



California's protection & advocacy system

In-Home Supportive Services: Anti-Fraud Activities

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This publication explains the actions that In-Home Supportive Services (IHSS) county staff may take to prevent fraud and ensure that only eligible IHSS recipients receive services and only those services to which they are entitled.

I. Background

In response to new requirements intended to prevent fraud and improve recipient health and safety, the CA Department of Social Services (CDSS) developed uniform statewide protocols for unannounced home visits, directed mailings to IHSS providers, fingerprinting and background checks, and changes to timesheets. (WIC Sections 12305.7(e)(2), 12305.7(h), 12305.71(c)(3), 12305.71(c)(5), 12305.82). Each county developed its own policies and procedures that address how they will implement the uniform statewide protocols.

II. What is IHSS Fraud?

IHSS fraud is an intentional attempt by some providers, and in some cases recipients, to receive unauthorized payments or benefits from the program. This fraud can take many forms, but the most common involves providers knowingly billing for services not performed or billing for the care of more recipients than they can actually serve.

III. Protocols to Prevent IHSS Fraud

a. Directed Mailings to Providers

Written notices may be mailed to providers who: claim excessive hours of services per month; work for more than one recipient; submit timesheets inconsistently; overly request replacement timesheets; are IHSS recipients themselves; or have their IHSS paychecks sent to an out-of-state address. The notices provide the reason the provider is receiving the notice (i.e. one of the program integrity concerns above), inform providers of appropriate IHSS rules and requirements, and express the consequences for not following them. (WIC Section 12305.71)

b. Unannounced Home Visits (UHV)

An UHV is an unscheduled visit conducted by trained county IHSS staff in the home of certain high-risk IHSS recipients. The date and time of the visit will not be announced to the recipient or provider. At the visit, county staff will verify the receipt and quality of services, verify the recipient's well-being, and briefly discuss any concerns with the recipients. If the recipient is unable, unavailable, or unwilling to participate in an UHV, the county is required to follow up with at least two more visit attempts, at least two phone calls, and a written letter over the next 45 to 60 days. (WIC Section 12305.71(c)(3)).

c. Enhanced, Statewide Coordination of Fraud Detection and Prevention

CDSS, the Department of Health Care Services (DHCS), the Department of Justice (DOJ), county welfare departments, county district attorney offices, and any agency that may be involved in the IHSS program and/or fraud detection and prevention will work together on fraud referrals and investigations. If an incident of suspected fraud is identified, county staff must submit a Complaint of Suspected Fraud form (SOC 2248) to designated staff to review the complaint and determine whether it becomes a fraud referral. Fraud referrals are sent to a law enforcement agency for fraud investigation. (WIC Section 12305.82)

d. Fingerprinting and Criminal Background Checks for Providers

All providers are required to be fingerprinted and go through a criminal background check process.

e. IHSS Provider Enrollment Agreement

Providers are required to submit a Provider Enrollment Agreement (SOC 846) acknowledging that they have been informed of the consequences of committing IHSS fraud. The agreement also states that a provider convicted of fraudulently reporting information on their timesheet is subject to pay back any overpayment received, including a civil penalty of \$500 to \$1000 for each act of fraud.

IV. What Should I Do?

If you believe that these changes in the law are being applied incorrectly or in a discriminatory manner, you can request a fair hearing by completing the instructions on the back of your Notice of Action. You may also submit a Complaint of Discrimination form to CDSS by e-mail, writing, or calling:

California Department of Social Services - Civil Rights
744 P Street, M.S. 8-16-70
Sacramento, CA 95814
Phone: (916) 654-2107
E-mail: crb@dss.ca.gov
Fax: (916) 653-9332

The discrimination complaint form is available online at <http://www.cdss.ca.gov/Reporting/File-a-Complaint/Discrimination-Complaints>. The form cannot be submitted online. Please print the form, fill it out, and submit to CDSS via e-mail, mail, or fax.

V. Did Disability Rights California Oppose These Changes?

Yes, Disability Rights California opposed these changes. They were passed over our objections, and the objection of many other advocates. We opposed these changes for the following reasons:

- These changes are unfair to IHSS recipients and providers. They add additional burdens to recipients and providers without providing any significant benefit to the state. The new procedures are expensive and time consuming and will therefore make it more difficult than ever for IHSS recipients to find qualified providers.
- Reports of IHSS fraud have been greatly exaggerated, so the changes that will be implemented, in addition to being an

administrative burden for the counties, are not based on sound reasoning.

- These changes will be expensive and difficult to implement in a time when California is cutting needed safety net programs.
- The changes will not result in any cost-savings, except by imposing bureaucratic burdens that force people who qualify for IHSS to stop getting the services they need.

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For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.