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June 25, 2015

ALL COUNTY INFORMATION NOTICE NO. I-53-15

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 (IHSS) PROGRAM FOR FISCAL YEAR 2013/14

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

This notice accompanies the release of the Report of Program Integrity and Anti-Fraud Efforts in the In-Home Supportive Services (IHSS) Program for Fiscal Year (FY) 2013/14.

BACKGROUND

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 In-Home Supportive Services Program Integrity. The workgroup developed protocols clarifying State and county roles and responsibilities for 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 into an annual report for the purposes of improving the quality and the integrity of IHSS.

The statewide fraud data from FY 2013/14 was compiled, analyzed, summarized and incorporated into the attached Report of Program Integrity and Anti-Fraud Efforts in the IHSS Program for FY 2013/14. This report represents the second annual report released to date.

Reason For This Transmittal

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

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If you have any questions or comments regarding this report, please contact the Adult Programs Policy & Quality Assurance Branch, Quality Assurance & Improvement Bureau, 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
Adult Programs Policy and Quality Assurance Branch
Adult Programs Division

Attachment

c: CWDA



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

Fiscal Year 2013-14

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

June 2015

Executive Summary

The IHSS Program currently serves approximately 487,000 eligible aged, blind, and disabled recipients, served by approximately 405,000 providers statewide. The projected total program cost for Fiscal Year (FY) 2014-15 is approximately \$7.3 billion.

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 IHSS program integrity requirements. The goal of this workgroup was to develop protocols clarifying state and county roles and responsibilities for the implementation and execution of standardized IHSS program integrity measures, including data sharing and statewide coordination. These protocols are available at the following link:

<https://www.cdss.ca.gov/inforesources/ihss/quality-assurance/program-integrity>.

Following 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). County-reported data was compiled and analyzed, and the first annual Report of Program Integrity and Anti-Fraud Efforts in the IHSS Program was released. Following is the second annual report.

This report summarizes the data reported by counties, as well as investigation outcomes reported by Department of Health Care Services (DHCS) for the period of July 1, 2013 through June 30, 2014. The report includes analysis of county fraud reporting and activities statewide, including Directed Mailings and Unannounced Home Visits. The key findings in this report include the following:

- **More fraud complaints** were received this year:

	FY 2012-13	FY 2013-14
Fraud Complaints Reported	6,401	7,472

- *Data Matches* surpassed *County Staff* as the **primary source of fraud complaints**:

	FY 2012-13	FY 2013-14
Data Matches	32%	49%
County Staff	41%	33%

- Similar to FY 2012-13, most fraud complaints **required some follow-up**:

	FY 2012-13	FY 2013-14
Actionable Complaints	85%	83%
Dropped Without Action	15%	17%

- Counties reported **fewer service hour reductions** based on *Early Detection*:

	FY 2012-13	FY 2013-14
Hours Reduced	208,168	131,000
Cases Terminated or Reduced	4,300	2,670

- As more counties refer fraud complaints to DHCS in compliance with Program Integrity Protocols, **fewer have county investigation outcomes** to report:

	FY 2012-13	FY 2013-14
County Fraud Investigations Completed	3,380	1,897

- As fewer county investigations occur, **lower dollar amounts** were reported for both *Referred for Prosecution*, and *Referred for Admin Recovery*:

	FY 2012-13	FY 2013-14
Referred for Prosecution	\$2.2 million	\$806,279
Referred for Admin Recovery	\$1.6 million	\$1 million

- Prosecutions resulted in dismissals at nearly **twice last year's rate**:

	FY 2012-13	FY 2013-14
Prosecutions	233	171
Convictions	72%	66%
Plea Bargains	16%	11%
Dismissals	12%	23%
Defendants Prosecuted	238	165

- Counties reported **less loss identified** and **more Court Ordered Restitution**:

	FY 2012-13	FY 2013-14
Fraud-Related Loss	\$4.4 million	\$2.5 million
Admin Overpay Recovery	\$2 million	\$1.9 million
Court-Ordered Restitution	\$952,000	\$1.4 million

- FY 2013-14 was the first year that Unannounced Home Visits (UHV) were conducted; therefore, there is no comparison data from FY 2012-13. The term “UHV” refers specifically to program integrity UHVs as established in WIC Section 12305.71(c)(3). The purpose of a UHV by county staff is to serve as a monitoring tool to safeguard recipient well-being. In October of 2013, CDSS sent 1,005 UHV requests to counties; 919 were conducted. While most UHVs confirmed the recipients’ well-being, many resulted in multiple findings. Results included 303 recommended follow-up activities and 65 cases being referred for assistance from some other agency or program. In 29 cases, counties were unable to contact the recipient, and termination notices were issued.
- FY 2013-14 was the first year that Directed Mailings (DMs) were conducted; therefore, there is no comparison data from FY 2012-13. DMs are sent by counties to a specific group of IHSS providers based on attribute(s) they share to convey program integrity concerns, to inform IHSS providers of appropriate program rules and requirements, and to convey information about the consequences for failing to follow the rules. A copy is sent to the associated recipient(s). The goal is to increase the participants’ knowledge and create better informed providers in an effort to reduce errors, fraud, and abuse in the IHSS program. There are no results received to report. Forty-three counties reported completing 3,142 DMs consisting of 1,268 letters to providers and 1,874 copies to recipients. Additionally, CDSS conducted a DM based on providers claiming more than 400 hours per month, sending program integrity mailers to 332 providers in 43 counties.

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STATEWIDE FY 2013-14 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. In March 2013, the workgroup completed development of the protocols. This was accomplished by establishing a fraud data reporting and collection process, including the Fraud Data Reporting Form (SOC 2245) as its keystone.

The specific measures in the more recently completed protocols included requirements for program integrity training for county IHSS workers, Unannounced Home Visits (UHV), Directed Mailings (DM) to IHSS providers, and statewide communication and coordination for IHSS program integrity efforts between state and county offices. Data concerning UHVs and DMs was reported by counties and is included in this report, along with the SOC 2245 data.

Purpose

This report summarizes county fraud reporting and activities statewide, and provides analysis of the data.

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) reports the results of State fraud investigations. UHV and DM data is submitted to CDSS throughout the fiscal year but is due by the end of the fourth quarter. All received data is collected, reviewed, tracked, compiled, and analyzed by the CDSS Adult Programs Division, Policy & Quality Assurance Branch, 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 2013-14, the SOC 2245 form was composed of six sections, each containing a number of subsections. Figures 1-5 are the SOC 2245 sections as they were presented to the counties.

SOC 2245 – Section I, Fraud Complaints

The first section of the SOC 2245 captures fraud complaint data. A complaint is defined as any program integrity concern discovered by or reported to county IHSS staff. Counties report total number of complaints received, the source of each of those complaints, and the outcomes of the initial review (triage) of each complaint. It is important to note that the outcomes reported here refer to the immediate response to the question “Does this complaint merit any further action or investigation?” after summary review of the particulars. See Figure 1.

Figure 1: SOC 2245 – Section I, Fraud Complaints

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, Early Detection Savings

This section captures early detection savings data as reported by counties. Early detection refers to service hours reduced or cases terminated as a result of fraud complaints. These reductions and terminations occur early in the process, whether or not the complaint becomes a referral for fraud investigation. For example, an anonymous caller (complainant) may claim that an IHSS recipient’s daughter lives with the recipient. CMIPS shows the recipient living alone, and in a telephone call the recipient says “Yes, my daughter just moved in.” Whether or not the complaint is ever referred for fraud investigation, proration calculations result in a reduction of 10 service hours per month. That reduction is recorded in:

- Section II.A, as one case terminated/reduced;
 - Section II.A.1, as one case terminated/reduced as a result of household composition/proration;
 - Section II.B, as 10 hours reduced; and
 - Section II.B.1, as 10 hours reduced as a result of household composition/proration.
- Counties report the total number of cases either terminated or reduced (hours), the reasons for the terminations or reductions, as well as the total number of hours reduced, followed by the reasons for the terminations or reductions. See Figure 2.

Figure 2: SOC 2245 – Section II, Early Detection Savings

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, Fraud Investigations - Completed

This section captures fraud investigation data. Counties that conduct their own fraud investigations report the number of investigations completed, breaking down these figures by type and by outcome. Data is then submitted by counties to report the dollar estimates by the outcome of the investigation. Numbers reported here should not include the outcome of cases referred to DHCS for investigation; those numbers are collected separately. See Figure 3.

Figure 3: SOC 2245 – Section III, Fraud Investigations - Completed

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, Prosecutions - County

This section captures county prosecution data. Counties report the number of cases received for prosecution and then report the outcome of those prosecutions. While the county agency that administers IHSS is responsible for reporting this data, it is essential that it maintain communication with the county district attorney’s office so that accurate information is reported. See Figure 4.

Figure 4: SOC 2245 – Section IV, Prosecutions - County

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 – Section V, Totals, and Section VI, Comments

Section V captures fraud-related dollar totals. Counties report the dollar figures for total losses identified, *Court Ordered Restitution*, and administrative *Overpay Recovery*.

Section VI, 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 contains multiple stages. When a county receives a fraud complaint, triage is conducted, and the complaint is either tagged for referral (for investigation or administrative action) or dropped without further action.

In some cases referred for administrative action, counties will act immediately by reducing the number of service hours authorized or by terminating the case. These

actions become *Early Detection Savings* in that prompt investigation of and action on fraud complaints prevents the improper spending of IHSS funds.

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 either declined 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 because some of the current year's cases may not be resolved until a subsequent year, the number of outcomes in a year will likely never equal the number of complaints, investigations, or prosecutions for that year. Cases may also be referred to multiple destinations, resulting in multiple outcomes. For example, a case may be referred to Adult or Child Protective Services due to abandonment by a provider who is not performing services regularly, but may also be referred for an administrative action in an attempt to recover payments made to that provider.

Statewide Results

All 58 counties submitted fraud data for all four quarters for FY 2013-14. While not all counties submitted UHV and DM data, all counties that did not submit data confirmed that they had not conducted their assigned UHVs or DMs. This section displays the results of this reported data on a statewide level.

Statewide County Reporting

While there was 100% participation by counties, some experienced difficulties completing the SOC 2245 correctly and on time. Often the reasons cited involved staff turnover and/or staff on leave. For instances in which there was an opportunity to help, CDSS has been and is actively working with counties that experience difficulty reporting accurate and timely fraud data.

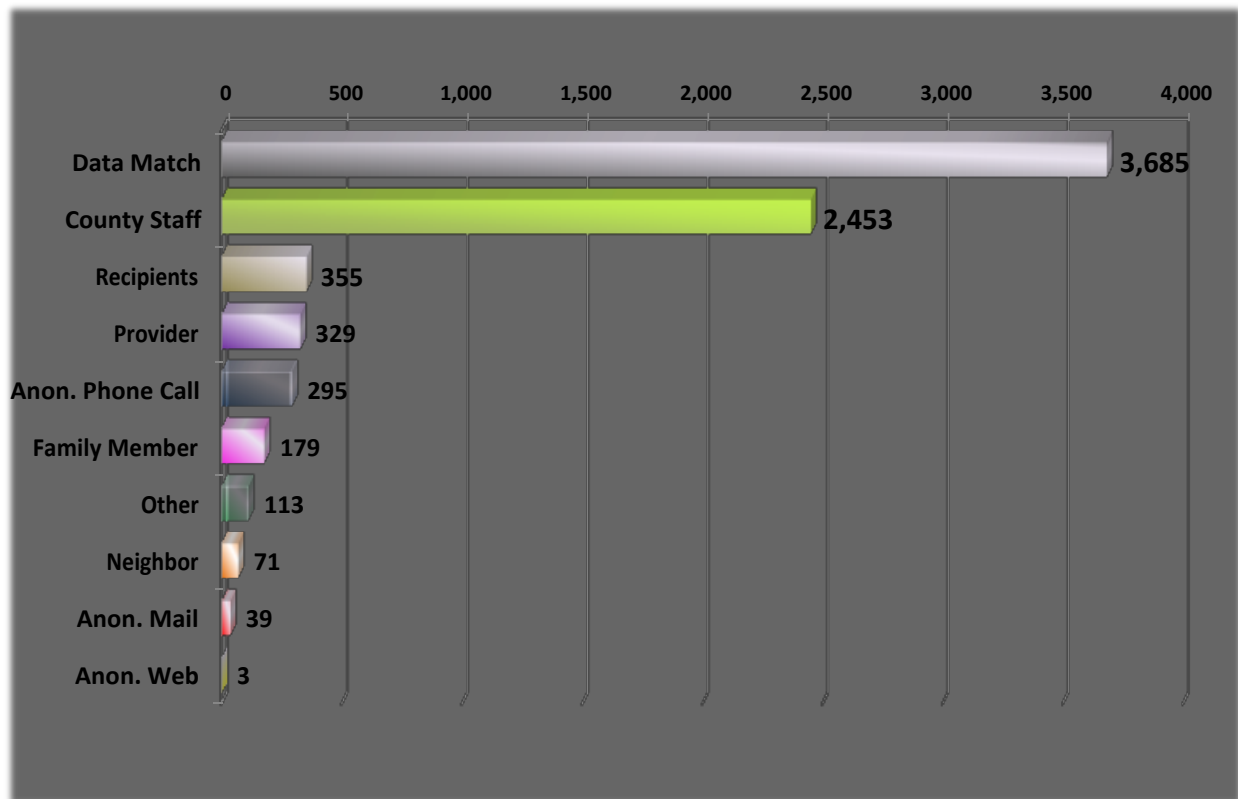
Fraud Complaints (Section I)

This section captures fraud complaint data. Statewide, counties reported receiving 7,472 fraud complaints in FY 2013-14, up 14% from 6,401 in FY 2012-13. Some fraud complaints 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. Also, as indicated above, a single complaint may result in more than one outcome.

Fraud Complaints Received by Source

This section captures the source of fraud complaints. See Figure 6.

Figure 6; Section I. Fraud Complaints by Source:



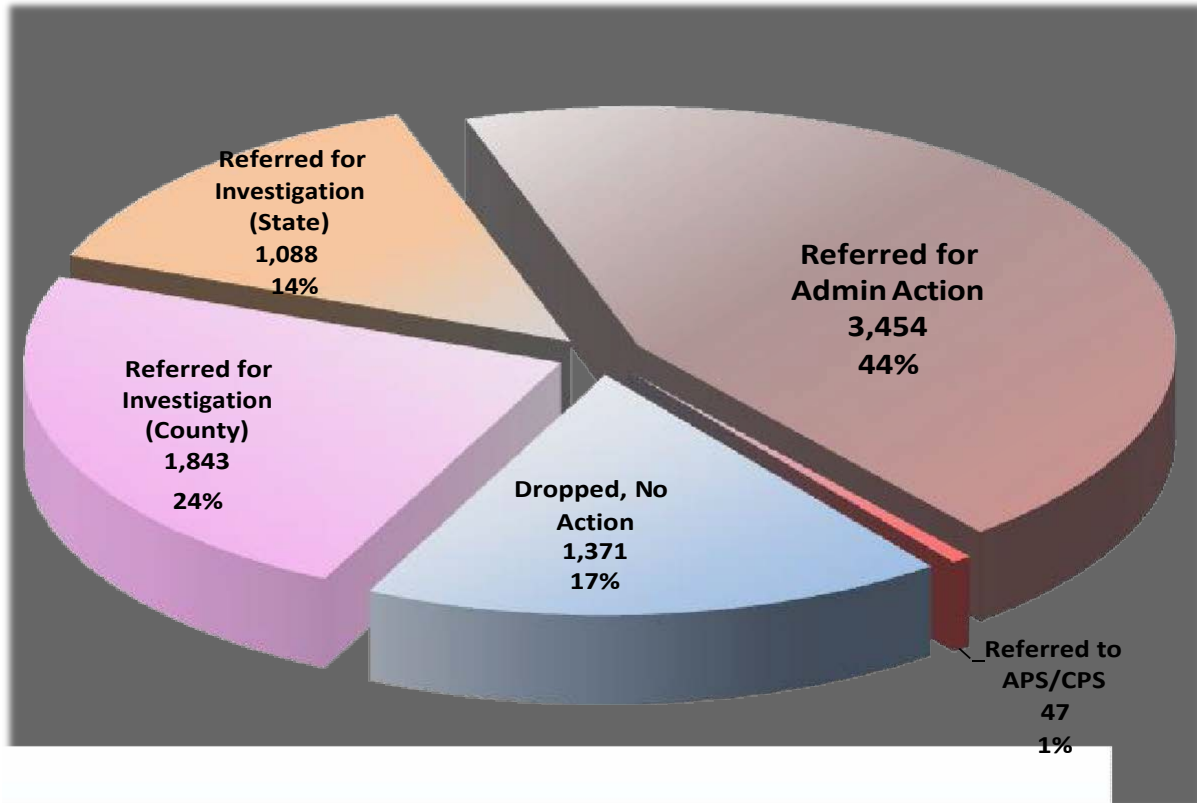
The most commonly reported source of fraud complaints (49%) was *Data Matches*. “Data Match” is a term used to describe a match of a recipient or provider data to some external data source that would suggest possible fraud. One example is the receipt of Paid Claims Data from DHCS, indicating that a recipient was hospitalized during a time period in which CMIPS indicated that the provider was paid for providing IHSS. Unchanged from FY 2012-13 results, nearly two-thirds of data matches were reported by Imperial and San Diego counties, which actively receive additional data matches from DHCS.

The second most commonly reported source of fraud complaints was *County Staff* (33%); *Recipient*, *Provider*, and *Anonymous – Phone* were the distant third, fourth, and fifth most commonly reported sources. For the second consecutive year, the chief sources of reports of suspected fraud remain *County Staff* and *Data Matches*. This year, however, the positions of these two sources have been reversed with *Data Matches* moving from the number two slot into the lead.

Fraud Complaints by Outcome

This section captures the outcome of triage conducted on fraud complaints received. See Figure 7.

Figure 7; Section I: Fraud Complaints by Outcome



Because a single complaint may have multiple outcomes, the number of outcomes reported will not match the number of complaints.

- The single most commonly reported outcome of fraud complaint triage was *Referred for Administrative Action* (corrected internally), totaling 3,454, representing 44% (up from 33% in FY 2012-13) of the statewide total. Imperial County reported 29% of these.
- *Referral to County Investigator* was second at 1,843, representing 24% (down from 37% in FY 2012-13) of the statewide total. San Bernardino County reported the most cases *Referred to the County Investigator* with almost 14%.
- *Dropped, No Action* totaled 1,371 cases, representing 17% (16% in FY 2012-13) of all *Fraud Complaints by Outcome*. Almost half (47%) of these were reported by Imperial County, which reported 649 cases as *Dropped, with No Action*. It is important to remember that *Dropped, No Action* does not mean that the complaint was ignored, rather the complaint was examined, and the determination was made that no investigation or follow-up action was appropriate.

Statewide, counties reported referring 1,088 fraud complaints (14%) to DHCS for investigation and 1,843 complaints (24%) for county investigation. Referrals to county investigators decreased by 13% from FY 2012-13 to FY 2013-14. This suggests a shift from *Referral for County Investigation* to *Referral for State Investigation* as a result of the Uniform Statewide Protocols for PI Activities in IHSS which disseminated and reinforced WIC Sections 12305.82(a) and (e); however, DHCS does not track the source of their referrals so does not report to CDSS.

	FY 2012-13		FY 2013-14	
	Referred for County Investigation	2,424	37%	1,843
Referred for State Investigation	821	13%	1,088	14%

Early Detection Savings (Section II)

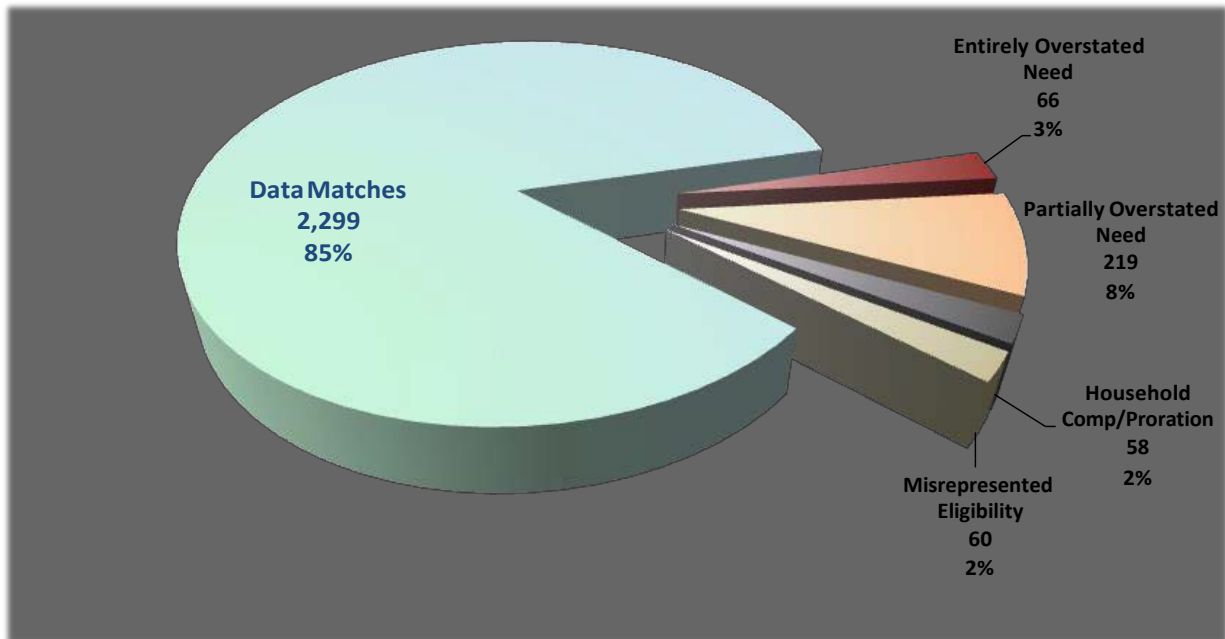
Early Detection Savings Data

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. Reasons for case termination or service hour reduction include:

- **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 a level of need that had been exaggerated by the recipient.
- **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.

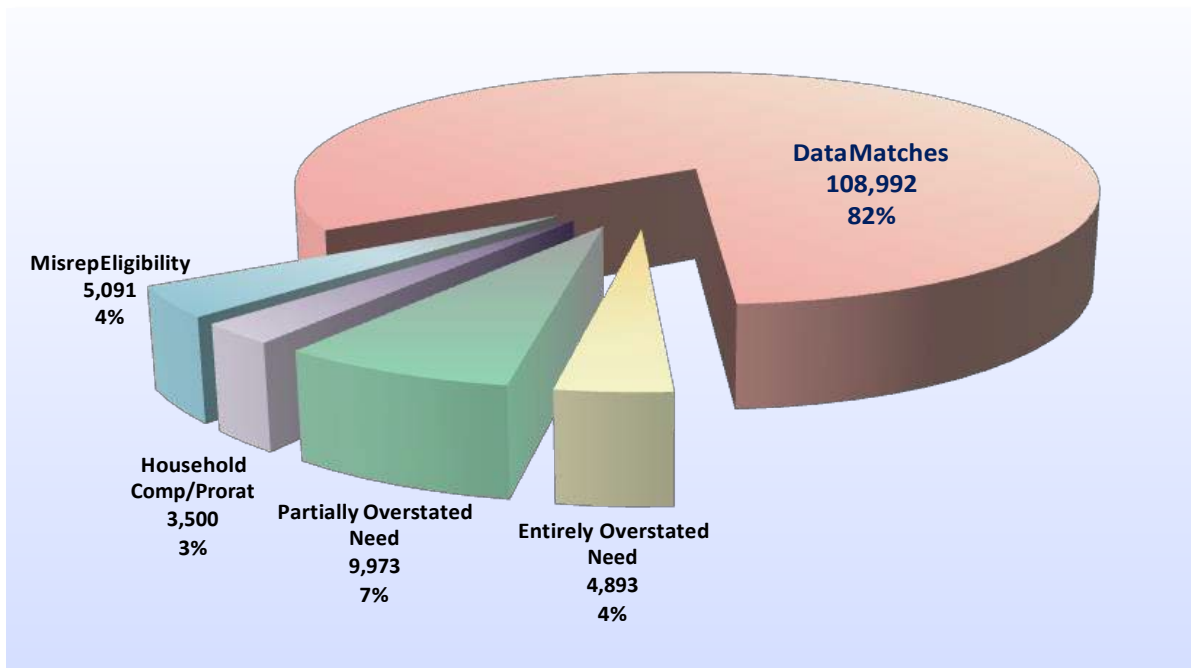
Figures 8 and 9 display *Early Detection Savings* data by *cases* and by *hours*:

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



Twenty-eight counties reported terminating or reducing service hours in 2,670 cases (down from 4,300 cases in FY 2012-13) as a result of fraud complaints. Similar to FY 2012-13, *Data Matches* represented over 80% of both *Terminated Cases* and *Reduced Hours*.

Figure 9; Section II: Early Detection Savings (Hours Reduced)



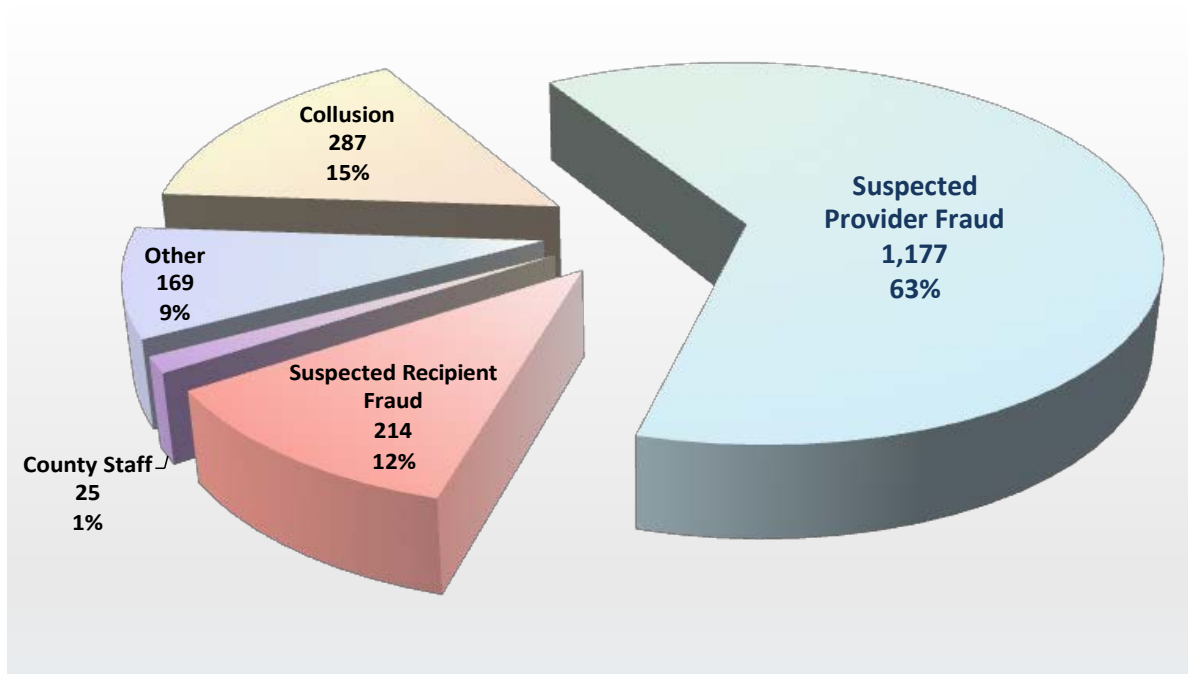
- *Early Detection Savings* resulted in a total of 131,470 monthly service hours reduced (down from 208,168 in FY 2012-13). Due to the overlap of cases being reduced as a result of multiple factors (such as *Overstated Need*, discovered as the result of a *Data Match*), the sum of all results total 132,448 monthly service hours reduced.
- *Data Matches* accounted for almost 83% of *Hours Reduced* statewide.
- *Partially Overstated Need* was the second most commonly reported reason for a termination or reduction at 8% of *Cases* and 7% of *Hours*, respectively.
- The remaining three reasons for a termination or reduction of hours account for ten percent combined.

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 1,897 *Fraud Investigations Completed* statewide; a decrease from 3,380 in FY 2012-13. These are investigations conducted at the county level to determine the course of action that will be taken (prosecute, refer for administrative action, or take no further action). Counties that referred all of their fraud investigations to DHCS would have no data to report in this section. See Figure 10.

Figure 10: Section III: Fraud Investigations Completed (By Type)

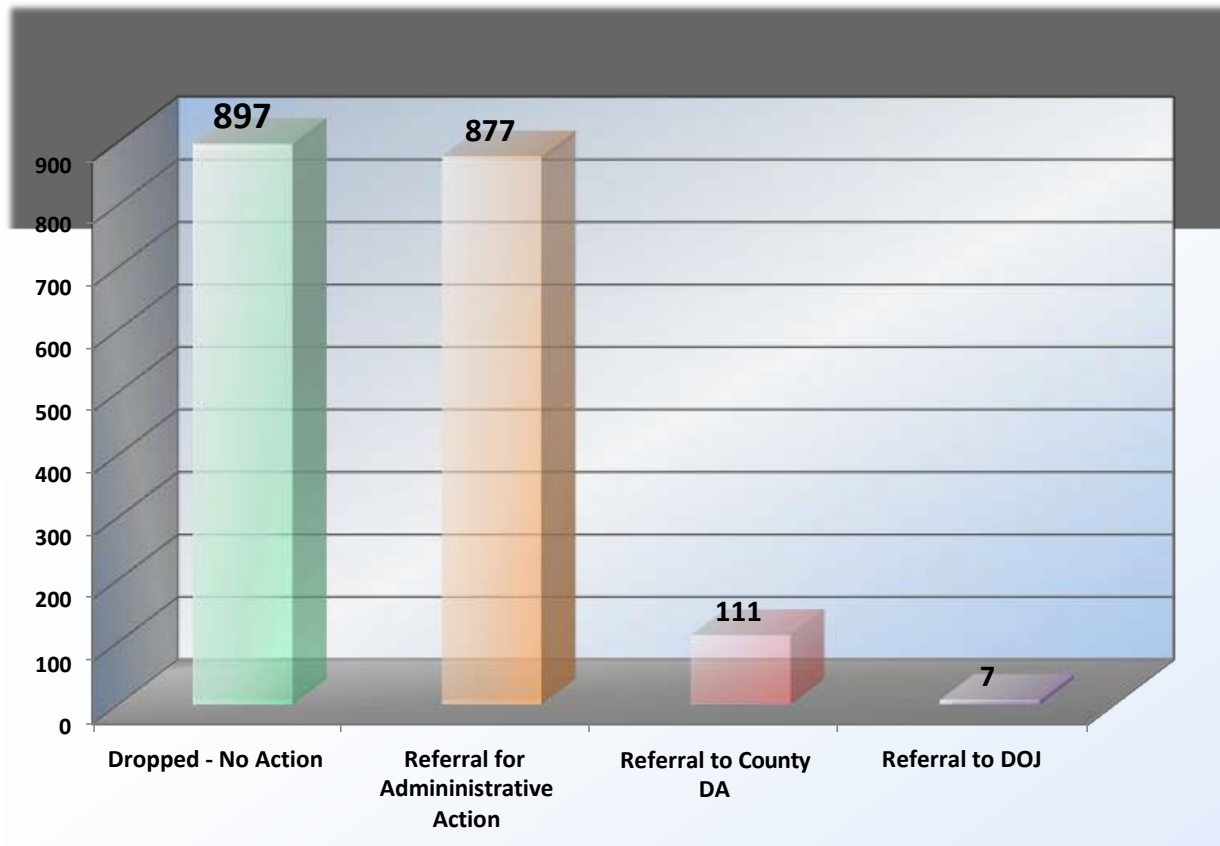


As in FY 2012-13, the most commonly reported type of fraud was suspected *Provider Fraud*, which accounted for almost two-thirds of fraud investigations reported; suspected *Recipient Fraud* accounted for 12% of reported fraud investigations; *Collusion* (Both – Provider and Recipient conspiring together to commit fraud) accounted for 15%, totaling 90%. *County Staff* (fraud involving the participation of county employees) accounted for less than two percent. There was a substantial increase of *other* fraud types (169 instances, up from 14 in FY 2012-13), which are situations that fell outside of the listed categories. An example of this is a case in which a non-provider signs the provider’s timesheets while the approved provider is not present and caring for the recipient.

Fraud Investigations Completed (By Outcome)

This section captures the outcome of completed fraud investigations, 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. See Figure 11.

Figure 11: Section III: Fraud Investigations Completed (By Outcome)



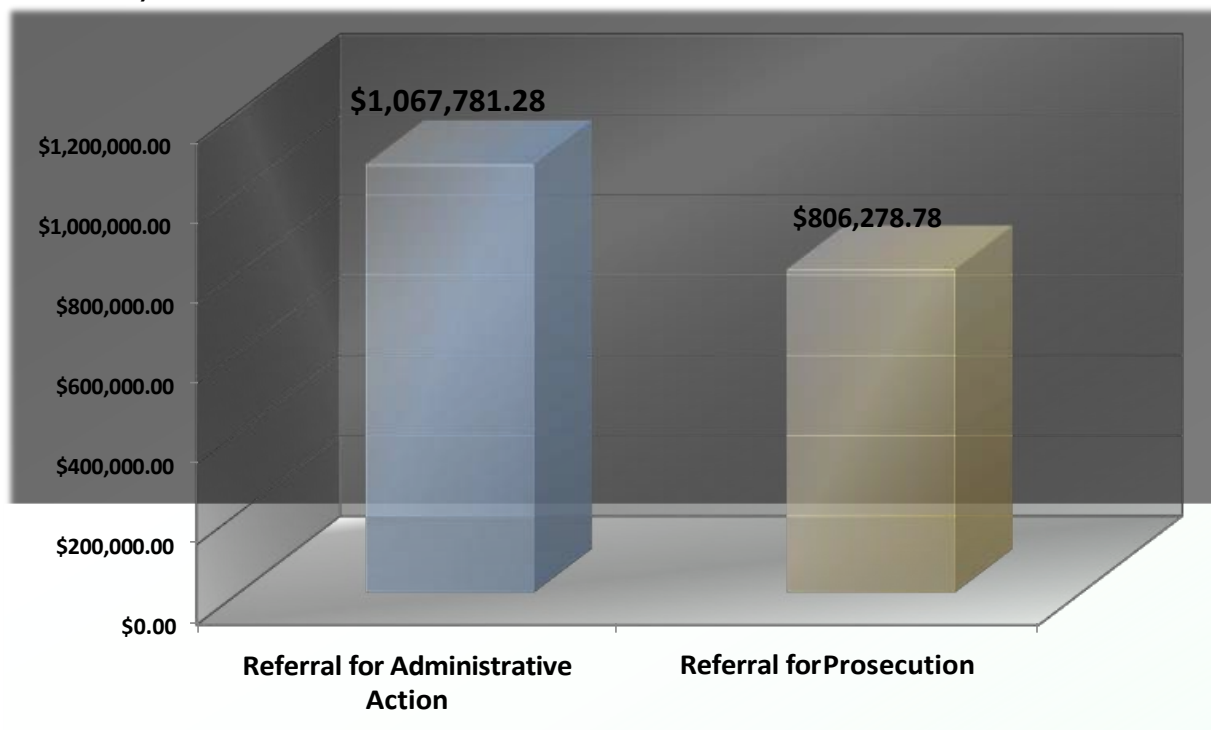
Of the 1,897 investigations reported, 995 (53%, down from 66% in FY 2012-13) resulted in a referral for either *Prosecution* or for *Administrative Action*; the remaining 897 investigations (47%) were *Dropped, No Action*.

- *Referrals for Administrative Action* allow for a resolution without pursuing prosecution. An example is *Overpay Recovery Actions* initiated by the county.
- Of the 1,892 fraud investigations completed with a reported outcome, six percent resulted in referral for prosecution.

Fraud Investigations Completed (Dollar Amount Estimates by Outcome)

In the final subsection of Section III, 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: Section III: Fraud Investigations Completed (Dollar Estimates by Outcome)



As a result of completed fraud investigations, counties reported having referred just over \$1 million for administrative action (down from \$1.6 million in FY 2012-13), and \$806K for prosecution (down from \$2.2 million in FY 2012-13).

- Of the cases *Referred for Administrative Action*, Orange County remained the top referrer statewide and accounted for 23%. San Francisco County accounted for 22% and Los Angeles County reported 18%.
- Of the cases *Referred for Prosecution*, Fresno County accounted for 29% (27% in FY 2012-13) of the statewide total. Orange County accounted for 26% (up from 14% in FY 2012-13) of the statewide total, and Santa Clara County accounted for 11%.

DHCS Investigations

DHCS reported 596 completed IHSS fraud investigations, up from 527 in FY 2012-13. Investigations may have multiple outcomes in some cases. For this reason, the number of investigation outcomes may not reflect the number of investigations completed. DHCS reported referring 63 cases for prosecution, one of which was a referral to DOJ. See Table 1. Although DHCS reports fraud outcome data to CDSS, neither CDSS nor reporting counties are provided with specific outcome information by DHCS.

Table 1: DHCS Investigations Reported

DHCS Investigations	
Investigations completed	596
Criminal complaints filed	63
Criminal complaints fully adjudicated	57
Search warrants/subpoenas served	33
Arrests	18
Mandatory suspensions referred to M/C S&I Providers list	49
Admin action/warning letters issued	6
Cases referred to DHCS Recovery Branch	118
Cases referred to county DAs for prosecution	63
Case referred to DOJ for prosecution	1

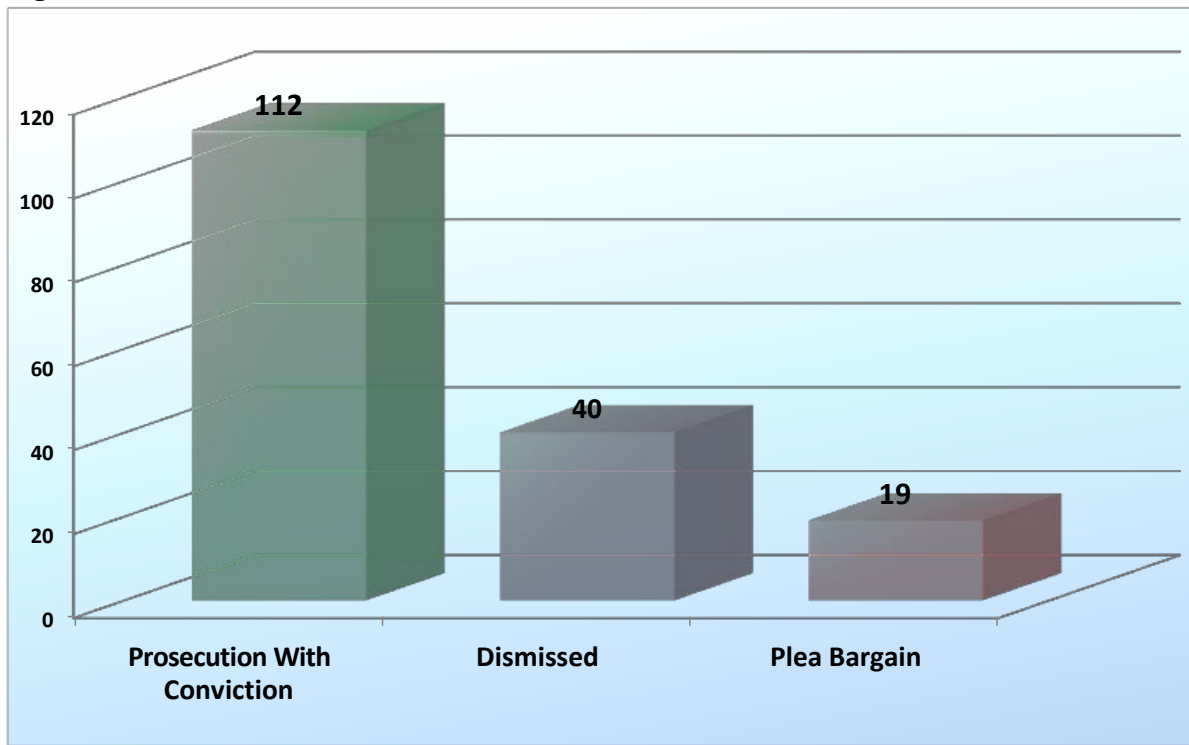
Prosecutions (Section IV)

This section captures county 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 outcomes:

- Declined by District Attorney*
- Plea Deal*
- Dismissal*
- Conviction* (includes Felony and Misdemeanor Convictions)

Outcomes were reported for a total of 206 prosecutions. Of those, 35 cases were reported as *Declined by the District Attorney's Office*. The remaining 171 cases were accepted by the District Attorney's Office (down from 212 in FY 2012-13). Figure 13 displays the outcomes of these cases:

Figure 13: Section IV: Cases Prosecuted



Significant data to consider includes:

- Of the 171 cases accepted by District Attorneys' Offices, 131 resulted in either *Convictions* or *Plea Bargains* (77%, down from 88% in FY 2012-13); the remaining 23% were *Dismissed*.
- County prosecutions resulted in 57 *Felony Convictions* and 65 *Misdemeanor Convictions* with 165 defendants prosecuted.
- Fresno County reported 63% of the total *Felony Convictions*, while Los Angeles County reported 55% of the *Misdemeanor Convictions*. Fresno County reported 47% of all *Defendants Prosecuted by District Attorneys' Offices* statewide.
- The three counties reporting the highest number of cases referred to District Attorneys' Offices for prosecution were Fresno County (34 cases); Los Angeles County (22 cases); and San Bernardino County (16 cases), representing a combined 65% of cases referred to the District Attorneys' Offices.
- Four counties reported 77 *Referrals to the Suspended and Ineligible List (S&I)*; Los Angeles County reported 66% of those.

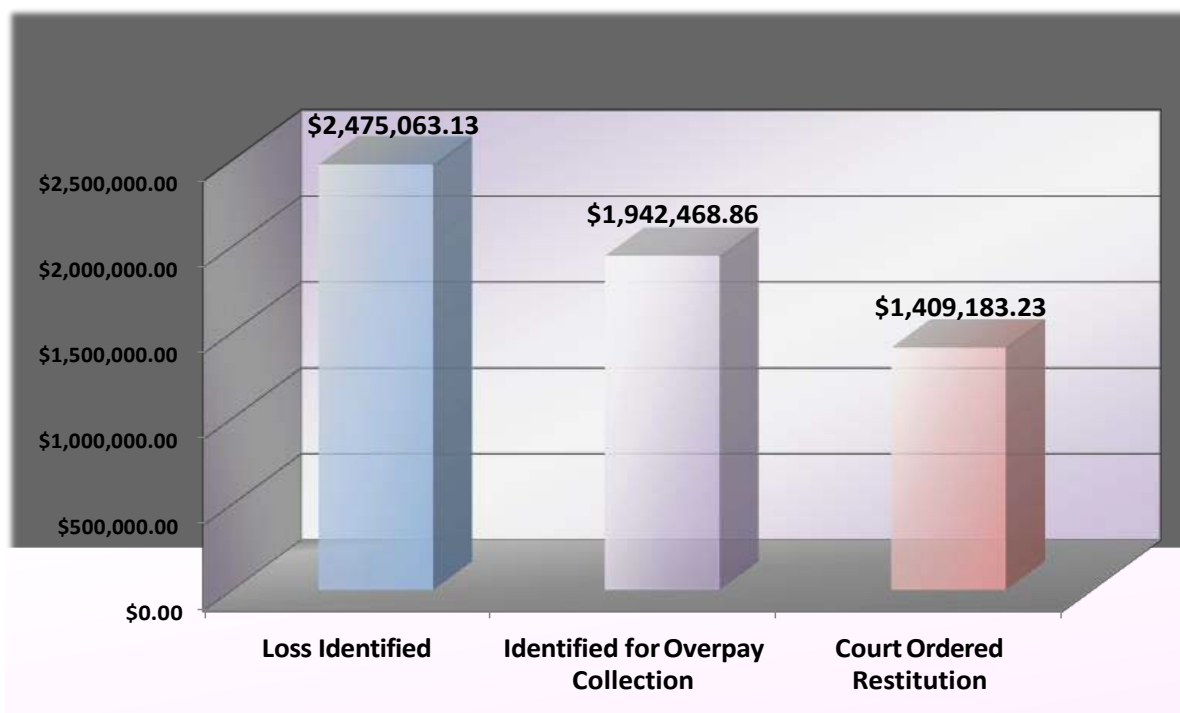
Dollar Totals (Section V)

Counties reported dollar amounts in three separate categories:

- *Total Loss Identified*
- *Court-Ordered Restitution*
- *Amount Identified for Administrative Overpay Recovery*

See Figure 14:

Figure 14: Section V. Dollar Totals



Statewide, counties reported a *Total Loss Identified* of \$2,475,063.13 (down from nearly \$4.5 million in FY 2012-13), total *Court Ordered Restitution* of \$1,409,183.23 (up from less than \$1 million) and \$1,942,468.86 in *Identified for Administrative Overpay Recovery*.

- Sacramento, Orange and San Francisco counties reported a combined *Total Loss Identified* of \$922,761, representing over 37% of the statewide total.
- The *Court Ordered Restitution* statistics were sporadically reported again in FY 2013-14. In FY 2012-13, Alameda County reported almost half (\$408,904.87) of the statewide total, but reported no *Court Ordered Restitution* for FY 2013-14. Only nine medium counties (36%) reported any *Court Ordered Restitution*, and no small or very small counties reported any *Court Ordered Restitution* for this fiscal year.

- Six counties reported *Administrative Overpay Recovery* in excess of \$100,000 each; they were Sacramento, San Francisco, Orange, Los Angeles, Santa Clara, and San Diego. Combined, they account for \$1,343,945 representing 69% of the total amount *Identified for Overpay Recovery*.

Unannounced Home Visits

The term “Unannounced Home Visit” refers specifically to program integrity UHVs as established in WIC Section 12305.71(c)(3). FY 2013-14 was the first year UHVs were conducted. CDSS generated lists totaling 1,005 IHSS recipients selected for UHVs, and distributed those lists to counties in October, 2013. Counties were required to assign designated, trained staff responsible for conducting UHVs on all recipients listed by the end of the implementation period or provide a clear explanation, based on specific knowledge of a case, for declining to do so. Counties may also add names to the UHV list if they have a clear concern about the receipt or the quality of services, recipient well-being, program integrity, risk of abuse and/or fraud.

The purpose of the UHV by county staff is to serve as a monitoring tool to safeguard recipient well-being by verifying the receipt of appropriate levels of services, and to ensure program integrity by reminding recipients of program rules, requirements and the consequences (including the potential loss of services) for failure to adhere to them. In reviewing the data presented by counties:

- CDSS tasked counties to conduct UHVs on 1,005 recipients; 919 were conducted (completed or attempted). San Diego County was assigned 72 UHVs, and conducted a total of 214.
- Several counties conducted half or fewer of their assigned UHVs, some conducted none. Counties consistently non-compliant with program integrity requirements will be subject to a Quality Improvement Action Plan Request.
- There were a total of 102 cases that were terminated, experienced provider terminations, or experienced unrelated reductions in service hours which rendered them outside the chosen criterion *before* counties could conduct UHVs on them.
- In 29 cases, counties were unable to contact the recipient, and termination NOAs were issued. San Diego County issued the most terminations at six.
- Completed UHVs afforded counties the opportunity to educate providers and/or recipients in 249 cases.
- Completed UHVs resulted in 69 referrals in 65 cases (some UHVs resulted in multiple referrals).
 - San Diego initiated the most at 31 referrals in 29 cases.

- Referrals included
 - 21 referrals for fraud investigation;
 - 18 "other" referrals, which included:
 - MSSP
 - SHIELD Health
 - the Housing Commission
 - County Information Lines
 - Elderly Care
 - Ten referrals to Public Health Nurses
 - Seven referrals to the Public Authority
 - Six referrals to APS/CPS.

- Completed UHVs resulted in 303 recommendations for follow-up in 237 cases.

- Recommended follow-ups included:
 - 135 recommendations to reassess the recipient's level of need (73 of those based on a perceived need for an increase in service hours) and
 - 136 recommendations for case review based on missing forms, outdated case information on file, or questionable program eligibility.

Directed Mailings

The purpose of directed mailings is to convey program integrity concerns, to inform IHSS providers of appropriate program rules and requirements, and to convey information about the consequences for failing to follow the rules. The goal is to increase the participants' knowledge and create a better informed provider of IHSS services in an effort to reduce errors, fraud, and abuse in the IHSS program. The directed mailing is sent by counties to a specific group of IHSS providers based on some attribute (indicator) that they share, such as providers who claim excessive hours of services per month, providers who are also recipients, or providers who submit timesheets inconsistently. A copy is sent to the associated recipient(s). By directing the mailers to specific groups, information is sent to the appropriate audience.

FY 2013-14 was the first year DMs were conducted. Counties selected indicators from the indicator list provided by CDSS and then conducted data pulls to establish a mailing list of providers who all share the indicator. Results of the 2013-14 data received from counties were as follows:

- Forty-three counties (74%) reported completing directed mailings. Fifteen counties either did not complete directed mailings or performed a data pull for an indicator that was not issued by CDSS.

- The most commonly used indicator, *Provider Claims an Excessive Amount of Hours*, was used by nine counties. *Recipients Whose Service Authorizations Appear Inconsistent with Their Functional Index Rankings* was the next most common indicator and was reported by six counties.

- Alameda and Santa Barbara County each performed three sets of targeted mailings for three different indicators.
- Overall 3,142 directed mailings were performed. The mailing list consisted of 1,268 providers and a copy to their associated 1,874 recipients.

Some counties were unaware of the directed mailings process; CDSS educated counties on a case-by-case basis as these situations arose. Several counties began their directed mailings after the end of FY 2013-14 and can therefore, be expected to have data for FY 2014-15. Some counties provided comments for each directed mailing candidate, which proved helpful in providing insight into discoveries made. San Joaquin County documented receiving two letters indicating that not all services were being performed. While some counties reported that IPs had quit, it was unclear whether those incidents were related to the directed mailing.

In addition to the county DMs, CDSS initiated a statewide mailing to all providers who submitted timesheets claiming 400 service hours or more per month. CDSS sent directed program integrity mailers to 332 providers in 43 counties for the sole purpose of educating those providers of the program rules.

County-Specific Data, by County Size

While statewide aggregation of fraud data was useful in gaining an overall picture, 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 County 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 separately because its caseload is nearly eight times the size of the next largest county. 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 203 Fraud complaints in FY 2013-14, an increase of 32% over FY 2012-13. Los Angeles County has worked with CDSS to clarify the county's

responsibilities and to identify methods to improve its reporting of fraud data. See Table 2.

Table 2: Fraud Complaints – Los Angeles County

County	FRAUD COMPLAINTS BY SOURCE											OUTCOME OF FRAUD COMPLAINTS				
	Number of Complaints	Recipients	Provider	Family Member	County Staff	Neighbor	Data Match	Anon. Phone Call	Anon. Mail	Anon. Web	Other	Referred for Investigation (County)	Referred for Investigation (State)	Referred for Admin. Action	Referred to APS/CPS	Dropped, No Action
Los Angeles	203	0	0	0	171	0	1	19	0	0	12	61	142	0	0	0

Los Angeles County reported having referred all 203 fraud complaints for investigation.

- Los Angeles County reported that the source of 84% of its fraud complaints was *County Staff*. Nine percent of all fraud complaints were received from *Anonymous Phone Calls*, six percent were received from *Other* sources, and reportedly, only one fraud complaint was received from *Data Matches*.
- Of the 203 complaints received, 70% were reportedly *Referred to State Investigator* (DHCS Medi-Cal Fraud) and 30% were reportedly *Referred to County Investigator*.

Los Angeles County Early Detection Savings

Los Angeles County did not report any *Early Detection Savings* for Fiscal Year 2013-14.

Los Angeles County Fraud Investigations Completed

Los Angeles County reported 168 IHSS *Fraud Investigations Completed*, representing just under 9% of the statewide total. See Table 3.

Table 3: Fraud Investigations Completed – Los Angeles County

County	INVESTIGATIONS COMPLETED BY TYPE						NUMBER OF INVESTIGATIONS COMPLETED BY OUTCOME				\$ ESTIMATES BY OUTCOME	
	Investigations Completed	Collusion	Suspected Provider Fraud	Suspected Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Admin. Action	Referred for Prosecution (County D.A.)	Referred for Prosecution (DOJ)	Referred for Admin. Action	Referred for Prosecution
Los Angeles	168	17	131	20	0	0	107	39	22	0	\$194,385.79	\$67,557.00

Of the 168 fraud investigations completed, Los Angeles County reported:

- Suspected *Provider Fraud* represented 78% of total investigated IHSS fraud.
- Twenty-two cases were *Referred for Prosecution*.

- Sixty-four percent of cases were *Dropped, No Action*.
- Los Angeles County referred an average of \$4,984.25 per case for *Administrative Action (Recovery)* and \$3,070.77 per case for *Prosecution*. This represents a significant decrease in prosecutions from FY 2012-13, which averaged \$10,227 per case.

Los Angeles County Prosecutions

Los Angeles County reported nine cases (up from zero in FY 2012-13) received for prosecution in FY 2013-14. See Table 4.

Table 4: Prosecutions – Los Angeles County

County	INVESTIGATIONS COMPLETED BY TYPE	Number of Cases by Outcome							
	Number of Cases Received for Prosecution	Declined by DA	Plea Bargain	Dismissed	Prosecution With Conviction	Felony Conviction	Misdemeanors	Actual Number of Defendants Prosecuted	Referral to S&I
Los Angeles	9	0	0	3	52	16	36	52	51

While only reporting nine cases received for prosecution, Los Angeles County reported 52 convictions. This is likely the result of prosecutions begun in a previous year.

- The 52 convictions reported represent an increase of 104% from the 25 convictions reported in FY 2012-13.
- There were only 3 cases *Dismissed* and no cases were reported as *Declined by DA* or *Plea Bargain*. This indicates a high conviction rate for Los Angeles County. Out of the 55 reported outcomes, 94.5% of prosecutions resulted in convictions.

Los Angeles County Totals

The dollar amounts reported by Los Angeles County remained low in proportion to its caseload for FY 2013-14. This is particularly true in regard to *Losses Identified* wherein only two Large Counties reported smaller identified amounts. See Table 5.

Table 5: Totals – Los Angeles County

County	Totals		
	Loss Identified	Court Ordered Restitution	Identified for Overpay Collection
Los Angeles	\$67,557.00	\$385,281.10	\$194,385.79

- Los Angeles County reported the third highest amount of *Court Ordered Restitution* and the fourth highest amount *Identified for Overpayment Collection*.

Large Counties

The nine large counties had caseloads ranging from 12,763 in Fresno, to over 23,800 in San Diego. The average caseload for large counties was 19,577.

Large County Fraud Complaints

With a combined caseload of 176,000 in FY 2013-14, large counties reported 3,296 fraud complaints received. Large counties account for nearly 44% (down from 54% in FY 2012-13) of all fraud complaints reported statewide. See Table 6.

Table 6: Fraud Complaints – Large Counties

Large Counties	FRAUD COMPLAINTS BY SOURCE											OUTCOME OF FRAUD COMPLAINTS				
	Number of Complaints	Recipients	Provider	Family Member	County Staff	Neighbor	Data Match	Anon. Phone Call	Anon. Mail	Anon. Web	Other	Referred for Investigation (County)	Referred for Investigation (State)	Referred for Admin. Action	Referred to APS/CPS	Dropped, No Action
San Diego	1,044	2	0	1	175	3	821	41	0	0	1	61	15	897	3	68
Sacramento	787	54	59	34	185	8	346	64	8	0	29	0	381	626	4	167
San Bernardino	506	46	43	19	206	3	166	18	2	0	4	254	12	100	0	116
Santa Clara	305	3	9	5	71	0	197	1	4	0	15	17	20	9	0	11
Fresno	184	24	19	10	101	6	3	19	2	0	0	171	0	6	15	2
San Francisco	151	5	1	0	142	0	1	2	0	0	0	141	0	0	0	10
Orange	137	4	4	5	109	3	0	3	4	0	5	137	0	0	0	0
Alameda	93	21	13	10	33	4	11	7	4	0	0	0	86	0	0	2
Riverside	89	26	13	5	40	0	2	2	0	1	0	0	45	44	0	0
Total:	3,296	185	161	89	1,062	27	1,547	157	24	1	54	781	559	1,682	22	376

The most commonly reported sources of fraud complaints among large counties were *Data Matches*, followed by *County Staff*, which accounted for a combined 2,609 complaints, representing 79% of all large county fraud complaints.

Additionally:

- Three counties accounted for 71% of fraud complaints reported by large counties (San Diego, Sacramento, and San Bernardino).
- For the second consecutive year, the most commonly reported outcome of fraud complaints among large counties (at 1,682) was *Referred for Administrative Action*.
- The second most commonly reported outcome was *Referred for County Investigation*, which applied to 781 fraud complaints; the third was *Referred for State Investigation*, 559 complaints. In the previous fiscal year, large counties referred fraud complaints to the County for investigation more than twice as often as they referred complaints to DHCS (explained on pages seven and eight, in the statewide Section “Fraud Complaints by Outcome”).
- Large county fraud complaints with an outcome of *Dropped, No Action* (376) are fewer than half the number reported in FY 2012-13 (746).

Large County Early Detection Savings

Large counties reported about 35% of the *Total of Cases Terminated/Reduced* statewide, and about 43% of the *Total of Hours Reduced*. Individual details show that this was largely due to Santa Clara and Sacramento County reporting high numbers that account for 77% of all *Hours Reduced* by Large Counties. See Table 7.

Table 7: Early Detection Savings – Large Counties

Large Counties	CASES TERMINATED OR REDUCED AS A RESULT OF...						HOURS REDUCED AS A RESULT OF...					
	Number of Cases Terminated or Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility	Number of Hours Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility
San Diego	457	449	0	1	0	7	4,998	4,484	0	4	0	510
Santa Clara	275	274	0	0	0	1	29,927	29,592	0	278	0	57
Sacramento	125	100	7	3	3	12	13,805	11,794	699	29	83	1,200
Orange	60	0	3	74	11	1	5,604	0	295	4,226	1,038	43
San Bernardino	25	14	0	8	1	2	1,636	926	0	355	26	328
Fresno	7	1	2	4	0	0	709	160	132	417	0	0
Alameda	0	0	0	0	0	0	0	0	0	0	0	0
Riverside	0	0	0	0	0	0	0	0	0	0	0	0
San Francisco	0	0	0	0	0	0	0	0	0	0	0	0
Total:	949	838	12	90	15	23	56,679	46,956	1,126	5,309	1,147	2,138

The reported *Number of Cases Terminated* decreased from 1,741 in FY 2012-13 to 946 in FY 2013-14. There were 949 *Cases Terminated* or reduced by large counties, but there was a total of 978 reasons reported for those terminated cases. Of the 978 reasons reported;

- *Data Matches* accounted for 86%
- *Partial Overstatement* accounted for another nine percent
- *Entirely Overstated Need, Household Composition/Proration, and Misrepresented Eligibility* accounted for a combined five percent.

Reporting of *Early Detection Savings* this year was highly imbalanced among large counties;

- San Diego County reported 48% of the total *Cases Terminated or Reduced* among large counties, but reported the smallest average *Service Hour Reduction* at 10.93 hours per case.
 - Despite representing almost half of the large county terminated or reduced cases, San Diego County represented less than 8% of the large county *Service Hour Reductions*.
- Santa Clara and Sacramento counties comprised 77% of all *Service Hours Reduced* among large counties, but represented 29% of *Cases Terminated or Reduced*:
 - Despite a relatively low accounting of terminated or reduced cases, Santa Clara County represented an average of 108.8 hours per case, which accounts for 53% of the *Service Hours Reduced*.

Early Detection Savings numbers for large counties were largely represented by data from San Diego, Santa Clara and Sacramento.

Large County Fraud Investigations Completed

Despite having the highest number of Fraud Investigations Completed in FY 2012-13 with 2,052, large counties decreased substantially in FY 2013-14; reporting 740 *Fraud Investigations Completed* representing a combined 39% (down from 54%) of the statewide total. See Table 8, on the following page.

Table 8: Fraud Investigations Completed – Large Counties

Large Counties	INVESTIGATIONS COMPLETED BY TYPE						NUMBER OF INVESTIGATIONS COMPLETED BY OUTCOME				ESTIMATES BY OUTCOME	
	Investigations Completed	Collusion	Suspected Provider Fraud	Suspected Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Admin. Action	Referred for Prosecution (CountyD.A.)	Referred for Prosecution (DOJ)	Referred for Admin. Action	Referred for Prosecution
San Bernardino	321	25	267	18	0	11	106	199	16	0	\$44,053.87	\$74,175.35
San Francisco	155	3	134	18	0	0	53	103	0	0	\$231,414.53	\$0.00
Orange	129	28	80	20	0	1	33	92	4	0	\$246,772.00	\$212,022.00
Fresno	74	25	31	14	0	2	32	4	34	0	\$23,251.77	\$236,316.89
San Diego	56	29	23	4	0	0	43	11	2	0	\$103,516.53	\$7,928.26
Santa Clara	5	0	5	0	0	0	0	1	4	0	\$608.58	\$91,861.21
Alameda	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Riverside	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Sacramento	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Total:	740	110	540	74	0	14	267	410	60	0	\$649,617.28	\$622,303.71

San Bernardino County reported the highest number of *Fraud Investigations Completed*, representing 43% of Large County investigations completed; San Francisco County reported 21%, and Orange County reported 17%.

Additionally:

- 72% of *Fraud Investigations Completed* were reported as suspected *Provider Fraud*.
- Fresno County reported 74 *Fraud Investigations Completed* in FY 2013-14, a significant drop from the 1,065 reported in FY 2012-13.
- Fresno and Orange counties reported 72% of *Referrals for Prosecution* in *Estimates by Outcome* among large counties, totaling \$448,338.89. The two top reporting counties in FY 2012-13 totaled more than three times that amount, at \$1,619,862.
- Orange, San Francisco, and San Diego counties reported 90% of *Referrals for Administrative Action*, totaling \$581,703.06.
- San Diego reported only 11 *Referrals for Administrative Action*, but totaled \$103,516.53 in *Outcome Estimates*.

Large County Prosecutions

Four out of nine large counties reported referring 63 cases to the District Attorneys’ Offices for prosecution; the remaining five large counties reported no prosecutions data. Fresno and Orange counties reported the highest numbers in this group, representing 88% of all large county prosecutions. Fresno County reported the highest number of prosecutions statewide. See Table 9, on the following page.

Table 9: Prosecutions – Large Counties

Large Counties	INVESTIGATIONS COMPLETED BY TYPE	Number of Cases by Outcome							
	Number of Cases Received for Prosecution	Declined by DA	Plea Bargain	Dismissed	Prosecution With Conviction	Felony Conviction	Misdemeanors	Actual Number of Defendants Prosecuted	Referral to S&I
Fresno	43	18	0	4	31	36	4	78	10
Orange	14	9	3	1	5	2	3	13	0
San Bernardino	4	2	3	1	6	1	5	5	0
Santa Clara	4	3	0	0	1	0	1	0	0
Alameda	0	0	0	0	0	0	0	0	0
Riverside	0	0	0	0	0	0	0	0	0
Sacramento	0	0	0	0	0	0	0	0	0
San Diego	0	0	0	0	0	0	0	0	0
San Francisco	0	0	0	0	0	0	0	0	0
Total:	65	32	6	6	43	39	13	96	10

Large County Totals

Eight of nine large counties reported data for this section. Alameda County was the only county with no totals to report. See Table 10.

Table 10: Totals – Large Counties

Large Counties	Totals		
	Loss Identified	Court Ordered Restitution	Identified for Overpay Collection
Sacramento	\$583,336.09	\$0.00	\$479,304.73
Orange	\$252,948.00	\$364,214.00	\$212,042.00
Fresno	\$242,923.53	\$498,416.66	\$53,228.16
San Francisco	\$231,414.53	\$0.00	\$231,414.53
Santa Clara	\$230,203.92	\$9,966.74	\$115,353.94
San Diego	\$117,547.12	\$0.00	\$111,444.79
San Bernardino	\$100,790.47	\$21,967.54	\$44,053.87
Riverside	\$67,800.12	\$0.00	\$10,282.63
Alameda	\$0.00	\$0.00	\$0.00
Total:	\$1,826,963.78	\$894,564.94	\$1,257,124.65

- Of the \$1.8 million *Loss Identified* among large counties, Sacramento County accounted for 32%.
- Of the *Court Ordered Restitution* among large counties, Fresno County reported \$498,416.66, representing nearly 56% of all *Court Ordered Restitution* reported.
- Of the \$1.26 million *Identified for Overpay Collection* among large counties, Sacramento County reported \$479,304.73, representing 38%.

Medium Counties

There were 25 medium sized counties with caseloads ranging from 1,495 in Humboldt County, to 7,344 in Contra Costa County. The average caseload for medium counties was 3,144.

Medium County Fraud Complaints

With a combined caseload in excess of 78,588 representing nearly 18% of the statewide IHSS caseload, medium counties reported 3,680 fraud complaints, which accounts for 49% of all fraud reported, representing an increase in excess of 1,000 complaints over FY 2012-13. All medium counties reported *Fraud Complaints*. See Table 11.

Table 11: Fraud Complaints – Medium Counties

Medium Counties	FRAUD COMPLAINTS BY SOURCE											OUTCOME OF FRAUD COMPLAINTS				
	Number of Complaints	Recipients	Provider	Family Member	County Staff	Neighbor	Data Match	Anon. Phone Call	Anon. Mail	Anon. Web	Other	Referred for Investigation (County)	Referred for Investigation (State)	Referred for Admin. Action	Referred to APS/CPS	Dropped, No Action
Imperial	1,690	2	2	4	67	2	1,595	18	0	0	0	48	0	1,007	0	649
Contra Costa	346	3	9	12	87	2	221	11	0	0	2	8	2	159	1	29
Butte	296	7	26	8	139	1	107	8	0	0	0	0	17	195	0	84
Solano	173	2	2	0	106	0	59	2	1	0	1	173	2	88	0	0
Kern	121	9	11	6	87	2	1	5	0	0	0	77	0	46	0	62
Shasta	113	18	7	7	72	5	0	3	0	0	1	90	0	20	4	3
Yolo	97	3	7	4	75	2	0	2	1	0	3	95	42	25	1	4
Stanislaus	93	4	1	1	73	1	10	2	0	0	1	59	32	0	0	2
Placer	90	2	2	1	72	0	10	3	0	0	0	83	0	3	0	4
Monterey	78	2	11	5	45	1	0	6	2	0	6	0	1	5	0	31
San Mateo	76	7	7	2	50	1	0	9	0	0	0	27	15	39	3	19
Lake	63	12	11	5	24	3	2	4	1	0	1	34	19	0	1	10
San Joaquin	63	1	2	5	41	1	33	8	0	2	0	39	28	33	0	6
Marin	62	6	11	3	25	1	7	4	3	0	2	23	9	28	0	0
Mendocino	57	13	3	3	13	1	10	5	3	0	7	43	3	17	6	23
Kings	40	2	4	4	20	1	1	7	0	0	1	0	39	0	1	0
Santa Cruz	39	4	1	4	25	0	0	2	0	0	3	21	5	10	0	3
Ventura	38	8	5	2	21	0	0	1	0	0	1	4	18	30	0	6
Sonoma	36	12	7	1	12	0	0	1	3	0	0	0	36	0	0	0
Santa Barbara	31	4	2	1	18	0	1	3	0	0	2	0	20	0	1	11
Madera	24	14	10	0	0	0	0	0	0	0	0	0	24	0	0	0
Humboldt	20	5	3	1	7	0	3	1	0	0	0	5	0	0	1	14
Tulare	16	1	0	0	11	1	0	0	0	0	3	0	16	0	0	0
San Luis Obispo	14	2	1	0	10	0	0	0	0	0	1	6	0	0	0	0
Merced	4	0	0	0	3	0	1	0	0	0	0	0	4	0	0	0
Total:	3,680	143	145	79	1,103	25	2,061	105	14	2	35	835	332	1,705	19	960

This year, *Data Matches* replaced *County Staff* as the most commonly reported source of fraud complaints among medium counties, at more than 56%. Less than 30% of complaints were from *County Staff*; down from 52% in FY 2012-13.

- Imperial County reported the highest number of fraud complaints in the State, reporting 646 more complaints than the top-reporting large county, San Diego. *Data Matches* accounted for 94% of Imperial County’s fraud complaints.
- Medium counties reported referring 46% of cases (1,705) for *Administrative Action*; 32% (1,167 cases) were referred for investigation.

Medium County Early Detection Savings

Sixteen medium counties reported *Early Detection Savings*. Medium counties reported about 63% of the statewide *Total of Cases Terminated or Reduced*. See Table 12.

Table 12: Early Detection Savings – Medium Counties

Medium Counties	CASES TERMINATED OR REDUCED AS A RESULT OF...						BURS REDUCED AS A RESULT OF...					
	Number of Cases Terminated or Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility	Number of Hours Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility
Imperial	874	871	0	3	0	0	18,838	18,675	0	162	0	0
San Joaquin	585	500	8	61	15	1	39,107	35,795	944	1,895	392	81
Solano	65	56	0	2	1	6	5,660	4,857	0	25	28	750
Contra Costa	56	11	20	14	6	5	3,002	607	1,285	723	1,092	264
Stanislaus	31	0	13	15	4	1	1,420	0	719	503	173	25
Kern	25	6	3	8	5	3	785	99	127	330	40	189
Yolo	18	2	1	11	4	0	771	14	45	587	125	0
San Mateo	17	2	5	9	0	2	833	125	464	196	0	48
Marin	16	9	1	0	0	6	1,396	838	74	0	0	484
Butte	6	0	2	2	2	0	460	0	78	173	209	0
Ventura	6	2	0	0	0	4	1,666	866	0	0	0	800
Mendocino	3	1	0	0	0	2	229	79	0	0	115	35
Santa Cruz	2	0	0	0	1	1	94	0	0	0	45	49
Monterey	1	1	0	0	0	0	82	82	0	13	0	0
Santa Barbara	1	0	0	0	1	0	13	0	0	0	13	0
Tulare	1	0	0	0	0	1	21	0	0	0	0	21
Humboldt	0	0	0	0	0	0	0	0	0	0	0	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
Merced	0	0	0	0	0	0	0	0	0	0	0	0
Placer	0	0	0	0	0	0	0	0	0	0	0	0
San Luis Obispo	0	0	0	0	0	0	0	0	0	0	0	0
Shasta	0	0	0	0	0	0	0	0	0	0	0	0
Sonoma	0	0	0	0	0	0	0	0	0	0	0	0
Total:	1,707	1,461	53	125	39	27	74,376	62,036	3,736	4,607	2,233	2,746

County specifics of note include:

- Imperial County reported the most cases and the third most hours reduced as a result of early detection efforts statewide. San Joaquin County reported the second most cases and the most hours reduced as a result of early detection efforts statewide.
- *Data Matches* accounted for 85% of the total Cases and 83% of the total Hours Reduced as a result of early detection efforts among medium counties.

Medium County Fraud Investigations Completed

Medium counties reported 839 *Fraud Investigations Completed*, representing 44% of the statewide total, and a decrease from 1,464 investigations that were reported in FY 2012-13. Ten of the 25 medium counties did not report any fraud investigations data, despite the fact that Yolo County reported referring 95 complaints for county investigation, and Lake County reported referring 34. See Table 13.

Table 13: Fraud Investigations Completed – Medium Counties

Medium Counties	INVESTIGATIONS COMPLETED BY TYPE						NUMBER OF INVESTIGATIONS COMPLETED BY OUTCOME				\$ ESTIMATES BY OUTCOME	
	Investigations Completed	Collusion	Suspected Provider Fraud	Suspected Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Admin. Action	Referred for Prosecution (County D.A.)	Referred for Prosecution (DOJ)	Referred for Admin. Action	Referred for Prosecution
Solano	156	24	118	11	1	2	45	110	0	6	\$76,345.25	\$13,664.34
Stanislaus	119	13	8	18	0	80	80	40	0	0	\$13,162.98	\$0.00
Kern	115	20	37	34	0	1	68	42	4	0	\$19,557.07	\$5,509.96
Shasta	91	0	21	5	0	65	57	31	4	0	\$5,258.00	\$13,218.00
San Mateo	73	25	37	11	0	0	43	30	0	0	\$4,858.54	\$0.00
San Joaquin	68	14	51	3	0	0	33	24	11	0	\$22,530.67	\$22,022.71
Placer	62	22	35	4	0	1	54	5	3	0	\$1,170.00	\$35,571.10
Mendocino	42	10	23	3	3	3	27	14	1	0	\$3,820.17	\$2,065.00
Marin	38	2	34	2	0	0	2	36	0	0	\$27,506.71	\$0.00
Imperial	31	13	13	5	0	0	19	9	3	0	\$7,237.80	\$7,159.50
Santa Cruz	31	2	29	0	0	0	0	29	0	0	\$7,215.95	\$0.00
Humboldt	5	1	3	1	0	0	5	0	0	0	\$0.00	\$0.00
Ventura	4	0	4	0	0	0	0	4	0	0	\$10,053.85	\$0.00
San Luis Obispo	3	0	2	1	0	0	2	0	0	0	\$0.00	\$0.00
Contra Costa	1	0	1	0	0	0	0	0	0	1	\$0.00	\$9,944.86
Butte	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Kings	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Lake	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Madera	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Merced	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Monterey	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Santa Barbara	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Sonoma	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Tulare	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Yolo	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00
Total:	839	146	416	98	4	152	435	374	26	7	\$198,716.99	\$109,155.47

Solano County reported the most fraud investigations completed at 156 cases, representing 18.5% of the total investigations completed for medium counties.

- Of the investigations completed among medium counties, 435 were *Dropped, No Action*, 407 were either *Referred for Administrative Action* or *Referred for Prosecution*.
- Solano, Marin, and San Joaquin counties reported a combined 63% of the amount *Referred for Administrative Action*.
- Placer and San Joaquin counties reported a combined 53% of the amount *Referred for Prosecution*.

Medium County Prosecutions

Only seven of 25 medium counties reported prosecutions data for 29 cases. This represents a substantial drop from FY 2012-13 when 16 medium counties reported prosecutions data for 64 cases. See Table 14.

Table 14: Prosecutions – Medium Counties

Medium Counties	INVESTIGATIONS COMPLETED BY TYPE	Number of Cases by Outcome							
	Number of Cases Received for Prosecution	Declined by DA	Plea Bargain	Dismissed	Prosecution With Conviction	Felony Conviction	Misdemeanors	Actual Number of Defendants Prosecuted	Referral to S&I
San Joaquin	15	0	0	3	12	0	12	12	15
Imperial	5	3	0	0	1	0	1	1	1
Shasta	4	0	12	28	0	0	0	0	0
Sonoma	3	0	1	0	2	0	2	2	0
Madera	1	0	0	0	0	1	0	0	0
Yolo	1	0	0	0	1	1	0	1	0
Butte	0	0	0	0	0	0	0	0	0
Contra Costa	0	0	0	0	0	0	0	0	0
Humboldt	0	0	0	0	0	0	0	0	0
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
Marin	0	0	0	0	0	0	0	0	0
Mendocino	0	0	0	0	1	0	1	1	0
Merced	0	0	0	0	0	0	0	0	0
Monterey	0	0	0	0	0	0	0	0	0
Placer	0	0	0	0	0	0	0	0	0
San Luis Obispo	0	0	0	0	0	0	0	0	0
San Mateo	0	0	0	0	0	0	0	0	0
Santa Barbara	0	0	0	0	0	0	0	0	0
Santa Cruz	0	0	0	0	0	0	0	0	0
Solano	0	0	0	0	0	0	0	0	0
Stanislaus	0	0	0	0	0	0	0	0	0
Tulare	0	0	0	0	0	0	0	0	0
Ventura	0	0	0	0	0	0	0	0	0
Total:	29	3	13	31	17	2	16	17	16

For the second consecutive year, San Joaquin County reported the highest number of *Cases Received for Prosecution* in this group at 15, representing 52% of the total. The 15 prosecutions reported by San Joaquin County represent the second highest number statewide. All other counties reported five or fewer.

- Of the 29 *Cases Received for Prosecution* reported among medium counties, 59% resulted in *Convictions*. This represents a significant decline from the 64 cases received for prosecution and the 84% that resulted in convictions in FY2012-13.

Medium County Totals

Sixteen medium counties reported the amount of *Loss Identified*, nine counties reported *Court Ordered Restitution* data, and 16 reported the amount *Identified for Administrative Overpay Recovery*. See Table 15.

Table 15: Totals – Medium Counties

Medium Counties	Totals		
	Loss Identified	Court Ordered Restitution	Identified for Overpay Collection
San Joaquin	\$161,097.84	\$24,813.41	\$91,731.05
Solano	\$76,345.25	\$5,133.85	\$76,345.25
Ventura	\$63,770.02	\$0.00	\$50,590.68
Shasta	\$39,995.79	\$76.00	\$21,519.79
Placer	\$36,741.10	\$0.00	\$0.00
Mendocino	\$27,006.04	\$17,602.78	\$9,378.26
Kern	\$25,067.03	\$0.00	\$7,635.00
Imperial	\$17,945.12	\$1,115.53	\$15,795.38
Marin	\$17,811.71	\$0.00	\$24,143.71
Butte	\$17,146.07	\$0.00	\$14,969.58
Yolo	\$16,960.58	\$23,222.27	\$38,148.07
Contra Costa	\$15,220.18	\$0.00	\$37,018.74
Stanislaus	\$13,162.98	\$17,175.71	\$13,162.98
Santa Cruz	\$7,216.45	\$0.00	\$7,215.95
San Mateo	\$4,858.54	\$0.00	\$2,969.35
Monterey	\$3,318.40	\$38,830.90	\$0.00
Humboldt	\$0.00	\$0.00	\$57,057.86
Kings	\$0.00	\$0.00	\$0.00
Lake	\$0.00	\$0.00	\$0.00
Madera	\$0.00	\$0.00	\$0.00
Merced	\$0.00	\$0.00	\$1,080.42
San Luis Obispo	\$0.00	\$0.00	\$0.00
Santa Barbara	\$0.00	\$0.00	\$0.00
Sonoma	\$0.00	\$0.00	\$0.00
Tulare	\$0.00	\$1,366.74	\$0.00
Total:	\$543,663.10	\$129,337.19	\$468,762.07

Medium counties reported \$543,663.10 in *Loss Identified* to the IHSS program (down from just over \$1 million in FY 2012-13), \$129,337.19 in *Court Ordered Restitution* (down from \$258,075), and \$468,762.07 *Identified for Administrative Overpay Recovery* (down from \$754,348).

- San Joaquin, Solano, and Ventura counties accounted for 55% of the total *Loss Identified* by medium counties.
- Monterey, San Joaquin, and Yolo counties accounted for 67% of medium counties reported *court ordered restitution*.
- San Joaquin, Solano, and Humboldt counties accounted for 48% of the total amount *Identified for Administrative Overpay Recovery* by medium counties.

Small Counties

There were 21 small counties with caseloads ranging from 29 in Sierra County to 942 in Napa County. The average caseload among small counties was 387.

Small County Fraud Complaints

With a combined caseload of 8,125, small counties reported 290 fraud complaints received, representing just fewer than 4% of fraud complaints statewide. See Table 16.

Table 16: Fraud Complaints – Small Counties

Small Counties	FRAUD COMPLAINTS BY SOURCE											OUTCOME OF FRAUD COMPLAINTS				
	Number of Complaints	Recipients	Provider	Family Member	County Staff	Neighbor	Data Match	Anon. Phone Call	Anon. Mail	Anon. Web	Other	Referred for Investigation (County)	Referred for Investigation (State)	Referred for Admin. Action	Referred to APS/CPS	Dropped, No Action
Yuba	48	4	11	0	22	8	1	2	0	0	0	48	0	0	0	0
El Dorado	46	0	2	1	9	0	34	0	0	0	0	20	4	28	3	0
Nevada	33	0	0	0	6	0	25	0	1	0	1	3	25	0	0	5
Siskiyou	20	0	0	4	2	7	0	3	0	0	4	18	0	0	0	1
Del Norte	19	3	1	1	12	0	4	2	0	0	2	0	2	6	0	15
Sutter	19	1	1	0	14	0	3	0	0	0	0	16	0	16	0	2
Tehama	19	0	0	0	19	0	0	0	0	0	0	19	0	2	0	0
Calaveras	14	4	3	0	6	1	0	0	0	0	0	11	1	0	1	1
Napa	12	0	0	1	10	0	0	0	0	0	1	0	11	1	0	0
Tuolumne	12	5	0	0	6	1	0	0	0	0	0	7	2	0	0	2
Plumas	11	3	1	1	1	0	0	4	0	0	1	7	0	2	0	2
Lassen	7	1	0	1	5	0	0	0	0	0	0	3	0	1	0	3
Trinity	7	2	1	0	2	2	0	0	0	0	0	4	1	0	2	0
Mariposa	5	0	0	0	0	0	3	1	0	0	1	0	0	4	0	1
Amador	4	0	1	0	1	0	2	0	0	0	0	0	4	2	0	0
Glenn	4	0	0	0	0	0	4	0	0	0	0	4	0	4	0	0
San Benito	4	0	0	1	1	0	0	2	0	0	1	3	1	0	0	1
Inyo	3	3	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Modoc	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Sierra	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0
Colusa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	290	26	23	11	116	19	76	14	1	0	11	164	55	66	6	35

In FY 2013-14, 20 of 21 small counties reported *Fraud Complaints Received*. This is an increase from 86% participation in fraud reporting in FY 2012-13, to 95% participation by small counties in FY 2013-14. Among small counties, only Colusa reported no fraud data.

- Yuba, El Dorado and Nevada counties represented 44% of all fraud complaints reported by small counties.
- *County Staff* remained the most commonly reported source of *Fraud Complaints Received*, representing 40%. *Referred for County Investigation* remained the most commonly reported outcome, which applied to 57% of the outcomes.

Small County Early Detection Savings

Only five of the 21 small counties reported any *Early Detection Savings*. This is a decrease from nine small counties reporting in FY 2012-13. See Table 17.

Table 17: Early Detection Savings – Small Counties

Small Counties	CASES TERMINATED OR REDUCED AS A RESULT OF...						HOURS REDUCED AS A RESULT OF...					
	Number of Cases Terminated or Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility	Number of Hours Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility
Yuba	9	0	0	2	2	5	310	0	0	32	71	207
Mariposa	1	0	0	1	0	0	5	0	0	5	0	0
Plumas	1	0	0	0	1	0	7	0	0	0	7	0
Sutter	1	0	0	1	0	0	20	0	0	20	0	0
Tuolumne	1	0	1	0	0	0	31	0	31	0	0	0
Amador	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
Colusa	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
El Dorado	0	0	0	0	0	0	0	0	0	0	0	0
Glenn	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
Lassen	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
Napa	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	0	0	0	0	0	0	0	0	0	0	0	0
San Benito	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
Siskiyou	0	0	0	0	0	0	0	0	0	0	0	0
Tehama	0	0	0	0	0	0	0	0	0	0	0	0
Trinity	0	0	0	0	0	0	0	0	0	0	0	0
Total:	13	0	1	4	3	5	373	0	31	57	78	207

Small county specifics of note include:

- Yuba County reported nine cases, representing 69% of the *Total Cases Terminated or Reduced* among small counties for a total reduction of 310 monthly service hours representing 83% of the hours reduced among small counties.
- Mariposa, Plumas, Tuolumne, and Sutter were the only other small counties to report any *Cases Terminated or Reduced* with each county reporting one case terminated and a total of 63 monthly hours reduced.

Small County Fraud Investigations Completed

Thirteen of the 21 small counties reported *Fraud Investigations Completed*; see Table 18 on the following page.

Table 18: Fraud Investigations Completed – Small Counties

Small Counties	INVESTIGATIONS COMPLETED BY TYPE						NUMBER OF INVESTIGATIONS COMPLETED BY OUTCOME				\$ ESTIMATES BY OUTCOME	
	Investigations Completed	Collusion	Suspected Provider Fraud	Suspected Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Admin. Action	Referred for Prosecution (County D.A.)	Referred for Prosecution (DOJ)	Referred for Admin. Action	Referred for Prosecution
Yuba	48	3	33	12	0	0	22	26	0	0	\$6,998	\$0
Siskiyou	19	1	0	0	18	0	19	0	0	0	\$0	\$0
Nevada	18	0	18	0	0	0	6	12	0	0	\$3,123	\$0
Calaveras	14	4	0	8	2	0	14	0	0	0	\$0	\$0
El Dorado	11	0	11	0	0	0	7	3	1	0	\$9,326	\$6,641
Tehama	9	4	5	0	0	0	6	3	2	0	\$651	\$622
Plumas	7	0	5	2	0	0	7	0	0	0	\$0	\$0
Tuolumne	7	1	6	0	0	0	0	7	0	0	\$2,040	\$0
Sutter	6	0	6	0	0	0	0	0	0	0	\$1,228	\$0
San Benito	3	0	2	0	1	0	2	1	0	0	\$984	\$0
Amador	2	0	0	0	0	2	0	2	0	0	\$711	\$0
Trinity	2	0	2	0	0	0	2	0	0	0	\$0	\$0
Lassen	1	1	0	0	0	0	1	0	0	0	\$0	\$0
Modoc	1	0	1	0	0	0	0	0	0	0	\$0	\$0
Colusa	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
Glenn	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
Mariposa	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
Sierra	0	0	0	0	0	0	0	0	0	0	\$0	\$0
Total:	148	14	89	22	21	2	86	54	3	0	\$25,061	\$7,263

Yuba County reported 48 *Fraud Investigations Completed*, representing nearly one-third of the fraud investigations reported among small counties. El Dorado County reported the fifth highest number of investigations, but the largest dollar amounts referred, both for administrative action and for prosecution.

- 60% of small county *Fraud Investigations Completed* were *Suspected Provider Fraud*.
- Small counties reported referring three cases for prosecution, representing 2% of *Fraud Investigations Completed* among small counties.
- Yuba County quadrupled the reported amount *Referred for Administrative Action* since FY 2012-13. Thirteen small counties reported no amount.
- Only Tehama and El Dorado counties reported an *Estimated Amount Referred for Prosecution*. The remaining counties reported none.

Small County Prosecutions

Small counties reported no *Prosecutions* in FY 2013-14. Three small counties reported five prosecutions in FY 2012-13.

Small County Totals

Ten counties reported in at least one category from this section. Nine counties reported *Losses Identified*. There was no reporting of any *Court Ordered Restitution*, and 10 counties reported *Fraud-Related Overpayment Identified for Administrative Recovery*. See Table 19.

Table 19: Totals – Small Counties

Small Counties	Totals		
	Loss Identified	Court Ordered Restitution	Identified for Overpay Collection
El Dorado	\$15,301.08	\$0.00	\$4,882.61
Yuba	\$6,583.30	\$0.00	\$5,066.29
Tehama	\$4,316.23	\$0.00	\$599.21
Nevada	\$3,570.85	\$0.00	\$3,542.70
Amador	\$2,274.62	\$0.00	\$2,274.62
Tuolumne	\$2,040.00	\$0.00	\$2,040.00
Del Norte	\$1,406.50	\$0.00	\$1,406.50
San Benito	\$984.00	\$0.00	\$984.00
Sutter	\$402.67	\$0.00	\$1,371.62
Calaveras	\$0.00	\$0.00	\$0.00
Colusa	\$0.00	\$0.00	\$0.00
Glenn	\$0.00	\$0.00	\$0.00
Inyo	\$0.00	\$0.00	\$0.00
Lassen	\$0.00	\$0.00	\$0.00
Mariposa	\$0.00	\$0.00	\$28.80
Modoc	\$0.00	\$0.00	\$0.00
Napa	\$0.00	\$0.00	\$0.00
Plumas	\$0.00	\$0.00	\$0.00
Sierra	\$0.00	\$0.00	\$0.00
Siskiyou	\$0.00	\$0.00	\$0.00
Trinity	\$0.00	\$0.00	\$0.00
Total:	\$36,879.25	\$0.00	\$22,196.35

All small counties opted for *Overpay Collection* and reported no *Court Ordered Restitution*.

- El Dorado County reported the most *Loss Identified* with 41% of the total of small counties and the second most *Fraud-Related Overpayment Identified for Administrative Recovery* with 22%.

- Yuba County reported the most *Fraud-Related Overpayment Identified for Administrative Recovery* with 23% and the second most *Loss Identified* with 18% of the total of small counties and the largest amount identified for overpaycollection.

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 three *Fraud Complaints*. All three complaints were reported by Mono County. Two of these complaints were *Referred to the County Investigator*, while the remaining complaint was *Referred for Administrative Action*. See Table 20.

Table 20: Fraud Complaints – Very Small Counties

Very Small Counties	FRAUD COMPLAINTS BY SOURCE											OUTCOME OF FRAUD COMPLAINTS				
	Number of Complaints	Recipients	Provider	Family Member	County Staff	Neighbor	Data Match	Anon. Phone Call	Anon. Mail	Anon. Web	Other	Referred for Investigation (County)	Referred for Investigation (State)	Referred for Admin. Action	Referred to APS/CPS	Dropped, No Action
Mono	3	1	0	0	1	0	0	0	0	0	1	2	0	1	0	0
Alpine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	3	1	0	0	1	0	0	0	0	0	1	2	0	1	0	0

Very Small County Early Detection Savings

Only Mono County reported data for this section, reducing one case by 42 monthly service hours based on an incorrect *Household composition/Proration*. See Table 21.

Table 21: Early Detection Savings – Very Small Counties

Very Small Counties	CASES TERMINATED OR REDUCED AS A RESULT OF...						HOURS REDUCED AS A RESULT OF...					
	Number of Cases Terminated or Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility	Number of Hours Reduced	Data Matches	Entirely Overstated Need	Partially Overstated Need	HH Comp/Prorat	Misrep Eligibility
Mono	1	0	0	0	1	0	42	0	0	0	42	0
Alpine	0	0	0	0	0	0	0	0	0	0	0	0
Total:	1	0	0	0	1	0	42	0	0	0	42	0

Very Small County Fraud Investigations Completed

Mono County reported two *Fraud Investigations Completed*. See Table 22.

Table 22: Fraud Investigations Completed – Very Small Counties

Very Small Counties	INVESTIGATIONS COMPLETED BY TYPE						NUMBER OF INVESTIGATIONS COMPLETED BY OUTCOME				\$ ESTIMATES BY OUTCOME	
	Investigations Completed	Collusion	Suspected Provider Fraud	Suspected Recipient Fraud	County Staff	Other	Dropped, No Action	Referred for Admin. Action	Referred for Prosecution (CountyD.A.)	Referred for Prosecution (DOJ)	Referred for Admin. Action	Referred for Prosecution
Alpine	2	0	1	0	0	1	2	0	0	0	0	0
Mono	0	0	0	0	0	0	0	0	0	0	0	0
Total:	2	0	1	0	0	1	2	0	0	0	0	0

Very Small County Prosecutions

Very small counties reported no *Prosecutions*.

Very Small County Totals

There were no *Totals* reported by very small counties.

Summary

	FY 2012-13	FY 2013-14
Fraud Complaints Received	6,401	7,472
County Fraud Investigations Completed	3,380	1,897
Prosecutions	233	171
Convictions	72%	66%
Defendants Prosecuted	238	165

Fraud Complaints

Counties reported receiving 7,472 fraud complaints statewide in FY 2013-14, an increase of 14% over the 6,401 fraud complaints received in FY 2012-13.

- Los Angeles County reported approximately three percent of the State's fraud complaints, up from two percent in FY 2012-13.
- Large counties reported 44% of statewide fraud complaints.
- Medium counties reported 49% of statewide fraud complaints.
- Counties with caseloads of less than 1,000 reported about four percent of fraud complaints.

Data match activities represented 49% of fraud complaints statewide. The second most commonly reported source of fraud complaints was *County Staff*, at 33%. This displays a shift from FY 2012-13, in which *County Staff* represented the most frequently reported source of complaints with 41% and *Data Matches* was second at 32%.

- Imperial County was the largest source of reported *Data Matches*; 94% of Imperial County's fraud complaints were *Data Matches* and accounted for roughly 77% of the *Data Matches* statewide.

Nearly half of all fraud complaints resulted in a *Referral for Administrative Action*; an increase from FY 2012-13 in which *Administrative Action* was the result in 34% of fraud complaints. The data appears to indicate an emphasis on recovery of overpaid money rather than prosecution.

In 2013, CDSS 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 specify that counties will refer all fraud complaints in excess of \$500 to DHCS unless there is a written agreement between them. The anticipated result was that counties would shift from *Referral for County Investigation* to *Referral for State Investigation*. There is evidence of this shift, as the gap between county investigation referrals and DHCS investigation referrals narrowed noticeably from FY 2012-13 (37% referred to county, 13% referred to State) to FY 2013-14 (24% referred to county, 14%

referred to State).

Early Detection Savings

Counties reported *Service Hour Reductions* in excess of 131,470 monthly hours (.33% of the total authorized hours) across 2,670 cases (.57% of the total caseload) based on early detection. The reporting of *Early Detection Savings* numbers was inconsistent again this year with 30 counties not reporting any *Early Detection Savings*. The service hours reduced represents a decrease of 63% from the 208,000 hours reduced in FY 2012-13, and the cases terminated or reduced is a decrease of 62% from the 4,300 reported in FY 2012-13.

- Medium counties reported nearly 64% of the statewide cases terminated or reduced, and 56% of the hours reduced based on early detection.
- Imperial and San Joaquin counties reported the most and second most cases reduced statewide; while San Joaquin County reported the most, and Imperial County reported the third most hours reduced statewide.

Data Matches accounted for about 86% of reported *Early Detection Savings*. This is an increase of 6% from FY 2012-13, suggesting that *Data Matches* will continue to grow as a major tool in identifying *Early Detection Savings*.

Fraud Investigations

Counties reported conducting 1,897 fraud investigations, a significant decrease of 44% from the 3,380 investigations reported in FY 2012-13.

- Large counties reported 39% of the county fraud investigations completed statewide.
 - San Bernardino County accounted for 43% of these.
- Medium counties reported 44% of the county fraud investigations completed statewide.

Consistent with FY 2012-13, among completed county investigations, the most commonly reported type of fraud statewide was *Suspected Provider Fraud* at 63%.

- The single most commonly reported outcome was *Dropped, No Action*, at 47%.
- Fifty-three percent of fraud investigations resulted in either *Administrative Action* (46%), or *Prosecution* (7%).

Counties reported that investigations totaling \$806,279 in suspected fraud resulted in *Referrals for Prosecution*, a decrease of \$1.4 million, or 63% from FY 2012-13. More than \$1 million resulted in *Referrals for Administrative Action*, a decrease of 37% from FY 2012-13. A lack of reporting by some counties contributed to this decrease from the prior year, less than half (27) of all counties reported data in either of these categories.

While counties reported referring 1,088 fraud complaints to DHCS for investigation, DHCS reported outcomes for 596 IHSS fraud investigations. The most common outcome reported by DHCS was *Referred to the DHCS Recovery Branch* which applied to 118 investigation determinations (20%). There were 63 cases with *Criminal Complaints Filed*, 63 *Referrals to the DA for Prosecution*, and 57 cases in which *Criminal Complaints were Fully Adjudicated*. DHCS reported referring one case to DOJ for prosecution.

Prosecutions

Twelve counties reported outcomes for a combined 118 cases *Referred for Prosecution* statewide. *Prosecutions* resulted in convictions almost three times as often as dismissals with a total of 165 individual *Defendants Prosecuted*.

- Fresno County reported 42% of these cases *Referred for Prosecution*, and 47% of the *Defendants Prosecuted* by District Attorneys' Offices statewide.

Dollar Totals

Counties reported identifying *Fraud-Related Loss* totaling almost \$2.5 million, and \$1.4 million in *Court Ordered Restitution*.

- Fresno County reported the most *Court Ordered Restitution* at \$498,416, followed by Los Angeles, and Orange counties.
- Combined, those three counties totaled \$1.24 million in *Court Ordered Restitution*, representing 89% of the statewide total.
- Forty-four counties did not report any *Court Ordered Restitution*, a significant increase from 26 counties in FY 2012-13.

There was \$1.9 million *Identified for Overpay Collection* statewide.

Unannounced Home Visits

There were 1,005 UHV requests sent to counties; 919 were completed or attempted. A few counties performed more UHVs than they were assigned (San Diego County was assigned 72 UHVs, yet completed 214), which skews the count of UHVs performed statewide, despite other counties completing fewer or none of their assigned UHVs.

Only 29 cases received termination NOAs due to lack of contact with the recipient following numerous documented attempts, in accordance with the Uniform Statewide Protocols for Program Integrity Activities in IHSS. UHVs resulted in 69 referrals and 303 follow-up recommendations.

Completed UHVs resulted in 65 cases being referred for some action(s), including:

- 21 referrals for fraud investigation.
- 18 "other" referrals, which included MSSP, SHIELD Health, the Housing Commission, County Information Lines, and Elderly Care.

- 10 referrals to Public Health Nurses.
- Seven referrals to the Public Authority.
- Six referrals to APS/CPS.

UHVs afforded counties the opportunity to educate providers and/or recipients in 249 cases, and resulted in 237 *Recommendations for Follow-up* including:

- 135 recommendations to reassess the recipient's level of need (73 of those based on a perceived need for an increase in service hours).
- 136 recommendations for case review based on missing forms, outdated case information on file or questionable program eligibility.

Directed Mailings

Forty-three counties (74%) reported completing directed mailings. Counties sent 3,142 mailers to 1,268 providers with copies to 1,874 recipients; the most commonly selected indicator was “providers working high hours.” Fifteen counties either did not complete directed mailings or performed a data pull for an indicator that was not issued by CDSS. Alameda and Santa Barbara County each performed three sets of DMs for three separate indicators. Many counties included comments in their reporting of DMs, thereby providing beneficial insights on the outcomes and benefits of the DM process such as:

- Some counties reported that providers quit shortly after receipt of letters.
- San Joaquin County received return letters stating that not all services were still being performed.

In addition to the county DMs, CDSS conducted a statewide directed program integrity mailing, also based on high-hours providers. CDSS sent directed program integrity mailers to 332 providers in 43 counties.

There is an opportunity to benefit from future DMs as the process becomes more familiar to counties and more counties participate in the process.

Despite the timely release of ACL No. 13-83 and numerous reminders, some counties stated that they were not familiar with the DM requirements. Reporting was inconsistent; some counties had not completed their DM processes by the end of the fiscal year.

While these factors resulted in less data than was anticipated, CDSS was able to provide technical assistance to counties on a case-by-case basis as these situations occurred. It is expected that there will be more consistent and timely data reported in future years. Several counties that reported no DM data for FY 2013-14 were beginning their directed mailings processes as early as August 2014, and can be expected to submit data in FY 2014-15.