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GOVERNOR

July 8, 2014

ALL-COUNTY INFORMATION NOTICE NO.: I-35-14

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: RELEASE OF THE REPORT OF PROGRAM INTEGRITY AND
ANTI-FRAUD EFFORTS IN THE IN-HOME SUPPORTIVE SERVICES
PROGRAM FOR FISCAL YEAR (FY) 2012/13

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

This notice accompanies the release of the *Report of Program Integrity and Anti-Fraud Efforts in the In-Home Supportive Services Program for Fiscal Year 2012/13*.

On July 24, 2009, ABX4 19 required the California Department of Social Services (CDSS) to establish a State and county stakeholders' workgroup to address the key requirements pertaining to IHSS Program Integrity. The goal of this workgroup was to develop protocols clarifying State and county roles and responsibilities for developing uniform statewide protocols for the implementation and execution of standardized program integrity measures in the IHSS Program. One key aspect of this goal is data sharing, including county submission of fraud data, and CDSS' compilation and analysis of that data for the purpose of improving the quality and the integrity of IHSS.

CDSS worked with counties to develop a fraud data reporting and collection process using the Fraud Data Reporting Form (SOC 2245). While fraud data was collected throughout FY 2011/12, the process was new, and the reported data could not always be interpreted clearly. Technical assistance was provided to counties, and the statewide data, from FY 2012/13, was compiled and analyzed accordingly.

Attached is the first annual Report of Program Integrity and Anti-Fraud Efforts in the In-Home Supportive Services Program, covering data from FY 2012/13. This report is available on CDSS' website at: <http://www.cdss.ca.gov/agedblinddisabled/P3404.htm>.

ACIN No: I-35-14
Page Two

If you have questions or comments regarding this report, please contact the Program Integrity Unit at (916) 651-3494, or via e-mail at ihss-pi@dss.ca.gov.

Sincerely,

Original Document Signed By:

HAFIDA HABEK, Chief
Policy & Quality Assurance Branch
Adult Programs Division

Attachment



Report of Program Integrity and Anti-Fraud Efforts in the In-Home Supportive Services Program

Fiscal Year 2012/13

As compiled from the In-Home Supportive
Services (IHSS) Fraud Data Reporting Form
(SOC 2245)

July 2014

Executive Summary

The IHSS Program is an approximately \$6.3 billion program serving over 460,000 eligible aged, blind and disabled recipients and consumers statewide. There are approximately 377,000 IHSS Providers who serve this population, the majority of whom are family members of the recipients they care for.

Assembly Bill 19, fourth extraordinary session (ABX4 19), amended California Welfare and Institutions Code (WIC) Sections 12305.7, 12305.71, and 12305.82, requiring the California Department of Social Services (CDSS) to establish a stakeholder workgroup to address key requirements pertaining to IHSS program integrity. The goal of this workgroup was to develop protocols clarifying state and county roles and responsibilities for the implementation and execution of standardized program integrity measures in the IHSS Program, including data sharing and statewide coordination. These protocols are available here: <http://www.cdss.ca.gov/agedblinddisabled/PG3401.htm>.

Following from these protocols, counties agreed to track and submit fraud data, and CDSS committed to release annual reports summarizing the data. As the first step towards that goal, a fraud data reporting process was developed using the Fraud Data Reporting Form (SOC 2245). Data reported for Fiscal Year (FY) 2011/12 was inconsistent and could not always be interpreted. Technical assistance was provided to counties, and it was determined that the data from FY 2012/13 was sufficient for analysis and reporting as the first annual Report of Program Integrity and Anti-Fraud Efforts in IHSS.

This report summarizes the data reported by counties, as well as investigation outcomes reported by Department of Health Care Services, for the period of July 1, 2012, through June 30, 2013. The report includes analysis of county fraud reporting and activities statewide, and recommendations for improving IHSS program integrity. The key findings in this report include:

- All 58 counties submitted SOC 2245 forms, reporting a total of 6,401 fraud complaints. Most fraud complaints originated from *County Staff* (41%) and *Data Matches* (32%).
- Of the 6,401 fraud complaints, 3,245 resulted in referral for fraud investigation; 2,130 resulted in referral for administrative action; and 60 resulted in referrals to Adult Protective Services or Child Protective Services, meaning that 85% of fraud complaints statewide required some follow-up action. The remaining 15% were dropped with no action.
- Of the 6,401 fraud complaints, large counties reported nearly 54% and medium counties reported 40%.
- There were 3,812 fraud investigations completed by counties statewide. Completing the process from complaint to resolution sometimes spans multiple years, so some of these completed investigations may have been for complaints received prior to FY 2012/13. Likewise, some of the 6,401 complaints received in FY 2012/13 may not have been resolved by the end of that FY. Of the 3,812 completed investigations, 66% involved suspected Provider Fraud. The most commonly reported outcome was *Referred for Administrative Action* at 59%.

- Counties reported investigations resulting in referrals for prosecution totaling \$2.2 million in suspected fraud, while \$1.6 million was referred for administrative action. Measured against a total program cost of \$6.3 billion, those represent 0.035% and 0.025% respectively.
- Counties reported referring 242 cases to district attorneys' offices for prosecution. Outcomes were reported on 233 cases, of which 21 cases were reported as *Declined by District Attorney's Office*. The remaining 212 cases were accepted by district attorneys' offices and resulted in 152 convictions, 35 plea deals, and 25 dismissals.
- Counties identified over \$2 million for *Administrative Recovery*, and were awarded \$952,000 in *Court Ordered Restitution*.

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STATEWIDE FY 2012/13 ANNUAL REPORT OF PROGRAM INTEGRITY AND ANTI-FRAUD EFFORTS IN THE IN-HOME SUPPORTIVE SERVICES PROGRAM

Background

On July 24, 2009, Assembly Bill 19, fourth extraordinary session (ABX4 19) amended components of the California Welfare and Institutions Code (WIC) Sections 12305.7, 12305.71, and 12305.82, requiring the California Department of Social Services (CDSS) to establish a State and county stakeholders' workgroup to address key requirements pertaining to IHSS program integrity. The goal of this workgroup was to develop protocols clarifying State and county roles and responsibilities for the implementation and execution of standardized program integrity measures in the IHSS Program, including data sharing and statewide coordination. As the first step towards that goal, CDSS worked with counties to develop a fraud data reporting and collection process using the Fraud Data Reporting Form (SOC 2245).

Purpose

This report summarizes the SOC 2245 data as reported by counties for the period of July 1, 2012, through June 30, 2013. This report includes an analysis of county fraud reporting and activities statewide, the conclusions that can be drawn from the data, and recommendations for improving the overall approach to IHSS program integrity.

Methodology

Counties submit the SOC 2245 to CDSS quarterly. Additionally, as the state agency tasked with investigating all Medi-Cal fraud, the Department of Health Care Services (DHCS) reported the results of State fraud investigations. County and State fraud data is collected, reviewed, tracked, compiled, and analyzed by the CDSS Adult Programs, Quality Assurance & Improvement Bureau, with the intent of identifying opportunities to improve IHSS fraud prevention, detection, and reporting statewide.

Elements of the SOC 2245

In FY 2012/13, there were five sections on the SOC 2245 form, each with various subsections. Figures one through five are the SOC 2245 sections as they are presented to counties.

SOC 2245 – Section I

The first section of the SOC 2245 captures fraud complaint data reporting. Counties report total complaints received, the sources of these complaints, and the outcomes of the initial review (triage) of these complaints. See Figure 1:

Figure 1: SOC 2245 – Section I

Section I. Fraud Complaints		
A	Total Number of Complaints Received	
A.1.	Number of Complaints Received By Source	
	Recipient	
	Provider	
	Family member	
	County staff	
	Neighbor	
	Data matches	
	Anonymous- phone	
	Anonymous- mail	
	Anonymous- website	
	Other (Explain in Comments- section VI.1.)	
A.2.	Number of Complaints By Outcome - Initial Review	
	Referred for county investigation	
	Referred for state investigation	
	Referred for administrative action	
	Referred to APS/CPS	
	Dropped, no action	

SOC 2245 – Section II

This section captures early detection savings data as reported by counties. Counties report the total number of cases either terminated or reduced, as well as the total number of hours reduced, followed by the reason for the termination or reduction. See Figure 2:

Figure 2: SOC 2245 – Section II

Section II. Early Detection Savings		
A	Total Number of Cases Terminated/Reduced	
A.1.	Number of Cases Terminated/Reduced as a Result of:	
	Data matches	
	Entirely overstated disability	
	Partially overstated disability	
	Household composition/proration	
	Misrepresented program eligibility	
B	Total Number of Hours Terminated/Reduced	
B.1.	Number of Authorized Hours Terminated/Reduced as a Result of:	
	Data matches	
	Entirely overstated disability	
	Partially overstated disability	
	Household composition/proration	
	Misrepresented program eligibility	

SOC 2245 – Section III

This section captures fraud investigation data. Counties report the number of investigations completed, and then specify the number of investigations by type and by outcome. Data is then submitted by counties to report the dollar estimates by the outcome of the investigation. See Figure 3:

Figure 3: SOC 2245 – Section III

Section III. Fraud Investigations - Completed	
A	Total Number of Investigations Completed
A.1.	Number of Investigations By Type
	Collusion (Provider & Recipient)
	Provider fraud
	Recipient fraud
	County staff
	Other (Explain in Comments - section VI.2.)
A.2.	Number of Investigations By Outcome
	Dropped, no action
	Referred for admin. action to IHSS
	Referred for prosecution to County DA
	Referred for prosecution to DOJ
A.3.	Amount Estimates by Outcome (\$)
	Estimated amount referred for admin. action to IHSS
	Estimated amount referred for prosecution

SOC 2245 – Section IV

This section captures county prosecution data. Counties report the number of cases received for prosecution and then report the outcome of those prosecutions. See Figure 4:

Figure 4: SOC 2245 – Section IV

Section IV. Prosecutions - County	
A	Total Number of Cases Received for Prosecution
A.1.	Number of Cases by Outcome
	Cases declined by DA
	Plea deal, no conviction
	Cases dismissed
	Number of cases - with convictions
	Number of felony convictions
	Number of misdemeanor convictions
	Number of defendants prosecuted
	Number of Referrals to suspended and ineligible list

SOC 2245 – Sections V - VI

Section five captures fraud-related dollar totals. Counties report the dollar figures for total losses identified, Court Ordered Restitution (COR), and administrative overpay recovery. Section six captures the explanations for the “*Other*” fields located in Section I.A.1 and III.A.1 respectively. See Figure 5:

Figure 5: SOC 2245 – Sections V – VI

Section V. Totals (\$)		
A	Loss Identified to IHSS Program	
B	Total Amount Identified for Collection through Court Ordered Restitution	
C	Total Amount Identified for Collection through County Overpay Recovery	
Section VI.1. Comments		
Section VI.2. Comments		

The Fraud Complaint Resolution Process (up to a 3+ year cycle)

As the sections of the SOC 2245 demonstrate, the fraud complaint resolution process involves multiple stages. Upon receiving a fraud complaint, counties triage the complaint and determine whether it is to be referred (either for investigation or administrative action), or dropped without further action.

In some cases referred for administrative action, counties will take immediate action, such as a reduction to the service hour’s authorization, or termination of a case. These actions become Early Detection Savings, representing money that, as the result of action taken because of a fraud complaint, was not improperly spent.

Complaints determined to warrant some further action may be referred to either county investigators, DHCS, Adult/Child Protective Services, or back to the program for administrative action, such as overpay recovery or termination of services. In the case of a referral for county or State investigation, the referral is investigated to determine whether or not prosecution is appropriate.

If the investigation determines that prosecution is appropriate, the case may be referred to the county District Attorney's (DA) Office, or to the California Department of Justice (DOJ). Once referred for prosecution, the case will be reviewed, and then declined, dismissed, or prosecuted.

Each step can take considerable time; the complete process including prosecution can take three years or more. Because cases from a previous year may still be in progress, and the current year's cases may not be resolved the same year the complaint was received, the number of outcomes in a year will likely never equal the number of complaints, investigations, or prosecutions for that year.

Statewide Results

All 58 counties submitted fraud data for all four quarters for FY 2012/13. This section displays the results of this received data on a statewide level.

Statewide County Reporting

While there was 100% participation by counties, some reported difficulties completing the SOC 2245 correctly and on time. CDSS is actively working with counties that experience difficulty reporting accurate and timely fraud data.

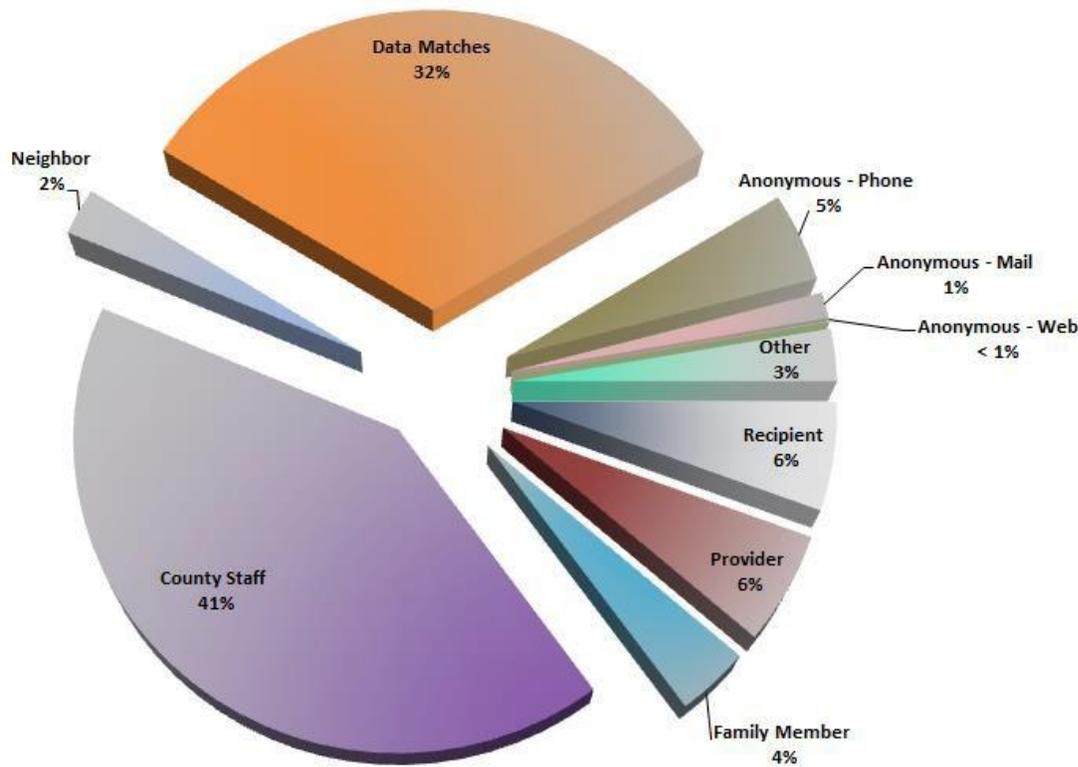
Fraud Complaints (Section I)

This section captures fraud complaint data. Statewide, counties reported receiving 6,401 fraud complaints in FY 2012/13. In some instances, a single fraud complaint may have multiple sources such as a complaint by a family member who is also the provider. For this reason the number of *Fraud Complaints Received by Source* may exceed the number of fraud complaints received. A single complaint may also result in more than one outcome, for example a complaint could be referred for investigation, and referred for administrative action.

Fraud Complaints Received by Source

This section captures the source of fraud complaints; see Figure 6:

Figure 6: Fraud Complaints by Source:

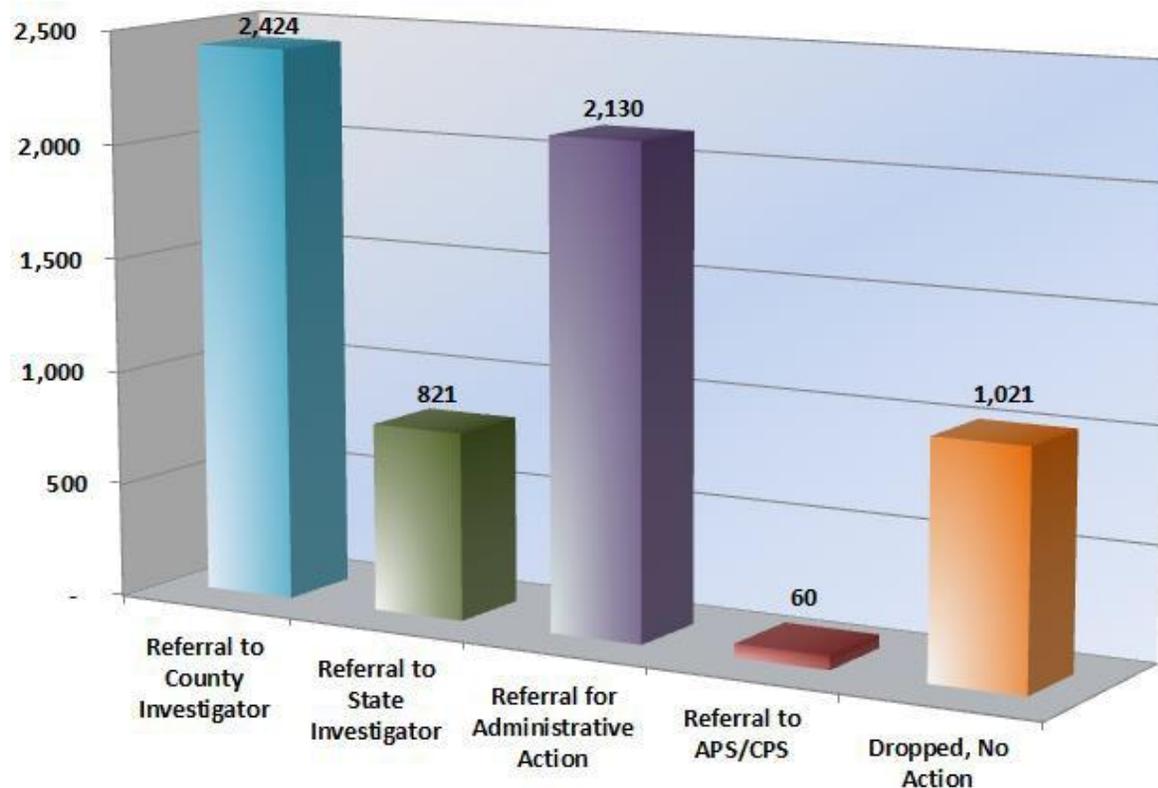


The most commonly reported source of fraud complaints (41%) was *County Staff*. Several counties stated that they use *County Staff* as the source because they do not track the original source. The second most commonly reported source of fraud complaints (32%) was *Data Matches*. “Data Match” is a term used to describe a match of a recipient or provider data to some external data source that would suggest possible fraud. One example would be the receipt of Paid Claims Data from DHCS indicating that a recipient was hospitalized during a time period in which a provider was paid for providing care. The majority of data matches reported, nearly two-thirds, came from Imperial and San Diego counties, who actively receive additional data matches from DHCS.

Fraud Complaints by Outcome

This section captures the outcome of triage conducted on fraud complaints received; see Figure 7:

Figure 7: Fraud Complaints by Outcome:



- The single most commonly reported outcome of fraud complaint triage was *Referral to County Investigator*, totaling 2,424, which represented 37% of the statewide total.
- Cases *Referred for Administrative Action* was a close second, at 2,130, which represented 33% of all fraud complaints. San Diego reported the most cases *Referred for Administrative Action*, with 42%.
- *Dropped, No Action* totaled 1,021 cases, representing 16% of all *Fraud Complaints by Outcome*. Over half of these were reported by Sacramento County, which reported that they used this as an opportunity to educate, rather than pursue fraud investigation.

Statewide, counties only reported referring 821 fraud complaints (13%) to DHCS for investigation; the remaining 87% were investigated at the county level. Practice in the future should shift from *Referral for County Investigation* to *Referral for State Investigation*. CDSS recently implemented uniform statewide protocols for Program Integrity Activities in IHSS which disseminated and reinforced California WIC Sections 12305.82(a) and 12305.82(e).

Early Detection Savings (Section II)

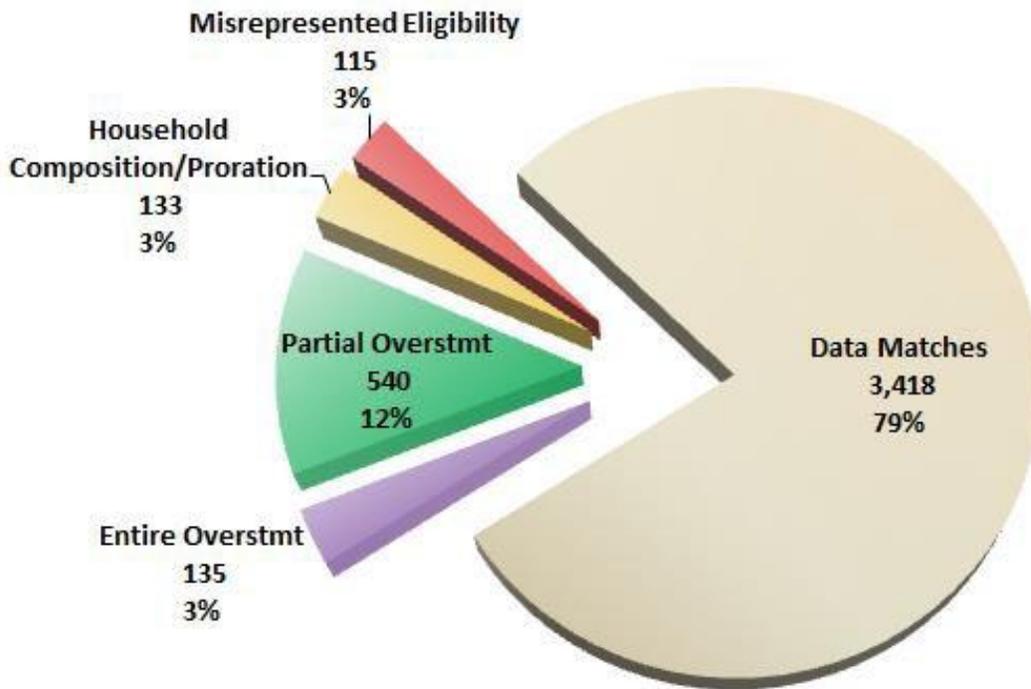
Early Detection Savings Data

Counties reported early detection savings by two principal measures; the number of cases that were terminated or reduced, and the number of *hours* that were reduced. These savings are attributed to existing recipients. Potential reasons for termination or service hour reductions are as follows:

- **Data Match:** State Controller's Office (SCO) Death Match, Adult Programs Division Hospital Stay Error Rate Study, and local data matches, such as jail matches and obituary matches.
- **Entirely overstated need:** County determined that the recipient did not need any services.
- **Partially overstated need:** County determined that services authorized were based on an exaggerated level of need.
- **Household composition/proration:** County determined that service hours had been authorized based on an inaccurate representation of the number of people living in the household, or they had failed to accurately prorate the service hours.
- **Misrepresented program eligibility:** County determined that the recipient did not meet program eligibility requirements.

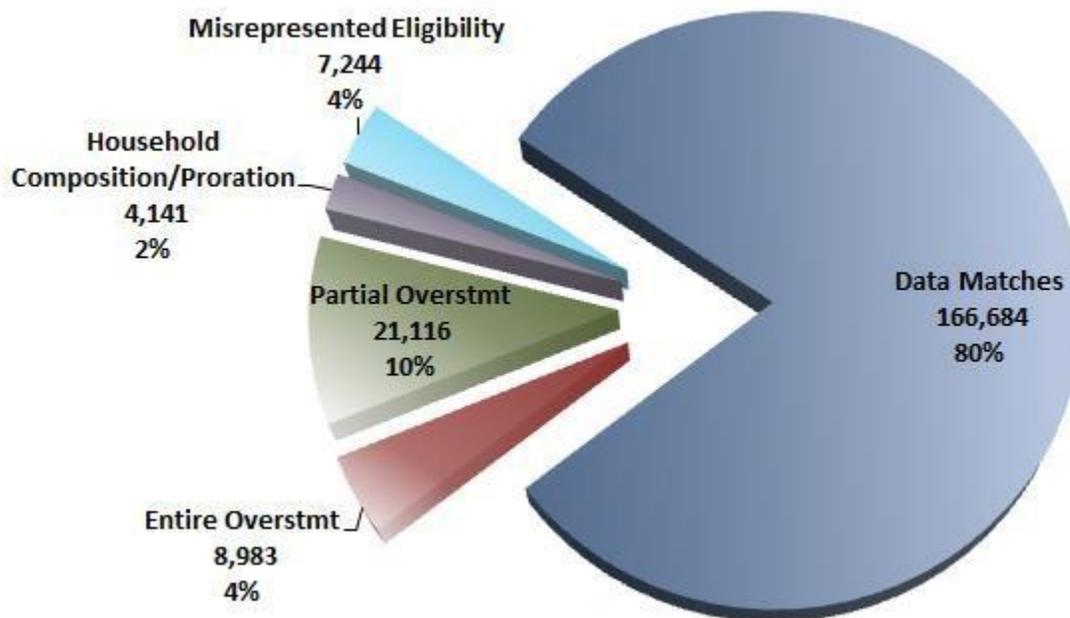
Figure 8 and Figure 9 display *Early Detection Savings* data by *cases* and by *hours*:

Figure 8: Early Detection Savings (Cases Terminated/Reduced)



Twenty-seven counties reported terminating or reducing service hours in 4,300 cases as a result of fraud complaints. For FY 2012-13, the statewide average caseload was 443,363, which represents reductions to less than one percent (.97%) of IHSS cases.

Figure 9: Early Detection Savings (*Hours Reduced*)



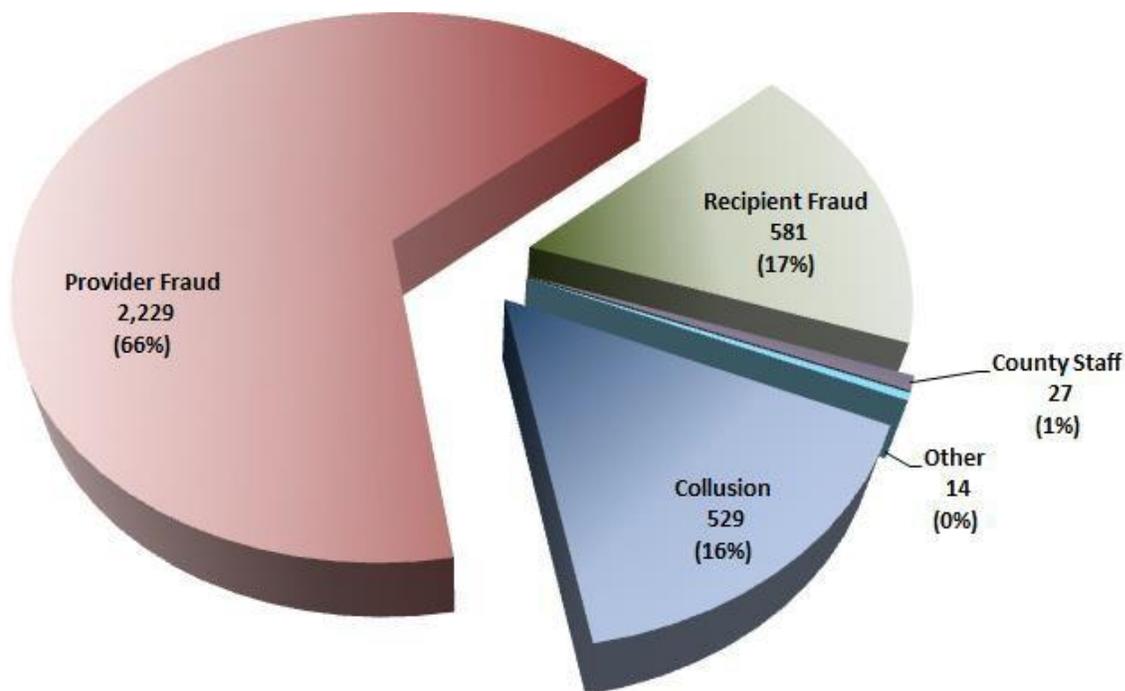
- Early Detection Savings resulted in 208,168 monthly service hours reduced. Given an average statewide Service Hour Authorization of \$38.7 million, Early Detection Savings represents a reduction of approximately one-half of one percent (.54%).
- *Data Matches* was the most commonly reported reason for terminating Cases or reducing Service Hours as the result of a fraud complaint.
- *Partially Overstated Need* was the next most commonly reported reason for a termination or reduction at 12% of *Cases* and 10% of *Hours* respectively.

Fraud Investigations - Completed (Section III)

Fraud Investigations Completed (By Type)

For the purpose of initial fraud data reporting, counties first classified fraud investigations into categories that described the type of fraud. Counties reported 3,380 *Fraud Investigations Completed* statewide. These are initial investigations performed at the county level to determine the course of action that will be taken. See Figure 10:

Figure 10: Fraud Investigations Completed (By Type)

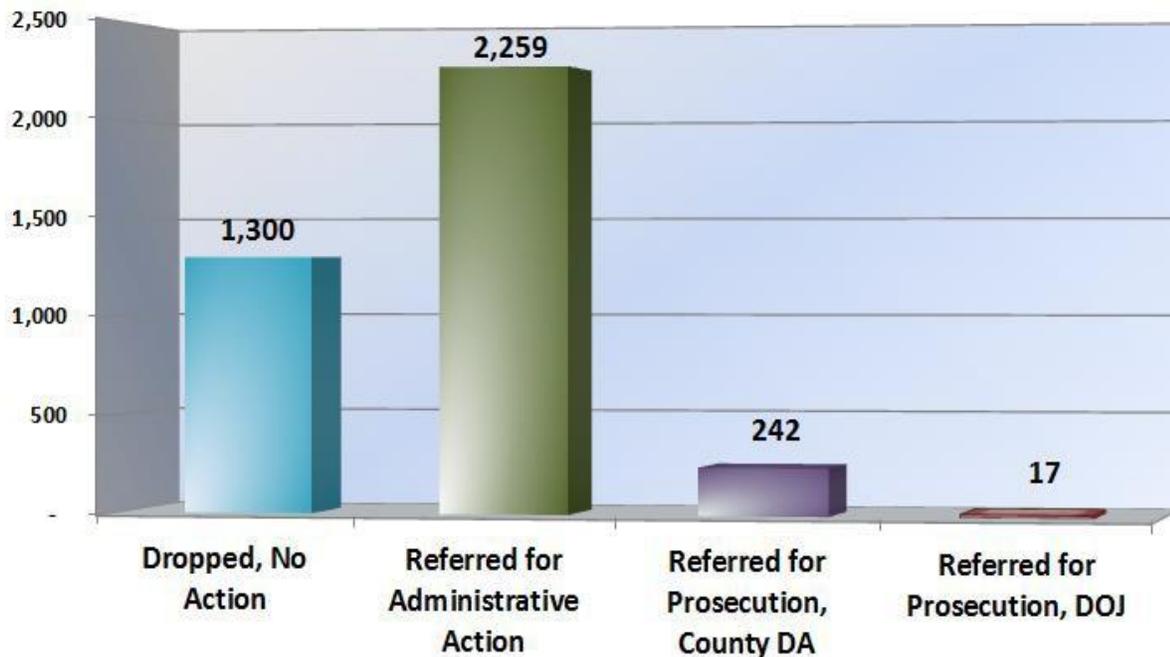


The most commonly reported type of fraud was suspected *Provider Fraud*, which accounted for two-thirds of all fraud investigations reported; suspected *Recipient Fraud* accounted for 17% of reported fraud investigations; *Collusion* (Both – Provider and Recipient conspiring together to commit fraud) accounted for 16%, totaling 98%. *County Staff* (fraud involving the participation of county employees) accounted for less than two percent. There were 14 instances of *other* fraud types; situations that fell outside of the listed categories, such as a case in which a recipient with limited mental capacity was not aware that a family member was forging timesheets.

Fraud Investigations Completed (By Outcome)

This section captures the outcome of completed fraud investigations which are classified into four categories. Some investigations result in multiple referrals, i.e., a single investigation may require a referral to the DA for prosecution as well as a referral for administrative action to initiate overpayment collection. For this reason, the number of reported outcomes (3,818) exceeds the number of investigations completed (3,380). See Figure 11:

Figure 11: Fraud Investigations Completed (By Outcome)



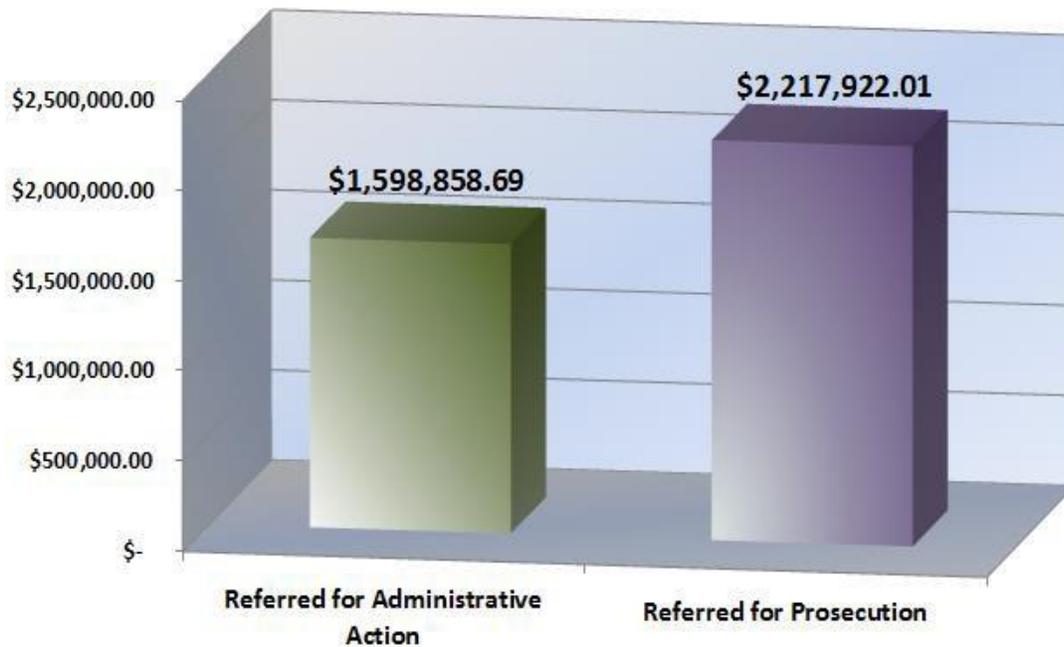
With a combined total of 93% of all county fraud investigations statewide, *Referred for Administrative Action* (59%) and *Dropped, No Action* (34%) accounted for the majority of outcomes of county investigations that were reported.

- The majority of fraud investigations were resolved through administrative action, allowing resolution without pursuing prosecution. An example is overpaying recovery actions initiated by the county.
- There were 96 fraud investigations reported statewide for which no outcomes were reported; Los Angeles County accounts for 46 of those. These investigations may not have reached a final outcome at the time data was reported.
- Of the 3,818 fraud investigations, seven percent resulted in referral for prosecution.

Fraud Investigations Completed (Dollar Amount Estimates by Outcome)

In the final subsection of Section Three, counties estimated the dollar amount involved and categorized whether it was *referred for Administrative Action* (recovery), or *Referred for Prosecution*. See Figure 12:

Figure 12: Fraud Investigations Completed (Dollar Estimates by Outcome)



- Of the cases *Referred for Administrative Action*; Orange County accounted for 25% of the statewide total, Los Angeles County accounted for 16%, and Stanislaus County (a medium sized county) reported 10%.
- Of the cases *Referred for Prosecution*; Alameda County accounted for 30% of the statewide total; Fresno County accounted for 27% of the statewide total, and Orange County accounted for 14%.

DHCS Investigations

DHCS reported outcomes for 527 IHSS fraud investigations referred from counties. The most common outcome reported from DHCS was *Dropped, No Action* which applied to 274 (52% of) investigation determinations. There were 112 cases *Referred to the DA for Prosecution*, 108 cases *Referred to the DHCS Recovery Branch*, and 55 cases were returned to the county to perform internal *Administrative Action*. DHCS reported referring no cases to DOJ for prosecution.

Prosecutions (Section IV)

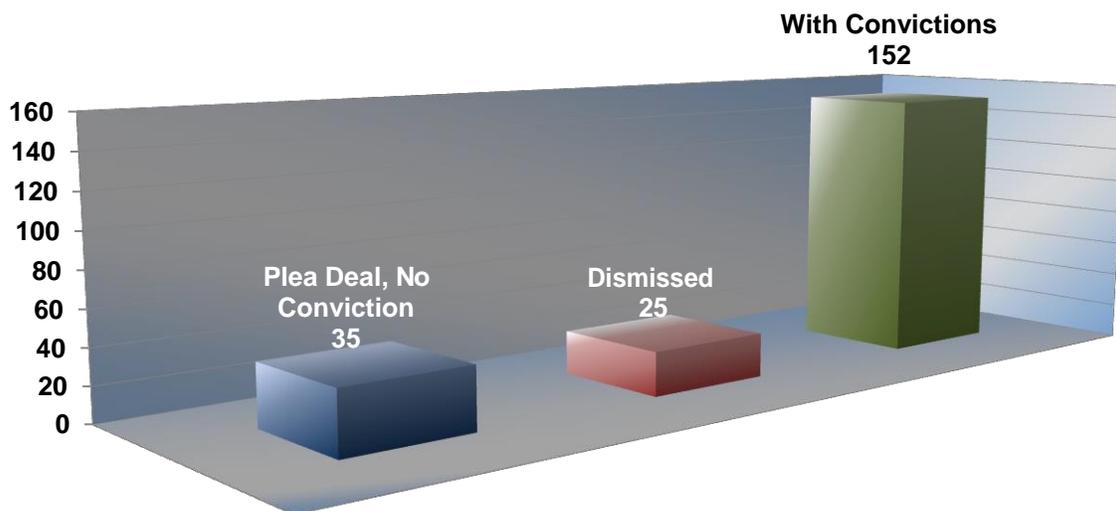
This section captures prosecution data. While prosecutions were reported by counties using eight possible outcomes, the results of referrals for prosecution are expressed in four outcomes; the remaining four are details of the convictions:

- *Declined by District Attorney (DA)*

- *Plea Deal, No Conviction*
- *Dismissal*
- *Conviction (to include: Felony and Misdemeanor Convictions, number of Defendants Prosecuted, and number of Referrals to the Suspended and Ineligible List.)*

Counties reported referring 242 cases to the district attorneys' offices for prosecution in the previous section; outcomes were reported for 233 of them. Of those, 21 cases were reported as *Declined by District Attorney's Office*. The remaining 212 cases were accepted by the District Attorney's Office; Figure 13 displays the outcomes of these 212 cases:

Figure 13: Cases Prosecuted



Results show an 88% success rate of conviction/plea deal on the cases accepted by district attorneys.

Other significant data includes:

- 56 *Felony Convictions*, 86 *Misdemeanor Convictions*, and at least 10 convictions of unspecified type.
- 30% of the total *Felony Convictions* were reported by Los Angeles County, while San Joaquin County reported 26% of the *Misdemeanor Convictions*. Fresno County reported 52% of all *Defendants Prosecuted by District Attorneys' Offices*.

- The three counties reporting the highest number of cases Referred to District Attorneys' Offices for prosecution were Fresno County (49 cases); Alameda County (34 cases); and San Joaquin County (27 cases), representing a combined 45% of cases referred to the District Attorneys' Offices statewide.
- Five counties reported 66 *Referrals to the Suspended and Ineligible List (S&I)*; Los Angeles County reported 41% of those.

Dollar Totals (Section V)

Counties reported dollar amounts in three separate categories:

- Total Loss Identified
- Court-Ordered Restitution (COR)
- Amount Identified for Administrative Overpay Recovery

See Figure 14:

Figure 14: Dollar Totals



Statewide, counties reported a *Total Loss Identified* of \$4,476,693, total *COR* of \$952,049 and \$2,006,009 in *Identified for Administrative Overpay Recovery*.

- Orange and Alameda counties reported a combined *Total Loss Identified* of \$1,647,232; representing nearly 37% of the statewide total.

- The *COR* statistics were sporadically reported; i.e., Alameda County reported almost half (\$408,904.87) of the statewide total.
- Six counties reported Administrative Overpay Recovery in excess of \$100,000 each; they were Orange, Los Angeles, Sacramento, San Joaquin, Stanislaus, and San Francisco. Combined, they account for \$1,344,549 representing 67% of the amount *Identified for Overpay Recovery*.

County-Specific Data, by County Size

While statewide aggregation of fraud data was useful in gaining an overall picture, there is value to analyzing fraud data among similar-sized counties. The large variation in data margins is often more consistent when counties are grouped by size. Therefore, the counties have been grouped and analyzed according to size as follows:

- *Very Large* - a caseload of 50,000 or more; only Los Angeles met this criterion.
- *Large* - a caseload of 10,000 to 49,999; nine counties met this criterion.
- *Medium* - a caseload of 1,000 to 9,999; 25 counties met this criterion.
- *Small* - a caseload of 25 to 999; 21 counties met this criterion.
- *Very Small* - a caseload of less than 25; Mono and Alpine counties met this criterion.

Very Large Counties (Los Angeles County)

Los Angeles County is analyzed individually considering that its caseload is nearly eight times the size of the next largest county (San Diego). Los Angeles County had a caseload in excess of 182,000; representing 41% of the statewide IHSS caseload.

Los Angeles County Fraud Complaints

Los Angeles County reported 154 *Fraud Complaints*. See Table 1:

Table 1: Fraud Complaints – Los Angeles County

SECTION I. FRAUD COMPLAINTS - LOS ANGELES COUNTY																	
COUNTY	Number of Complaints	Complaints by Source									Complaints by Outcome	Referred to County Investigator	Referred to State Investigator	Referred for Administrative Action	Referred to APS/CPS	Dropped, No Action	
		Recipient	Provider	Family Member	County Staff	Neighbor	Data Matches	Anonymous - Phone	Anonymous - Mail	Anonymous - Web							Other
TOTAL	154	0	0	0	154	0	0	0	0	0	0	0	93	154	0	0	0

There were 154 fraud complaints reported by Los Angeles County. Los Angeles County has since been working with CDSS to determine more effective methods to improve its tracking and reporting of fraud data.

- Los Angeles County reported receiving fraud complaints from one source, *County Staff*.
- All 154 complaints were reported as *Referred to State Investigator*, 93 were also reported as *Referred to County Investigator*.

Los Angeles County Early Detection Savings

Los Angeles County did not report any Early Detection Savings.

Los Angeles County Fraud Investigations Completed

Los Angeles County reported 169 IHSS *Fraud Investigations Completed*, representing slightly less than 5% of the statewide total. As previously explained in detail on page one of this report, a complaint or investigation may take longer than a single fiscal year to complete. The number of completed investigations exceeds the number of complaints in FY 2012/13. Presumably, some investigations completed this year were initiated previous years. See Table 2:

Table 2: Fraud Investigations Completed – Los Angeles County

SECTION III. FRAUD INVESTIGATIONS COMPLETED - LOS ANGELES COUNTY												
COUNTY	Number of Investigations Completed	Number by Type					Number by Outcome	Dollar Estimates by Outcome				
		Collusion	Provider Fraud	Recipient Fraud	County Staff	Other		Dropped, No Action	Referred for Administrative Action	Referred for Prosecution, County DA	Referred for Prosecution, DOJ	Referred for Administrative Action
TOTAL	169	10	140	19	0	0	66	46	11	0	\$256,998	\$112,500

Of the 169 fraud investigations completed, Los Angeles County reported:

- Suspected *Provider Fraud* represented 83% of total investigated IHSS fraud.
- Eleven cases were *Referred for Prosecution*.
- The outcomes of 46 investigations were not reported.

- Referring an average of \$5,587 per case for *Administrative Action* (Recovery).
- Referring an average of \$10,227 per case for *Prosecution*.

Los Angeles County Prosecutions

Los Angeles reported zero cases received for prosecution in FY 2012/13, but they reported 25 convictions, likely the result of prosecutions begun in prior years. See Table 3:

Table 3: Prosecutions – Los Angeles County

SECTION IV. PROSECUTIONS - COUNTY - LOS ANGELES COUNTY										
COUNTY	Number of Cases Received for Prosecution	Number of Cases by Outcome	Declined by DA	Plea deal, no conviction	Dismissed	With convictions	Felony convictions	Misdemeanors	Defendants prosecuted	Referrals to S&I
TOTAL	0		0	0	0	25	17	8	12	27

Los Angeles County Totals

The dollar amounts Los Angeles reported appear low in proportion to their caseload; See Table 4:

Table 4: Totals – Los Angeles County

SECTION V. TOTALS - LOS ANGELES COUNTY			
COUNTY	Dollar Amount of Loss Identified	Dollar Amount of Court Ordered Restitution	Dollar Amount Identified for Overpay Collection
TOTAL	\$140,265	\$89,632	\$304,971

Large Counties

The nine large counties had caseloads ranging from 12,372 in Fresno, to over 23,000 in San Diego. The average caseload for large counties was 19,092.

Large County Fraud Complaints

With a combined caseload of roughly of 172,000, large counties reported a total of 3,424 *Fraud Complaints*, representing nearly 54% of all *Fraud Complaints* reported statewide. See Table 5:

Table 5: Fraud Complaints – Large Counties

SECTION I. FRAUD COMPLAINTS - LARGE COUNTIES																
COUNTY	Number of Complaints	Complaints by Source										Complaints by Outcome				
		Recipient	Provider	Family Member	County Staff	Neighbor	Data Matches	Anonymous - Phone	Anonymous - Mail	Anonymous - Web	Other	Referred to County Investigator	Referred to State Investigator	Referred for Administrative Action	Referred to APS/CPS	Dropped, No Action
Alameda	150	3	2	2	39	16	44	42	0	0	2	129	11	0	0	4
Fresno	211	32	23	24	113	6	8	3	2	0	0	204	0	11	10	2
Orange	317	4	8	5	159	1	21	8	1	0	0	186	0	187	0	48
Riverside	78	18	9	7	39	0	3	0	2	0	0	0	41	37	0	0
Sacramento	669	54	60	36	271	18	117	47	1	0	65	0	231	38	14	526
San Bernardino	603	74	79	28	252	5	101	48	4	0	13	0	11	151	0	149
San Diego	966	15	18	1	110	3	805	37	0	0	2	56	9	895	1	0
San Francisco	186	0	2	0	127	2	0	7	47	0	1	174	0	0	0	12
Santa Clara	244	5	10	2	58	0	250	3	1	0	30	51	58	71	2	5
TOTAL	3,424	205	211	105	1,168	51	1,349	195	58	0	113	800	361	1,390	27	746

The most commonly reported sources of fraud complaints among large counties were *Data Matches* and *County Staff*, which accounted for a combined 2,517 fraud complaints and representing 73% of all large county *Fraud Complaints*. Additionally:

- Three counties accounted for 65% of *Fraud Complaints* reported by large counties (San Diego, Sacramento, and San Bernardino).
- The most commonly reported outcome of fraud complaints among large counties (at 1,390) was *Referred for Administrative Action*.
- The second most commonly reported outcome was *Referred for County Investigation*, which applied to 800 fraud complaints (more than twice the number referred to DHCS).

Large County Early Detection Savings

Large counties reported about 40% of the *Total of Cases Terminated/Reduced* statewide, and about 50% of the *Total of Hours Reduced*. Individual details show that this was largely due to a few counties (notably San Diego, Orange, Sacramento, and Santa Clara counties) reporting high numbers. See Table 6:

Table 6: Early Detection Savings – Large Counties

SECTION II. EARLY DETECTION SAVINGS - LARGE COUNTIES												
COUNTY	Number of Cases Terminated/Reduced	As a Result of...					Number of Hours Terminated/Reduced	As a Result of...				
		Data Matches	Entire Overstatement	Partial Overstatement	Household Composition/Proration	Misrepresented Eligibility		Data Matches	Entire Overstatement	Partial Overstatement	Household Composition/Proration	Misrepresented Eligibility
Alameda	0	0	0	0	0	0	0	0	0	0	0	0
Fresno	11	0	2	6	3	0	513	0	121	349	43	0
Orange	362	173	15	172	1	1	25,104	14,468	1,832	8,758	46	0
Riverside	0	3	0	0	0	0	0	505	0	0	0	0
Sacramento	340	299	13	15	6	7	36,113	32,600	1,341	1,227	359	586
San Bernardino	110	60	6	27	11	33	8,035	6,646	224	608	266	291
San Diego	661	541	1	112	0	7	8,238	6,510	34	1,266	0	428
San Francisco	6	0	1	2	0	3	476	0	38	160	0	278
Santa Clara	251	250	0	0	0	1	26,585	26,525	0	0	0	60
TOTAL	1,741	1,326	38	334	21	52	105,064	87,254	3,590	12,368	714	1,643

There was a wide variation in *Early Detection Savings* reporting:

- San Diego County reported 37% of the total *Cases Terminated or Reduced* among large counties, but reported the smallest average *Service Hour Reduction* at 12.46 hours per case, representing 7% of the large county *Service Hour Reductions*.
- Sacramento County reported 19% of large county *Cases Terminated or Reduced*, but, at an average of 106.2 hours per case, accounts for 34% of the *Service Hours Reduced*.
- Of the 1,741 *Cases Terminated or Reduced* by large counties, 95% were the combined result of *Data Matches* or *Partially Overstated Need*.
- Sacramento, Santa Clara, and Orange counties comprise 84% of the *Service Hours Reduced* among large counties.

Large County Fraud Investigations Completed

Large counties reported 2,052 *Fraud Investigations Completed* representing a combined 54% of the statewide total. Fresno County accounted for half of all large county *Fraud Investigations Completed*. See Table 7:

Table 7: Fraud Investigations Completed – Large Counties

SECTION III. FRAUD INVESTIGATIONS COMPLETED - LARGE COUNTIES												
COUNTY	Number of Investigations Completed	Number by Type					Number by Outcome	Dollar Estimates by Outcome				
		Collusion	Provider Fraud	Recipient Fraud	County Staff	Other		Dropped, No Action	Referred for Administrative Action	Referred for Prosecution, County	Referred for Prosecution, DOJ	Referred for Administrative Action
Alameda	195	0	45	4	5	0	125	7	76	0	\$6,478	\$654,809
Fresno	1,065	0	801	264	0	0	64	949	52	0	\$3,773	\$634,811
Orange	240	49	168	17	0	6	79	155	8	0	\$411,905	\$330,242
Riverside	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Sacramento	0	0	0	0	0	0	0	0	0	0	\$0	\$0
San Bernardino	306	7	126	19	0	0	152	151	5	0	\$21,951	\$7,227
San Diego	42	12	27	3	0	0	23	15	4	0	\$62,649	\$19,997
San Francisco	194	10	151	32	0	0	109	85	0	0	\$139,421	\$0
Santa Clara	10	1	8	0	0	1	2	1	2	16	\$8,816	\$39,163
TOTAL	2,052	79	1,326	339	5	7	554	1,363	147	16	\$654,993	\$1,686,250

Fresno reported the highest number of *Fraud Investigations Completed*; San Bernardino was second. Additionally:

- 65% of *Fraud Investigations Completed* were reported as suspected *Provider Fraud*.
- Alameda County reported 195 *Fraud Investigations Completed*, but only accounted for 54 *Investigations by Type*, leaving 141 investigations with an unreported type.
- Alameda, Fresno, and Orange counties reported 96% of *Referrals for Prosecution* among large counties, totaling \$1,619,862.
- Orange and San Francisco counties reported 84% of *Referrals for Administrative Action*, totaling \$551,326.

Large County Prosecutions

Five out of nine large counties reported referring 106 cases to the District Attorneys' Offices for *Prosecutions*. Fresno and Alameda counties reported the highest number of *Prosecutions* in this group, representing 78% of all large county prosecutions. See Table 8:

Table 8: Prosecutions – Large Counties

SECTION IV. PROSECUTIONS - COUNTY - LARGE COUNTIES										
COUNTY	Number of Cases Received for Prosecution	Number of Cases by Outcome	Declined by DA	Plea deal, no conviction	Dismissed	With convictions	Felony convictions	Misdemeanors	Defendants prosecuted	Referrals to S&I
Alameda	34		2	13	3	26	5	17	42	0
Fresno	49		7	0	3	34	14	12	123	7
Orange	9		1	0	0	2	0	2	2	0
Riverside	0		0	0	0	0	0	0	0	0
Sacramento	0		0	0	0	0	0	0	0	0
San Bernardino	13		7	0	3	10	2	8	10	0
San Diego	0		0	0	0	0	0	0	0	0
San Francisco	0		0	0	0	0	0	0	0	0
Santa Clara	1		0	4	1	0	0	0	0	0
TOTAL	106		17	17	10	72	21	39	177	7

Of the 106 Cases Received for Prosecution reported among large counties, 68% resulted in *Convictions*.

Large County Totals

All nine large counties reported data for this section. See Table 9:

Table 9: Totals – Large Counties

SECTION V. TOTALS - LARGE COUNTIES			
COUNTY	VA. \$ Loss Identified	VB. \$ Court Ordered Restitution	VC. \$ Identified for Overpay Collection
Alameda	\$665,664	\$408,905	\$10,856
Fresno	\$634,811	\$114,969	\$35,469
Orange	\$981,568	\$12,523	\$373,170
Riverside	\$9,189	\$0	\$3,001
Sacramento	\$490,514	\$0	\$194,785
San Bernardino	\$61,515	\$47,191	\$21,951
San Diego	\$87,988	\$0	\$82,646
San Francisco	\$140,251	\$0	\$140,251
Santa Clara	\$176,994	\$20,658	\$56,696
TOTAL	\$3,248,494	\$604,246	\$918,825

- Of the \$3.25 million *Losses Identified among large counties*, Orange, Alameda, Fresno, and Sacramento counties account for 85%.
- Of the *COR* among large counties, Alameda County reported \$408,905, representing nearly 68%.
- Of the \$918,825 *Identified for Overpay Collection* among large counties, Orange, Sacramento, and San Francisco counties reported a combined \$708,206 representing 77%. Sacramento County reported referring an additional \$295,729 to DHCS for recovery.

Medium Counties

There were 25 medium sized counties, with caseloads ranging from 1,478 in Humboldt County, to 7,204 in Contra Costa County. The average caseload for medium counties was 3,088.

Medium County Fraud Complaints

With a combined caseload in excess of 77,000 and representing nearly 18% of the statewide IHSS caseload, medium counties reported 2,586 fraud complaints, which

accounts for 40% of all fraud reported. All medium counties reported *Fraud Complaints*; see Table 10:

Table 10: Fraud Complaints – Medium Counties

SECTION I. FRAUD COMPLAINTS - MEDIUM COUNTIES																	
COUNTY	Number of Complaints	Complaints by Source										Complaints by Outcome	Complaints by Outcome				
		Recipient	Provider	Family Member	County Staff	Neighbor	Data Matches	Anonymous - Phone	Anonymous - Mail	Anonymous - Web	Other		Referred to County Investigator	Referred to State Investigator	Referred for Administrative Action	Referred to APS/CPS	Dropped, No Action
Butte	107	11	9	7	42	6	28	3	0	0	1	0	16	47	0	44	
Contra Costa	237	12	10	7	178	5	2	16	10	0	3	161	2	110	7	10	
Humboldt	27	5	9	0	6	2	1	4	1	0	0	13	0	6	2	4	
Imperial	588	1	1	22	37	0	514	13	0	0	0	32	0	84	0	2	
Kern	158	0	0	0	158	0	0	0	0	0	0	158	0	36	0	93	
Kings	42	6	6	1	17	1	0	8	2	0	2	0	36	0	3	3	
Lake	21	5	1	0	10	2	0	1	2	0	0	0	17	0	0	5	
Madera	19	0	16	3	0	0	0	0	0	0	0	0	13	0	0	2	
Marin	45	10	5	4	22	1	5	2	0	0	3	7	11	25	1	0	
Mendocino	36	4	6	1	20	3	0	0	2	0	0	33	0	0	0	3	
Merced	5	0	0	0	5	0	0	0	0	0	0	2	3	0	0	0	
Monterey	99	11	2	6	69	1	0	5	0	0	5	71	8	32	1	19	
Placer	49	2	2	2	41	0	0	0	0	0	2	48	0	0	1	2	
San Joaquin	77	3	6	16	63	2	31	17	0	3	0	46	35	45	0	25	
San Luis Obispo	42	8	6	3	13	2	0	4	0	0	6	33	0	0	0	0	
San Mateo	92	0	4	2	70	0	0	1	7	0	8	89	6	36	1	3	
Santa Barbara	32	0	1	2	24	0	0	1	0	0	4	0	21	1	0	4	
Santa Cruz	33	7	2	5	14	0	0	0	1	0	4	28	2	2	0	2	
Shasta	193	17	28	8	137	4	6	3	1	0	2	97	1	0	1	4	
Solano	245	3	5	4	90	0	138	4	1	0	0	245	9	245	0	0	
Sonoma	36	19	2	4	9	0	0	1	1	0	0	0	36	0	0	0	
Stanislaus	262	0	3	2	250	1	0	4	1	0	1	262	0	0	0	0	
Tulare	26	0	2	0	19	1	2	2	0	0	0	0	19	0	2	2	
Ventura	38	8	5	3	25	0	3	0	0	0	0	11	10	29	0	4	
Yolo	77	5	13	12	42	6	0	1	1	0	1	77	33	14	0	0	
TOTAL	2,586	137	144	114	1,361	37	730	90	30	3	42	1,413	278	712	19	231	

More than 52% of *Fraud Complaints* reported among medium counties were from *County Staff*.

- Imperial County reported the highest number of *Fraud Complaints*, 87% of these came from *Data Matches*.
- Fifty-four percent of *Fraud Complaints* received in medium counties were *Referred for County Investigation*.
- Medium counties reported referring 278 cases for *State investigation*.

Medium County Early Detection Savings

Only 15 counties reported any *Early Detection Savings*. Medium counties reported about 59% of the statewide *Total of Cases Terminated or Reduced*. See Table 11:

Table 11: Early Detection Savings – Medium Counties

SECTION II. EARLY DETECTION SAVINGS - MEDIUM COUNTIES												
COUNTY	Number of Cases Terminated/Reduced	As a Result of...					Number of Hours Terminated Reduced	As a Result of...				
		Data Matches	Entire Overstatement	Partial Overstatement	Household Composition/Proration	Misrepresented Eligibility		Data Matches	Entire Overstatement	Partial Overstatement	Household Composition/Proration	Misrepresented Eligibility
Butte	5	0	1	1	1	2	388	0	78	45	27	238
Contra Costa	81	2	25	28	21	5	7,796	362	1,940	2,739	1,188	1,567
Humboldt	10	1	6	1	1	1	702	325	266	100	5	5
Imperial	1,432	1,407	0	20	5	0	17,978	17,750	0	184	45	0
Kern	36	0	6	12	13	5	963	0	155	441	186	181
Kings	0	0	0	0	0	0	0	0	0	0	0	0
Lake	0	0	0	0	0	0	0	0	0	0	0	0
Madera	0	0	0	0	0	0	0	0	0	0	0	0
Marin	11	6	0	0	1	4	992	360	0	273	43	316
Mendocino	0	0	0	0	0	0	0	0	0	0	0	0
Merced	0	0	0	0	0	0	0	0	0	0	0	0
Monterey	10	1	2	1	5	1	274	71	6	86	57	54
Placer	0	0	0	0	0	0	0	0	0	0	0	0
San Joaquin	641	596	4	39	2	0	54,345	53,215	199	844	87	0
San Luis Obispo	0	0	0	0	0	0	0	0	0	0	0	0
San Mateo	33	0	1	13	5	15	1,225	0	97	423	70	635
Santa Barbara	0	0	0	0	0	0	0	0	0	0	0	0
Santa Cruz	0	0	0	0	0	0	0	0	0	0	0	0
Shasta	39	6	5	5	19	4	970	66	76	79	563	187
Solano	97	72	0	8	1	16	9,048	7,199	0	104	19	1,726
Sonoma	0	0	0	0	0	0	0	0	0	0	0	0
Stanislaus	118	0	43	49	30	8	5,366	0	2,165	2,137	711	352
Tulare	2	0	0	2	0	0	189	0	0	189	0	0
Ventura	6	3	3	0	0	0	719	464	186	0	0	0
Yolo	11	0	0	9	2	0	629	0	0	436	193	0
TOTAL	2,532	2,094	96	188	106	61	101,584	79,811	5,168	8,081	3,194	5,261

County specifics of note include:

- Imperial and San Joaquin counties accounted for nearly 82% of *Cases Terminated or Reduced* within medium counties, almost 97% of those *Cases Terminated or Reduced* were the result of *Data Matches*.
- Imperial and San Joaquin counties also accounted for 71% of all fraud-related service *Hour Reductions* for medium counties.
- Of the total Cases Terminated/Reduced, nearly 83% were the result of *Data Matches*.

- Of the total *Hours Reduced*, nearly 79% were the result of *Data Matches*.

Medium County Fraud Investigations Completed

Medium counties reported 1,464 *Fraud Investigations Completed*, representing 38% of the statewide total. Seven counties in this group did not report any *Fraud Investigations Completed*. See Table 12:

Table 12: Fraud Investigations Completed – Medium Counties

SECTION III. FRAUD INVESTIGATIONS - COMPLETED - MEDIUM COUNTIES													
COUNTY	Number of Investigations	Number by Type					Number by Outcome	Dollar Estimates by Outcome					
		Collusion	Provider Fraud	Recipient Fraud	County Staff	Other		Dropped, No Action	Referred for Administrative Action	Referred for Prosecution, County DA	Referred for Prosecution, DOJ	Referred for Administrative Action	Referred for Prosecution
Butte	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Contra Costa	151	70	50	25	0	2	32	110	3	0	\$132,017	\$131,213	
Humboldt	13	12	1	0	0	0	2	11	0	0	\$21,299	\$0	
Imperial	175	10	141	24	0	0	75	111	18	0	\$32,488	\$31,895	
Kern	156	24	94	38	0	0	124	37	0	0	\$6,747	\$0	
Kings	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
Lake	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
Madera	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
Marin	35	4	23	9	0	0	0	33	3	0	\$25,436	\$51,551	
Mendocino	20	4	12	2	0	0	6	10	1	0	\$933	\$2,267	
Merced	2	0	2	0	0	0	0	0	2	0	\$0	\$37,834	
Monterey	62	2	57	7	0	3	39	35	12	0	\$33,488	\$72,654	
Placer	19	8	10	1	0	0	17	0	2	0	\$0	\$13,495	
San Joaquin	104	42	57	5	0	0	52	22	30	0	\$21,525	\$56,690	
San Luis Obispo	6	1	1	0	0	0	4	2	0	0	\$2,054	\$0	
San Mateo	78	30	39	7	1	1	13	43	1	0	\$27,322	\$3,314	
Santa Barbara	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
Santa Cruz	19	2	16	1	0	0	5	16	0	0	\$16,664	\$0	
Shasta	110	4	57	35	0	0	32	63	1	0	\$45,841	\$175	
Solano	241	117	89	14	0	0	88	153	0	0	\$98,740	\$0	
Sonoma	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
Stanislaus	226	70	21	37	0	1	97	129	0	0	\$156,620	\$0	
Tulare	18	8	10	0	0	0	14	1	3	0	\$95	\$7,889	
Ventura	29	0	26	3	0	0	2	26	0	0	\$45,991	\$0	
Yolo	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
TOTAL	1,464	408	706	208	1	7	602	802	76	0	\$667,259	\$408,977	

Solano County reported the most fraud investigations completed, at 241 cases, representing 16% of the total *Investigations Completed* for medium counties.

- Medium counties did not report the type of fraud involved in 142 of the *Investigations Completed*.

- Of the *Investigations Completed* among medium counties, *Referred for Administrative Action* and *Dropped, No Action* represent a combined 95% of outcomes.
- Stanislaus, Contra Costa, and Solano counties reported a combined 58% of the amount *Referred for Administrative Action*.
- Contra Costa, Monterey, and San Joaquin counties reported a combined 64% of the amount *Referred for Prosecution*.

Medium County Prosecutions

Sixteen out of twenty-five medium counties reported no *Cases Received for Prosecution*. See Table 13:

Table 13: Prosecutions – Medium Counties

SECTION IV. PROSECUTIONS - COUNTY - MEDIUM COUNTIES										
COUNTY	Number of Cases Received for Prosecution	Number of Cases by Outcome	Declined by DA	Plea deal, no conviction	Dismissed	With convictions	Felony convictions	Misdemeanors	Defendants prosecuted	Referrals to S&J
Butte	0		0	0	0	0	0	0	0	0
Contra Costa	7		1	0	2	4	0	4	0	0
Humboldt	0		0	0	0	0	0	0	0	0
Imperial	14		0	0	0	20	9	7	12	12
Kern	0		0	0	0	0	0	0	0	0
Kings	0		0	0	0	0	0	0	0	0
Lake	0		0	0	0	0	0	0	0	0
Madera	0		0	0	0	0	0	0	0	0
Marin	0		1	0	0	0	1	0	1	0
Mendocino	1		0	0	0	0	0	1	0	0
Merced	0		0	0	0	0	0	0	0	0
Monterey	4		0	0	0	0	0	0	0	0
Placer	5		0	0	0	2	2	0	2	0
San Joaquin	27		2	0	3	23	1	22	23	19
San Luis Obispo	0		0	0	0	0	0	0	0	0
San Mateo	0		0	0	0	0	1	1	0	0
Santa Barbara	0		0	0	0	0	0	0	0	0
Santa Cruz	0		0	0	0	0	0	0	0	0
Shasta	2		0	16	9	0	0	0	0	0
Solano	0		0	0	0	1	0	1	1	0
Sonoma	0		0	0	0	0	0	0	0	0
Stanislaus	0		0	0	0	1	0	1	1	0
Tulare	1		0	0	0	0	1	0	0	0
Ventura	0		0	0	0	0	0	0	0	0
Yolo	3		0	1	0	3	2	2	4	0
TOTAL	64		4	17	14	54	17	39	44	31

San Joaquin and Imperial counties reported the highest number of *Cases Received for Prosecution* in this group at a combined 41, representing 64%.

- Of the 64 *Cases Received for Prosecution* reported among medium counties, 84% resulted in *Convictions*.

Medium County Totals

Twenty-one out of 25 counties provided data for this section. See Table 14:

Table 14: Totals – Medium Counties

SECTION V. TOTALS - MEDIUM COUNTIES			
COUNTY	Dollar Amount of Loss Identified	Dollar Amount of Court Ordered Restitution	Dollar Amount Identified for Overpay Collection
Butte	\$55,520	\$0	\$27,886
Contra Costa	\$61,641	\$33,006	\$28,283
Humboldt	\$24,204	\$0	\$21,601
Imperial	\$86,087	\$42,385	\$38,501
Kern	\$6,747	\$0	\$2,645
Kings	\$0	\$0	\$0
Lake	\$0	\$0	\$0
Madera	\$0	\$0	\$0
Marin	\$89,335	\$42,000	\$16,891
Mendocino	\$10,386	\$6,466	\$933
Merced	\$37,834	\$0	\$0
Monterey	\$100,757	\$23,823	\$33,488
Placer	\$13,495	\$0	\$0
San Joaquin	\$103,915	\$71,837	\$174,752
San Luis Obispo	\$2,054	\$0	\$2,054
San Mateo	\$41,517	\$3,313	\$26,473
Santa Barbara	\$26,676	\$0	\$484
Santa Cruz	\$12,890	\$0	\$12,890
Shasta	\$42,507	\$5,646	\$43,529
Solano	\$98,740	\$0	\$98,740
Sonoma	\$0	\$0	\$0
Stanislaus	\$157,453	\$833	\$156,620
Tulare	\$21,628	\$14,568	\$7,061
Ventura	\$49,970	\$0	\$49,210
Yolo	\$12,872	\$14,198	\$12,308
TOTAL	\$1,056,229	\$258,075	\$754,348

Medium counties reported \$1,056,229 *Loss Identified* to the IHSS program, \$258,075 in *COR*, and \$754,348 identified for administrative *Overpay Recovery*.

- Merced County reported \$37,834 in *Loss Identified*, but nothing in *COR* or *Administrative Recovery*.
- Eleven medium counties reported *COR*, fourteen reported none.
- Six medium counties reported no fraud related *Overpayment Identified for Administrative Recovery*.

Small Counties

There were 21 small counties with an average individual caseload of 379.

Small County Fraud Complaints

With a combined caseload of 7,954, small counties reported 234 *Fraud Complaints Received*, representing just fewer than 3% of fraud complaints statewide. See Table 15:

Table 15: Fraud Complaints – Small Counties

SECTION I. FRAUD COMPLAINTS - SMALL COUNTIES																			
COUNTY	Number of Complaints	Complaints by Source										Complaints by Outcome	Referred to County Investigator	Referred to State Investigator	Referred for Administrative Action	Referred to APS/CPS	Dropped, No Action		
		Recipient	Provider	Family Member	County Staff	Neighbor	Data Matches	Anonymous - Phone	Anonymous - Mail	Anonymous - Web	Other								
Amador	3	1	1	0	1	0	0	0	0	0	0	0	0	0	3	0	0	0	0
Calaveras	5	0	2	0	2	0	0	1	0	0	0	0	0	0	0	3	1	1	1
Colusa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Del Norte	27	0	2	1	9	1	7	3	0	0	6	0	4	4	0	0	19	0	0
El Dorado	45	1	0	3	4	4	23	0	0	0	10	16	5	0	1	0	0	0	0
Glenn	16	4	3	2	3	2	0	2	0	0	0	2	3	5	3	1	0	0	0
Inyo	2	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Lassen	11	1	1	1	6	1	0	0	0	0	1	7	0	3	1	0	0	0	0
Mariposa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Modoc	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0
Napa	3	0	0	0	3	0	0	0	0	0	0	0	2	0	0	1	0	0	0
Nevada	13	0	1	0	1	0	11	0	0	0	0	2	0	5	0	7	0	0	0
Plumas	4	0	1	2	1	0	0	0	0	0	0	4	0	0	0	0	0	0	0
San Benito	3	0	0	2	1	0	0	0	0	0	0	2	0	0	0	1	0	0	0
Sierra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Siskiyou	28	0	1	7	1	10	0	7	0	0	2	26	2	3	8	2	0	0	0
Sutter	2	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0
Tehama	20	3	0	0	15	1	0	1	0	0	0	21	2	4	0	4	0	0	0
Trinity	6	4	0	0	1	0	0	1	0	0	0	3	0	1	0	0	0	0	0
Tuolumne	17	2	0	0	15	0	0	0	0	0	0	5	3	0	0	6	0	0	0
Yuba	29	7	7	0	9	3	0	0	0	0	3	29	0	0	0	0	0	0	0
TOTAL	235	24	20	18	72	22	42	17	0	0	22	118	26	28	14	44	0	0	0

Eighteen of 21 counties reported *Fraud Complaints Received*.

- *County Staff* was the most commonly reported source of *Fraud Complaints Received*, representing just fewer than 31%.
- *Referred for County Investigation* was the most commonly reported outcome, which applied to 50% of the outcomes.

Small County Early Detection Savings

Only nine of the 21 small counties reported any *Early Detection Savings*. See Table 16:

Table 16: Early Detection Savings – Small Counties

SECTION II. EARLY DETECTION SAVINGS - SMALL COUNTIES													
COUNTY	Number of Cases Terminated/Reduced	As a Result of...					Number of Hours Terminated/Reduced	As a Result of...					
		Data Matches	Entire Overstatement	Partial Overstatement	Household Composition/Proratio Misrepresented	Eligibility		Data Matches	Entire Overstatement	Partial Overstatement	Household Composition/Proratio Misrepresented	Eligibility	
Amador	0	0	0	0	0	0	0	0	0	0	0	0	0
Calaveras	0	0	0	0	0	0	0	0	0	0	0	0	0
Colusa	0	0	0	0	0	0	0	0	0	0	0	0	0
Del Norte	3	0	0	3	0	0	75	0	0	75	0	0	0
El Dorado	2	0	0	1	1	0	17	0	0	16	1	0	0
Glenn	1	0	0	1	0	0	91	0	0	91	0	0	0
Inyo	0	0	0	0	0	0	0	0	0	0	0	0	0
Lassen	5	0	0	3	2	0	386	0	0	275	111	0	0
Mariposa	0	0	0	0	0	0	0	0	0	0	0	0	0
Modoc	0	0	0	0	0	0	0	0	0	0	0	0	0
Napa	0	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	1	1	0	0	0	0	124	124	0	0	0	0	0
Plumas	1	0	0	1	1	0	15	0	0	5	10	0	0
San Benito	0	0	0	0	0	0	0	0	0	0	0	0	0
Sierra	0	0	0	0	0	0	0	0	0	0	0	0	0
Siskiyou	1	0	0	0	0	1	223	0	0	0	0	0	223
Sutter	0	0	0	0	0	0	0	0	0	0	0	0	0
Tehama	2	0	0	0	2	0	43	0	0	0	0	0	0
Trinity	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuolumne	0	0	0	0	0	0	0	0	0	0	0	0	0
Yuba	10	0	1	8	0	1	633	0	225	180	111	117	0
TOTAL	26	1	1	17	6	2	1,606	124	225	641	233	340	0

County specifics of note include:

- Yuba County reported 10 cases, representing 38% of the *Total Cases Terminated or Reduced* among small counties, for a total reduction of 633 monthly service hours, representing 39% of the hours reduced among small counties.
- Lassen County reported *Five Cases Terminated or Reduced* for a total of 386 monthly service hours reduced.

Small County Fraud Investigations Completed

Thirteen of the 21 small counties reported *Fraud Investigations Completed*; see Table 17:

Table 17: Fraud Investigations Completed – Small Counties

SECTION III. FRAUD INVESTIGATIONS - COMPLETED - SMALL COUNTIES													
COUNTY	Number of Investigations	Number by Type					Number by Outcome					Dollar Estimates by Outcome	
		Collusion	Provider Fraud	Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Administrative Action	Referred for Prosecution, County	Referred for Prosecution, DOJ	Referred for Administrative Action	Referred for Prosecution	
Amador	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Calaveras	5	1	4	0	0	0	2	3	0	0	0	\$4,039	\$0
Colusa	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Del Norte	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
El Dorado	18	0	14	0	0	0	0	16	1	0	0	\$9,795	\$3,395
Glenn	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Inyo	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Lassen	5	4	0	1	0	0	5	0	0	0	0	\$0	\$0
Mariposa	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Modoc	1	0	0	1	0	0	1	0	0	0	0	\$0	\$0
Napa	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Nevada	6	0	7	2	0	0	4	5	1	0	0	\$801	\$1,592
Plumas	4	1	3	0	0	0	3	0	0	0	0	\$0	\$0
San Benito	2	0	0	0	3	0	3	0	0	0	0	\$0	\$0
Sierra	0	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Siskiyou	26	1	23	2	0	0	25	3	0	0	0	\$4,229	\$0
Sutter	1	0	0	0	1	0	1	0	0	0	0	\$0	\$0
Tehama	22	15	5	2	0	0	15	6	6	1	0	\$4,428	\$5,208
Trinity	1	0	1	0	0	0	1	0	0	0	0	\$0	\$0
Tuolumne	5	0	3	0	0	0	1	2	0	0	0	\$628	\$0
Yuba	29	9	14	6	0	0	17	12	0	0	0	\$1,533	\$0
TOTAL	125	31	74	14	4	0	78	47	8	1	0	\$25,454	\$10,196

Yuba County reported 29 *Fraud Investigations Completed*, Siskiyou County reported 26, Tehama County reported 22, and El Dorado County reported 18. All of the remaining counties reported six or fewer.

- 59% of small county *Fraud Investigations Completed* were suspected *Provider Fraud*.
- Small counties reported referring nine cases for prosecution, representing 7% of *Fraud Investigations Completed* among small counties.
- El Dorado County reported referring \$9,795 for *Administrative Action*, which is more than twice the second largest outcome, *Referred for Administrative Action*. Fourteen small counties reported no amount.
- Tehama, El Dorado, and Nevada counties reported an *Estimated Amount Referred for Prosecution*. The remaining counties reported none.

Small County Prosecutions

Small counties reported a total of five *Prosecutions*; they were in Tehama, Lassen, and El Dorado counties.

- The reported result was one *Plea Deal*, one *Dismissal*, one *Felony Conviction*, and one *Referral to the Suspended and Ineligible Providers' List*.
- There were two *Prosecutions* in Tehama County for which no outcomes were reported.

Small County Totals

Ten counties reported in at least one category from this section. Nine counties reported no *Losses Identified*, only one county reported any *COR*, and nine counties reported no *Fraud-Related Overpayment Identified for Administrative Recovery*. See Table 18:

Table 18: Totals – Small Counties

SECTION V. TOTALS - SMALL COUNTIES			
COUNTY	Dollar Amount of Loss Identified	Dollar Amount of Court Ordered Restitution	Dollar Amount Identified for Overpay Collection
Amador	\$0	\$0	\$0
Calaveras	\$0	\$0	\$4,039
Colusa	\$0	\$0	\$0
Del Norte	\$1,179	\$0	\$1,329
El Dorado	\$13,191	\$0	\$7,519
Glenn	\$479	\$0	\$621
Inyo	\$0	\$0	\$0
Lassen	\$96	\$96	\$0
Mariposa	\$0	\$0	\$0
Modoc	\$0	\$0	\$0
Napa	\$0	\$0	\$0
Nevada	\$3,728	\$0	\$3,728
Plumas	\$0	\$0	\$0
San Benito	\$0	\$0	\$0
Sierra	\$0	\$0	\$0
Siskiyou	\$4,229	\$0	\$4,229
Sutter	\$0	\$0	\$0
Tehama	\$4,044	\$0	\$3,839
Trinity	\$0	\$0	\$0
Tuolumne	\$628	\$0	\$628
Yuba	\$3,730	\$0	\$1,533
TOTAL	\$31,305	\$96	\$27,465

Lassen County reported \$96 in *COR* and was the only small county to report any *COR* data. Overpay collection was by far the preferred response among small counties.

Very Small Counties

There were two very small counties, Mono and Alpine.

Very Small County Fraud Complaints

With a combined caseload of 43, very small counties reported two *Fraud Complaints*. Both complaints were reported by Alpine County and both were *Referred to the State Investigator*. See Table 19:

Table 19: Fraud Complaints – Very Small Counties

SECTION I. FRAUD COMPLAINTS - VERY SMALL COUNTIES																
COUNTY	Number of Complaints	Complaints by Source									Complaints by Outcome					
		Recipient	Provider	Family Member	County Staff	Neighbor	Data Matches	Anonymous - Phone	Anonymous - Mail	Anonymous - Web	Other	Referred to County Investigator	Referred to State Investigator	Referred for Administrative Action	Referred to APS/CPS	Dropped, No Action
Alpine	2	0	0	0	1	0	0	1	0	0	0	0	2	0	0	0
Mono	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	0	0	0	1	0	0	1	0	0	0	0	2	0	0	0

Very Small County Early Detection Savings

Only Alpine County reported data for this section, reducing one case by 26 monthly service hours based on a *Partial Overstatement of Need*.

Very Small County Fraud Investigations Completed

Alpine County reported two *Fraud Investigations Completed*. See Table 20:

Table 20: Fraud Investigations Completed – Very Small Counties

SECTION III. FRAUD INVESTIGATIONS - COMPLETED - VERY SMALL COUNTIES													
COUNTY	Number of Investigations Completed	Number by Type					Number by Outcome				Dollar Estimates by Outcome		
		Collusion	Provider Fraud	Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Administrative Action	Referred for Prosecution, County DA	Referred for Prosecution, DOJ	Referred for Administrative Action	Referred for Prosecution	
Alpine	2	1	0	1	0	0	0	1	0	0	\$400	\$0	
Mono	0	0	0	0	0	0	0	0	0	0	\$0	\$0	
TOTAL	2	1	0	1	0	0	0	1	0	0	\$400	\$0	

Very Small County Prosecutions

Very small counties reported no *Prosecutions*.

Very Small County Totals

Alpine County reported a *Total Identified Loss* of \$400, all of which was identified for *Administrative Overpay Recovery*. No other data was reported for this section.

Summary and Conclusions

Fraud Complaints

Counties reported receiving 6,401 fraud complaints statewide. The most commonly reported source of fraud complaints statewide was *County Staff*; however, counties reported that they did not initially track the original source of fraud complaints. It was agreed that counties could take the necessary time to revamp their reporting processes and tools to more accurately track the original source of complaints; as of FY 2012/13, it appears that some counties had not yet made that improvement. CDSS will reach out with technical assistance for counties who have not yet been able to develop such tracking mechanism.

The second most commonly reported source of fraud complaints was *Data Matches*. San Diego and Imperial counties account for roughly 62% of *Data Matches* statewide.

Thirty-eight percent of fraud complaints (2,424) resulted in *Referral for County Investigation*, while only 821 complaints were referred to the State for Investigation. CDSS recently implemented uniform statewide protocols for Program Integrity Activities in IHSS which disseminated and reinforced California WIC Sections 12305.82(a) and 12305.82(e) which specifies that counties will refer all fraud complaints in excess of \$500 to DHCS. The goal is to shift from *Referral for County Investigation* to *Referral for State Investigation* in accordance with WIC.

Thirty-four percent of fraud complaints (2,130) resulted in *Referral for Administrative Action*; San Diego County accounts for more than 40% of those. This may indicate an emphasis on recovery of overpaid money rather than criminal prosecution.

Los Angeles County reported 154 fraud complaints. The department is working with program integrity staff in Los Angeles County to identify efficiencies and best practices for improving consistent and accurate fraud data reporting.

Large counties reported nearly 54% of statewide fraud complaints and medium counties reported 40% of statewide fraud complaints. Counties with caseloads less than 1,000 reported about four percent of fraud complaints.

Early Detection Savings

Twenty–seven counties reported *Service Hour Reductions* in excess of 208,000 monthly hours (.54% of the total) across 4,300 cases (.97% of the total) based on early detection.

- Large counties reported 40% of the cases terminated or reduced, and 50% of the hours reduced based on early detection. San Diego County reported the most *Cases Terminated or Reduced* at 661. Sacramento County reported the highest average *Hours Reduced*, at 106 hours per case.
- Medium counties reported nearly 60% of the cases terminated or reduced, and nearly 50% of the hours reduced based on early detection. Imperial and San Joaquin counties account for 82% of those *cases* and 71% of those *hours*.

Data Matches account for about 80% of reported *Early Detection Reductions and Terminations*. CDSS intends to work with counties to expand the use of *Data Matches*, as *Data Matches* have proven an effective means of discovering improper payments. Two of the most commonly completed data matches have been the SCO Death Match, and the Medi-Cal Paid Claims data match. Both of those have already been incorporated into the Case Management Information and Payrolling System, making them an integral process in IHSS.

Fraud Investigations

Counties reported conducting 3,812 *Fraud Investigations*. Among completed county investigations, the most commonly reported type of fraud statewide was suspected *Provider Fraud*, at 66%. The most commonly reported outcome was, *Referred for Administrative Action*, at 59%, followed by *Dropped, No Action*, at 34%. Less than 7% of county investigations statewide resulted in *Prosecution*.

Counties reported that investigations totaling \$2.2 million in suspected fraud resulted in *Referrals for Prosecution*; \$1.6 million resulted in *Referrals for Administrative Action*.

Large counties reported 54% of the county fraud investigations completed statewide; Fresno County accounts for half of that. Medium counties reported 38% of the county fraud investigations completed statewide.

DHCS reported outcomes for 527 IHSS fraud investigations referred from counties. The most common outcome reported from DHCS was *Dropped, No Action* which applied to 274 (52% of) investigation determinations. There were 112 cases (21%) *Referred to the DA for Prosecution*, 108 cases (20%) *Referred to the DHCS Recovery Branch*, and

55 cases were returned to the county to perform internal *Administrative Action*. DHCS reported referring no cases to DOJ for prosecution.

Prosecutions

Counties reported outcomes for 234 prosecutions. Fresno, Alameda, and San Joaquin counties reported a combined 47% of cases *Referred for Prosecution Statewide*. *Prosecutions* resulted in 152 convictions, 35 plea deals, and only 25 dismissals. It appears that the threshold for prosecuting is high, which may explain why the conviction rate is also high.

Fresno reported the highest number of individual *Defendants Prosecuted* with 123 (60% of the defendants prosecuted by District Attorneys' Offices statewide).

Dollar Totals

Counties reported *Fraud-Related Loss* totaling just under \$4.5 million.

Counties identified over \$2 million for *Administrative Recovery*; the largest amounts (each in excess of \$100,000) were identified among Orange, Los Angeles, Sacramento, San Joaquin, Stanislaus and San Francisco counties. Those six counties total over \$1.3 million, representing approximately 67% of the total statewide amount.

Counties reported \$952,000 in *Court Ordered Restitution*. Alameda County reported the most *COR* at \$408,905, followed by Fresno County, Los Angeles County and San Joaquin County. Combined, those four counties total \$685,379, representing 72% of the statewide total. Twenty-six counties did not report any *COR*.

Results

Following are actions taken as a result of lessons learned, and next steps on which CDSS will focus as a result of the analysis of FY 2012/13 fraud data:

As a result of data discrepancies and reporting errors, CDSS has established more robust communications with county program integrity staff. Every SOC 2245 received is reviewed carefully, and any data which is missing or unclear results in a telephone conversation between CDSS APD staff and the county program integrity staff. This enhanced communication and collaboration is itself an improvement.

Program integrity curriculum was developed for the IHSS Social Worker Training Academy, and enhanced to walk through the reporting forms. As of June, 2014, this training has been provided as a webinar on eight occasions, is available as a webcast on the CDSS web page, and is beginning its third cycle of statewide classroom training sessions. CDSS is also expanding its error rate studies and data match opportunities to ensure that duplicate payments are not issued for identical services or for services that supplant the services provided by IHSS. Commencing in FY 2014/15, data matches will include "Out of State Providers."