

Enclosure C

***Fiscal Year 2011-2012  
Fraud Investigations and Program Integrity Efforts  
Solano County Plan***

The Program Integrity Unit (PIU) is part of the In-Home Supportive Services (IHSS) program in the Social Services Division, Older and Disabled Adult Services (ODAS) bureau in the Health and Social Services Department (H&SS). The two functions in PIU are:

- Fraud Investigations
- Quality Assurance/Quality Insurance (QA)

Day-to-day supervision, with the exception of the welfare fraud investigator (investigator), is done by the ODAS administrator and the IHSS program manager. The investigator is housed in the Special Investigations Bureau (SIB) and supervised by the supervising welfare fraud investigator.

Fraud investigations staffing for FY 2011-12:

- 1FTE Welfare Fraud Investigator II
- 2 FTE Social Worker III Limited Term

QA staffing will continue to be 1FTE Social Worker III and is not reflected in the Fraud Investigations and Program Integrity Efforts budget.

Overall coordination of PIU is done by the Fraud Prevention Task Force. Members of the task force are:

- Deputy Director for IHSS
- IHSS Administrator
- IHSS Program Manager
- Chief Welfare Fraud Investigator
- Supervising Welfare Fraud Investigator
- Public Authority for IHSS (PA) Administrator – as needed
- Investigator
- Fraud Investigation Social Workers
- QA Social Worker
- Clerical Operations Supervisor
- Office Assistant III
- Assistant to the IHSS Administrator

## **Current and Proposed Anti-Fraud Activities**

### Current Core Anti-Fraud Activities

- Unannounced visits to recipients by investigator
- Social worker follow-up to unannounced visits for such things as change of address, death, unable to locate and refusal to cooperate as well as potential fraud activities
- Social worker investigation with assistance as needed from the investigator of fraud referrals and making referrals to Department of Health Care Services (DHCS) and local District Attorney (DA) for review for prosecution
- Identifying overpayments, initiating a recovery plan, monitoring recovery
- Follow-up on underpayments identified by QA and others
- Follow-up of alerts on various CMIPS reports – e.g., providers working more than 300 hours, no time sheet activity for more than 60 days, and out-of-state warrants
- Referrals from payroll clerks when time sheets are submitted for more than four pay periods
- Referrals from payroll clerks when there are questionable signatures on time sheets
- Obituary matches in local newspapers
- Review bi-monthly Death List from County Vital Statistics
- Follow-up from QA on matches on the death list and hospital list
- Local pay stub messages for providers
- Information about how to report potential fraud in the fraud prevention pamphlet and in the ODAS brochure
- Respond to Advance Pay error report and do monthly checks for submission of time sheets by Advance Pay recipients
- Check incarceration dates on Supplemental Arrest Notifications from DOJ provider background checks to see that time sheets were not submitted
- Public Authority will match names of providers on the Overpayments Log with Registry providers

### Proposed Anti-Fraud Activities

In this fiscal year, the two social workers will take an active role in provider enrollment which will enable the following:

- Finding retro-active payments for more than two months
- Announce, implement and promote new policies
- Having greater access to necessary data
- Reduce fraud

No other new anti-fraud activities are planned at this time; but, some may be added.

### **Proposed Budget**

See Enclosure E sent to CDSS in October 2011.

### **Collaboration with the District Attorney**

In Solano County, welfare fraud investigations are done by the SIB which is part of H&SS. Referrals for review for prosecution will go to DHCS and at the same time a copy of the referral is sent to DOJ. PIU will make referrals directly to the Solano County DA when directed to do so by DHCS. Cases referred to DHCS are prosecuted in Sacramento County. Staff will cooperate fully with the DA whenever a fraud case is prosecuted in Sacramento or Solano County.

### **Fraud Referrals/Outcomes**

Since April 2010 our policy is to refer to/or discuss with DHCS cases with over \$1000 in overpayments. All fraud referrals are done by the two social workers in PIU with assistance from the investigator.

Prosecution and recovery do not adequately demonstrate the success of our program. A much more descriptive way of showing effectiveness is to look at the cost savings. Statistics for FY 2010-11 were sent to CDSS in October 2011 in the new format required.

### **Overpayments/Underpayments**

The current policy is that we will attempt to recover all overpayments, no matter how small. This serves as an important education and prevention component of our overall mission. In addition,

all overpayments over \$1000 will be referred to the DHCS/DA for review. Overpayments identified by QA will be referred to fraud investigations staff for initiating a recovery plan and making referrals to the DHCS/DA for review.

All overpayment and fraud investigation activities are centralized to one unit, which has increased efficiency tremendously. We are able to accurately track what overpayments have been identified, recovery plans initiated, amounts that have been recovered and show cost savings. We have sophisticated Excel logs for recording overpayments, recovery and cost savings from various activities, such as review of no time sheet activity for more than 60 days, time sheets submitted for more than four pay periods, and obituary matches as well as the result of reports of potential fraud coming from case-carrying social workers and others.

Thus far most reports of potential fraud have come from case-carrying social workers and payroll staff. During FY 2010-11 we found that it was very productive to review the CMIPS reports of no activity for more than 60 days as well as review time sheets submitted for more than four pay periods and the matches we get from obituaries in local newspapers.

Underpayments will primarily be identified by QA. When underpayments are identified, they will be referred to PIU social workers to research, make the corrections immediately and record the cost savings. Underpayment cost savings will be recorded in PIU quarterly statistical reports as well as the annual outcomes report.

The PIU social workers are assisting case-carrying social workers by making the required changes in CMIPS for deaths, changes of address, overpayments and underpayments identified by PIU. This means that overpayments/underpayments are addressed quickly.

**Collaboration and Partnership with  
California Department of Health Care Services  
and the California Department of Social Services**

All situations with overpayments more than \$1000 will be referred to DHCS for review for prosecution. At the same time we send information to DOJ. PIU social workers, the investigator and administrative staff have had telephone and in-person contact with investigators from DHCS and DOJ. PIU social workers will initiate personal contact with DHCS and DOJ investigators when a referral is made.

We will prepare plans, budgets and statistical reports as required by CDSS. ODAS administrative staff regularly attends meetings where CDSS staff is present.

### **Mechanisms for Tracking/Reporting**

We have a series of Excel spreadsheets to serve as logs for the various PIU activities. Logs are posted on our ODAS Intranet site for shared PIU and IHSS case-carrying social worker use and administrative monitoring. Access to read the logs is limited to IHSS staff. A quarterly PIU report using the new state format will be prepared for H&SS administrative review.

The reports of fraud investigations by the two PIU social workers are posted on the ODAS Intranet site. There the case-carrying social worker and supervisory/management staff can see the progress and the results of the investigation. (For confidentiality reasons, county counsel has told us that fraud investigation reports should not be filed in the regular IHSS case record.) In case notes in the IHSS case record there will be a notation that the request for an investigation has been made and when the investigation is completed a notation about the results.

### **Annual Outcomes Report**

Outcomes will be reported quarterly in the PIU report for H&SS administrative review. Outcomes will be reported annually as required by CDSS.

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