for termination from the IHSS program. Counties should use all available resources to determine the recipient's schedule, including school or Community Based Adult Services (CBAS) participation, and make reasonable efforts to conduct UHVs at times that do not conflict with these commitments. After the NOA is sent, a cooperation offer from the recipient does not prevent termination. Regardless of whether county UHV staff complete a UHV, all actions and findings should be documented on the IHSS UHV Findings Report (SOC 2247) and kept with the case file.

REFERENCES

ACIN I-13-13 Release of the Uniform Statewide Protocols for Program Integrity activities in the In-Home Supportive Services Program

ACL 13-83 Implementation of the Uniform Statewide Protocols for Program Integrity activities in the In-Home Supportive Services Program

ACL 22-77 In-Home Supportive Services Case Management, Information, and Payrolling System In-Patient Hospitalization Report and Task Notifications

In-Home Supportive Services Uniform Statewide Protocols (2013)

WIC Section

12305.7

12305.71 (c)

12305.71 (c)(3)

12305.82 (b)

ATTACHMENTS

Fraud Data Reporting Form (SOC 2245)

IHSS Complaint of Suspected Fraud Form (SOC 2248)

IHSS Unannounced Home Visit Findings Report (SOC 2247)