**Case Name:**

**Case Number:** **BRITS Number:**

**Worker referring case:       Date of Referral:       Date of Findings:**

**\*\*IMPACT ON CASE\*\***

**[ ]** No change to benefits, no cost avoidance found

[ ]  Benefit reduction 1 Month Cost Avoidance FS $      MA $

[ ]  Benefit closure 1 Month Cost Avoidance FS $      MA $

[ ]  Send to overpayment specialist for OP calculation

 Period of Potential Overpayment       to

 Programs requiring an OP calculation [ ]  FS [ ]  MA [ ]  CTS [ ]  CC

 [ ]  LTC [ ]  MAPP [ ]  QMB/SLMB

[ ]  There is intent to commit fraud; pursue IPV.

[ ]  No intent found, do not pursue fraud.

**COMMENTS**