Wisconsin Department of Health Services

IRIS Fraud Allegation Review and Assessment (FARA) SharePoint Instructions

ATTACHMENTS
The first column shows a paperclip icon when attachments are available. The FARA team attaches any documents collected during the course of the fraud allegation review and assessment, or "FARA," (timesheets, criminal background checks, plans, budget reports, etc.)

ISSUE ID
On the view screen, the "Issue ID" column displays a number. This auto-generated case number is unique to each case and identifies the case in correspondence.

1. STATUS

"Status" indicates the stage in the FARA process and which agency currently maintains responsibility for FARA activities. Only the Department of Health Services (DHS) can change the status to "closed."

Option	Description
Closed	Select "Closed" when the FARA team completes the assessment and the Department of Health Services (DHS) reviews the case and determines that no further action is required; or when the FARA team does not open the case for assessment and DHS reviews the case and concurs with this decision. Only DHS can change the status to "Closed."
Open – DHS	Select "Open – DHS" when the FARA team opens the case for assessment and refers the case to DHS for approval to use certain mitigation strategies identified in work instructions in the IRIS Policy Manual Section 10.1.
Open – F/EA	Select "Open – F/EA" when the FARA team opens the case for assessment and the participant's Fiscal/Employer Agent (F/EA) maintains responsibility for completing assessment activities.
Open – ICA	Select "Open – ICA" when the FARA team opens the case for assessment and the participant's IRIS Consultant Agency (ICA) maintains responsibility for completing assessment activities.
Open – OIG	Select "Open – OIG" when the FARA team receives DHS approval to refer the case to the Office of Inspector General (OIG).
Open – DOJ	Select "Open – DOJ" when the OIG supports the FARA team's recommendation to refer the case to the Department of Justice (DOJ) for prosecution.
Review - DHS	Select "Review – DHS" when the FARA team submits the case to DHS for review and/or closure.

2. PARTICIPANT'S NAME
Enter the participant's name in the format: Last Name, First Name.

3. MCI
Enter the participant's Master Client Index (MCI) number.

4. PARTICIPANT'S CONTACT INFORMATION
Enter the participant's contact information in the format: Address, City/State/Zip, and Phone Number.

5. COUNTY
Select the participant's county of residence from the dropdown box options.

6. IRIS CONSULTANT
Enter the name of the participant's IRIS Consultant in the format: Last Name, First Name.

7. IC SUPERVISOR
Enter the name of the participant's IRIS Consultant (IC) Supervisor in the format: Last Name, First Name.

8. TARGET GROUP
Select the participant's target group from the dropdown box options Developmentally Disability (DD), Frail Elder (FE), and Physical Disability (PD).

9. DATE REPORTED
Enter the date the participant's ICA or F/EA received the report of alleged fraud.

10. REPORTED FRAUD TYPE
"Reported Fraud Type" describes the type of allegation reported. Mark all types of fraud indicated in the allegation using the checkboxes below.

Option	Description
Billing after termination date	Select "Billing after termination date" any time a participant-hired worker bills for hours after his/her termination date.
Billing for hours not worked	Select "Billing for hours not worked" any time a participant-hired IRIS worker bills for hours he/she did not work.
Billing while hospitalized/deceased/other	Select Billing while hospitalized/deceased/other" any time a participant and/or participant-hired IRIS worker bill for hours while the participant is in the hospital, is deceased, or is otherwise unable to receive services.
Billing while out of state	Select "Billing while out of state" any time a participant and/or participant-hired worker bills for services provided out of state.
Bribery	Select "Bribery" any time the participant and the participant-hired IRIS worker agree to bill for more hours than were worked with the intent that the participant would get a share of the money.
Employee Identity Theft	Select "Employee Identity Theft" any time the actions of an individual compromise the identity of a participant-hired IRIS worker.
Extortion	Select "Extortion" any time a participant requires the participant-hired worker to give them a portion of his/her paycheck. NOTE: Extortion is only considered fraud when all or a portion of the hours were not actually provided by the participant-hired worker. Choose this selection in conjunction with "Billing for hours not worked."
Falsifying Functional Screen	Select "Falsifying Functional Screen" any time the allegation indicates that the participant purposely deceived the LTC FS screener with the intent of gaining a larger budget.
Forging Signature	Select "Forging Signature" any time an unauthorized person signs the participant or guardian's name on a timesheet.
Forging Checks	Select "Forging Checks" any time an individual attempts to cash an IRIS paycheck issued to someone else.
Fraudulent Checks	Select "Fraudulent Checks" any time an individual replicates an IRIS paycheck and attempts to cash it.
Fraudulent Reimbursement	Select "Fraudulent Reimbursement" any time a participant or participant-hired worker submits reimbursement requests for mileage and/or other services/goods not rendered as authorized by the participant's plan.
Misrepresented Financial Eligibility Information	Select "Misrepresented Financial Eligibility Information" any time the allegation indicates that the participant purposely deceived the Income Maintenance staff with the intention of becoming eligible for the IRIS program.
Participant Identity Theft	Select "Participant Identity Theft" any time the actions of an individual compromise the identity of an IRIS participant.
Resale of Items Purchased	Select "Resale of Items Purchased with IRIS Funds" any time someone acquires a good

| with IRIS Funds | using IRIS funds and then resells the good for personal gain. |
| Submitting Duplicate Claims | Select "Submitting Duplicate Claims" any time a participant/guardian or participant-hired IRIS worker submits more than one claim for the same service or time period. |

11. FRAUD ALLEGATION

Enter the specific allegation reported including the date or estimated date the fraud occurred.

12. ESTIMATED FRAUD AMOUNT

Choose the estimated amount of IRIS funds alleged to be fraudulently obtained from the dropdown box.

13. FARA SUBJECT

Enter the name(s) of the FARA subject(s) into this text box. FARA subjects are individuals alleged to have committed fraud.

14. FARA SUBJECT'S CONTACT INFORMATION

Enter the FARA subject's address, phone number, and/or email address.

15. FARA SUBJECT RELATIONSHIP

"FARA Subject Relationship" captures the relationship between the FARA Subject and the participant.

Option	Description
Current Employee	Select "Current Employee" any time the FARA subject is currently a participant-hired IRIS worker.
Current Vendor	Select "Current Vendor" any time the FARA subject is currently an employee of an agency or vendor who provides services to the participant.
Family Member	Select "Family Member" any time the FARA subject is a family member but is NOT a current or former participant-hired IRIS worker, or a current or former employee of an agency or vendor who provides services to the participant.
Former Employee	Select "Former Employee" any time the FARA subject was previously a participant-hired IRIS worker.
Former Vendor	Select "Former Vendor" any time the FARA subject was previously an employee of an agency or vendor who provided services to the participant.
F/EA Employee	Select "F/EA Employee" any time the FARA subject is an employee of the Fiscal/Employer Agent.
Guardian	Select "Guardian" any time the FARA subject is the guardian but is NOT also a current or former participant-hired IRIS worker, or a current or former employee of an agency or vendor who provides services to the participant.
ICA Employee	Select "ICA Employee" any time the FARA subject is an employee of the IRIS Consultant Agency.
Participant	Select "Participant" any time the FARA subject is the IRIS program participant.

16. IS THE FARA SUBJECT ALSO THE GUARDIAN?

Choose "yes" or "no" indicating whether the FARA subject is also the participant's guardian.

17. REFERRAL SOURCE

Enter the name of the referral source in the format: Last Name, First Name. The referral source is the person who is making the allegation of fraud.

18. REFERRAL SOURCE CONTACT INFORMATION

Enter the Referral Source's address, phone number, and/or email address.

19. RELATIONSHIP OF REFERRAL SOURCE

"Relationship of Referral Source" captures the relationship between the referral source and the participant.

Option	Description
Anonymous	Select "Anonymous" any time the referral source requests to remain anonymous.
Adult Protective	Select "Adult Protective Services (APS)" any time the participant's APS agency employs the

Services (APS)	referral source.
Community Member	Select "Community Member" any time a member of the community, who is not a family member, guardian, employee/vendor, friend/neighbor, APS representative, medical provider, or law enforcement representative, is the referral source.
Current Employee	Select "Current Employee" any time the referral source is currently a participant-hired IRIS worker.
Current Vendor	Select "Current Vendor" any time the referral source is currently an employee of an agency or vendor who provides services to the participant.
Family Member	Select "Family Member" any time the referral source is a family member but is NOT a current or former participant-hired IRIS worker or a current or former employee of an agency or vendor who provides services to the participant.
Former Employee	Select "Former Employee" any time the referral source was previously a participant-hired IRIS worker.
Former Vendor	Select "Former Vendor" any time the referral source was previously an employee of an agency or vendor who provided services to the participant.
F/EA Employee	Select "F/EA Employee" any time the participant's Fiscal/Employer Agent employs the referral source.
Guardian	Select "Guardian" any time the referral source is the guardian but is NOT a current or former participant-hired IRIS worker or a current or former employee of an agency or vendor who provides services to the participant.
ICA Employee	Select "ICA Employee" any time the participant's IRIS Consultant Agency employs the referral source.
Law Enforcement	Select "Law Enforcement" any time the referral source is a member of law enforcement.
Medical Provider	Select "Medical Provider" any time an individual providing medical services to the participant is the referral source.
Neighbor/Friend	Select "Neighbor/Friend" any time the referral source is a neighbor/friend but is NOT a current or former participant-hired IRIS worker or a current or former employee of an agency or vendor who provides services to the participant.
OIG Employee	Select "OIG Employee" any time the DHS Office of the Inspector General (OIG) employs the referral source.
Participant	Select "Participant" any time the referral source is the IRIS program participant.
Unknown	Select "Unknown" any time the referral source is unknown.

20. ASSIGNED TO
Assign people to work on this case by entering their email address in the tool and selecting the correct individual(s).

21. HEALTH/WELFARE CONCERNS
Choose "yes" or "no" indicating whether the referral source reported IRIS participant health and welfare concerns as part of the fraud allegation report.

22. HEALTH/WELFARE SPECIFIC CONCERN(S)
"Health/Welfare Concern(s)" captures any reported health/welfare concerns identified by the referral source as part of the allegations.

Option	Description
Abuse	Select "Abuse" any time the referral source reports physical, sexual, or emotional abuse of the IRIS participant as part of the fraud allegations.
Death	Select "Death" any time the referral source reports the death of the IRIS participant as part of the fraud allegations.
Environmental	Select "Environmental" any time the referral source reports environmental concerns as part of the fraud allegations. This includes hoarding, cluttered walkways increasing risk of falls, sanitation concerns, and other comparable concerns.
Fall Risk	Select "Fall Risk" any time the referral source reports that the IRIS participant is at greater risk of falling because of the fraud allegations.
Medical Issue	Select "Medical Issue" any time the referral source reports that the IRIS participant is at greater risk of a medical issue because of the fraud allegations.

| Neglect | Select "Neglect" any time the referral source reports that neglect of the IRIS participant has occurred as part of the fraud allegations. Medication errors, or increased potential for medication errors, also fall under this category. |

23. DATE ENTERED INTO OIG PORTAL

The ICAs and F/EAs must enter all reported fraud allegations into the OIG portal. Enter the date the participant's ICA or F/EA reported the allegations to OIG via the portal.

24. FARA OPENED

Choose "yes" or "no" indicating whether the case was opened for FARA.

25. DATE FARA OPENED

Enter the date the FARA team opened the case for fraud allegation review and assessment.

26. WHY WASN'T A FARA OPENED?

"If not, why?" captures reasons cases are not opened for FARA.

Option	Description
Extortion	Select "Extortion" any time the report concerns the participant demanding a portion of the participant-hired IRIS worker's check, when the participant-hired IRIS worker worked all of the hours that were billed. The ICA or F/EA staff advises the referral source to contact law enforcement.
Insufficient Information	Select "Insufficient Information" any time there is not enough information to continue an assessment beyond the reporting contact.
Impossible by Nature of IRIS	Select "Impossible by Nature of IRIS" any time the allegation is impossible to have occurred because of the controls built into the structure of the IRIS program.
Reported Incident is Not Fraud	Select "Reported Incident is Not Fraud" any time the referral source reports allegations that do not meet the definition of fraud. The ICA or F/EA staff receiving the report maintains responsibility to direct the referral source to the correct department to have his/her concern addressed.
Theft	Select "Theft" any time the referral source reports allegations of theft of the IRIS participant's prescription medications, money, or other personal property. The ICA or F/EA staff receiving the report maintains responsibility to instruct the referral source to contact law enforcement.

27. DOCUMENTED CONTACTS

Enter narrative summaries of all contacts and other FARA activities. Summaries of contacts should include the date of the contact, the individuals contacted, the information obtained, and any action items. Summaries of other activities should include the type of documents reviewed, the information collected, related attachments, and any action items.

28. HEALTH/WELFARE REFERRAL

"Health/Welfare Referral" describes all referrals made as a result of reviewing the reported IRIS participant health/welfare concerns.

Option	Description
Adult Protective Services	Select "Adult Protective Services" any time Adult Protective Services is contacted as a result of the health/welfare concerns identified in the report of fraud allegations.
Child Protective Services	Select "Child Protective Services" any time Child Protective Services is contacted as a result of the health/welfare concerns identified in the report of fraud allegations.
DRW	Select "DRW" any time the ICA advises the participant to seek the services of Disability Rights Wisconsin (DRW) as a result of the health/welfare concerns identified in the report of fraud allegations.
Law Enforcement	Select "Law Enforcement" any time law enforcement is contacted as a result of the health/welfare concerns identified in the report of fraud allegations.
Medical Consult	Select "Medical Consult" any time the ICA advises the participant to seek a medical consult as a result of the health/welfare concerns identified in the report of fraud allegations.
Support Broker Agency	Select "Support Broker Agency" any time the ICA advises the participant to seek the services of a support broker agency as a result of the health/welfare concerns identified in the report of

fraud allegations.

29. CRITICAL INCIDENT REPORT

Choose "yes" or "no" indicating whether the ICA filed a critical incident report because of the IRIS participant health/welfare concerns reported by the referral source.

30. FARA OUTCOME

"FARA Outcome" captures the FARA team's determination after reviewing and assessing the collected facts.

Option	Description
Fraud Substantiated	Select "Fraud Substantiated" any time facts exist indicating that the alleged fraud likely took place. Facts indicative of the FARA subject's intent to commit fraud must be present in order to choose this outcome.
Abuse	Select "Abuse" any time facts exist indicating that the alleged fraud likely took place, but no facts indicative of the FARA subject's intent to commit fraud were discovered.
Fraud Unsubstantiated	Select "Fraud Unsubstantiated" any time facts do not exist indicating that the alleged fraud took place.
Insufficient Information to Determine	Select "Insufficient Information to Determine" any time sufficient facts do not exist to make a determination regarding whether fraudulent activity occurred. The FARA team may only use this outcome after exhausting all avenues of FARA.

31. MITIGATION STRATEGIES

"Mitigation Strategies" captures the actions taken to resolve the FARA.

Option	Description
Additional Staff Coverage Added	Select "Additional Staff Coverage Added" any time there was additional staff coverage added during the course of the FARA.
Amended Level of Support	***To be used in the future*** Select "Amended Level of Support" any time the level of IC support is increased due to the substantiation and/or risk of fraud. *This requires DHS approval.*
APS Notified	Select "APS Notified" any time the ICA notifies Adult Protective Services during the course of the FARA.
Change Agency that Provides Service	Select "Change Agency that Provides Service" any time the participant either voluntarily or involuntarily changes the agency that provides their care because of the FARA when the change is because of the allegations.
Change Personnel Working with Participant	Select "Change Personnel that Provides Service" any time the IRIS participant either voluntarily or involuntarily changes the participant-hired workers that provide his/her care as a result of the FARA when the change is because of the allegations. This includes situations wherein the participant dismisses his/her participant-hired IRIS worker(s).
Disenrollment – Involuntary	Select "Disenrollment – Involuntary" any time the IRIS participant is involuntarily disenrolled from the IRIS program for any reason. The ICA explains all non-FARA reasons for disenrollment in the "Resolution" field. *This requires DHS approval.*
Disenrollment – Voluntary	Select "Disenrollment – Voluntary" any time the participant voluntarily chooses to change programs or otherwise leave the IRIS program during the course of the FARA.
Exclusion List	***To be used in the future*** Select "Exclusion List" any time a participant-hired IRIS worker or vendor is added to the Exclusion List indicating that the IRIS Program no longer does business with this participant-hired worker or vendor. *This requires DHS approval.*
Flag in Payroll System	Select "Flag in Payroll System" any time the F/EA denotes the IRIS participant and/or participant hired IRIS worker in the payroll system as a potential fraud risk, or requiring additional examination, in payroll processing. Possible reasons for flagging a worker include timesheets, or employee packets, which require additional review beyond the customary IRIS program practices.
Mandated Agency	Select "Mandated Agency" any time the IRIS Program requires the IRIS participant to use an agency for his/her services to ensure oversight in situations where the IRIS participant is not able to adequately manage his/her workforce of participant-hired IRIS workers. *This requires DHS approval.*
Mandated Broker	Select "Mandated Broker" any time the IRIS Program requires the IRIS participant to use a support broker. *This requires DHS approval.*

Payment Issued	Select "Payment Issued" any time the payment examined as part of the FARA is paid as per the timesheets.
Payment Modified	Select "Payment Modified" any time the payment examined as part of the FARA is partially paid as per the timesheets.
Payment Withheld	Select "Payment Withheld" any time the payment examined as part of the FARA is not issued as per the timesheets.
Reduction in Services	Select "Reduction in Services" any time a reduction in services occurs related to the allegation. *This requires DHS approval and the ICA must send a Notice of Action the participant.*
Referral to DHS	Select "Referral to DHS" any time the FARA team refers the case to the DHS. Please consult work instructions for criteria for DHS Referral.
Referral to Law Enforcement	Select "Referral to Law Enforcement" any time the FARA team refers the case to law enforcement. *Law enforcement referrals require notification of the DHS FARA representative when related to fraud. The ICA reports law enforcement referrals concerning IRIS participant health and welfare to DHS through the DHS/Critical Incident SharePoint site.*
Referral to OIG	Select "Referral to OIG" any time the FARA team refers the case to the OIG. Please consult work instructions for criteria for OIG Referral.
Referral to DOJ	Select "Referral to DOJ" any time the FARA team refers the case to the DOJ. Please consult work instructions for criteria for DOJ Referral.
Terminated Service	Select "Terminated Services" any time a termination of service(s) occurs related to the fraud allegation. *This requires DHS approval and the ICA must send a Notice of Action the participant.*

32. RESOLUTION

The "Resolution" captures a narrative discussion of the outcome and its determination; discussion of the mitigation strategies selected and justification, and documentation of the implementation of the mitigation strategies including dates of completion.

33. DATE REFERRED TO DHS

Enter the date the FARA team referred the case to DHS. The date in this field must precede the date in the "Date FARA Completed" field. The FARA team must refer the case to DHS when implementing any of the following mitigation strategies: amended level of support, involuntary disenrollment, exclusion list, mandated agency, mandated broker, reduction in service(s), referral to law enforcement, or termination of service.

34. DATE FARA COMPLETED

Enter the date the FARA team completed their review and assessment. Leave the field blank if the FARA team did not open the case for review and assessment.

35. DATE REFERRED TO OIG

Enter the date the FARA team referred the case to the OIG. The date in this field cannot precede the date in the "Date Referred to DHS" field.

36. DATE REFERRED TO DOJ

Enter the date the FARA team referred the case to the DOJ. The date in this field cannot precede the date in the "Date Referred to DHS" field.

37. FARA OPENED TIMELY

This field auto-calculates the number of days between the "Date Reported" and "Date FARA Opened" to ensure the FARA team makes the determination within three calendar days.

38. # DAYS FARA OPEN

This field auto-calculates the number of days between the "Date FARA Opened" and "Date FARA Completed" to ensure the FARA team completes the FARA within 30 calendar days.

39. OPEN MORE THAN 30 DAYS

This field auto-calculates a "Yes" or "No" response as to whether the FARA team completes the FARA within 30

calendar days.	

40. IF YES, WHY?

"If Yes, Why?" captures the FARA team's reasons for not completing the FARA within the required 30 calendar day period.

Option	Description
Delay in Receiving Documents from a Financial Institution.	Select "Delay in Receiving Documents from a Financial Institution" any time the FARA team is unable to complete a FARA on time because of a delay in receiving documents from a financial institution.
Delay in Receiving Documents from Law Enforcement.	Select "Delay in Receiving Documents from Law Enforcement" any time the FARA team is unable to complete a FARA on time because of a delay in receiving documents from law enforcement.
F/EA did not Complete FARA Responsibilities in a Timely Manner.	Select "F/EA did not Complete FARA Responsibilities in a Timely Manner." any time the FARA team is unable to complete a FARA on time because the F/EA did not complete its FARA responsibilities in a timely manner.
Mitigation Strategies were not Implemented in a Timely Manner.	Select "Mitigation Strategies were not Implemented in a Timely Manner" any time the FARA team is unable to complete a FARA on time because the IC, ICA, and/or F/EA did not implement the mitigation strategies in a timely manner.
IC did not Respond to Inquiry in a Timely Manner.	Select "IC did not Respond to Inquiry in a Timely Manner" any time the FARA team is unable to complete a FARA on time because the IC does not respond to the ICA or F/EA's inquiries.
ICA did not Complete FARA Responsibilities in a Timely Manner.	Select "ICA did not Complete FARA Responsibilities in a Timely Manner" any time the FARA team is unable to complete a FARA on time because the ICA did not complete its FARA responsibilities in a timely manner.
Participant did not Respond to Multiple Inquiries.	Select "Participant did not Respond to Multiple Inquiries" any time the FARA team is unable to complete a FARA on time because the participant does not respond to the ICA or F/EA's inquiries.
Referral Source did not Respond to Multiple Inquiries.	Select "Referral Source did not Respond to Multiple Inquiries" any time the FARA team is unable to complete a FARA on time because the referral source did not respond to the ICA or F/EA's inquiries.

41. EXPLANATION

Enter a detailed description of the reason(s) that the FARA was not completed in the required 30 calendar day timeframe. Include the details surrounding the attempts to complete the FARA in the required timeframe.

42. REASON ACCEPTED BY DHS

FOR DHS USE ONLY: DHS selects "yes" or "no" indicating whether DHS accepts the FARA team's explanation for not completing the FARA in the required timeframe. DHS will only accept explanations regarding situations dependent upon the actions of financial institutions, law enforcement agencies, referral sources, and/or participants with proper documentation of attempts to complete the FARA within the required timeframe. DHS will not accept explanations that result from time or personnel management issues within the ICA or F/E.

43. IF NO, WHY?

FOR DHS USE ONLY: DHS enters the reason why the FARA team's explanation was not accepted.

44. DHS REQUESTED FOLLOW UP

The DHS reviewer enters follow up instructions when the FARA is determined to be incomplete during the DHS Review. The responsible agency enters a summary of actions that were taken to satisfy the reviewer's request for additional information and changes the status back to "Review – DHS" to prompt the reviewer to re-review and close the FARA. The FARA team and DHS reviewer continue the previous exchange until the DHS reviewer marks the FARA as complete.

45. FOLLOW UP DUE DATE
FOR DHS USE ONLY: DHS enters the date by which the FARA team must complete the requested follow up.

46. FOLLOW UP COMPLETED TIMELY
FOR DHS USE ONLY: DHS selects "yes" or "no" to indicate whether the FARA team completed the requested follow up within the required five business day timeframe.

47. DHS APPROVAL	
FOR DHS USE ONLY: "DHS Approval" indicates DHS approved the FARA and differentiates whether DHS requested additional action by the FARA team prior to closure. DHS staff complete this field at the time of closure.	
Option	**Description**
Approved Without Follow Up Required	DHS selects "Approved Without Follow Up Required" when the FARA team submits a complete and thorough FARA with no incomplete fields or errors. DHS required no additional work from the FARA team to close the case.
Approved With Follow Up Required	DHS selects "Approved With Follow Up Required" when the FARA team submits an incomplete or poorly detailed FARA with incomplete fields and/or errors. DHS required additional work from the FARA team to close the case.

48. DATE FARA CLOSED BY DHS
FOR DHS USE ONLY: The DHS Reviewer enters the date the FARA was closed.

1	Status
2	Participant's Name
3	MCI
4	Participant's Contact Information
5	County
6	IRIS Consultant
7	IC Supervisor
8	Target Group
9	Date Reported
10	Reported Fraud Type
	☐ Billing After Termination Date
	☐ Billing Hours Not Worked
	☐ Billing While Hospitalized/Deceased/Other
	☐ Billing While Out of State
	☐ Bribery
	☐ Employee Identity Theft
	☐ Extortion
	☐ Falsifying Functional Screen
	☐ Forging Signature
	☐ Forging Checks
	☐ Fraudulent Checks
	☐ Fraudulent Reimbursement
	☐ Misrepresented Financial Eligibility Information
	☐ Participant Identity Theft
	☐ Resale of Items Purchased with IRIS Funds
	☐ Submitting Duplicate Claims
11	Fraud Allegation

12	Referral Source Contact Information	
13		
14	Relationship to Referral	
	Assigned To	
15	Health/Welfare Concerns	
16		
17		
18		
19		
20		
21		

22	Specific Health/Welfare Concerns	☐ Abuse
		☐ Death
		☐ Environmental
		☐ Fall Risk
		☐ Medical Issue
		☐ Neglect
		☐ Self-Neglect
23	Date Entered into OIG	
24	FARA Opened	
25	Date FARA Opened	
26	Why Wasn't FARA Opened	
27	Documented Contacts	
28	Health/Welfare Referral	☐ Adult Protective Services
		☐ Child Protective Services
		☐ DRW
		☐ Law Enforcement
		☐ Medical Consult
		☐ Support Broker Agency
29	Critical Incident Opened	
30	FARA Outcome	

31	Mitigation Strategies	☐ Additional Staff Coverage Added ☐ Amended Level of Support ☐ APS Notified ☐ Change Agency that Provides Service ☐ Change Personnel Working with Participant ☐ Disenrollment - Involuntary ☐ Disenrollment - Voluntary ☐ Exclusion List ☐ Flag in Payroll System ☐ Mandated Agency ☐ Mandated Broker ☐ Payment Issued ☐ Payment Modified ☐ Payment Withheld ☐ Reduction in Services ☐ Referral to DHS ☐ Referral to DOJ ☐ Referral to Law Enforcement ☐ Referral to OIG ☐ Terminated Services
32	Resolution	
33	Date Referred to DHS	
34	Date FARA Completed	
35	Date FARA Referred to OIG	
36	Date Referred to DOJ	
37 38 39	These fields are auto-calculated and are only visible when the data is present in the fields required to perform the calculation.	
40	If Yes, Why	
41	Explanation	
42	Reason Accepted by DHS	
43	If No, Why	
44	DHS Requested Follow Up	
45	Follow Up Due Date	
46	Follow Up Completed Timely	
47	DHS Approval	
48	Data FARA Closed by DHS	