**Case Name:**

**Case Number:**

**BRITS Number:**

**Worker referring case:**

**Date of Referral:**

**Date of Findings:**

**IMPACT ON CASE**

No change to benefits, close referral

Benefit reduction  Close referral Cost Avoidance (1 mo.) $

Benefit closure  Close referral Cost Avoidance (1 mo.) $

Send to overpayment specialist for OP calculation

Period of Potential Overpayment       to

Programs requiring an OP calculation  FS  MA  CTS

LTC  MAPP  QMB/SLMB

There is intent to commit fraud; pursue IPV.

Do not pursue fraud.

If county did OP calculations, total OP amounts are:

**COMMENTS**