

DADS Suspected Provider Fraud Referral

For Consumer Rights and Services (CRS) Use Only

Date Fraud Referral Received by CRS	Date Fraud Referral Sent to HHSC OIG	
Fraud Referral Log Data Entry Completed By	CRS Fraud Referral Log No.	OIG Fraud Referral No.

Contact Information for DADS Staff Submitting Referral

Name of Staff		Title or Position				
DADS Area						
<input type="checkbox"/> State Office <input type="checkbox"/> Region No. _____ <input type="checkbox"/> A&I <input type="checkbox"/> RS <input type="checkbox"/> CFO <input type="checkbox"/> COS <input type="checkbox"/> SSLC <input type="checkbox"/> Other (specify) _____						
DADS Office Street Address			Mail Code	City	State	ZIP Code
Area Code and Telephone No.	Ext.	Email Address				

Contact Information for Witness With Information About Suspected Fraudulent Activity N/A

Individual's Name		Area Code and Telephone No.	Relationship to Provider
Physical Address (Street, City, State, ZIP Code)			
Individual's Name		Area Code and Telephone No.	Relationship to Provider
Physical Address (Street, City, State, ZIP Code)			

Law Enforcement Agency Notified? Yes No

Name of Law Enforcement Agency			Date Notified
Name of Individual Contacted		Title or Position	
Area Code and Telephone No.	Ext.	Email Address	Case No.

Other Entity Notified? (i.e., Insurance Co., Bank, Subcontractor, etc.) Yes No

Name of Entity			Date Notified
Name of Individual Contacted		Title or Position	
Area Code and Telephone No.	Ext.	Email Address	Case No.

Provider Information

Name of Legal Entity (Owner)				Doing Business As (d.b.a.), if applicable	
Comp. Texas ID No. (TIN)	Contract No.	License No.	License Type	Facility ID No.	Provider Identifier No. (NPI/API)
Physical Address (Street, City, State, ZIP Code)					Area Code and Telephone No.
Business Mailing Address (P.O. Box or Street, City, State, ZIP Code)					<input type="checkbox"/> Same as provider's physical address
Physical Address Where Suspected Fraudulent Activity Occurred (Street, City, State, ZIP Code)					<input type="checkbox"/> Same as provider's physical address

Type of Provider

<input type="checkbox"/> 1 Adult Foster Care	<input type="checkbox"/> 15 Hospice
<input type="checkbox"/> 2 Area Agencies on Aging	<input type="checkbox"/> 16 Intermediate Care Facilities
<input type="checkbox"/> 3 Assisted Living/Residential Care	<input type="checkbox"/> 17 Medically Dependent Children Program
<input type="checkbox"/> 4 CCAD Residential Care	<input type="checkbox"/> 18 Medicaid Administrative Claiming
<input type="checkbox"/> 5 CLASS (CMA, DSA, SFS)	<input type="checkbox"/> 19 ID Service Coordination
<input type="checkbox"/> 6 Client Managed Personal Attendant Services	<input type="checkbox"/> 20 Nursing Facilities
<input type="checkbox"/> 7 Consumer Directed Services	<input type="checkbox"/> 21 Out-of-Home Respite
<input type="checkbox"/> 8 Day Activity and Health Services	<input type="checkbox"/> 22 Performance Contract (with Local Authorities)
<input type="checkbox"/> 9 Deaf Blind with Multiple Disabilities	<input type="checkbox"/> 23 PHC/FC/CAS
<input type="checkbox"/> 10 Emergency Response Services	<input type="checkbox"/> 24 PACE
<input type="checkbox"/> 11 Guardianship	<input type="checkbox"/> 25 Relocation Assistance Services
<input type="checkbox"/> 12 Home and Community-based Services	<input type="checkbox"/> 26 SSPD/SSPD-SAC
<input type="checkbox"/> 13 HCSSA	<input type="checkbox"/> 27 Texas Home Living
<input type="checkbox"/> 14 Home-Delivered Meals	<input type="checkbox"/> 28 Transition Assistance Services

Type of Suspected Fraudulent Activity

1 Billing Irregularities 2 Falsification/Alteration of Records 3 Trust Fund Irregularities 4 Other

If Other, specify _____

Date or Date Range of Suspected Fraudulent Activity _____

Type of Review

<input type="checkbox"/> Administrative Review	<input type="checkbox"/> Investigation On Site	<input type="checkbox"/> HCS/TxHml Certification Review	<input type="checkbox"/> Trust Fund Monitoring
<input type="checkbox"/> Billing and Payment	<input type="checkbox"/> Investigation Desk Review	<input type="checkbox"/> HCS/TxHml Follow-up Review	<input type="checkbox"/> Other
<input type="checkbox"/> Formal Monitoring	<input type="checkbox"/> Follow-up Investigation On Site	<input type="checkbox"/> HCS/TxHml Intermittent Review	
<input type="checkbox"/> Follow-up Monitoring	<input type="checkbox"/> Follow-up Investigation Desk Review	<input type="checkbox"/> Regulatory Services Survey	

Review Information

Review Period	Total Sample Size	Total Individuals Served
Was suspected fraudulent activity noted outside the sample or review period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Was corrected action or recoupment requested as a result of this review? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Corrective Action <input type="checkbox"/> Recoupment <input type="checkbox"/> Other (specify) _____		
Amount due DADS as a result of this review	How much of this amount is suspected to be fraudulent?	

Other Information (as of date of referral)

Has the provider received technical assistance on billing during the past two years? Yes No Unknown

Date(s) technical assistance was provided: _____

For HCSSA, Adult Day Care and Assisted Living licensed providers only, use the links below to enter the number of level B citations issued for the license associated with this contract.

<http://dadsview.dads.state.tx.us/coo/contract/hcssadirectory.html> or <http://dadsview.dads.state.tx.us/coo/contract/adcalfdirectory.html>

Number of Level B Citations: _____

OIG/OAG Investigator Only

For more information about skilled nursing facilities ratings score, go to the DADS Long Term Care Quality Reporting System (QRS) website at: <http://facilityquality.dads.state.tx.us/qrs/public/qrs.do?page=geoArea&serviceType=nh&lang=en&mode=P&dataSet=1&ctx=807802>

Regulatory Services Only

Compliance Review ID No.	Exit Date
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Regulatory Services Only

Provide a detailed description of the suspected fraudulent activity.

A large, empty rectangular box with a black border, intended for providing a detailed description of the suspected fraudulent activity.

Access to Care

If the provider's payments are suspended as a result of this referral and the provider must cease operations or significantly curtail services, would access to care be jeopardized for displaced individuals? Yes No Unknown

If yes, provide a detailed explanation below.

Suspension of Payments

Are you aware of any reason why the provider's payments should not be suspended or suspended only in part? Yes No

If yes, provide a detailed explanation below.

Regional and state office management: After reviewing the referral form, email form to Providerfraud@dads.state.tx.us.

OIG/OAG investigator: Contact COS at contractoversight@dads.state.tx.us if additional contract information is needed.