



**District Attorney  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

ALLEN ISHIDA  
District One

PETE VANDER POEL  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** November 10, 2009

Public Hearing Required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Advertised Published Notice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Electronic file(s) has been sent	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			

CONTACT PERSON: Don H. Gallian      PHONE: (559) 733-6411

**SUBJECT:** Application for funding from the State of California, Health and Human Services Agency, Department of Social Services, for In-Home Supportive Services Fraud Investigation and Program Integrity Efforts.

**REQUEST(S):**

That the Board of Supervisors:

1. Authorize the submission of an application for funding from the State Department of Social Services for In-Home Supportive Services Fraud Investigation and Program Integrity Efforts in the amount of \$128,063 with a \$24,769 match, for a total of \$152,832 for fiscal year 2009/10.
2. Authorize the Board Chairman to sign all application documents necessary to secure funds.

**SUMMARY:**

The State of California's Budget Act of 2009 appropriated \$10 million in state funds for the purpose of fraud prevention, detection, referral, investigation, and additional program integrity efforts related to the In-Home Supportive Services (IHSS) Program. Solicitation letters were sent to all counties to establish anti-fraud programs through June 30, 2010. The District Attorney's Office has prepared, with input from the Health and Human Services Agency (HHSA), a comprehensive plan to combat fraud in the IHSS Program.

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**DATE:** November 10, 2009

The IHSS program was developed as a cost saving measure for the State to lessen the high cost of hospital or assisted living facilities for the elderly or disabled. The State theoretically saves money by paying individuals to care for recipients in their homes, eliminating expensive hospital stays. Each county in California pays 19% of in-home provider costs, with the federal government paying 50% and the State the remainder. No fraud controls were imposed until the Grand Jury in several counties investigated and brought the results to the attention of their Board of Supervisors and the public. The Governor, after holding a roundtable with DSS officials and District Attorneys from several counties, urged that fraud prevention and investigation take place and, to emphasize his concern, allocated the funding for this program.

The Tulare County IHSS Program Fraud Detection and Investigation plan incorporates existing program integrity efforts and adds an increased level of fraud detection, investigation and prosecution. All suspected fraud cases will be referred to the District Attorney's Office for investigation and prosecution. District Attorney Investigators will coordinate investigations with investigators from the Department of Health Care Services. DA Investigators will accompany IHSS staff on unannounced home visits. Training will be conducted to inform DA staff on IHSS Program policies and procedures as well as to educate IHSS staff on identifying fraud. Education on what constitutes fraud and how to report suspected fraud will be disseminated to the public.

The goals of this plan are to: 1) Identify fraud in IHSS Program cases, 2) investigate IHSS fraud, 3) prosecute IHSS fraud, 4) increase training for both DA Investigators and IHSS staff, and 4) increase community recognition of and knowledge about IHSS fraud.

The funding allocation guideline for Tulare County is comprised of: \$70,273 in federal funds, \$57,790 State share, and \$24,769 County share, for a total of \$152,832 to fund the program. The State based this upon the County's IHSS Basic Allocation.

The District Attorney's Office will use these funds to hire two District Attorney Investigators, and one Legal Office Assistant II. State-of-the-art surveillance equipment will be purchased to conduct under-cover investigations. Funds will also be used for training, educational materials, and the initial safety equipment necessary for the new Investigators.

It is anticipated that the program will be implemented on December 1, 2009.

**SUBJECT:** Application for funding from the State of California, Health and Human Services Agency, Department of Social Services, for In-Home Supportive Services Fraud Investigation and Program Integrity Efforts.

**DATE:** November 10, 2009

**FISCAL IMPACT/FINANCING:**

The total cost for the Program for Fiscal Year 2009/2010 is \$152,832. This includes State funding in the amount of \$128,063, with a required match of \$24,769. As the match will require additional general funds appropriations, the net County cost will be \$24,769.

Additional funds for FY 2009/10 may be available, depending on the number of participating counties. Any funding available from counties that do not submit plans will be reallocated to one or more counties. It is also possible that additional funding may be available after the initial funding period, ending June 30, 2010.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year Strategic Business Plan and Management System include Safety and Security initiatives to provide for the safety and security of the public. The authorization to accept this funding from the State of California, Health and Human Services Agency, Department of Social Services, helps to fulfill this initiative by combating IHSS fraud, which will help protect individuals throughout Tulare County from being victims of this kind of crime.

**ALTERNATIVES:**

The Board could choose not to adopt the Resolution. This alternative is not recommended because the Board has consistently supported developing countywide responses to all types of crime and consumer protection. In addition, without grant funding, the Department will not be able to implement the proposed project.

**INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:**

The District Attorney's Office worked with the Health & Human Services Agency to develop the IHSS Program Fraud Detection and Investigation Plan.

**SUBJECT:** Application for funding from the State of California, Health and Human Services Agency, Department of Social Services, for In-Home Supportive Services Fraud Investigation and Program Integrity Efforts.

**DATE:** November 10, 2009

**ADMINISTRATIVE SIGN-OFF:**

  
Don H. Gallian  
Assistant District Attorney

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (2)  
Health & Human Services Agency

**Attachment(s):**

Attachment 1: Solicitation Letter  
Attachment 2: Tulare County IHSS Program Fraud Detection & Investigation  
Attachment 3: Budget

# BEFORE THE BOARD OF SUPERVISORS COUNTY OF TULARE, STATE OF CALIFORNIA

APPLICATION FOR FUNDING FROM )  
THE STATE OF CALIFORNIA, )  
HEALTH AND HUMAN SERVICES )  
AGENCY, DEPARTMENT OF SOCIAL )  
SERVICES, FOR IN-HOME )  
SUPPORTIVE SERVICES FRAUD )  
INVESTIGATION AND PROGRAM )  
INTEGRITY EFFORTS. )

RESOLUTION NO. \_\_\_\_\_

AGREEMENT NO. \_\_\_\_\_

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: JEAN M. ROUSSEAU  
COUNTY ADMINISTRATIVE OFFICER  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

1. Authorized the submission of an application for funding from the State Department of Social Services for In-Home Supportive Services Fraud Investigation and Program Integrity Efforts in the amount of \$128,063 with a \$24,769 match, for a total of \$152,832 for fiscal year 2009/10.
2. Authorized the Board Chairman to sign all application documents necessary to secure funds.

# IHSS Fraud Investigations and Program Integrity Efforts

## Proposed Staffing and Budget

	Salary (pay step 1)	Salary (pay step 2)	Salary (pay step 3)	Total Benefits (pay step 1)	Total Benefits (pay step 2)	Total Benefits (pay step 3)	Total per Pay Period (pay step 1)	Total per Pay Period (pay step 2)	15 pay periods (Dec - June)*
Assistant Chief Investigator (10%)			\$181			\$161		\$342	\$5,074
Welfare Fraud Investigator	\$1,946	\$2,045		\$750	\$788		\$2,696	\$2,833	\$40,225
Welfare Fraud Investigator	\$1,946	\$2,045		\$750	\$788		\$2,696	\$2,833	\$40,225
Investigator Overtime (\$36.50 x 200 hrs)									\$7,300
Legal Office Assistant II	\$959	\$1,007		\$390	\$410		\$1,349	\$1,417	\$20,028
Subtotal Salaries & Benefits									\$112,852
Training & Travel									\$4,885
Initial Safety Equipment for 2 Investigators									\$6,300
Surveillance Equipment									\$28,795
<b>TOTAL</b>									<b>\$152,832</b>

\* All calculated at pay step 1 for first 7 months except Assistant Chief (step 3).

## **TULARE COUNTY IHSS PROGRAM FRAUD DETECTION & INVESTIGATION**

### **INTRODUCTION**

Tulare County is pleased to present the following proposal to address the prevention, detection, referral, and investigation of fraud in the IHSS Program. We are certain that the unified effort of the County's Health & Human Services Agency, which is charged with the administration of the IHSS Program, and the District Attorney's Office, which is charged with the investigation and prosecution of fraud, will result in a successful program. It is the goal of our program ultimately to restore the public faith that taxpayer dollars are not being wasted as well as to conserve state and local resources for those who are truly in need of these essential services.

#### **I. IHSS Overpayments/Underpayments**

The individual IHSS staff person assigned to each case is primarily responsible for the detection of both over and underpayments and recovery of overpayments in that case. Under the new Fraud Prevention Plan, additional screening for over/underpayments will occur in both the Utilization Review Committee and in Quality Assurance Reviews. When over/underpayments are identified in the Utilization Review Committee or in Quality Assurance Reviews, the IHSS staff person assigned to the case will be tasked with processing the over/underpayment. Policy and Procedure related to Under-Overpayments is being revised to require a fraud referral to the Tulare County District Attorney's Office (TCDAO) in those cases where the overpayment is not the result of an administrative error. In those cases, IHSS Quality Assurance staff will track the referral to TCDAO and will receive and document outcome information from TCDAO.

The schedule of Tulare County's overpayments and referrals since the fiscal year 2004/2005 is enclosed. No quality control staff were hired for the IHSS Program until March of 2005, however, overpayments were discovered in 42 cases in 2006/2007; 52 cases in 2007/2008 and in 28 cases in fiscal year 2008/2009. All fraud referrals were made to the Department of Health Care Services during these years; 4 in 2007/2008 and 5 in 2008/2009. DHCS did not report to Tulare County the outcome of these referrals. As the IHSS Program referred all cases to DHCS, there is no data regarding the utilization of the District Attorney's Office for fraud.

We fully expect that more referrals will occur upon the completion of training of IHSS staff on fraud recognition. As all referrals will be forwarded to the District Attorney's Office, as opposed to DHCS, we will be able to track all

investigations and report outcomes. Utilizing experienced investigators and prosecutors, we will be able to report more convictions as well as orders for restitution.

## **II. Fraud Referrals/Outcomes**

All instances of suspected IHSS fraud will be referred to TCDAO using the IHSS Referral for Action on Suspected Fraud form, enclosed. This form may be revised if, after use, TCDAO Investigators discover additional information is needed to conduct fraud investigations. TCDAO will coordinate investigations with the California State Department of Health Care Services (DHCS). IHSS Quality Assurance staff will maintain a record of referrals made to the District Attorney and investigation activities and outcomes received by TCDAO. TCDAO will prepare a monthly report on the number of referrals, open investigations and outcomes of closed investigations for the IHSS Program as well as for DHCS.

## **III. Collaboration and Partnerships with Tulare County District Attorney's Office**

The County Department of Health and Human Services, of which the IHSS Program is a part, has a long and successful working relationship with the Tulare County District Attorney's Office. The major component of the collaboration has been the referral and investigation of cases of welfare fraud. HHSA has funded the investigation of welfare fraud through a number of investigators as well as clerical staff. In addition, a welfare fraud Eligibility Worker has been included in the fraud unit, which has enabled DA investigators and prosecutors to obtain valuable information in a timely manner. HHSA has a liaison who attends regular meetings regarding welfare fraud procedures and cases with the District Attorney's Office. It is anticipated that this collaboration will continue with the IHSS Program fraud detection and investigation. HHSA and the District Attorney's Office will work together to implement the fraud program, developing policies, procedures and forms. HHSA/IHSS staff will provide training to DA Investigators in the policies and procedures of IHSS cases and DA Investigators will train IHSS Program staff in fraud detection.

## **IV. County Collaboration & Partnerships with CDHCS & CDSS**

The District Attorney's Office will work closely with both CDHCS and CDSS. District Attorney Investigators will meet regularly with both agencies and discuss cases. Some cases may be referred from TCDAO to DHCS and some may be investigated collaboratively as decided by mutual agreement.



TCDAO will complete a report which will be provided to DHCS on a monthly basis. The form is enclosed for review.

## **V. Mechanism for Tracking/Reporting IHSS Fraud Data & Activities**

Tulare County IHSS will track referrals made to the District Attorney. TCDAO will report activities and outcomes to CDSS in a format to be determined by CDSS. TCDAO will also report activities and outcomes to Tulare County IHSS and to DHCS.

## **VI. Current Anti-Fraud Activities Related to the IHSS Program**

Tulare County IHSS currently engages in the following anti-fraud activities:

- A. "No time sheet activity" & "300 hour" report. Quality Assurance staff will provide assistance to monitor the "no time sheet activity" and "300 hour" reports as a quality control measure to validate the need for services, ensure that services are being provided, and to identify any other service delivery issues. They will identify cases and provide initial screening and findings. Supervisory staff will be consulted to review findings and determine the need for further action. Support staff, in conjunction with supervisors, will also receive and respond to claims data matches that are initiated by the State.
- B. Quarterly death match reviews. CDSS sends Tulare County a death match report once a quarter. The reports are reviewed by the IHSS Program payroll department.
- C. Targeted unannounced home visits. This activity has been part of the IHSS Program Quality Assurance activity. Cases are targeted for unannounced home visits when questions or 'red flags' arise in the courts of Desk Reviews and cannot be resolved in interviews with IHSS staff. Targeted unannounced home visits are made by Quality Assurance staff, Registry workers or Supervisory personnel.
- D. Fraud referrals to DHCS. Fraud referrals are made to the Department of Health Care Services using the MC 609 form when Tulare County IHSS Social Services Workers and Supervisory staff believe fraud exists with a provider or recipient of IHSS. Commencing with the implementation of this plan, IHSS will make those referrals, using the IHSS Referral for Action on Suspected Fraud form, to TCDAO. TCDAO will coordinate with DHCS to determine which cases will be investigated locally and which should be sent to DHCS.

## **VII. County's Proposed Anti-Fraud Activities Related to the IHSS Program**

- A. Fraud referrals to the TCDAO. Suspected cases of fraud stemming from the "No Time Sheet" & "300 Hour" reports as well as the Quarterly death match reviews, will be referred to TCDAO. In addition, DA Investigators will accompany IHSS staff on their Targeted unannounced home visits when available. Quality Assurance staff will be encouraged to communicate with DA Investigators when questions of fraud arise. The DHCS will also refer fraud cases to TCDAO.
- B. Targeted "6 week" reviews of new IHSS cases. Approximately six weeks after a new IHSS case is granted, Tulare County IHSS staff will visit targeted recipients to check on task completion and provider scheduling. Time sheet completing procedures will be reviewed with the client at this visit. DA Investigators will accompany IHSS staff on these visits when available to give the recipient information about what constitutes fraudulent activity and the consequences of that activity. In addition, DA Investigators will encourage the recipients to report any coercion or threats by a provider. The number of these targeted visits will depend on the number of new cases granted, but Tulare County estimates the number at between eight and 10 per month.
- C. IHSS fraud information and reporting links. Tulare County will place anti-fraud information on its IHSS web site and on the District Attorney's web site. The sites will include links to the State's web site for reporting purposes. In addition, the District Attorney's Office will post information to warn the public about what constitutes fraud in the IHSS program, warn of the penalties for committing fraud, and encourage the public to report suspected fraudulent activities to the District Attorney or to IHSS Program staff.
- D. Multi-disciplinary Training. Tulare County District Attorney Investigators will conduct training as needed for IHSS staff on how to identify fraudulent activities. IHSS staff will share knowledge about IHSS Program policies, procedures and business practices to help investigators understand the program.
- E. Anti-Fraud Materials. District Attorney Investigators will develop materials regarding what constitutes fraud and the penalties for committing fraud for recipients of IHSS services. In addition, recipients will be encouraged to report any coercion or abuse (physical or financial) and given information as to how to report that abuse.

- F. Elder Death Review Team. Tulare County IHSS and the District Attorney's Office will participate in an Elder Death Review Team investigating suspicious elder deaths in Tulare County. This participation would include a review of any IHSS involvement with the deceased including the possible involvement of the IHSS provider.

### **VIII. County Proposed Budget for Utilization of Funds**

Tulare County's proposed budget is enclosed. Two District Attorney Investigators will conduct the following activities:

- Train IHSS Program staff in fraud detection
- Communicate regularly with DHCS, DSS and IHSS
- Participate on the Elder Death Review Team
- Conduct unannounced home visits and targeted 6-week reviews
- Prepare anti-fraud materials
- Be available for questions and information from IHSS Program staff
- Take referrals from IHSS Program staff and the public
- Conduct surveillance
- Conduct investigations
- Conduct search warrants and arrest warrants
- Write reports and testify in court

The proposed budget includes start-up costs for the DA investigators, including cell phones, digital recorders, safety vests, and other equipment. It also includes funds for training. It is anticipated that there will be training available either through the California Welfare Fraud Investigators Association or another organization which will provide training particular to IHSS Program fraud.

One Legal Office Assistant will provide clerical support to the Investigators. The investigators need to be able to focus on the cases, however, we realize how important keeping accurate statistics on the program will be for future operations. The LOA will prepare the monthly reports to the DHCS, and the reports as needed to IHSS on the status of open investigations. That staff person will also track the number and type of referrals the DAO receives from IHSS staff. In addition, the LOA will assist in the preparation of the annual report to DSS.

In most recipient fraud cases, undercover surveillance is necessary to obtain evidence that the recipient and/or provider is committing fraud. To conduct surveillance, it is necessary that an undercover vehicle be equipped with the necessary tools to record any fraudulent activity including a 12 volt

digital video recorder; a Night/Day camera system and miscellaneous equipment such as large deep cycle batteries, inverters, camera mounts & hardware. The budget allows for the one time purchase of this equipment which will also be available for welfare fraud investigations if not in use.

A percentage of the salary and benefits of an Assistant Chief Investigator is also part of the budget. The AC will supervise the Investigators and support staff and will be a crucial component of the program, especially in the start up phase.

Finally, it is important to note that charging, prosecuting and obtaining convictions against those who have committed IHSS fraud is an integral part of this plan – however, no funds are presently provided by CDSS for those purposes. Without prosecution, all anti-fraud plans are like guard dogs with no teeth. However, Tulare County is committed to reducing fraud and will provide a prosecutor out of its general funds, if necessary. It would be extremely helpful if these county general funds could be used as the county match in the funding process.

## **IX. Integrating Other Program Integrity Efforts into the Plan**

- A. Utilization Review Committee. Tulare County IHSS, in order to provide for the uniform and accurate management of the program, has a Utilization Review Committee comprised, at a minimum, of one IHSS Manager, one Registered Nurse/Social Services Supervisor and one Payroll/Registry Supervisor. The committee reviews all assessments in newly granted IHSS cases and any reassessment involving an increase in service hours. The reviews check for accuracy, uniformity, compliance with Hourly Task Guidelines and appropriate documentation of need. Effective with the implementation of this Plan, this committee will expand to include, at a minimum, the worker assigned to the case. If the “red flag” cannot be resolved, the case will be sent to our Quality Assurance for further investigation and a possible fraud referral.
- B. Recipient Signature & Timesheet audit procedure. This is both a Quality Assurance and an anti-fraud measure performed by our IHSS payroll staff and the Social Service Worker assigned to the IHSS case. 100 recipients are chosen at random each month. Provider timesheets from the prior two months are pulled to compare with the recipient and provider signatures in the case file. Cases showing apparent discrepancies in the signatures are reviewed with the Payroll Supervisor and then returned to the assigned IHSS Social Service Worker. If the discrepancy cannot be resolved the case will be sent to

our Quality Assurance for further investigation and a possible fraud referral.

## **X. Annual Outcomes Report**

Tulare County DAO and IHSS staff will collaborate to provide an annual outcomes report by August 1 of each year, identifying activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year in the format provided by CDSS.



JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street, MS 8-17-12, Sacramento, CA 95814



ARNOLD SCHWARZENEGGER  
GOVERNOR

September 25, 2009

**COUNTY BOARD OF SUPERVISORS**

**SUBJECT: FUNDING FOR FRAUD INVESTIGATIONS AND PROGRAM INTEGRITY  
EFFORTS RELATED TO THE IN-HOME SUPPORTIVE SERVICES  
PROGRAM PURSUANT TO THE CALIFORNIA STATE BUDGET ACT  
OF 2009**

Honorable Chairman and Board Members:

The State's Budget Act of 2009 appropriated \$10 million of state funds for the purpose of fraud prevention, detection, referral, investigation, and additional program integrity efforts related to the In-Home Supportive Services (IHSS) Program. These funds are not available for prosecutions consistent with federal fund matching rules. With matching federal funds and required county matching funds, the total available statewide is \$26.4 million. This letter solicits county proposals to use the \$26.4 million for these IHSS program integrity activities through June 30, 2010.

If your county chooses to participate in this program, you must submit a plan as specified below and receive approval to receive a portion of the appropriated funds. Participating counties must certify that program integrity efforts outlined in their plan can commence within 60 days of receipt of funding. The California Department of Social Services (CDSS) requests that the plan be coordinated and developed in conjunction with your District Attorney and Welfare Department. The plan, and budget for implementation, must be approved by the County Board of Supervisors, prior to submission to CDSS for approval. A County may partner with one or more counties to submit a joint proposal.

Your county plan should address the requirements described below, and explained more fully in Enclosure C, and should also include a budget that addresses how the county intends to utilize the funding provided to enhance the integrity of the IHSS program through the efforts of your District Attorney and Welfare Department. Enclosure A represents a funding allocation guideline for counties based upon their IHSS Basic Allocation and was used to develop a budget for this purpose. The actual funds available may vary, depending on the number of participating counties. *Participating counties must submit their plan by November 1, 2009.* Thereafter and to the extent funding is available in the budget, annual plans will be due June 1 of each year for the subsequent fiscal year, and annual reports summarizing prior fiscal year data and outcomes will be due August 1.

Any funding available from counties that do not submit plans will be reallocated to one or more counties that are implementing a proven model to combat fraud and ensure program integrity, demonstrate an ability to commit and effectively spend the dollars in the remainder of the fiscal year, and who submit the most robust and promising plans.

Below is a list of the enclosures and the required elements for each county plan. A description of the elements is included herein as Enclosure C.

- A: Funding Allocation Guidelines
  - B: County Response Cover Sheet
  - C: List of Required County Plan Components
  - D: Data Reporting Spreadsheet, including data from 2004 to present
- IHSS Overpayments/Underpayments Activities and Data
  - IHSS Fraud Referrals/Outcomes Activities and Data
  - Collaboration and Partnerships between the District Attorney, the County Welfare Department and any other local entity related to the IHSS Program
  - County Collaboration and Partnerships with California Department of Health Care Services and the CDSS related to the IHSS Program
  - Mechanism for Tracking/Reporting IHSS Fraud Data and Activities
  - County's Current and Proposed Anti-Fraud Activities related to the IHSS Program
  - County Proposed Budget for Utilization of Funds
  - Description of how the County will Integrate other Program Integrity Efforts into the Plan
  - Commitment to produce an Annual Outcomes Report (due August 1 each year)

Fresno County is an example of a county that has operated a successful IHSS program integrity effort for several years and we have included a sample staffing configuration that is scalable as well as a sample IHSS Suspected Fraud Referral Form.

County Board of Supervisors  
Page Three

Counties choosing to participate must submit Enclosure B, requesting participation; a plan that includes the elements in Enclosure C; and data using Enclosure D, the Data Reporting Spreadsheet, to Carrie Stone, Manager, QA Monitoring Unit, CDSS, APB, 744 P Street, MS 19-96, postmarked, e-mailed to ([carrie.stone@dss.ca.gov](mailto:carrie.stone@dss.ca.gov)) or faxed to (916) 229-3160 on or before November 1, 2009.

Sincerely,

  
for JOHN A. WAGNER  
Director

Enclosures

c: County Welfare Directors  
County District Attorneys  
County Welfare Directors Association  
California State Association of Counties



County	ANTI-FRAUD PLANNING PROPOSAL			
	TOTAL Funds	Federal Funds	State Share	County Share
ALAMEDA	\$1,206,202	\$554,618	\$456,100	\$195,484
ALPINE	\$9,019	\$4,147	\$3,410	\$1,462
AMADOR	\$20,046	\$9,217	\$7,580	\$3,249
BUTTE	\$198,954	\$91,480	\$75,230	\$32,244
CALAVERAS	\$27,901	\$12,829	\$10,550	\$4,522
COLUSA	\$30,730	\$14,130	\$11,620	\$4,980
CONTRA COSTA	\$599,980	\$275,874	\$226,870	\$97,236
DEL NORTE	\$17,957	\$8,257	\$6,790	\$2,910
EL DORADO	\$53,923	\$24,794	\$20,390	\$8,739
FRESNO	\$740,277	\$340,383	\$279,920	\$119,974
GLENN	\$44,403	\$20,417	\$16,790	\$7,196
HUMBOLDT	\$166,689	\$76,644	\$63,030	\$27,015
IMPERIAL	\$220,269	\$101,281	\$83,290	\$35,698
INYO	\$20,575	\$9,460	\$7,780	\$3,335
KERN	\$313,888	\$144,327	\$118,690	\$50,871
KINGS	\$76,244	\$35,057	\$28,830	\$12,357
LAKE	\$73,282	\$33,695	\$27,710	\$11,877
LASSEN	\$23,775	\$10,932	\$8,990	\$3,853
LOS ANGELES	\$9,460,396	\$4,349,938	\$3,577,250	\$1,533,208
MADERA	\$72,118	\$33,160	\$27,270	\$11,688
MARIN	\$180,388	\$82,943	\$68,210	\$29,235
MARIPOSA	\$36,548	\$16,805	\$13,820	\$5,923
MENDOCINO	\$198,107	\$91,091	\$74,910	\$32,106
MERCED	\$153,043	\$70,370	\$57,870	\$24,803
MODOC	\$15,815	\$7,272	\$5,980	\$2,563
MONO	\$14,572	\$6,700	\$5,510	\$2,362
MONTEREY	\$269,167	\$123,764	\$101,780	\$43,623
NAPA	\$78,307	\$36,006	\$29,610	\$12,691
NEVADA	\$67,226	\$30,911	\$25,420	\$10,895
ORANGE	\$868,962	\$399,553	\$328,580	\$140,829
PLACER	\$109,962	\$50,561	\$41,580	\$17,821
PLUMAS	\$26,314	\$12,099	\$9,950	\$4,265
RIVERSIDE	\$854,232	\$392,780	\$323,010	\$138,442
SACRAMENTO	\$1,704,075	\$783,542	\$644,360	\$276,173
SAN BENITO	\$30,704	\$14,118	\$11,610	\$4,976
SAN BERNARDINO	\$1,340,230	\$616,244	\$506,780	\$217,206
SAN DIEGO	\$1,365,381	\$627,809	\$516,290	\$221,282
SAN FRANCISCO	\$1,413,036	\$649,721	\$534,310	\$229,005
SAN JOAQUIN	\$402,878	\$185,245	\$152,340	\$65,293
SAN LUIS OBISPO	\$180,705	\$83,089	\$68,330	\$29,286
SAN MATEO	\$289,795	\$133,249	\$109,580	\$46,966
SANTA BARBARA	\$172,428	\$79,283	\$65,200	\$27,945
SANTA CLARA	\$1,034,435	\$475,638	\$391,150	\$167,647
SANTA CRUZ	\$227,383	\$104,552	\$85,980	\$36,851
SHASTA	\$150,768	\$69,324	\$57,010	\$24,434
SIERRA	\$10,314	\$4,742	\$3,900	\$1,672
SISKIYOU	\$34,776	\$15,990	\$13,150	\$5,636
SOLANO	\$303,600	\$139,597	\$114,800	\$49,203
SONOMA	\$361,728	\$166,324	\$136,780	\$58,624
STANISLAUS	\$397,775	\$182,899	\$150,410	\$64,466
SUTTER	\$36,548	\$16,805	\$13,820	\$5,923
TEHAMA	\$62,518	\$28,746	\$23,640	\$10,132
TRINITY	\$21,263	\$9,777	\$8,040	\$3,446
TULARE	\$152,832	\$70,273	\$57,790	\$24,769
TUOLUMNE	\$55,245	\$25,402	\$20,890	\$8,953
VENTURA	\$256,976	\$118,159	\$97,170	\$41,647
YOLO	\$118,901	\$54,671	\$44,960	\$19,270
YUBA	\$72,435	\$33,306	\$27,390	\$11,739
<b>Total</b>	<b>\$26,446,000</b>	<b>\$12,160,000</b>	<b>\$10,000,000</b>	<b>\$4,286,000</b>

**Enclosure B**

COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND  
SUBMITTED WITH PLAN AND DATA

\_\_\_\_\_ County is requesting participation in the Enhanced Anti-Fraud Program  
and will submit a Plan and Data as described above, by November 1, 2009.

**Board of Supervisor Approval**

Approved on \_\_\_\_\_, 2009, by the County Board of Supervisors

Name of Approver: \_\_\_\_\_

Signature \_\_\_\_\_

Name of County District Attorney Representative: \_\_\_\_\_

County District Attorney Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of County Welfare Department Representative: \_\_\_\_\_

County Welfare Department Representative Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Enclosure B**  
**Page Two**

**CHECKLIST OF REQUIRED COMPONENTS TO BE INCLUDED IN THE PLAN**

**NOTE: *Failure to include any of the following required components in the Plan, as outlined in Enclosure C, may result in non-award of funds:***

\_\_\_ IHSS Overpayments/Underpayments Activities and Data

\_\_\_ IHSS Fraud Referrals/Outcomes Activities and Data

\_\_\_ Collaboration and Partnerships with District Attorney's Office (DAO) related to the IHSS Program

\_\_\_ County Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) related to the IHSS Program

\_\_\_ Mechanism for Tracking/Reporting IHSS Fraud Data and Activities

\_\_\_ County's Current and Proposed Anti-Fraud Activities related to the IHSS Program

\_\_\_ County Proposed Budget for Utilization of Funds (use Enclosure A as a guideline)

\_\_\_ Description of how the County will integrate other Program Integrity Efforts into the Plan

\_\_\_ Commitment to produce an Annual Outcomes Report (due August 1 of each year)

\_\_\_ Data Reporting Spreadsheet (Enclosure D – includes data from 2004 to present)

## **Enclosure C**

### **LIST OF REQUIRED COUNTY PLAN COMPONENTS**

#### **IHSS Overpayments/Underpayments**

The plan must address how the county will identify overpayments/underpayments and set forth a plan to reduce the occurrence of each. In addition, Enclosure D must be completed to include the number of instances, amounts, and causes of overpayments and underpayments identified by County Quality Assurance (QA) activities since enactment of the QA Initiative in 2004 to the present to establish a county baseline for outcome comparison post July 1, 2010.

#### **Fraud Referrals/Outcomes**

The plan should include the county's methodology for determining the appropriate agency for referral/investigation. In addition, Enclosure D must be completed that includes the number of suspected fraud referrals to the state Department of Health Care Services (DHCS), the number of suspected fraud cases handled locally, the number of convictions for fraud, the amount of funds involved in the convictions, the amount recovered, the basis for the conviction, and the individuals responsible (i.e., provider, recipient, county worker, etc.). The data is requested for the period since enactment of the QA Initiative in 2004 to the present to establish a county baseline for outcome comparison post July 1, 2010.

#### **Collaboration and Partnerships with District Attorney's Office (DAO)**

The plan should address how the county will improve the integrity of the IHSS program through IHSS fraud detection/prevention/referral activities in SFY 2009-10. Any examples of past efforts that produced successful outcomes could be included in the description of this section.

#### **Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)**

The plan should address how the county will collaborate with DHCS and CDSS on such issues as referrals, joint investigations, prosecutions, etc. The plan should include how referrals to DHCS will be tracked.

#### **Mechanism for Tracking/Reporting**

Each county must commit to track and report outcomes of its efforts to CDSS. Participating counties will be required to submit final data for SFY 2009-10 by August 1, 2010, in a format that will be shared later with participating counties. Counties will be required to submit a plan each year on June 1st in order to be considered for continued funding for this program. The plan should include any updates to the previous year's plan, as well as an agreement to continue tracking, reporting, and submitting final data for the previous fiscal year to CDSS by August 1.

**Enclosure C**  
**Page Two**

**County's Current and Proposed Anti-Fraud Activities**

The plan must briefly describe the county's current fraud detection/prevention activities as well as proposals for future fraud detection/prevention activities, including possible error rate studies.

**County Proposed Budget for Utilization of Funds**

The plan must include a budget that outlines use of funding by activity and agency. Counties may use Enclosure A as a guideline for developing a budget; however the amount of funding may vary depending on the number of counties participating.

**Description of how the County will Integrate Other Program Integrity Efforts within the Plan**

The plan must include a brief statement as to how the County will integrate their plans for use of these funds with other program integrity efforts, including the anti-fraud components provided in the State Budget Act of 2009 for the IHSS program.

**Annual Outcomes Report**

All participating counties will be asked to provide an annual outcomes report by August 1 of each year, identifying activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year. CDSS will send the format to each participating county in January 2010.

## Enclosure D

County: TULARE

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:				42	52	28
Number of Instances:						
Breakdown of Causes	Provider:				3	
	Recipient:			6	12	2
	County Error:			34	36	25
	Unknown:			2	1	1
	Other:		6			

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:				64	101	59
Number of Instances:						
Breakdown of Causes	Provider:					
	Recipient:			17	12	5
	County Error:			47	84	54
	Unknown:				5	
	Other:					

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:		2	1		4	5
Number handled locally by DA:						
Number of convictions:						
Court Ordered Restitution:						
Amount of funds involved in the convictions:						
Amount of funds recovered:						
Amount of funds pending recovery:					10,672	
Basis for the Conviction:						
Individuals Responsible	Recipient:					
	Provider:					
	County Staff:					
	Other:					
	Unknown:	3	1		4	5

Tulare County hired Q.A. staff in March, 2005

The Fraud referrals listed herein were not a direct result of Q.A. activities but were instead based upon information obtained by case workers.

F/Y 04/05. Data not available; Q.A. staff not hired until 03/05.

F/Y 05/06. Limited data available. The numbers listed as over-payments and under-payments reflect finding that resulted in a change in services.

Enclosure D  
Page Two

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
Documented referrals to DA*			0	0	0	0
Outcomes	Accepted:					
	Rejected:					
	Pending:					
	Completed Investigation					
	No Fraud:					
	Restitution Action:					
	Referred for Prosecution:					
	Criminal Charges Filed:					
	No Charged Filed:					
	Convictions:					
	Acquittals:					
	Dismissals:					
	Pending Investigation:					
	Restitution					
	Court Ordered:					
	Restitution Action:					
	Fines					
	Prosecutions Completed					
	Convictions					
	Misdemeanor					
	Felony					

## DEFINITIONS

For purposes of program reporting, terms and concepts are defined as follows:

Documented Case Referral means:

Cases received through specified dates that substantially comply with the documented case referral protocol.

Documented Case Referrals\* are classified as:

Pending – cases awaiting review/case bank

Accepted – cases that are opened and assigned for investigation

Rejected – no further action will occur

Investigations

Investigation opened means cases in which an investigator or Deputy District Attorney has been assigned to a case.

Completed Investigation

Case is closed by court action or deemed unsubstantiated.

Cases

Multiple defendant cases should be counted as single cases, not a separate case for each defendant unless the number or names of the individual defendants are specified.

Fines

Are defined as fines imposed by the court. Penalty assessments may be included. Do not include booking fees, probation supervision fees or restitution.

Provider fraud

Fraud perpetrated by IHSS services.

Recipient fraud

Fraud perpetrated by the IHSS recipient.



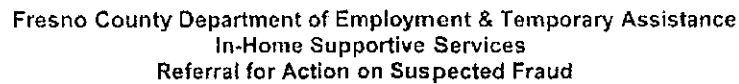
## **IHSS Fraud Investigations and Program Integrity Staffing Recommendation**

In our opinion, after investigating and prosecuting IHSS Fraud over the last six years in Fresno County (900,000 pop.), we currently have and recommend a minimum staffing level of:

- 1 Deputy District Attorney
- 2 DA Investigators
- 1 Clerical Person

Through our experience and evidenced by our 1,300 referrals waiting for investigation, an optimal staffing level would include the above and add:

- 1 DA Investigator
- 1 DCHS Investigator
- 1 Social Worker
- 1 Collections Assistant (optional)



Aid Type:

☐ Provider not working the hours  
☐ Recipient or Provider incarcerated  
☐ Recipient in hospital/nursing home  
☐ Recipient deceased  
☐ Other (specify):

☐ Unreported changes in household  
☐ Recipient demanding provider share check  
☐ Overstated needs  
☐ Misrepresented income

<b>Provider Information</b>	Name:	SSN:
	Address:	DOB:
	<input type="checkbox"/> Same as Recipient	Gender: <b>Select</b>
	City, Zip:	
	Phone:	

**\_\_\_\_\_  
 GROUNDS FOR SUSPECTED FRAUD:**

Suspected Fraud Committed By: ☐ Recipient ☐ Provider ☐ Both

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_