**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**