**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**