Fraud Investigations

Coordination with Fraud Adjudication

Tips and Best Practices

Note: This information is intended for vocational rehabilitation counselors (VRC).

L&I's Fraud Investigations unit conducts legal investigations that could have an impact on the eligibility or payment of time-loss benefits for workers' compensation claimants. When a worker has an open referral for vocational rehabilitation counseling, vocational services specialists (VSS) or VRCs may be informed of an investigation and steps necessary to ensure clarity between vocational providers, the claims manager (CM), and the fraud adjudicator.

The department's goals when coordinating with vocational staff are to:

- Keep all impacted parties informed.
- Prevent duplicate work.
- Prevent inconsistent or conflicting medical documentation in the claim file, whenever possible.

☑ Be aware:

- If you are contacted by a fraud adjudicator regarding an investigation impacting a worker with an open vocational referral, the fraud investigator will inform you of the details necessary to support effective coordination.
- To maintain the investigation's integrity, and to align with the VRC's ethical standards and obligations, **fraud adjudicators do not share details that are required to be confidential.**
- At the point you are informed of an investigation, the worker will be aware of the investigation. You will not be asked to withhold any information from the worker or their representative(s).

⊘ VRCs cannot:

- Conduct fraud investigations.
- Offer opinions on whether fraud occurred.
- Delay vocational services while investigation is ongoing.
- Make assumptions about worker honesty or intent.
- Seek additional medical opinion independent of the fraud investigation without consulting with the fraud adjudicator.

☑ If contacted by a fraud adjudicator, VRCs will:

- Coordinate the timing and nature of any new medical provider requests with the fraud adjudicator, if requests are anticipated to be made by both the VRC and the fraud adjudicator. This prevents duplicate or conflicting information in the claim file and ensures clarity for the medical provider.
- Continue providing services, including plan development (PD) and plan implementation (PI), unless new information is provided through the fraud investigation that may impact continued eligibility for services. If the outcome impacts eligibility for services, staff with the CM and Fraud Adjudicator.
- Document your work in progress reports as normal.
- If the outcome of the fraud investigation changes eligibility for further vocational services, submit the closing report when the adjudicator has provided an RLOG entry and sent imaged documents to the claim file.

☑ VRCs should remember to:

- Maintain objectivity and professionalism in all communications.

For questions, contact your VSS or the Fraud Investigation Unit Supervisor