

ATTACHMENT 2

MODEL FRAUD PLAN

**CHAPTER 49 PUBLIC ASSISTANCE
FRAUD PLAN FOR 2007**

for

_____ **County/Tribal Agency**

(Name of Agency)

PUBLIC ASSISTANCE FRAUD PLAN

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INTRODUCTION

The Public Assistance Fraud Program is designed to provide program integrity for the Public Assistance Programs, including FoodShare (FS), Medicaid and Wisconsin Works (W-2) and Child Care (CC) programs. These programs are administered through contractual agreements between the Department of Health and Family Services (DHFS) and by agreement with the Department of Workforce Development (DWD), and local administrative agencies.

Each agency administering public assistance programs is responsible for providing program integrity for the programs administered by that agency. The DWD W-2 contracts contain the policies and procedures to provide program integrity for W-2 and CC programs. The DHFS State/County Contracts Appendix AL and State/Tribal Contracts, Appendix B, Administration of Income Maintenance (IM) Programs contains the requirement to provide integrity for the FS and Medicaid programs administered by IM agencies.

A Memorandum of Understanding between DWD and DHFS assigns the responsibility for fraud investigation services to the county or tribal IM agency. For cost effectiveness and efficiency, fraud investigation services are to be completed by a single provider for both W-2 and IM agencies in designated geographic areas.

For IM agencies administering FS and Medicaid programs through the 2007 State/County or State/Tribal Contracts, the Public Assistance Fraud Program consists of two specific areas of administrative requirements.

A. Program Integrity (PI)

PI (PI) consists of two components:

1. Fraud prevention functions.
2. Fraud administrative functions, which includes all other fraud administrative activities except fraud investigation services.

As part of the Public Assistance Fraud Program requirement, all IM agencies must plan to conduct Fraud Prevention and Fraud Administrative functions to comply with Section XXV of the State/County Contract, Appendix AL or the State/Tribal Contract, Appendix B. This includes all pre and post-investigation activities. Activities include actions such as selecting cases for referral for fraud investigation, forwarding cases to the service provider, submitting cases to the Division of Hearings and Appeals for Administrative Disqualification Hearings, referring cases to the District Attorney's office for prosecution, performing fraud collections activities, etc.

B. Fraud Investigation Services (INV)

INV Services are completed in accordance with the pay-for-performance standards described in Attachment D of this Model Fraud Plan and need to comply with Section XXVI of the State/County Contract, Appendix AL and State/Tribal Contract, Appendix B.

CY/FFY 2007 FRAUD PLAN

All IM agencies administering FS and Medicaid programs must file an annual Fraud Plan with the Department of Health and Family Services (DHFS), Division of Health Care Financing

(DHCF), Bureau of Eligibility Management (BEM). The fraud plan is required by State and Federal regulations and policies, by state/county and state/tribal contractual requirements, and for claiming federal matching reimbursement of administrative costs for the public assistance programs.

This document provides a model for the required 2007 Fraud Plan. Included in the model are policies, instructions, and attachments containing relevant materials from manuals and policy memos, which provide direction and guidelines for the administration of a county/tribal public assistance fraud program.

Agencies using this model for their Fraud Plan are required to complete:

1. The Program Component Staffing Level Worksheet on page 9.
2. The Administrative Cost Sheet on page 12.
3. The signature page on page 14.
4. All relevant attachments from the list on page 7.

Agencies with a more detailed or complex plan for which this model is not compatible, or that subcontract any of the program activities, must ensure that the fraud program requirements are included in their revised plan and any service provider contracts as appropriate.

Agencies contracting with DWD and DHFS are responsible for administration of their portion of the fraud program activities and require the parties with whom they subcontract to adhere to all state and federal statutes, regulations, rules, and policies.

The 2007 Model Fraud Plan is in a "fill able fields" format so that all the requested information can be entered electronically; without having to print a paper copy first.

Agencies must have their completed 2007 Fraud Plan and Budget submitted by July 1, 2007. Questions or issues regarding the annual Fraud Plan and Budget, and submission of plans must be sent to:

Wisconsin Department of Health and Family Services
Attn: Barry Chase, Room 355
P.O Box 309
Madison, WI 53701-0309
Telephone: (608) 266-1849
FAX: (608) 261-6758
E-mail: chasebb@dhfs.state.wi.us

NOTE FOR 2007

Agencies have the option of certifying that they will operate their 2007 Public Assistance Fraud Program under the same terms and conditions as their approved 2006 Fraud Plan and Budget, in lieu of submitting a 2007 Fraud Plan and Budget.

I. ADMINISTRATIVE REQUIREMENTS AND RESPONSIBILITIES

A. Program Integrity (PI)

1. Fraud Prevention Services

- a. Comply with the requirements and guidelines for the operation of a prevention program, including.
 - 1) Develop a written policy and referral process to be used to administer the prevention program
 - 2) Develop a written procedure for determining which cases will be selected for referral to the prevention program service provider
 - 3) Validate the selection criteria for the prevention program periodically to ensure the selection criterion is error-prone
- b. Complete CARES screens BVIR, BVIT, BVPI, and BVCC on all cases referred to the prevention program.
- c. Ensure that contracted prevention program service providers meet the Wisconsin Department of Regulation and Licensing requirements for private detectives.
- d. Use the fraud prevention standard expectation of a 30 percent targeted success rate for program planning.
- e. Complete all prevention activities within the recommended timeframe.

2. Fraud Administrative Functions

- a. Pursue appropriate administrative actions on all cases referred for prevention or investigation.
- b. Pursue appropriate PI actions on all cases referred to the fraud program to obtain a full repayment of the overpayment.
- c. Complete CARES screens BVIR, BVIT, BVPI and BVCC on all cases referred to the fraud program, reporting the case disposition activities and claims amounts.
- d. Implement the FS program disqualification penalties provided by Section 6(b) of the Food Stamp Act of 1977 by agency administrative imposition of the penalties and through the recommendation to the District Attorney for court imposition of the penalty.
- e. Provide to service providers the appropriate information as stated in DWD/DHFS manuals and communication releases needed for prevention and investigation activities, prosecution activities by a District Attorney's

Office or County/Tribal Courts, and the collection of fraudulently obtained overpayments in the public assistance programs.

- f. Refer cases of suspected public assistance fraud to the appropriate service provider responsible for the prevention, investigation, prosecution, and collection of overpayments activities.
- g. Develop an understanding or written agreement with the local District Attorney's Office or County/Tribal Courts identifying the conditions and criteria under which a referral for prosecution shall be made, including documentation and format requirements.
- h. Provide testimony in court, administrative hearings, and such other situations as necessary for the prosecution of allegations of public assistance fraud.

B. Fraud Investigation (INV) Services

- 1. Develop written agreements with other agencies as necessary for services to be provided to conduct the INV program.
- 2. Conduct investigations of all allegations of public assistance fraud referred by the W-2 and IM agencies.
- 3. Develop a work plan for all case investigations and producing documentation according to the guidelines of the District Attorney's office for use in case prosecutions.
- 4. Provide the W-2 or IM agencies with a written report on all cases referred from each agency, citing the investigative activities, documentation, findings, actual administrative costs, and the recommendation for investigative disposition.
- 5. Provide testimony in court, administrative hearings, and such other situations as necessary for the prosecution of allegations of public assistance fraud.
- 6. Maintain and provide to DHFS, W-2 and IM agencies, such records as are necessary to meet state and federal reporting requirements.
- 7. Cooperate with the agencies responsible for the investigation referrals, prosecution of public assistance fraud, and the collections of any overpayments. Maintain investigative records appropriate to meet the needs of those agencies to successfully complete the disposition of investigated cases.
- 8. Collect and provide to DHFS, information necessary to develop, test, and implement additional fraud control activities.
- 9. Comply with all policies, procedures and guidelines incorporated in the Fraud Plan through the IM/W-2/INV contracts and IM Manual. Where the agency subcontracts any portion of the fraud program to another agency, it retains responsibility for assuring that all subcontractors are aware of and comply with the Plan's requirements. DHFS may develop manual materials pertaining to the

Wisconsin Chapter 49 Fraud Elimination Program. Such manual material replaces and supersedes the contents of the model Fraud Plan.

C. Required Attachments

As part of the fraud plan requirements, each agency needs to submit as attachments all of the following items that apply:

1. The position descriptions for all IM agency/office staff whose duties include public assistance fraud activities. (See Attachment A for an example of a recommended position description.)
2. A copy of the agency's fraud prevention program description, including referral forms, referral criteria (error-prone profile), and program policy/procedure documents.
3. A copy of the agency's fraud investigation program description, including its final report form, documentation criteria, and program policy/procedure documents.
4. An organizational chart showing the agency's fraud staff and contracted service providers, including the number of public assistance fraud full time equivalent (FTE) staff performing public assistance fraud activities. (See Attachment C for model of organization chart.)
5. A list of all agency fraud staff needing access to the INV Tracking Screens (FITS) in CARES. Suggest including this item with #4.
6. A copy of all contracts the agency has with fraud program service providers.
7. A copy of the Prosecution's Referral Agreement or a statement as to why there is no written Prosecution Agreement.

II. PROGRAM COMPONENT STAFFING

The program component staffing identifies agency personnel responsible for the supervision of each program component administered by the agency.

A. Supervision of Program Component

The plan needs to identify the name and job title of the agency personnel responsible for supervising each program component. Complete the program component staffing level worksheet on page 15 by inserting the name and job title of the person supervising each fraud program component.

B. Identification of Program Staff FTE

The plan also needs to identify the number of agency FTE participating in each component of the fraud program. Complete page 15 by inserting the FTE amount allocated to each component.

C. Gatekeeper

Identify the agency staff member(s) responsible for the fraud program gate keeping functions including the approving of fraud program referrals, accepting completed investigations, and determining appropriate fraud case dispositions.

D. Completing the Program Component Staffing Level Worksheet

INSTRUCTIONS FOR COMPLETING THE PROGRAM COMPONENT STAFFING LEVEL WORKSHEET

Note: Fraud Prevention Services, also known as Front-End Verification (FEV), are PI activities directly associated with the enhanced verification of cases. Such cases are referred to the Prevention Program based on meeting the referral criteria of the agency's error-prone profile. Fraud Administration and AMSO are include in PI, but are separate from Fraud Prevention.

All IM agencies administering IM programs are to complete Parts A, B, and C. In Part A, identify the name and position of the individual who has the agency's gate keeping responsibility. Also include the name and position of the individual who has supervisory responsibility for the prevention functions and the agency's FTE for the fraud prevention functions. Full-time equivalence (FTE) is a percentage calculation of staff time. For example, a full time staff assigned to work Public Assistance PI activities 10 percent of the time (approximately 200 hours during a year), has a 0.10 FTE calculation. These FTE totals should be based on the individual position FTE figures identified in the agency's fraud program organizational chart. Determine the FTE count for both Fraud Prevention and Fraud Administrative Functions and enter the total count in each designated area. The FTE amounts should be for IM agency staff time. Do not include non-IM agency service provider staffing.

In Part B, identify the name and position of the individual who has the agency's supervisory responsibility for the fraud investigation functions and the agency's FTE for the fraud investigation functions.

In Part C total the FTE amounts from both Part A and Part B.

Contact Barry Chase, at (608) 266-1849 for technical assistance with completing this document if needed.

PROGRAM COMPONENT STAFFING LEVEL WORKSHEET

Agency Name: _____

Mailing Address: _____

City/Zip: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail Address: _____

PROGRAM ADMINISTRATION:

PART A PROGRAM INTEGRITY ADMINISTRATION

a) Description of Service:	Fraud Administrative Functions
b) Agency Gatekeeper:	Name: Job Title:
c) Full Time Equivalence (FTE) of Fraud Administrative staff.	_____ FTE count
a) Description of Service:	Fraud Prevention Services(FEV)
b) Supervisor:	Name: Job Title:
c) Full Time Equivalence (FTE) of Program Integrity staff.	_____ FTE count

PART B FRAUD INVESTIGATION SERVICES

a) Description of Service:	Investigation Services
b) Supervisor:	Name: Job Title:
c) Full Time Equivalence (FTE) of Investigation staff.	_____ FTE count

PART C TOTAL

Total Full Time Equivalence (FTE) of fraud program staff. Part A + Part B	_____ FTE count
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III. ADMINISTRATIVE COSTS

The administrative cost section identifies the funding amounts an agency is budgeting for Public Assistance Fraud purposes. The allocation consists of fixed state funds and federal matching funds to the state money. The allocation needs to be split between Fraud Prevention and Fraud Administrative functions. IM agencies determine the split and enter budget amounts on the Administrative Cost Sheet on page 12.

The administrative costs for PI will be reimbursed at 100 percent up to the allocation amounts in Attachment 1 of this Administrator's Memo. IM agencies can obtain additional federal matching funds at 50 percent for FS and Medical Assistance when additional local costs beyond the state allocated amounts are incurred.

The administrative costs for INV will be reimbursed at 100 percent up to a maximum of \$500 per case. The total available funding for INV is the allocation amounts in Attachment 1 of this Administrator's Memo. IM agencies can obtain additional federal matching funds at 50 percent for FS and Medical Assistance when additional local costs beyond the state allocated amounts are incurred.

All IM agencies need to complete part A and B of the Administrative Cost Sheet on page 12.

All state funding will be limited to the maximums in Attachment 1 of this Administrator's Memo and are subject to change based on the availability of funding.

The administrative costs associated with Part B are based on the investigation service pay-for-performance contract subject to the terms and conditions of the fraud services contract agreement. County/Tribal agencies' costs beyond the state's funding limit will be federally reimbursed at the 50 percent rate for eligible FS and Medicaid. TANF fraud administrative costs are not eligible for federal match funding.

A. Reimbursement for IM Program Integrity Administration

1. Fraud Prevention (FEV) Program

The administrative costs of the county/tribal IM agencies' Public Assistance Fraud Prevention must be reported on the CARS system. County agencies need to report these expenses on CARS profile line 749. Tribal agencies report on CARS profile line 66401.

2. Program Integrity (PI) Administration

PI Administration costs that include pre-investigation, as well as post-investigation activities, including fraud overpayment collections, must be reported on CARS profile line 748. Tribal agencies report on CARS profile line 66401.

3. Agency Management Support & Overhead (AMSO) Costs

The indirect administrative costs of the County IM agencies' Public Assistance Fraud Program must be reported on the CARS system. Agencies need to report on CARS profile line 747. Tribal agencies report on CARS profile line 66401.

B. Reimbursement for INV Services

The administrative costs for investigation agencies will be reimbursed at the rate of 100 percent for allowable costs up to the limitations established in each agency's INV contract. One-hundred percent reimbursement is available for the actual cost up to a maximum of \$500 per referral. All state funding will be subject to a projected contract maximum allocation set for each geographic area.

Administrative costs for INV Services must be reported to the State through CARES. Costs need to be entered into the CARES system through the INV Tracking Sub-system (FITS). The agency making the referral and approving the case as completed enters the cost into CARES, screen BVIT.

Additional costs beyond the state's contracted maximum will be passed through for federal reimbursement at the 50 percent rate for FS and Medicaid, with the additional match costs covered by local agency funding.

C. Completing the Fraud Administrative Cost Sheet

Instructions for completing the Fraud Administrative Cost Sheet:

1. The "Income Maintenance (IM) Programs" sections, Part A, should be completed only by agencies that are administering the IM programs.
2. Fraud Prevention (FEV) Budget section of Part A is the amount of administrative funding budgeted to cover the costs of performing prevention activities.
3. Any subcontract between the agency and a service provider to perform prevention services should be included in the prevention budget lines.
4. "PI Administration Budget" section of Part A is the total amount of administrative funding budgeted to cover all administrative costs associated with any PI activities, except those budgeted for performing prevention activities and INV services.
5. "Local Allocation" is the amount of local agency expected funding to be spent in CY/FFY 2007 by the agency in excess of the state and federal allocation and/or contract projected amounts for INV's.
6. "Federal Match to Local Allocation" is the additional federal funding that may be earned through the local agencies' expenditure. This federal funding match is available at a 50 percent rate only for the Food Share and Medical Assistance expense portion of each investigation's cost over \$500. This federal match is not available for W-2 or CC programs.
7. The sum of these three sources of funding should equal the planned expenditures for implementing the Public Assistance Fraud Program in CY/FFY 2007.
8. Part B is to be completed by IM agencies administering fraud investigation services. For CY/FFY 2007 that includes all IM agencies.
9. Complete Part B using the same instructions as for Part A above.
10. Tribes with a Tribal TANF Program should not include TANF activities in their budget or cost reporting.

Fraud Administrative Cost Sheet

ADMINISTRATIVE COST SHEET		
PART A		
INCOME MAINTENANCE (IM) PROGRAM INTEGRITY		
Fraud Prevention (FEV) Program		
State and Federal Allocation:	\$	
Local Allocation:	\$	
Federal Match to Local Allocation:	\$	
Sub-Total for Prevention:	\$	
Program Integrity Administration		
State and Federal Allocation:	\$	
Local Allocation:	\$	
Federal Match to Local Allocation:	\$	
Sub-Total for Program Integrity:	\$	
Total IM Fraud Budget:		\$
PART B		
FRAUD INVESTIGATION SERVICE		
State and Federal Contract Projection:	\$	
Local Allocation:	\$	
Federal Match to Local Allocation:	\$	
Total Fraud Investigation Budget:		\$
TOTAL FRAUD BUDGET:		\$

IV. SUB-CONTRACTING FOR FRAUD SERVICES

Where the county DSS/DHS or tribal IM agency contracts out for any of the fraud program activities, a separate written agreement must be made with the service provider. The written agreement must include the appropriate program requirements cited in Section I of the model plan, budget information cited in Sections II and III, and the use of contractual language similar to that cited in A – D below. As the primary contractor, the county DSS/DHS or tribal IM agency is responsible for the performance of its subcontractors, including meeting of fraud program standards. Agencies can request a copy of the model service provider contracts and agreements from Barry Chase using the contact information below.

A. Contracting for Fraud Investigation Services Model

This model is designed for use when the agency elects to sub-contract INV Services outside the local agency. It includes the obligations of the local agency and the contractor.

B. Contracting for Prevention Services Model

This model is designed for use when the agency elects to sub-contract to provide prevention/front end verification services outside the local agency. It includes the obligations of the local agency and the contractor.

C. Contracting with the Sheriff Model

This model is designed for use when the agency elects to sub-contract INV Services with the Sheriff. It includes the obligations of the local agency and the Sheriff.

D. Memorandum of Understanding Model for Prosecution

This model is designed for use when the agency and the local County District Attorney or tribal Court agrees on the conditions under which a referral for prosecution for violations of public assistance programs in Wis. Stats. Chapter 49 shall be made.

To obtain a paper or electronic copy of the model agreement(s), contact:

Barry Chase
Department of Health and Family Services
Bureau of Eligibility Management, Room 355
P.O. Box 309
Madison, WI 53701-0309
Telephone: 608-266-1849
Fax: 608-261-6861
Email: chasebb@dhfs.state.wi.us

ATTACHMENT A

FRAUD FUNDED MODEL POSITION DESCRIPTION

Job Summary:

Under the direct supervision of the ES Supervisor, this position shall function as the agency's Front-End Verification (FEV) Specialist and as its Public Assistance Investigator. In addition, it shall be responsible for other error reduction activities.

Position Responsibilities

40% A. Front-End Verification Specialist

1. Maintain a log of all FEV referrals made by ES staff.
2. Determine if the referral meets the agency's error-prone profile.
3. Identify what error-prone elements are involved in the referral and determine what verification action is needed.
4. Conduct the FEV investigation within the agency's specified time frame.
5. Document all investigation findings.
6. Report investigation findings to the ESS/ES Supervisor.
7. Testify at court/administrative hearings regarding the investigation and its findings.
8. Complete all records required for local, state and federal record keeping and reporting requirements.

40% B. Public Assistance Investigator

1. Maintain a log of all fraud referrals made by IM staff and other referral sources.
2. Conduct preliminary case review to determine nature and type of potential fraud.
3. Return cases which don't pass the review to the ESS Supervisor for reconsideration.
4. Open an investigative file on cases which pass the preliminary review and draw up an investigation plan.
5. Conduct investigation.
6. Document all investigation findings.
7. Report findings to the ESS Supervisor and recommend further action to be taken.
8. Set up prosecution files for cases being referred to the District Attorney (DA).
9. Testify at court/administrative hearings regarding the investigation and its findings.
10. Complete all records required for local, state and federal record keeping and reporting requirements.

20% C. Error Reduction Programs

1. Perform targeted case reviews.
2. Monitor case directory "tickler system."
3. Monitor IEVS completion and resolution.
4. Perform random case reviews.

Note: The above model PD is for a position doing 80 percent fraud funded activities and 20 percent IM administration activities

ATTACHMENT B

CONTRACTED INVESTIGATION SERVICES

References:

WI Stat. 440.26

Administrative Code Chapter RL 30, 31, 32, 33, 34 and 35

Commercial agencies which contract with counties and tribes to provide investigative services for either FEV or for Public Assistance INV's are subject to the Wisconsin Statute and Administrative Code requirements for private detectives. These requirements do not apply to off-duty law enforcement officers or public officers performing official duties, including law enforcement officers. Private individuals, including former law enforcement officers, must meet these requirements. See DES Administrator's Memo 90-39.

Counties and tribes deciding to contract with private agencies or individuals for investigative services need to obtain a copy of WI Statute 440.26 and Administrative Code Chapter RL 30, and require that the individual meet the private detective requirements for licensure, training and liability.

ATTACHMENT C

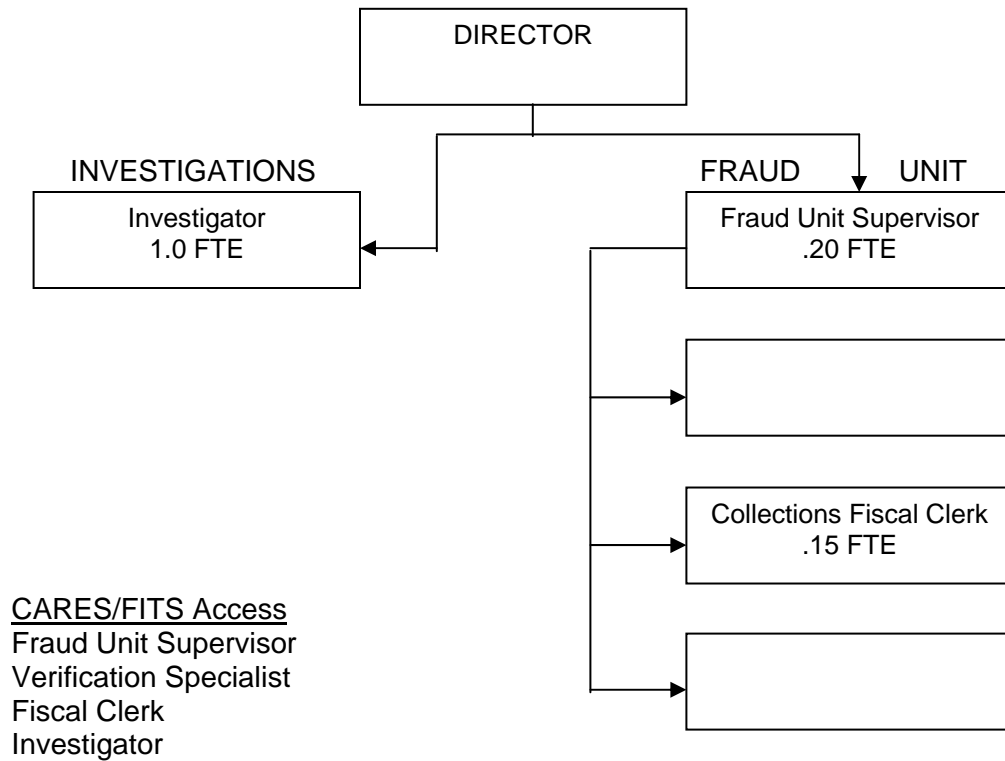
MODEL ORGANIZATIONAL STRUCTURE

A model fraud program "organizational chart" including the following information:

1. Reporting relationships;
2. Program areas;
3. Position titles;
4. FTE; and
5. Incumbent's name.

The agency must list all persons authorized to access the CARES/FITS screens.

Agency Fraud Program Organization



ATTACHMENT D

FRAUD INVESTIGATION STANDARDS

1.5 Investigation Documentation

The following are the minimum required investigation documentation standards of the investigation agency:

1. The investigation service provider must provide the referral agency with a written investigation report for every completed investigation.
2. The investigation report must document information in a logical sequence that incorporates **Who, What, When, Where, Why, and How** in the body and substance of the investigative findings.
3. The investigation report must address the specific allegation findings requested in the referral from the requesting agency.
4. Every investigation report must contain the following information:
 - a. Identification of the Client/Contact person and verification of identity provided, e.g., photo ID, drivers license).
 - b. Relationship of the contact person to the client.
 - c. Written interview(s) with the contact person obtaining all relevant information and documentation.
 - d. Summary of the Investigator's findings.
5. All completed investigations must contain a summary conclusion having a recommendation to the referral agency to do one of the following;
 - a. Proceed with a case for administrative disposition.
 - b. Proceed with a case that meets the criteria for prosecution established by the local District Attorney's office and recommend the prosecutorial process be initiated, but may be subject to administrative sanction, recoupment or repayment.
 - c. Return the case to the referring agency with the determination that the fraud allegation was not substantiated.
6. When requested by the referring agency, the investigation report must address the minimum criteria specified by the District Attorney's guidelines for fraud referrals for prosecution.

1.6 Timeliness of Investigations

Contractors must perform a satisfactory investigation as defined in Section 1.5 based on the case referral within the established time frame noted below in this section.

1. The time period from the date of the fraud referral by the W-2 agency to the date the fraud investigator's final report is delivered to the W-2 agency must be 90 calendar days or less.

2. Investigations that exceed this 90 calendar day time frame will be out of compliance unless additional time is requested and approved. For such cases the investigating service provider will request in writing from the referring agency an extension stating the reason for the delay. The request will be reviewed and returned to the investigating agency indicating approval or denial. Requests must be submitted in writing for approval by the 80th calendar day to the referring agency.

1.7 Satisfactory Investigations

A satisfactory completed investigation is determined by, but not limited to, the following factors:

1. Quality of the investigation report and findings addressing the issues of the fraud referral allegations.
2. Documentation of all essential elements of the investigation.
3. Factual and accurately reported data.
4. Timeliness (completion in 90 calendar days or within the agreed extended time frame.)

If it is determined by the referral agency that any of these factors are lacking, the report may be ruled unsatisfactory and referred back to the provider for corrective action.

Provider may exercise the option to bring any unresolved matter concerning reports or any issue related to performance to the attention of the DHFS for resolution.