

SUMMARY OF THE FRAUD/DATA EVALUATION WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau
Location: Health & Human Services Data Center, 9323 Tech Center Drive,
Conference Room 2, Sacramento, California
Date: June 17, 2005
Time: 10:00 AM to 1:00 PM

The meeting was attended by consumers, providers, various state and county staff, advocacy groups, union representatives, and district attorneys. Attendees signed in and received the following handouts: A revised Agenda; a handout summarizing a June 13, 2005, interagency meeting discussion regarding items for potential implementation in the next three to six months; and a copy of PowerPoint slides outlining the meeting plan (see attached).

Brian Koepp, Chief, Quality Assurance Bureau (QAB), commenced the meeting by welcoming the attendees and making introductions. He summarized what the workgroup completed by recapping the previous workgroup meeting held May 6, 2005. Brian informed the group that the workgroup combined SB 1104 requirements related to fraud/data evaluation into three categories for breakout activities. The three groups—Interagency Processes and Procedures, Data Evaluation, and Delivery of Services—identified issues and/or actions for consideration in these areas. The next steps were to evaluate the input provided from the breakout activities, have an interagency discussion, and identify any areas for further workgroup activities.

Julie Lopes, Manager, QA Monitoring Unit, informed the group about an interagency meeting that occurred on June 13, 2005. The interagency meeting included Department of Health Services (DHS) Medi-Cal Eligibility and Fraud Investigations staff, CDSS staff, and a representative from the County Welfare Directors Association (CWDA). This group evaluated this workgroup's May 6, 2005, meeting suggestions for potential implementation in the next three to six months. The discussion resulted in the following action items:

Interagency Coordination/Procedures: Issue an All County Information Notice (ACIN) to outline the interagency roles, responsibilities, and procedures regarding preventing and investigating potential fraud and making appropriate referrals. First, it will be necessary to get a Legal Opinion from both CDSS' and DHS' Legal Divisions regarding whether the statute provides flexibility for DHS to defer some investigations to the counties.

Data Evaluation: Identify areas for data matches in addition to death matches; error-prone categories, etc., after meeting with DHS staff with data expertise.

Delivery/Verification of Services: Initiate periodic mailings of confirmation of services received, have county/state QA staff conduct periodic home visits, issue posters and messages on providers' checks via State Controller's Office regarding fraud alert/fraud hotline, ensure provider orientations are conducted, provide pamphlets/posters that clarify providers' responsibilities.

The group then expressed the following comments and concerns:

There was some discussion regarding who would be responsible for the fraud investigations. There are workload issues in DHS, so the counties might be relied upon to do a percentage of the fraud investigations. Brian explained that one consideration was to have a specific threshold level that would dictate whether the county or the state would investigate a fraud referral. We need to see what the statute allows regarding the role of DHS, CDSS, and the counties in the investigation of fraud referrals.

Another concern raised was how to protect clients from providers who have been convicted of elder abuse. A consumer shared her concern that consumers are in a vulnerable position for fraud and need to be educated. It was recommended that provider applications and time cards need to be signed under penalty of perjury. Brian informed the group that there is interface on this issue with the Forms Workgroup.

Following a break, the group divided into two breakout groups—Interagency Coordination/Procedures and Delivery/Verification of Services. They each selected a scribe and facilitator to collect and report the group's input as follows:

Interagency Coordination/Procedures

Areas Identified:

- CDSS needs to obtain a Legal Opinion as soon as possible regarding the issue of counties being able to maintain authority to handle IHSS fraud investigations.
- DHS has already sent forward a request for a Legal Opinion regarding the same issue from their Legal Division.
- If DHS and counties do have the ability to share investigative roles, can we use a threshold concept to determine levels?
- If a threshold concept is used, what might be the determining factor (dollar amount, types of cases, etc)?
- If a county includes this activity in their QA plan, does this bypass the legal issue?
- With CDSS representing local counties, can CDSS and DHS enter into an Interagency Agreement to bypass the potential issue with DHS deferrals of some investigations to counties?
- If an Interagency Agreement can be used, it will be necessary to define investigative sharing activities.
- As some county fraud units are part of other county agencies (District Attorney Office, etc.), is it necessary for county fraud units to be part of the county QA unit or can they remain as is?
- It was suggested that a subcommittee with one representative of the California District Attorneys Association, County Fraud Investigators Association, DHS, and CDSS be formed to negotiate with Legal.
- Does the issue of county fraud investigations fiscally impact local county block grants (how much, what type, etc.)?

Delivery/Verification of Services

Areas Identified:

- A “Verification of Receipt Services” form should be completed by the social worker during the reassessment. (Mailings of this form would not be effective due to consumer intimidation issues with providers, etc.)
- Consumers and providers need to be educated about fraud. Issue an All County Letter (ACL) to counties clarifying the policy of only reporting hours actually worked. Pamphlets explaining provider responsibilities should be sent by public authorities to providers, and consumers should also be sent this information.
- QA staff will conduct home visits to verify receipt of services, but they need to be sensitive to cultural issues, language and hearing issues, and/or fear by consumers.
- Utilize various tools/instruments to identify tasks and time (task grids, etc.) for specific populations. (Sacramento County Public Authority and one county welfare department expressed interest in conducting pilots.)
- Provide mandatory training for providers, and pay providers during the training. (How can we make it mandatory?)
- Issue posters to educate consumers and providers (include consumers and providers in the design) and make sure fraud hotline posters are in various languages.
- Be aware of the intimidation factor when State Controller’s Office issues any fraud message on checks stubs. Use language that says “Tip,” etc., to ensure providers do not think the message is identifying them as committing fraud.

Brian Koepp closed the meeting by announcing that the next steps are to allow time for CDSS’ and DHS’ Legal staff to address outstanding issues. Consequently, the next meeting is scheduled for August 30, 2005.

**FRAUD/DATA EVALUATION WORKGROUP
ATTENDEES AT THE 6/17/05 MEETING**

Name	Organization
Jo Urbina	Butte County DA
Kirk Trostle	Butte County DA
Helen Mergolian	DHS San Francisco
Jake Jacobs	Glenn County HRA
Wendy Powell	Sacramento County QI/QA
Greg Gibeson	Alameda Co. DA
Wayman Hindsman	CDSS – OTA
L. Fay Mikiska	Sacramento County IHSS Adv. Com.
Floralma Valencia	Sacramento County
Ann Coller	Protection and Advocacy
Sharon Rehm	Sacramento County
Sumbo Chen	Stanislaus County
Joni McGee	
Tamara Trasberry	SEIU State Council
Carol W. Evan	Sacramento County IHSS
Larry Newman	DOJ BMFEA
Gerald E. Motter	Santa Barbara DA
Barbara Vonk	EDS
Barbara Beigie	DHS
Susan Schwendimann	Sacramento County IHSS
Cyndee Forbes	Sacramento County IHSS SW
Jodi Beller	Butte County
Pamela Ng	Sacramento County IHSS QI/QA
Jim Newton	Sacramento County IHSS Fraud
Bob Young	San Francisco Dept. Human Services
Toni Landis	SEIU-UHW
Alan Okada	SCO
Olia Furmully	SEIU 616
Irene Cole	Monterey County
Scott Braithwaite	IHSS Sacramento County
Lola Young	California Sr. Leg. Gray Panthers
Kathleen Schwartz	Sacramento County IHSS
Pamela Cao	Sacramento County IHSS
Judy Leavell	Sacramento County IHSS
Jarrett Oddo	Sacramento County IHSS
Thanh Ahlfenger	SEIU 616
Rachele Savola	SEIU Local 616
Toua Thao	Sacramento County IHSS
Jean Dancy	Sacramento County IHSS
Clint Jossey	Contra Costa County
Wayne Dugard	DHS – Investigation
Andrea Allgood	CDSS

Bea Sanchez	CDSS
Brian Koepp	CDSS
Julie Lopes	CDSS
Debbie Wender	CDSS
Julia Plasencia	SEIU 434B Los Angeles
Stormaliza Beautispella	Consumer

Fraud/Data Evaluation Workgroup

Items Evaluated for Potential Implementation in Next Three to Six Months

The California Department of Social Services (CDSS) held an interagency meeting June 13, 2005, with Department of Health Services (DHS) staff, and a County Welfare Director's Association (CWDA) representative to evaluate input from breakout group discussions at the May 6, 2005, Stakeholders' Fraud/Data Evaluation Workgroup meeting pertaining to Interagency Coordination/Procedures, Data Evaluation, and Delivery/Verification of Services. The results of the discussion were as follows:

Interagency Coordination/Procedures

- **Deliverable Item:** Issue an All County Information Notice (ACIN) to outline the interagency roles, responsibilities, and procedures regarding preventing and investigating potential fraud and making appropriate referrals when fraud has been determined.

Action Items:

- CDSS is to get direction from Legal to determine if Welfare and Institutions Code [WIC] Section 12305.82(a) provides flexibility for DHS to allow counties to conduct some degree of investigations and, if so, to what extent. (One idea was to have fraud allegations of under \$1000 investigated by counties.)
- Identify necessary interagency protocols with DHS (Interagency Agreement [IA], Memorandum Of Understanding [MOU], joint ACIN, etc.).

Data Evaluation

- **Suggested Deliverable Items:** Identify areas for data matches in addition to death matches; error-prone categories, etc.

Action Items:

- CDSS' Case Management Information Payrolling System (CMIPS) staff will meet with Medi-Cal Eligibility Data System [MEDS] data experts to identify expanded areas for data matches.
- Some actions identified have already been initiated via ACIN I-24-05.
 - The ACIN specifies the requirements for county Quality Assurance (QA) to receive, resolve, and respond to claims data match discrepancies or other State-level QA and program integrity information indicating overpayments/underpayments.
 - The ACIN also specifies to use the 300-hour report from CMIPS and the Ad Hoc tool from Electronic Data System (EDS) to develop criteria to identify potential fraud. It addresses that additional data matches will be generated by matching specified Medi-Cal provider records against provider payment records to ensure duplicate Medi-Cal payments are not made.

Delivery/Verification of Services

WIC 12305.72(e) requires:

The development and implementation of approaches to verifying receipt of program services by program recipients.

- **Suggested Deliverable Items:** Initiate periodic mailings of confirmation of services received, have county/state QA staff conduct periodic home visits, issue posters and messages on providers checks via State Controller's Office (SCO) regarding fraud alert/fraud hotline, ensure provider orientations are conducted, provide pamphlets/posters that clarify providers' responsibilities.

Action Items:

- Initiate pilot project for county to send provider work sheets to clients.
- Issue All County Letter (ACL) clarifying policy for reporting hours.
- Issue pamphlets explaining provider responsibilities.
- Include Verification of Services questions at the time of Reassessment.
- Issue posters with reference to IHSS Abuse/Fraud Hotline and use DHS posters for template.
- Have State Controller's Office (SCO) issue two-line, less than 60-character message regarding IHSS Fraud on providers' checks.

**WELCOME
TO THE
QUALITY ASSURANCE
INITIATIVE
FRAUD/DATA EVALUATION
WORKGROUP**

June 17, 2005

RECAP

■ Last meeting:

Combined the Senate Bill (SB) 1104 requirements related to fraud/data evaluation into three categories for breakout activities:

- 1. Interagency processes and procedures that address potential fraud**
- 2. Data Evaluation Activities**
- 3. Delivery of Services**

RECAP

Continued

- **Last meeting's next steps were to:**
 - **Evaluate input provided from breakout activities**
 - **Have Interagency discussions**
 - **Identify any areas for further workgroup activities**

TODAY'S MEETING OBJECTIVES

- To share June 13, 2005, interagency meeting information:
 - Workgroup's suggestions were evaluated for potential implementation in the next three to six months
- Two breakout groups to discuss handout:
 - **Interagency coordination/procedures**
 - **Delivery/Verification of Services**

NEXT STEPS

- Complete action items
- Identify deliverables
- Next meeting planned August 30, 2005