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Chapter 20 has been revised to update data system instructions for RAPIDS, to incorporate WV WORKS terminology, and to include instructions on the referral process to IFM for WV WORKS and other cash assistance overpayments.

**NOTE:** Notices/receipts are temporarily suspended pending resolution of RAPIDS programming issues.

In addition, sections have been added for referrals to the Front-End Fraud Unit and the Criminal Investigations Unit.

Questions should be directed to the OFS Policy Unit.

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## 20.1 INTRODUCTION

The Department is responsible for accurately determining the client's eligibility for Food Stamps, cash assistance (AFDC/U, TANF and WV WORKS) and Medicaid. When it is discovered that excess benefits have been issued, corrective action must be taken.

Investigations and Fraud Management (IFM) consists of three units whose primary functions are to assist with program integrity and to recover overissued benefits resulting from Departmental error, client error or client misrepresentation.

The material that follows, when used in conjunction with the RAPIDS USER GUIDE and the IFM Handbooks for the Front-End Fraud Unit (FEFU), Claims and Collections Unit (CCU) and Criminal Investigations Unit (CIU), provide detailed instructions for repayment and corrective procedures for all programs.

For corrective action related to underpayments, see Chapter 2.



B. PROCEDURES FOR ESTABLISHING FOOD STAMP CLAIMS

The following are responsibilities of the Repayment Officer/Investigator in establishing a claim against the AG:

- Accepts all referrals regarding potential Food Stamp overissuances
- Reviews the case record
- Obtains third-party verifications to support allegations
- Identifies the month(s) for which the claim is to be established
- Classifies the claim as UPV or potential IPV
- Uses the Basis of Issuance charts and policy which were in effect at the time of the error and determines the amount of the overissuance
- Establishes an IPV by obtaining the client's waiver of, or presenting evidence at, an Administrative Disqualification Hearing (ADH) or documents IPV through court action
- Notifies the AG of the overissuance
- Initiates and monitors collection activity on the claim
- Completes AIIP screen in RAPIDS which issues notification of disqualification sanctions.
- Notifies the Worker to initiate the disqualification.

C. IDENTIFYING THE MONTH(S) AND AMOUNT FOR WHICH CLAIMS ARE ESTABLISHED

The number of month(s) for which claims are established depend on whether it is an IPV or UPV.

**NOTE:** Claims are not established for excess benefits received solely due to the 13-day advance notice period.

1. UPV Claims

There are two types of UPV's, client errors and agency errors.

A UPV claim is established when:

(2) Computation Error

The first month of overissuance is the month the incorrect allotment was effective.

b. Client Errors

When the client fails to provide accurate or complete information, the first month of the overissuance is the month the incorrect, incomplete or unreported information would have affected the benefit level considering noticing and reporting requirements.

**NOTE:** When determining the amount of overissuance due to the failure of the household to report earned income in a timely manner, the amount of benefits the client should have received is computed without applying the earned income disregard to any portion of the income the client did not report. This applies to IPV claims for benefits issued for October, 1987 and later and to UPV claims established on or after November 1, 1996.

2. IPV Claims

IPV's include making false or misleading statements, misrepresentations, the concealing or withholding of facts, and committing any act that violates the Food Stamp Act of 1977, Food Stamp regulations, or any State statute related to the use, presentation, transfer, acquisition, receipt, or possession of Food Stamps.

The individual(s) who is found to have committed an IPV is ineligible to participate in the program for a specified time, depending on the number of offenses committed.

An IPV can only be established in the following ways:

- The client signs an IG-BR-44, Waiver of Rights to an ADH; or

**NOTE:** The Worker does not use the form IG-BR-44. Only the RO's, Investigators and Hearings Officers use this form. When the client waives his right to an ADH, the disqualification cannot be changed by a subsequent Fair Hearing.

- By an ADH decision; or

**NOTE:** The Department may not under any circumstances retain more than the total amount of all outstanding claims. When this occurs as a result of collection from more than one AG, benefits must be restored.

For AG's containing a liable debtor that are certified at the time the claim is established, collection activity may begin by recoupment after the notice period expires. Recoupment by coupon allotment reduction is mandatory for all claims when a liable debtor is certified. RAPIDS automatically begins recoupment and posts these payments to the claim.

**NOTE:** When the coupon allotment reduction causes the benefits to be reduced to zero, they must remain active Food Stamp recipients, if otherwise eligible. Upon completion of the redetermination, collection resumes. This ensures that the benefit reduction is credited in RAPIDS.

1. Collection Priority

Collections may be made on only one claim at a time. Claims are collected in the following priority order:

- IPV
- UPV, Client
- UPV, Agency

Based on this priority list, payments are credited to the oldest claim first, until it is paid. Then, payments are credited to the next oldest claim.

**EXCEPTION:** Payments received due to a court order are credited to the specific claim, regardless of the priority order or age of the claim.

2. Claim Notification

a. UPV Claims

The AG is notified of the Food Stamp claim by computer-generated notification/demand payment letters from RAPIDS. Enclosed with the letter is a repayment agreement, form ES-REPAY-1 and a postage-paid envelope.

condition described above. Judgement claims are not subject to the 10 year limitation.

Outstanding claims may be combined to reach the \$35 threshold when evaluating for Treasury offset Program (TOP) targeting.

F. DETERMINING THE REPAYMENT AMOUNT

1. UPV Client and Agency Errors

(a) Current Recipients

The current coupon entitlement is reduced by 10% or \$10, whichever is greater.

(b) Former Recipients

Liable debtors are responsible for claims regardless of case status. Form ES-REPAY-1 offers the client the following options to repay when no liable debtor is certified for Food Stamps.

(1) Lump Sum Payment

One payment is made to pay the claim in its entirety.

(2) Installment Payments

When the AG is financially unable to pay the claim in one lump sum, regular monthly installment payments are accepted. The minimum amount of the monthly payment should be equal to 10% of the AG's last coupon entitlement or \$10, whichever is greater. However, any level of repayment is acceptable.

Lump sum or installment payments may be made by money orders, cashier's checks, and certified checks. Personal checks are accepted until one is returned for insufficient funds. Payments in cash or Food Stamps are acceptable; checks and money orders are made payable to the West Virginia Department of Health and Human Resources and are mailed or brought to the local office. If a client wishes to pay with cash or Food Stamps, he should be discouraged from sending them through the mail. If he does so,

and amount of the claim. If the client requests a Fair Hearing within 30 days, the Worker stops collection until the Fair Hearing is completed. If a Fair Hearing is requested between 30 and 90 days, collection action proceeds during the Fair Hearing process. Any adjustments in the amount of the claim, required by the Fair Hearing decision, are made after the decision.

H. MAINTENANCE OF THE FOOD STAMP CLAIM

1. Notification Of Delinquent Payments

Open status claims receive delinquent notice letters 30 days after the last payment.

2. Receipts

Clients who make cash payments receive a receipt at the end of the month in which the payment is posted.

3. Action Required When Client Moves

(a) Clients Moving Out of West Virginia

If another state contacts a county office inquiring about a claim of a former recipient, the Worker forwards the inquiry to the appropriate Repayment Officer.

(b) Clients Moving From Another State to West Virginia

When a Food Stamp application is made in West Virginia by an individual moving from another state, and the applicant indicates he received Food Stamps in the other state, the Worker must determine if repayment is owed in the other state.

If the client states that he owes a repayment to the other state, the Worker notifies the RO immediately, but continues to process the application.

4. Repayment of An Overpaid Claim

RO's and Financial Clerks are responsible for cash refunds when a claim has been overpaid. If benefits must be restored, IFM notifies the Worker.

The refund must be made by the method of payment which caused the claim to be paid whether it was recouped

## 20.3 CASH ASSISTANCE CLAIMS AND REPAYMENT PROCEDURES

For repayment purposes only, cash assistance is defined as payments made under the former AFDC/U Program, WV WORKS, TANF, Emergency Assistance and School Clothing Allowance.

**EXCEPTION:** DCA overpayments are not subject to repayment, unless fraud is established.

The establishment, notification and collection of cash assistance claims are the responsibility of the Claims and Collections Unit, IFM.

When an AG has received more cash assistance than it was entitled to receive, corrective action is taken by establishing a claim for the overpayment. The claim is the difference between the amount of benefits received and the amount of benefits to which the AG was entitled. The policy by which cash assistance claims are referred, established, collected and maintained follow.

**NOTE:** Referrals must be made for all overpayments, regardless of the dollar amount. However, claims are not written for under \$100 unless there is a liable debtor certified for cash assistance at the time the claim is processed. Claims under \$100 are written and collected by check reduction. See Item F below.

**NOTE:** A claim must be written, or a decision made that there is no claim, by the end of the calendar quarter following the quarter in which the referral was received.

Once the claim is established, there are no hardship provisions or exceptions which delay, suspend or terminate efforts to collect the claim.

### A. REFERRAL PROCESS

Upon discovery of a potential cash assistance claim, the Worker refers the case to the RO by completion of the BVRF screen in RAPIDS.

**NOTE:** If either of the following conditions exist, see the Fraud referral process in Section 20.6:

- The amount of the cash assistance overpayment due to client misrepresentation is greater than \$500, or
- The cash assistance overpayment in combination with other overissued benefits due to client misrepresentation is greater than \$500.

b. Computation Error

The first month of overpayment is the month the incorrect payment was effective.

2. Client Errors

When the client fails to provide accurate or complete information, the first month of the overpayment is the month the incorrect, incomplete or unreported information would have affected the benefit level, considering reporting and noticing requirements.

3. Fraud Claims

Any claim established as a result of an investigation conducted by the Criminal Investigation Unit and subsequent court order is classified as a fraud claim.

**NOTE:** When determining the amount of overpayment due to the failure of the household to report earned income in a timely manner, the amount of benefits the client should have received is computed without applying the earned income disregard and deductions to any portion of the earned income the client did not report.

D. FACTORS AFFECTING THE AMOUNT OF THE CLAIM

The Repayment Officer must consider the following when determining the amount of the claim.

1. Redirected Child Support

a. Recoupment of Total WV WORKS Payment

When child support is redirected to BCSE, the total amount is considered in determining the amount of the claim. The RO/CI must request payment information from BCSE for each month for which repayment is sought. On a month-by-month basis, the amount applied by BCSE to the month for which repayment is due is subtracted from the amount the client would otherwise have to repay. If BCSE refunds the support to the client, the full check amount is subject to repayment.

**EXAMPLE:** In July, the Worker discovers that the client was ineligible for the cash assistance payment she received in June. The June cash assistance payment was \$275. The RO/CI sends a



amount the client was eligible for, the BCSE amount does not offset any of the repayment amount of \$112.

2. WV WORKS Clients Approved For SSI

When SSA notifies the Department that an WV WORKS client has been approved for SSI, the Worker must review income eligibility and if ineligible, use form HS-3 to advise SSA of the first month the client receives reduced benefits or is ineligible. If, for any reason, the client receives benefits beyond that month, they must be repaid.

3. Determining The First Month Of Ineligibility

In situations involving ineligibility, the first month is determined as follows:

- Any month that countable income exceeds the payment level, is an ineligible month, even if the case closure is for a reason other than increased income, except when the case becomes ineligible due to excessive, redirected child/spousal support. See below.

**EXAMPLE:** A cash assistance client reports that he started to work full-time in August and that his only dependent child left the home on August 8. The first month of ineligibility is September, unless his August earnings cause his countable income to exceed the cash assistance payment level. If so, the August check must be repaid.

- In all other cases, including cases which become ineligible due to excessive, redirected child/spousal support, the first month of ineligibility is the month following the month in which the change occurs.

4. Corrective Payments Due The Benefit Group

**NOTE:** Initial payments and DCA payments are not subject to recoupment or offsetting.

If the AG has both an overpayment and an underpayment, the amount of the underpayment is treated as a payment toward the overpayment.



2. Claim Notification

a. Client and Agency Claims

The AG is notified of the cash assistance claim by computer-generated notification/demand payment letters from RAPIDS. Enclosed with the letter is a repayment agreement, form, ES-REPAY-1, and a postage-paid envelope.

b. Fraud Claims

Fraud claims are only established by court order. Upon receipt of the court order, the claim is entered into RAPIDS and notice that the claim has been established is produced. Enclosed with the letter is a repayment agreement, form, ES-REPAY-1, and a postage paid envelope.

3. Collection Procedures

A claim, whether UPV or IPV, must be collected by offsetting when lost benefits have not been restored to the AG. The OFS Worker determines the amount of corrective benefits due the household and initiates the auxiliary issuance in RAPIDS. The auxiliary code used by the OFS Worker causes RAPIDS to search for outstanding cash assistance claims and offset the claim, if appropriate.

F. DETERMINING THE REPAYMENT AMOUNT

1. Active Recipients

The monthly repayment amount must ensure that the AG retains at least 90% of the amount payable to that family with no income, considering all applicable reductions and incentives. The amount is determined as follows:

- If the AG has no income other than the WV WORKS check, the repayment amount is determined by multiplying the check amount by 10% and dropping the cents.
- If the AG has income other than the WV WORKS check, the repayment amount is determined as follows:

a. Lump Sum Payment

One payment is made to pay the claim in its entirety.

b. Installment Payments

When the AG is financially unable to pay the claim in one lump sum, regular monthly installment payments are accepted. The minimum amount of the monthly payment should be equal to 10% of the benefit group's last cash assistance benefit or \$10, whichever is greater. However, any level of repayment is acceptable.

G. RIGHT TO A FAIR HEARING

The client has 90 days from the date of the initial notification/demand payment letter in which to request a Fair Hearing. The Hearings Officer only rules on the type and amount of the claim. If the client requests a Fair Hearing within 30 days of the initial notification/demand payment letter, the Worker stops collection until the Fair Hearing is completed. Any adjustments in the amount of the claim, required by the Fair Hearing decision, are made after the decision.

H. MAINTENANCE OF THE CASH ASSISTANCE CLAIM

1. Notification of Delinquent Payments

Open status claims receive delinquent notice letters 30 days after the last payment.

2. Receipts

Clients who make cash payments receive a receipt at the end of the month in which the payment is posted.

**NOTE:** Notices/receipts are temporarily suspended pending resolution of RAPIDS programming issues.

3. Action Required When Client Moves

There is no special action required when a client moves to or from West Virginia. Claims for cash assistance do not cross state lines. Claims from other states are not considered and a claim established in West Virginia may follow a client to another state, depending upon that state's policy.

## 20.4 MEDICAID CLAIMS AND REPAYMENT PROCEDURES

This section describes the procedure for establishing claims and collecting repayments for Medicaid services, WV WORKS, TANF, AFDC/U and SSI. In addition, it requires close coordination by the Worker, IFM Investigator, Financial Clerk, Third-Party Liability Unit in BMS.

### A. REPAYMENT OF CORRECTLY PAID BENEFITS - ESTATE RECOVERY

Under certain circumstances, the Department must be reimbursed for Medicaid expenditures made on behalf of an eligible client. Repayment of correctly paid benefits is required only for those who received nursing facility services, HCB Waiver, ICF/MR and related hospital and prescription drug services. BMS is responsible for implementing this law. Any inquiries are referred to BMS' Estate Recovery contract agency at 1-888-378-2836.

### B. REPAYMENT OF BENEFITS FOR WHICH CLIENT WAS INELIGIBLE

When it is determined that the client was ineligible for Medicaid and that the Department paid for medical services, the action depends upon whether or not the claim is due to intentional misrepresentation.

#### 1. Intentional Misrepresentation

When intentional misrepresentation is suspected and the amount of the medical payment is \$500 or more, the case is referred to IFM for investigation, using the IFM-1. Prior to the IFM referral, the Worker must determine that payment for medical services was made by the Department. The Worker must request such information from BMS in writing. The Medical Processing Unit produces a printout of the paid Medicaid expenses. This printout must be attached to the IFM-1.

The Worker takes no further action on the claim. When IFM refers the case back to the Worker, the instructions in item 2 below are used.

#### 2. Unintentional Misrepresentation Or Worker Error

Unless intentional misrepresentation is established, repayment from the client is not pursued. BMS may pursue repayment from the

## 20.5 REFERRALS TO THE FRONT-END FRAUD UNIT

The Front-End Fraud Unit (FEFU) is operational only in select counties. The FEFU currently operates in Boone, Cabell, Fayette, Kanawha, Logan, McDowell, Mercer and Raleigh counties. FEFU verifies questionable information to assist in reducing errors and the potential for fraud. Staff of the FEFU are known as Front-End Verification Specialists (FEVS).

Programs of assistance are investigated by the FEFU in the following priority order:

- Non-PA Food Stamps
- PA Food Stamps
- Cash Assistance

Priority for referrals is as follows:

- Applications
- Reapplications
- Redeterminations
- Active Cases

**NOTE:** FEFU does not investigate inactive cases.

### A. REFERRAL CRITERIA

Below are some of the most frequent eligibility elements subject to error-prone findings. This is a guide for referral to FEFU but referrals are not limited to these items only.

#### 1. Identification

The client presents identification document that appears to have been altered and/or does not appear to be authentic.

#### 2. Residency

The client presents verification of residency, such as: rent receipt, mortgage payment, utility bill, etc., that appears to have been altered and/or written by applicant.

#### 3. Household Composition

Reports that a person with income has recently left the household.

6. Unearned Income

Household where the wage earner loses a job and UCI is not reported, or a wage earner has been injured on the job and is not reporting Workers' Compensation.

Households reporting enrollment in institutions of higher learning but not reporting scholarships or loans.

7. Living With A Specified Relative

The client presents documentation to establish relationship to the child(ren) when it appears to be altered and/or does not appear to be authentic. Examples: birth certificates, marriage licenses, divorce records, adoption papers, statements of persons in a position to know about the relationship, etc.

8. Deprivation Factor

The client reports residency with a member of the opposite sex, claims no marriage and reports no blood/legal relationship to children or others in the benefit group.

Situations in which the client provides contradictory information about the absent parent's location.

B. REFERRAL PROCESS

Referral is made by the Worker using RAPIDS ACCH screen. To accomplish the referral, the Worker:

- Prints the ACCH screen
- Summarizes questionable eligibility issues at the bottom of the screen
- Signs and dates the bottom and forwards to the Front-End Verification Specialist.

1. Investigative Priorities

Applications/redeterminations have priority.

## 20.6 REFERRALS TO THE CRIMINAL INVESTIGATIONS UNIT

**NOTE:** Workers must never accuse the client or insinuate to him that he is guilty of fraud or any criminal activity and must never imply a threat of criminal action to obtain repayment.

**NOTE:** When an agency employee believes that an overissuance/overpayment of benefits is \$500 or greater due to an alleged fraudulent act, i.e., intentional false statement or deliberate client misrepresentation, the case is referred to the Criminal Investigations Unit for evaluation, investigation, and referral for prosecution if warranted. Employees in this unit are known as Criminal Investigators (CI's). The overissuance/overpayment can be in one program of assistance or programs may be combined to reach the \$500 threshold. Programs of assistance investigated are cash assistance including Emergency Assistance and School Clothing Allowance, Food Stamps, Medicaid, LIEAP and Day Care.

### A. DEFINITION OF WELFARE FRAUD

The principle statute dealing with obtaining welfare assistance through misrepresentation is Section 4, Article 5, Chapter 9, of the Code of West Virginia, 1936 as amended:

"Any person who obtains or attempts to obtain, or aids or abets an applicant or recipient in obtaining or attempting to obtain, by means of a willfully false statement or misrepresentation or by impersonation or any other fraudulent device:

- Any class of welfare assistance to which the applicant or recipient is not entitled; or
- Any class of welfare assistance in excess of that to which the applicant or recipient is justly entitled shall upon conviction be punished as follows:
  - If the aggregate value of all funds or other benefits obtained or attempted to be obtained shall be less than five hundred dollars, the person so convicted shall be guilty of a misdemeanor and shall be fined not more than one thousand dollars or confined to jail not exceeding one year; or

employment were not properly completed by the Worker.

- The Rights and Responsibilities form was not signed.
- The application form was not signed.
- Correct information affecting eligibility was reported, but the agency did not take appropriate action.
- The total amount is less than \$500. Repayment procedures should be followed instead. See Sections 20.2 and 20.3.
- The Worker believes the client is not mentally capable of understanding his responsibilities to report changes.
- When client is seriously ill, blind or is suffering from a terminal illness.
- When the client is over age 70.

**EXCEPTION:** In certain cases, misrepresentation may be so blatant and repetitive that referral may be indicated even though the amount is under \$500. If there are any questions concerning a referral, the Worker may discuss the case with the Criminal Investigator assigned to his county.

#### C. REFERRAL PROCESS

When it is determined that an overpayment meets the requirements for referral to the Criminal Investigations Unit, the Worker completes Form IFM-1 and forwards it to the Director, Investigations and Fraud Management, Building 6, using interdepartmental mail. The form requires the Worker to indicate the case name, RFA or case number, county of overissuance/overpayment, program(s) or assistance involved and a summary of the questionable eligibility factors. A sample of a completed form is Appendix B of this chapter. The forms are available in the county offices.

**NOTE:** A referral to the Criminal Investigations Unit for possible criminal action has no bearing on



# FRONT-END FRAUD UNIT INVESTIGATIVE FINDINGS

**SECTION A: Completed by Front-End Verification Specialist**

**CASE NAME:** Jane Doe

**RFA NUMBER:** 000000000

**COUNTY:** Kanawha

**Summary of Investigative Findings:**

Allegation of expenses exceeding income. Reports only income is \$206 Cash Assistance from the Department of Health and Human Resources. I verified Doe is employed as a home health caretaker by Laura Smith, 101 Dean Street, Anywhere, WV. She has been employed since January, 1997 and average earnings are \$1,400 per month. Ms. Smith pays Doe by check and was able to verify all earnings since beginning of employment. Doe continues to be employed as of this date. She works different shifts, but usually is at the Smith home from 6 p.m. to 6 a.m., five days per week. I also verified that Doe's only child, Jennifer Doe, DOB: 02/11/74 has been living with her paternal grandmother, Sharon Doe, in Mercer County since August, 1997. Jennifer attends Mercer County Junior High, guardian is Sharon Doe, P. O. Box 000, Princeton, WV. She has missed only one day of school since September, 1997.

IFM-1 completed for CI referral.

**SECTION A - Continued on Reverse Side if Needed**

**Signature of Front-End Verification Specialist**

**Date**

Joe Cool

03/05/98



APPENDIX B

STATE OF WEST VIRGINIA FRAUD REFERRAL FORM - IFM-1

CASE NAME: Sue Z. Cue RFA or CASE NUMBER: 000000000

COUNTY: Harrison APPROXIMATE PERIOD OF OVERPAYMENT: 12/96 to 01/98

PROGRAM OVERPAID:  Cash Assistance  Food Stamps  
 Medicaid  Other (Specify) \_\_\_\_\_

Summary of Questionable Eligibility Factors: Client failed to report during review  
on December 8, 1996 and December 12, 1997 that she had begun working  
on November 3, 1996 for Carolyn's Country Corner. She works 44 hours  
per week, \$6.50 per hour and overtime for all hours over 40.  
Information was discovered when anonymous complaint was made on  
January 4, 1998 and I verified information by a call to the company.  
Case closed effective January, 1998. Person who made the complaint  
also stated that Cue's husband, Josh, has always lived with her and  
works for some construction company.

UNAPPLIED

Signature of Worker: \_\_\_\_\_

Worker RAPIDS ID: ESW000

Date: January 28, 1998

IFM-1 (Revised 01/98)

**IFM REFERRALS**

**When to Make a Referral and Where to Refer**

**FRONT END FRAUD UNIT REFERRALS (FEFU)**

FEFU referrals are made only for applicants and recipients.

- REFERRAL PROCESS:**
- Print ACCH Screen(s) in RAPIDS.
  - Describe Questionable Eligibility Factors.
  - Forward to FEFU Worker in your county.

**EXAMPLES OF APPROPRIATE REFERRALS:**

- You receive a complaint that an unreported person resides in the home and could be working.
- Client reports newborn child to be added to case. You suspect that the absent parent is in the home whether working or not.
- Client applies claiming 0 income, no work history, and 0 Assets. He has excessive expenses and recently paid rent receipts and is seen driving away in a new vehicle. FEFU will respond:
  - within 5 days on applications
  - within 30 days for recipients.

**REPAYMENT OFFICERS (RO) REFERRALS**

Referrals to Repayment Officers are made for Cash Assistance and Food Stamp cases due to UPV and IPY errors of less than \$500.

**REFERRAL PROCESS:**

- Complete BVRF Screen in RAPIDS.

**EXAMPLES OF APPROPRIATE REFERRALS:**

- Client begins work on January 20, but does not report income until March 1.
- Client reports her children out of the home in February; however, the Worker does not take action until May. This is an agency error referred to the RO for repayment.

**CRIMINAL INVESTIGATOR REFERRALS**

Referrals to Investigators are made when a client INTENTIONALLY withheld information affecting eligibility for Cash Assistance, Food Stamps, Medicaid, Emergency Assistance, Day Care, and/or Leap, and the total overpayment exceeds \$500.

**REFERRAL PROCESS:**

- Complete IFM-1. Include all information regarding the unreported information.
- Mail Completed IFM-1 to IFM State Office in Charleston.

**EXAMPLES OF APPROPRIATE REFERRALS:**

- Client admits that her husband is and has been in her home. Take corrective action and complete IFM-1.
- It is discovered client has been employed for months and has not reported it to the Agency. **Take corrective action and complete IFM-1.**

**DO NOT REFER** if the client is over 70 years old, fraud occurred 2 years ago, or the client is terminally ill or not capable of understanding policy. Administrative Claims must still be established by referral to the RO.

**DO NOT DISCUSS FRAUD OR REPAYMENT WITH THE CLIENT OR THREATEN WITH CRIMINAL PROSECUTION**

**MAKE REFERRAL TO ONLY ONE UNIT.**