DEPARTMENT: Human Services

RECOMMENDED ACTION AND JUSTIFICATION:
It is respectfully requested that your Board 1) approve and authorize the chair to sign the In Home Supportive Services (IHSS) Anti-Fraud Plan; 2) approve the budget action to receive the IHSS Anti-Fraud revenue and fund associated expenditures.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Please see attached memo.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Please see attached memo.

Financial Impact? Yes [x] No Current FY Cost: $ Annual Recurring Cost: $
Budgeted in Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ 30,625
Additional Funding Needed: $ 30,625
Source:
Internal Transfer
Unanticipated Revenue [x] 4/5’s vote
Transfer Between Funds 4/5’s vote
Contingency 4/5’s vote
( ) General ( ) Other

CLERK’S USE ONLY:
Res. No.: 576 Ord. No. ______
Vote - Ayes: ______ Noes: ______
( ) Approved ( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ______
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: Deputy

COUNTY ADMINISTRATIVE OFFICER:
☑ Requested Action Recommended
□ No Opinion
Comments:

CAO: ______

Revised Dec. 2002
December 1, 2009

TO: Members, Board of Supervisors
    Rick Benson, CAO
FROM: James Rydingsword, Director
RE: In Home Supportive Services Anti-Fraud Plan

Recommendation
It is respectfully requested that your Board 1) approved and authorize the chair to sign the In Home Supportive Services (IHSS) Anti-Fraud Plan; 2) approve the budget action to receive the IHSS Anti-Fraud revenue and fund associated expenditures.

Background/Current Situation
The State’s Budget Act of 2009 appropriated $10 million of state funds for the purpose of fraud prevention, detection, referral, investigation, and additional program integrity efforts related to the IHSS Program. These state funds allow for draw of federal dollars and require a local match of approximately 5%. The dollar amounts for Mariposa are $16,805 federal, $13,820 state and $5,923 local.

The attached plan outlines the Department’s current anti-fraud activities and proposes to uses these funds to enhance our efforts by establishing a formal Program Integrity Unit in conjunction with our Special Investigations Unit. The plan also outlines collaborations with the District Attorney’s Office (DAO), Department of Health Care Services (DHCS) and California Department of Social Services (CDSS).

Services performed by the DAO will be invoiced under an interagency MOU with a not to exceed amount of $5,000. This MOU will be submitted for approval within 30 days of receipt of the funds with the implementation of the plan to begin within 60 days of receipt of the funds.

Financial
The attached budget action forms increase revenue by $16,805 federal and $13,820 state in the administration revenue and transfer out lines in fund 363 and increase transfer in lines in the operating budget 001-0501 by the same. Appropriations in the operating budget are also increased as necessary to keep the unit in balance. Social Service Realignment funds will be used for the local match. It is anticipated that the current level of funding from realignment is adequate to meet this requirement. There is no impact to the general fund.
## BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEP/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>PROJECT</th>
<th>INCREASE</th>
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### TRANSFER BETWEEN FUNDS

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**TOTALS**

### ACTION REQUESTED: (Check all that apply)

- [X] Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or transferring appropriation from Contingencies

- [ ] Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

**JUSTIFICATION** IHSS Anti Fraud Allocation

**DEPT HEAD SIGNATURE**

**DATE** 11/20/09

**APPROVED BY RES** No. 09-526 CLERK

**DATE** 12/1/09

**DEPARTMENT** Human Services

**AUDITOR'S USE ONLY**

BA #

Budget Revision Form Revised 07/2000
## BUDGET ACTION FORM

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**TOTALS**

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**TOTALS**

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**JUSTIFICATION**  IHSS Anti Fraud Allocation

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**DEPT HEAD SIGNATURE**

**DATE** 11/20/09

**APPROVED BY RES NO.**

**DATE** 12/1/09

**DEPARTMENT** Human Services

Budget Revision Form Revised 07/2000