

DEPARTMENT: Human Services

BY: James Rydingsword

PHONE: 966-2000

RECOMMENDED ACTION AND JUSTIFICATION:

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. (\$32,724) 4/5

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Board approved same plan for fiscal year 2009-2010 as res. no. 09-576

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Negative action would result in the loss of \$32,724 for anti-fraud activities.

Financial Impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially Funded		
Amount in Budget: \$0		List Attachments, number pages consecutively
Additional Funding Needed: \$32,724		Board Memo page 1
Source:		IHSS Anti-Fraud Plan pages 2-11
Internal Transfer		Budget Action forms pages 12-13
Unanticipated Revenue <input checked="" type="checkbox"/> 4/5's vote		
Transfer Between Funds _____ 4/5's vote		
Contingency _____ 4/5's vote		
<input type="checkbox"/> General <input type="checkbox"/> Other		

CLERK'S USE ONLY:

Res. No.: 10-484 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
 Approved
 Minute Order Attached No Action Necessary

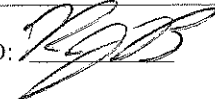
COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
Comments:

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

CAO: 



**MARIPOSA COUNTY
HUMAN SERVICES DEPARTMENT**

P.O. Box 99 • Mariposa, CA 95338 • (209) 966-2000 • Fax (209) 966-2486
□ Behavioral Health and Recovery Services (209) 966-2000 □ Employment and Community Services (209) 966-3609
□ Fiscal Services (209) 966-2131 □ Social Services (209) 966-2442



JAMES A. RYDINGSWORD, DIRECTOR

October 19, 2010

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

Recommendation

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/Current Situation

The Governor's Proposed Budget for 2010-2011 includes \$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 \$18,974 federal, \$13,750 state and \$5,893 local.

The attached plan outlines the Department's current anti-fraud activities and proposes to use 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 \$18,974 federal and \$13,750 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

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0501	309.1705	Federal Administration		(18,974)	
001	0501	309.1706	State Administration		(13,750)	
001	0501	661.0173	EW III		14,950	
001	0501	661.0197	Account Clerk III		9,620	
001	0501	661.0417	Office Expense		2,154	
001	0501	661.0418	Professional Services		5,000	
001	0501	661.0490	Travel & Training		1,000	
TOTALS						

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

ACTION REQUESTED: (Check all that apply)

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 <u>9/30/10</u>
APPROVED BY RES NO. <u>10-484</u> CLERK	DATE <u>10-19-10</u>

DEPARTMENT <u>Human Services</u>	AUDITOR'S USE ONLY BA #
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BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
363	0513	305.4505	Administration - State		(13,750)	
363	0513	306.6302	Administration - Federal		(18,974)	
363	0513	673.0730	Federal Administration		18,974	
363	0513	673.0704	State Administration		13,750	
TOTALS						

TRANSFER BETWEEN FUNDS				DEBIT	CREDIT
TOTALS					

ACTION REQUESTED: (Check all that apply)

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JUSTIFICATION IHSS Anti Fraud Allocation

DEPT HEAD SIGNATURE <i>[Signature]</i>	DATE 9/30/10
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DEPARTMENT Human Services	AUDITOR'S USE ONLY BA #
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