

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



987

FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBMITTAL DATE:

August 31, 2010

SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM
INTEGRITY PLAN

RECOMMENDED MOTION: That the Board of Supervisors approve and:

1. Authorize the Department of Public Social Services (DPSS) to submit a final plan and budget, based on revisions to the FY 09/10 Plan and budget, to the California Department of Social Services (CDSS) by September 1, 2010;
2. Authorize the Chairman of the Board to sign Enclosure B and other documents pertaining to the IHSS Fraud Prevention & Program Integrity Plan on behalf of the County; and
3. Authorize the Director of DPSS to oversee continued work on the Plan prior to the September 1, 2010 due date to assure that the Plan is competitive, complete and accurate prior to submission.

(CONTINUED – 4 pages in total)

Susan Loew

Susan Loew, Director

FINANCIAL
DATA

Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
Annual Net County Cost:	\$ 0	For Fiscal Year:	10-11

SOURCE OF FUNDS: No Fiscal Impact

Positions To Be Deleted Per A-30 ☒

Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: August 31, 2010
xc: DPSS

Kecia Harper-Ihem
Clerk of the Board

By: *Kecia Harper-Ihem*
Deputy

Prev. Agn. Ref.: 11/24/09 (#3.79)

District: All

Agenda Number:

3.65

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

County Purchasing Department

Departmental Concurrence

County Counsel

BY: *Marshall Victor*
MARSHALL VICTOR
DATE: 8/19/10

Policy ☒ Policy ☒
Consent ☐ Consent ☐

ep't Recomm.:
er Exec. Ofc.:

TO: BOARD OF SUPERVISORS**DATE:** August 31, 2010**SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM
INTEGRITY PLAN****BACKGROUND:**

The State of California Budget Act of 2009 included a \$10 million appropriation of State funds for the purpose of fraud prevention, detection, referral, investigation, and additional program integrity efforts related to In-Home Supportive Services programs in all 58 counties.

In-Home Supportive Services (IHSS) is a State administered, county run program that provides state, county, and federal funding to enable program recipients to hire a caregiver. The IHSS Program pays for services provided to those over 65 years of age, or disabled, or blind, or a disabled child, so that they may remain safely in their own home as an alternative to out-of-home care, such as nursing homes or board and care facilities. Through a series of evaluations performed by county social workers, IHSS recipients can be authorized for up to 283 hours per month of services. These services include assistance with the administration of medications, accompaniment to medical appointments, and providing assistance with activities such as housecleaning, laundry, grocery shopping, personal care services, and protective supervision for the mentally impaired.

The California Department of Social Services (CDSS) recognized that many counties could strengthen their quality assurances with regard to acts of fraud within the system. IHSS fraud is an intentional attempt by some service providers, and some beneficiaries, to receive unauthorized payments or benefits from the program. Major types of IHSS provider-fraud statewide include a service provider not working (32%) or incarcerated (13%), or continuing to bill services for a recipient who is either deceased (32%) or hospitalized (23%). Major types of recipient-fraud include overstated needs (34%), demanding a share of provider pay (13%), misreporting income (8%), and not reporting changes in the household (45%).

Early detection and intervention is key to protecting recipient-victims, law abiding service-providers, the taxpayers and the financial integrity of the Program so that funding will be available for the eligible blind, aged, and disabled who are unable to remain safely in their own home without this assistance. Fraud detection requires a collaborative and proactive approach to educate service providers and recipients on their roles and responsibilities, and to prevent, detect and deter future fraud through interagency cooperation and proactive investigative partnership efforts, including cross-training in respective disciplines for IHSS, DPSS, and District Attorney staff. It is expected that these educational and investigative efforts will thwart fraud through program controls at the front end to deter potential fraudsters and at the back end through quality investigations that lead to successful prosecution and restitution efforts to hold fraudsters accountable.

In order to put program integrity controls in place, DPSS and the District Attorney's Office have partnered to create a Plan that focuses on the following:

- Activities to reduce the occurrences of overpayments/underpayments
- Methodology for referring and investigating suspected fraud cases
- Strengthening the partnership with the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)
- Mechanisms to track and report outcomes of suspected cases of fraud, including case disposition and restitution recoveries
- Collaborative anti-fraud activities through proactive detection, prevention and prosecution activities, including pretrial investigation, restitution efforts and internal criminal fraud investigations

TO: BOARD OF SUPERVISORS**DATE:** August 31, 2010**SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM
INTEGRITY PLAN****BACKGROUND (continued):**

- Strengthening the quality of fraud prevention and investigative efforts through interagency partnership and cross training of DHCS, DPSS, and the District Attorney's Office

On November 24, 2009, Agenda #3.79, the Board approved the submission of the original plan requesting State funding for Fraud Investigation and Program Integrity Efforts related to the IHSS Program. Riverside County was awarded \$854,232 to implement its fraud prevention and detection plan. For FY 2010/11, the State is requiring the county to submit a new plan by September 1, 2010; however, funding for the program is currently pending the outcome of State budget deliberations. The plan attached is a continuation of the model and processes implemented this last year.

Riverside County's plan has successfully focused on three areas, fraud prevention through recipient education, fraud and overpayment/underpayment detection through quality assurance review, and proactive fraud detection and investigation utilizing the task force model. The Riverside County IHSS Task Force, comprised of Investigators from the Riverside District Attorney's Office, DPSS, and the California Department of Health Care Services (DCHS) work collaboratively to detect and investigate possible Program fraud.

Riverside County's plan was successful in all three areas, but most dramatically in the area of investigations. During the Program's initial six months, the IHSS Task Force received 445 fraud referrals, completed 358 investigations, and has another 87 cases pending investigation. By handling these 445 investigations locally, our Task Force cleared the investigative backlog at DCHS of IHSS fraud referrals and has further identified \$78,360.45 in overpayments due to fraudulent activities. A total of 284 additional fraud referrals were sent to DHCS, which is close to three times the number referred from the previous year. Of the cases handled locally, 281 resulted in IHSS Program restitution actions, while another 9 cases were submitted to the District Attorney's Office for prosecution review. Criminal charges were filed in 6 cases, with 3 cases re-referred for follow-up investigation. Although Riverside County's Plan has only been operational for six months, two of the 6 filed criminal cases have already resulted in criminal convictions with court ordered restitution to the IHSS program. These two IHSS fraud investigations led to criminal convictions within six months, as compared to the two convictions obtained the previous year over a 12-month period. In addition, there are 7 more IHSS fraud cases that are in the process of completion and are expected to yield criminal convictions and court-ordered Program restitution. The total funding identified for recovery is \$106,201. The period of time that this pertains to varies by case, but to put it into perspective for the IHSS program, it represents .05% of IHSS provider expenditures and 284 cases equates to 1.67% of the current IHSS caseload.

The IHSS Task Force also created a program protocol to implement unannounced home visits to IHSS recipients to ensure that the needs of the elderly and disabled were in fact being met. Although this protocol was not fully implemented due to Program funding uncertainties, the completed compliance checks confirmed that 164 IHSS recipients were receiving necessary and proper care, while another 8 recipients were referred to the IHSS Task Force for fraud investigation.

TO: BOARD OF SUPERVISORS

DATE: August 31, 2010

**SUBJECT: IN-HOME SUPPORTIVE SERVICES FRAUD PREVENTION & PROGRAM
INTEGRITY PLAN**

BACKGROUND (continued):

While still in its infancy, Riverside County's programmatic controls and IHSS Task Force efforts have successfully detected and deterred Program fraud. As continued expertise is developed and Program improvements identified, further successes are expected.

FINANCIAL: The FY 2009/10 allocation to Riverside County was \$854,232. The contingent funding allocation to Riverside County for FY 2010/11 is currently proposed at \$917,621, with Federal funds of \$450,855, State Funds of \$326,730 and County funds of \$140,036. Any funding awarded by the State based on the submission of our FY 2010/11 Plan must be expended by June 30, 2011. The Plan's scope and annual renewal will depend on the extent to which funding is approved with the adoption of the State budget.

ATTACHMENT: IHSS Fraud Prevention & Program Integrity Draft Plan (5 copies)
Enclosure B (5 copies)

SL:PR:clh

Enclosure B

COUNTY RESPONSE COVER PAGE

Riverside County is requesting participation in the IHSS Fraud Prevention Program and will submit a Plan and data as described above, by September 1, 2010.

Board of Supervisor Approval

Approved on August 31, 2010, by the County Board of Supervisors

Name of Approver: Marion Ashley Title: Chairman of the Board

Signature: Marion Ashley ATTEST:
KECIA HARPER-IHEM, Clerk
By Kullipattan
DEPUTY

Board of Supervisors

Name of Representative: Marion Ashley Title: Chairman of the Board

Telephone #: (951) 955-1050

E-mail Address: mashley@rcbos.org

County Welfare Department

Name of Representative: Susan Loew Title: Director

Telephone #: (951) 358-3005

Email Address: sloew@riversidedpss.org

County District Attorney Office

Name of Representative: Rod Pacheco Title: District Attorney

Telephone #: 951-955-5400

Email Address: RodPacheco@RivCoDA.org

FORM APPROVED COUNTY COUNSEL
BY: Marshall Victor 8/5/10
MARSHALL VICTOR DATE

AUG 31 2010 3.65

County of Riverside In-Home Supportive Services Program Integrity Plan

PROJECT OVERVIEW

The Riverside County proposed Plan recognizes that early detection and proactive intervention is key to protecting recipient-victims, law abiding service-providers, taxpayers and program financial integrity, so that funding will be available for the eligible blind, aged and disabled who are unable to remain safely in their own home without this assistance. Effective fraud detection requires a collaborative and proactive approach to educate service providers and recipients on their roles and responsibilities, and to prevent, detect and deter future fraud through interagency cooperation and proactive investigative partnership efforts. Hence, this proposed Plan adopts a comprehensive approach of education, quality assurance review, and proactive investigative efforts to thwart fraud through program controls at the front end to prevent potential fraud, and at the back end through fraud detection activities and quality investigations that lead to successful prosecutions and restitution orders, ultimately holding those who commit fraud accountable and acting as a deterrent to would-be fraudsters.

Riverside County will continue a three part process to ensure the integrity of the In-Home Supportive Services (IHSS) program. The program will utilize established and tested methodology currently proving to be successful in the Cash Aid and Supplemental Nutrition Assistance (SNAP) programs administered by the Riverside County Department of Public Social Services (DPSS). This process will focus on:

- Fraud prevention through customer education,
- Fraud and overpayment/underpayment detection through the quality assurance review, and
- Fraud detection and investigation utilizing DPSS Welfare Fraud Investigators, District Attorney Office (DAO) Senior Investigators and California Department of Health Care Service Investigations Branch (DHCS) Investigators working as a task force.

By providing information to IHSS providers and recipients before services are rendered and by conducting random audits of on-going cases and investigations of suspected fraud which result in convictions, there has been a direct and positive effect on the integrity of the IHSS program.

Riverside County will continue to utilize staff comparable to incumbents providing the same services for other public aid programs. IHSS staff will educate potential providers through the Preventative Fraud Group presentation prior to the provider's approval as an In-Home Supportive Service provider. The IHSS staff will review pertinent information on the required forms in order to ensure all potential providers understand their responsibilities as an IHSS provider and what fraud is and how to avoid committing fraud. DPSS Investigative Technicians (IT) will perform preliminary investigative work as requested by the IHSS case worker. One Program Specialist II position and one part-time Public Health Nurse will ensure compliance with departmental policies

and procedures as well as state and federal legislation, regulations and directives. Through these efforts, they will detect incidents of potential fraud and make referrals for investigation. Additionally, the Program Specialist II position will review and analyze a variety of exception reports, such as the 'Death Match' report and the "300 hours" report for indicators of potential fraud. The Public Health Nurse will also be responsible for a more in-depth analysis and evaluation of the needs and services being provided in paramedical and protective supervision cases. The Program Specialist and Public Health Nurse will refer potentially fraudulent cases to DPSS Welfare Fraud Investigators. The DPSS Welfare Fraud Investigator (WFI), The DAO Investigators and the DHCS Investigators will work as a task force and will be responsible for reviewing and/or investigating all IHSS fraud referrals in order to determine which allegations will be referred to collections for recovery of the over-payment and which allegations will be investigated for fraud and forwarded to the DAO's for prosecution.

The County of Riverside has demonstrated success in ensuring the program integrity of Cash Aid and SNAP programs through the prevention, detection and prosecution of welfare fraud. As such, we are confident of our ability to successfully expand these efforts to include the IHSS program.

BACKGROUND

IHSS is a state administered, county run program that provides state, county and federal funding to enable eligible program recipients to hire a qualified caregiver. The IHSS Program pays for services provided to those over 65 years of age, or disabled, or blind, or a disabled child, so that they may remain safely in their own home as an alternative to out-of-home care, such as nursing homes or board and care facilities. Through a series of evaluations performed by county social workers, IHSS recipients can be authorized for up to 283 hours of service per month. These services include assistance with the administration of medications, accompaniment to medical appointments, providing assistance with activities such as housecleaning, laundry, grocery shopping, personal care services and protective supervision for the mentally impaired.

The California Department of Social Services (CDSS) recognized that many counties could strengthen their quality assurances with regard to acts of fraud within the system. IHSS fraud is an intentional attempt by some service providers, and some beneficiaries, to receive unauthorized payments or benefits from the program. Major types of IHSS PROVIDER FRAUD statewide include a service provider not working or incarcerated or continuing to bill services for a recipient who is either deceased or hospitalized. Major types of IHSS RECIPIENT FRAUD include overstated needs, demanding a share of provider pay, misreporting income and not reporting changes in the household.

IHSS OVERPAYMENTS/UNDERPAYMENTS ACTIVITIES AND DATA

The Department of Public Social Services will continue to detect, compute and process all overpayments and underpayments consistent with County policy and program regulations. This will be accomplished through the enhancement of the current Quality Assurance (QA) activities.

This enhanced in-depth quality assurance review will lead to the discovery and cause of overpayments and underpayments. When the cause of the overpayment or underpayment is found to be provider or recipient caused, appropriate referrals will be made. If the cause is found to be agency caused, corrective action can then be taken to prevent further like occurrences from happening.

Riverside County DPSS has been very successful in the recovery of public funds for many programs. In the last four fiscal years, the amount recovered for all programs has increased from \$4,761,760 in FY 05/06 to \$6,324,809 in FY 09/10. Many of the same tools and resources used in those recoveries are utilized in the recovery of IHSS overpayments, including pursuing civil action in civil court, wage garnishment, attaching bank accounts and property liens.

IHSS FRAUD REFERRALS/OUTCOMES

The Department of Public Social Services acts as the county-wide IHSS fraud referral repository through the utilization of current fraud reporting hotlines and DPSS staff. All participating agencies in this plan forward all IHSS fraud referrals received to DPSS for central logging and forwarding to the California Department of Health Care Services (DHCS) Investigations Branch Rancho Cucamonga Office, as is the current practice. A county-wide IHSS Fraud Referral Form was developed and implemented for utilization by all participating departments in this plan.

The fraud hotlines that are currently published on the DPSS Internet pages are provided to providers and recipients during the IHSS orientation. The fraud hotlines will be made available to the general public through community outreach and public service announcements.

Referrals of suspected fraud involving DPSS employees tasked with the administration and oversight of the IHSS program will be centrally logged through DPSS and then forwarded to the DPSS Special Investigations Unit (SIU) for initial criminal investigation. All administrative investigations arising from the same allegations of IHSS fraud by DPSS employees shall be handled by a separate investigative unit pursuant to existing DPSS policies and procedures. There shall be no comingling of case information between the criminal and administrative investigative teams.

COLLABORATION AND PARTNERSHIPS WITH DISTRICT ATTORNEY'S OFFICE [DAO]

In preparation of this plan submission, the DAO and DPSS collaborated with the DHCS Investigations Branch to develop a proactive fraud prevention and investigation plan. Under this plan, the participating agency's investigative units work in a task force model adopting a multidisciplinary investigative approach to IHSS Fraud Investigations. Case prioritization for investigation efforts is based on many factors, including but not limited to, the age of the fraud referral, those which are approaching statute of limitations bars, and those with the highest potential fraud loss beginning at 300 hours.

Any referrals of suspected fraud involving DPSS employees tasked with the administration and oversight of the IHSS program will be centrally logged through DPSS and then forwarded to the DPSS Special Investigations Unit (SIU) for initial criminal investigation. All administrative investigations arising from the same allegations of IHSS fraud by DPSS employees shall be handled by a separate investigative unit pursuant to existing DPSS policies and procedures. There shall be no comingling of case information between the criminal and administrative investigative teams.

This proposed Plan utilizes a Deputy District Attorney (DDA) for IHSS pre-prosecution education and investigative activities. This DDA supports pre-prosecution anti-fraud efforts. Specifically, the DDA will attend monthly collaborative team task force meetings and review all program search warrants and IHSS fraud cases submitted for criminal filing. The DDA will also provide feedback as necessary regarding the controlling law and any further investigation that may be required. The DDA will also provide in-service training to improve quality of cases submitted for prosecution.

A prosecution commences when an indictment or information is filed, a complaint is filed charging a misdemeanor or infraction, a case is certified to the Superior Court, or an arrest warrant or bench warrant is issued. (Penal Code section 804.) **All program funding to support the DDA will exclude post-prosecution activities.**

A. DAO's Responsibilities:

1. File criminal and/or civil charges when investigation(s) reveal sufficient evidence of fraud against the IHSS Program. Welfare Fraud DDA to provide feedback on cases submitted for filing regarding quality of evidence and any further investigation needed; assist with search warrant review process; and provide training as warranted to support program integrity and quality of cases submitted for prosecution.
2. Provide search warrant review through Welfare Fraud DDA.
3. Cooperate in establishing and maintaining a vigorous, viable program of IHSS fraud control in Riverside County.
4. Be subject to audit and review for compliance by any agency of the State of California or Federal government involved in the administration of this program.
5. Complete timesheets using work codes to specifically identify the time spent on program activities. All timesheets shall be retained in the DAO's files for future audit purposes. A copy of the timesheets will be provided to DPSS on a quarterly basis so the data extracted from the timesheets may be included in the annual report.
6. For all criminal restitution efforts with which the DAO has involvement, the DAO shall instruct the Superior Court that restitution made by criminal defendants shall be ordered payable to the IHSS Program through the DPSS Recovery Unit.

7. Forward all disposition action regarding fraud referrals made to the DPSS Investigations Branch for inclusion in the annual report.
8. DAO personnel assigned to IHSS Fraud shall be responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.
9. The primary responsibilities of DAO Investigators shall be as follows:
 - a. Investigate cases of false documents, forged signatures, and duplicate check cases in the IHSS program.
 - b. Investigate assigned IHSS referrals developed through exception reports such as the Death Match report, out of state warrant report, and the 300 hour report.
 - c. Perform field investigations of suspected fraudulent receipt of IHSS grants by gathering, assembling, preserving and reporting facts and evidence.
 - d. Review and/or investigate all IHSS fraud referrals received directly by DAO that are deemed time sensitive warranting immediate attention and subsequently notify other Task Force partners through established procedures, excluding DPSS internal fraud allegations.
 - e. Locate fraud suspects, witnesses and other informational sources and evaluate testimony.
 - f. Submit investigative reports to DAO Welfare Fraud DDA for pre-filing review.
 - g. Assemble and prepare evidence for presentation in court and appear as a witness if necessary.
 - h. Apply proper techniques of arrests, search and seizure in the apprehension of suspects, and the confiscation and proper storage of evidence.
 - i. Transport and book suspects into Riverside County Jail or transport suspects to court.
 - j. Perform criminal investigations related to IHSS Program fraud.
 - k. May serve legal processes for DAO including search warrants, arrest warrants, and subpoenas for IHSS.
 - l. Prepare oral and written reports and correspondence related to IHSS Program fraud.
 - m. Submit minute court order reports of convictions to IHSS Program for permanent removal of fraudulent providers from IHSS Program.
 - n. DAO staff shall meet with DPSS staff as often as needed to exchange pertinent information, resolve problems, and work together to effectively coordinate services.
10. Secondary Responsibilities of DAO Investigators shall be to:
 - a. Assist in establishment of IHSS Program procedures for Fraud Detection and Prevention.
 - b. Assist IHSS Program in training Social Workers regarding "red flags" to look for in determining fraudulent conduct.
 - c. Report coercion/abuse/undue influence of recipients in IHSS Program to Adult Protective Services (APS) and/or local law enforcement.
11. DAO Investigative Technician(s) will perform all administrative support duties for IHSS fraud unit.

B. DPSS Investigative Component Responsibilities:

DPSS Welfare Fraud Investigators (WFIs) are sworn Peace Officers under Penal Code section 830.35 and investigated IHSS allegations prior to January of 2005. The WFIs are currently responsible for conducting criminal investigations of suspected violations of public assistance laws, rules, and regulations, and a variety of other departmental matters.

1. The primary responsibilities of WFIs shall be as follows:
 - a. Investigate cases of false documents, forged signatures and duplicate check cases, in the IHSS program.
 - b. Investigate assigned IHSS referrals developed through exception reports such as the Death Match report, out of state warrant report and the 300 hour report.
 - c. Review and/or investigate all IHSS fraud referrals deemed time sensitive by DPSS ASD/SIU management staff and subsequently notify other Task Force partners through established procedures.
 - d. Fraud referrals submitted by IHSS staff, other agencies, recipient/provider family members and/or friends or other private citizens will be submitted directly to the DHCS for assignment through the IHSS Task Force.
 - e. Perform field investigations of suspected fraudulent receipt of IHSS grants by gathering, assembling, preserving, and reporting facts and evidence.
 - f. Locate fraud suspects, witnesses and other informational sources and evaluate testimony.
 - g. Submit investigative reports to DAO Welfare Fraud DDA for pre-filing review.
 - h. Assemble and prepare evidence for presentation in court and appear as a witness if necessary.
 - i. Apply proper techniques of arrests, search and seizure in the apprehension of suspects, and the confiscation and proper storage of evidence.
 - j. Transport and book suspects into Riverside County Jail or transport suspects to court.
 - k. Perform criminal investigations related to IHSS Program fraud.
 - l. May serve legal processes for IHSS investigations including search warrants and arrest warrants.
 - m. Prepare oral and written reports and correspondence related to IHSS Program fraud.
 - n. Submit minute court order reports of convictions to IHSS Program for permanent removal of fraudulent providers from IHSS Program.
 - o. DPSS shall provide the DAO investigative staff assigned to IHSS fraud investigations full access to all welfare fraud information necessary to conduct and complete IHSS fraud investigations.
 - p. DPSS shall provide in-service training for DAO staff to orient them to procedures and regulations related to the IHSS Program.
 - q. DPSS staff shall meet with DAO staff as often as needed to exchange pertinent information, resolve problems, and work together to effectively coordinate services.
-

COLLABORATION AND PARTNERSHIPS WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES [DHCS] AND THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES [CDSS]

To strengthen the quality of fraud prevention and detection investigative efforts, the Riverside County District Attorney's Office (DAO), the Department of Social Services (DPSS), and the DHCS Investigations Branch have adopted a task force team model to approach anti-fraud activities. A Memorandum of Understanding was drafted to guide the team's collaborative anti-fraud activities with regard to recipient/provider IHSS pretrial investigations.

The DAO and DPSS collaboratively participate in monthly IHSS Fraud Group meetings comprised of DHCS Investigators, DAO Investigators and DPSS Welfare Fraud Investigators and the DAO welfare fraud prosecutor. These monthly investigative collaboration meetings will be held at regularly scheduled intervals at times convenient to IHSS Task Force partners in order to ensure maximum attendance and investigative/departments representation. The monthly meeting will be attended by District Attorney Investigators, the DHCS Supervising Investigator and Investigators, and DPSS Welfare Fraud Supervising Investigator and Welfare Fraud Investigators. All fraud referrals received during the preceding month will be reviewed and equally distributed for investigation based upon existing agency commitments (DHCS = 1 Investigator, DAO = 1.78 Investigators, DPSS = 1 Investigator).

A component of the monthly team meeting is to address existing investigations in a peer review format. Each participating agency will bring their expertise to bear upon the investigative process and direction. It is the intent of this collaborative process to facilitate interagency collaboration and interdisciplinary training of DHCS, DPSS and DAO partners with an expected outcome of a quality investigative and prosecution work product.

Referrals received by a participating agency that warrant immediate attention will be handled forthwith by the receiving agency, with subsequent notification to agency partners through established procedures.

Riverside County will collaborate with CDSS in a manner consistent with present practice. Riverside County will comply with any requests from CDSS for case or program data in a timely manner.

MECHANISMS FOR TRACKING/REPORTING

The County of Riverside has created a database that will track the outcomes of its efforts. The database will be utilized for the collection, analysis, and reporting of data. The data submitted to the State will be in the format described by and in the time frame set by the State.

Fraud-related data and outcomes will be collected by each participating agency and forwarded quarterly to the DPSS Investigations Branch for use in the compilation of collaborative quarterly and annual reports. These reports will also be a useful tool in the identification of fraud trends.

COUNTIES CURRENT AND PROPOSED ANTI-FRAUD ACTIVITIES

Current Anti-Fraud Activities

The County of Riverside ensures IHSS program integrity utilizing a Quality Assurance process in conjunction with ongoing training and process improvements. Riverside County has an IHSS QA/QI program that currently reviews cases for program and policy compliance. The results of these case reviews are used to train staff on best practices, address over/under payments and refer cases of potential fraud for investigation. This program has been recognized by the State for improving the integrity of the overall program in Riverside County.

In response to recent legislation, AB X4 1 (Evans, Chapter 1 of the 2009-10 Forth Extraordinary Session) which requires the new providers to submit required documentation in person to the county office, and AB X4 19 (Evans, Chapter 17, Statutes of 2009) which requires criminal background checks, provider orientation, and unannounced home visits, new protocol has been established in the IHSS intake process. A provider orientation is required for all new IHSS providers. This orientation allows the providers to submit the required documentation in person at the county office, and receive the orientation required by AB X4 19.

Proposed Anti-Fraud Activities

The County of Riverside will continue to ensure IHSS program integrity by enhancing current anti-fraud activities and integrating with the new protocol established in response to the State Budget Act of 2009. The proposed anti-fraud activities will utilize a collaborative plan consisting of three complementary components: Fraud Prevention Education, Enhanced Quality Assurance Controls, and Proactive Criminal Investigative Activities. Staff representing each component of this plan will attend a multi-disciplinary quarterly meeting with all participating Program members to discuss identified IHSS program efforts, successes, failures and training needs. This forum will provide an opportunity for enhanced IHSS in-service training for all team members.

Fraud Prevention Education

The **first component**, Fraud Prevention Education, includes methods to prevent fraud from occurring in the In-Home Supportive Services (IHSS) program. A Preventative Fraud Group (PFG) presentation will be conducted in conjunction with the Provider Orientation. The Provider Orientation is required for all new IHSS providers effective November 1, 2009. Current providers are not required to attend but will be encouraged to do so by IHSS staff. The PFG will be conducted by IHSS staff.

This component will educate potential providers through the Preventative Fraud Group (PFG) presentation prior to the provider's approval as an IHSS provider. Additional fraud prevention work related to any discrepancies or inconsistencies will be completed by a DPSS IT no later than one (1) month after the approved Provider receives his or her first payroll check for services provided to the In-Home Services recipient. The additional fraud prevention work performed by the DPSS IT will include, but not be limited to clarifying inconsistencies and/or discrepancies by completing field work that may include verification of: providers other employment, incarceration of provider, doctor's signature, death of client. This component will be integrated with the unannounced home calls required by the State Budget Act of 2009.

The PFG presentation is considered an educational process for the prospective provider. During the PFG, the IHSS staff person will review and explain to prospective providers the DPSS 305 C "Planning With You To Avoid Fraud" form, W&IC 12305.81, 12305.85, SOC 426 form, SOC 426B form and SOC 846 form. *Note: Information and forms may change as new information is received.

The IHSS staff will explain the following to prospective providers:

- The provider's reporting responsibilities related to the recipient's living arrangements and level of care (DPSS 305 C form);
- The legal definition of what fraud and perjury is and the potential legal consequences of committing these crimes;
- The mandates set forth by Welfare & Institutions Code sections 12305.81, 12305.85 and the importance of accurately reporting their criminal history;
- That the provider application and supporting documents may be chosen for further review by DPSS staff or IHSS investigative staff in order to clarify inconsistencies and/or discrepancies; and
- Home calls and other field work may also be conducted in order to expeditiously clarify inconsistencies and/or discrepancies.

The IHSS staff will review pertinent information on the SOC 426, SOC 426B, and 305C state forms in order to ensure all potential providers understand their responsibilities as an IHSS provider.

IHSS staff may request that a DPSS IT conduct a more detailed review of recipient/provider forms and/or conduct field work if a discrepancy is found. An In-Home Supportive Services Communication Form was developed to assist IHSS staff and DPSS IT's in communicating quickly and effectively regarding IHSS recipient/provider inconsistencies and discrepancies. (A proposed draft is attached – see Attachment B). The IHSS Communication Form also serves as a tool for the IHSS staff and IT staff to document information gathered during the preventative fraud review or field work processes for notification to and potential use by the Investigative component in the proposed Plan.

The education of the providers on what fraud is, how to avoid committing fraud, and what the consequences are when fraud is committed will reduce fraud. Catching discrepancies at the front end with early informal contact with IHSS recipients and providers will further ensure program compliance.

Enhanced Quality Assurance

The **second component** will be an enhanced Quality Assurance (QA) component. The enhanced QA component will consist of one (1) full time Program Specialist II position and 75% of one (1) Public Health Nurse (PHN) position. The Program Specialist II position will be responsible for developing IHSS and Departmental policies/procedures/forms, etc. for the additional fraud prevention activities. They will ensure compliance with departmental policies and procedures as

well as state and federal legislation, regulations and directives. Additionally, the Program Specialist II position will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report. The PHN will become involved with IHSS cases that are being or have been authorized "protective supervision" hours and paramedical services. The PHN will be responsible for reviewing the specific services in both paramedical and "protective supervision" cases and will act as a liaison with social workers, medical professionals, clients and providers in cases identified by social workers as high risk or with fraud potential. The PHN will also evaluate to ensure the most accurate health assessment for protective supervision services based on the recipients needs. The PHN will be involved as needed in any IHSS administrative hearings related to these cases. The Program Specialist and PHN will make referrals of potentially fraudulent cases to the DPSS Investigative component pursuant to established IHSS fraud referral processes in this Plan.

This enhanced in-depth quality assurance review will lead to the discovery and cause of overpayments and underpayments. When the cause of the overpayment or underpayment is found to be provider or recipient caused, appropriate referrals will be made. If the cause is found to be agency caused, corrective action can then be taken to prevent further like occurrences from happening.

Another result of this in-depth quality assurance review will be the discovery of potentially fraudulent activities. In addition to making fraud referrals to the appropriate Investigation Component, the QA staff will also be able to identify potential training or program changes that are necessary to prevent future fraud and identify trends that identify potential fraud. This component will be integrated with the current activities underway to develop standardized curriculum and training materials as required by the State Budget Act of 2009.

Proactive Investigative Activities

The **third component** will be Criminal Investigative activities. The Riverside District Attorney's Office (DAO), Department of Public Social Services (DPSS) Investigations Branch and the California Department of Health Care Services (DHCS) Investigations Branch will investigate and deter future IHSS fraud through interagency cooperation, and proactive investigative partnership efforts, including cross-training in respective disciplines for IHSS, DPSS and DAO staff. The participating agencies' investigative units agree to adopt a task force team model, with one (1) DHCS Investigator, one (1) DPSS Welfare Fraud Investigator, and one (1.78) DAO Senior Investigators.

This multidisciplinary investigative team will be known as the IHSS Fraud Task Force. A current Memorandum of Understanding will be signed to guide the team's collaborative anti-fraud activities with regard to recipient/provider IHSS pretrial investigations.

The Task Force will meet monthly to review all fraud referrals received during the preceding month and will make an equitable distribution of cases for investigation based upon existing agency commitments. The Task Force will prioritize immediate investigation efforts based on many factors, including but not limited to the age of the fraud referral, those approaching statute of limitation bars, and those cases representing the highest potential fraud loss beginning at 300

hours and thereafter at lower fraud losses in 50 hour blocks of time below 300 hours. The DAO Welfare Fraud prosecutor will attend meetings.

However, all referrals of suspected fraud involving DPSS employees tasked with the administration and oversight of the IHSS program will be centrally logged through DPSS and then forwarded to the DPSS Special Investigations Unit (SIU) for initial criminal investigation. All administrative investigations arising from the same allegations of IHSS fraud by DPSS employees shall be handled by a separate investigative unit pursuant to existing DPSS policies and procedures. There shall be no comingling of case information between the criminal and administrative investigative teams.

A component of the monthly Task Force meeting will be to address existing investigations in a peer review format. Each participating agency will bring their expertise to bear upon the investigative process and direction. It is the intent of this collaborative process to facilitate interagency collaboration and interdisciplinary training of DHCS, DPSS and DAO partners with an expected outcome of a quality investigative and prosecution work product.

This Plan also incorporates a multidisciplinary team to coordinate and plan various compliance checks at the different stages of IHSS program implementation. This team will be comprised of DHCS Investigators, DA Investigators, DA Investigative Technician, WF Investigator, DPSS Investigative Technicians and Program Specialists. The multidisciplinary team will have the ability to address client concerns and on site needs during compliance checks, as well as to immediately identify incidents of fraud to prevent long term program fund loss.

This Plan will utilize a DAO Welfare Fraud Deputy District Attorney (DDA) for IHSS pre-prosecution education and investigative activities. This DDA will support pre-prosecution anti-fraud efforts by attending monthly Task Force meetings, reviewing all program search warrants and IHSS fraud cases submitted for criminal filing, and providing feedback as necessary with regard to controlling law and required further investigation. In collaboration with the Fraud Prevention Education, Quality Assurance, and Investigative Components, the DDA may participate in in-service training to support program integrity and improve quality of cases submitted for prosecution.

Staff representing the IHSS Fraud Task Force, which make up the Investigative Component of the Program, will attend a multi-disciplinary quarterly meeting with all participating Program members to discuss identified IHSS program efforts, successes, failures and training needs. This forum will provide an opportunity for enhanced IHSS in-service training for all involved agencies.

COUNTY PROPOSED BUDGET FOR UTILIZATION OF FUNDS

The County of Riverside will commence this plan upon receipt of funding. The County of Riverside's IHSS Proposed Integrity Plan will utilize the funding as follows:

Staff/Administration

DPSS

The Plan will employ (4) full-time and (two) part time DPSS staff augmented with one (1) part-time Public Health Nurse:

- Two Investigative Technicians (DPSS - full time) The Investigative Technicians will be responsible for additional fraud prevention work related to any discrepancies or inconsistencies which will be completed no later than one (1) month after the approved Provider receives his or her first payroll check for services provided to the In-Home Services recipient. The additional fraud prevention work performed by the DPSS IT will include, but not be limited to clarifying inconsistencies and/or discrepancies by completing field work that may include verification of: providers other employment, incarceration of provider, doctor's signature, death of client.
- One Welfare Fraud Investigator (DPSS – full time) – The DPSS Welfare Fraud Investigator (WFI) will be responsible for reviewing and/or investigating all In-Home Supportive Services overpayments forwarded by In-Home Supportive Services staff in order to determine which overpayments will be referred to collections and which overpayments will be investigated and forwarded to the District Attorney for prosecution as well as investigating all In-Home Supportive Services fraud referrals they receive. Additionally, the WFI will assist the Department of Health Care Services Investigations Branch (DHCS IB) in investigating In-Home Supportive Services fraud allegations.
- One Program Specialist II (DPSS – full time) - The Program Specialist II position will review and analyze a variety of exception reports, such as the Death Match report and the 300 hours report as well as reviewing cases to ensure compliance with departmental policies and procedures as well as state and federal legislation, regulations and directives. The Program Specialist will refer potentially fraudulent cases to DPSS Welfare Fraud Investigators.
- .75 Public Health Nurse (DPSS – .75) - The Public Health Nurse will be responsible for a more in-depth analysis and evaluation of the needs and services being provided in paramedical and protective supervision cases , will review cases identified as high risk or with potential fraud and will refer potentially fraudulent cases to DPSS Welfare Fraud Investigators.
- One Office Assistant III (DPSS – full time) – The Office Assistant (OA) will be responsible for the collection, recording and analysis of data for this project.

County of Riverside
In-Home Supportive Services Program
Enclosure C

- .20 Supervising Fraud Investigator (DPSS – .20) - The Supervising Fraud Investigator will be responsible for providing functional direction to the Investigative Technicians and Welfare Fraud Investigators.

DAO

The Plan will employ one (1) full-time and three (3) part time DAO staff:

- 1.78 Senior District Attorney Investigators (DAO – 1.78 Full-time). The Senior District Attorney Investigators will be responsible for the duties set forth above in Section “A” District Attorney Office Responsibilities (page 4). Furthermore, the Senior District Attorney Investigators will participate in a collaborative investigative task force comprised of Department of Health Care Services Investigations Branch (DHCS IB) and DPSS SIU in the county-wide investigation of IHSS fraud allegations.
- .05 Deputy District Attorney III (DAO – Part-time). The Deputy District Attorney will be responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities as set forth in Section “A” District Attorney Office Responsibilities.
- 0.5 Investigative Technician II (DAO – Part-time) The Investigative Technician under general supervision, will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators, through the service of civil and criminal legal processes, such as: subpoenas, summons and complaints; makes positive identification of person served and time and location of services; and assists in serving search warrants.

Budget

DPSS

Investigative Technician	2 Full time	\$ 118,109
Welfare Fraud Investigator	1 Full time	\$ 79,357
Program Specialist II	1 Full time	\$ 81,150
Public Health Nurse	.75	\$ 113,931
Office Assistant III	1 Full time	\$ 39,710
Supervising Welfare Fraud Investigator	.20	\$ 18,468
	Total Personnel	\$ 450,725

Available Resources:

- **Facilities** – The program will utilize existing space that is not currently being utilized.
- **Meeting Room for Preventative Fraud Group meetings** – The program will utilize meeting rooms located in each district office.

Needed Resources (DPSS):

- **Personnel :**
 - 5 full time staff at 100% salary, one staff at 75% salary and one at 20% salary.
 - \$450,725
- **Operating Costs:**
 - \$104,436
- **Training/Travel:**
 - \$0

TOTAL DPSS (Personnel/Operating) - \$555,161

DAO

Senior District Attorney Investigators	1 Full-time and one at .78	\$ 275,064
Deputy District Attorney III	.5	\$ 8,500
Investigative Technician	.5	\$ 4,125
Overtime of 260 hour for Sr. DA Inv.	@ \$78.46	\$ 20,401
Overtime of 130 hours for Inv .Tech.	@ \$40.37	\$ 5,248

	Total Personnel	\$ 313,338
--	------------------------	-------------------

Needed Resources (DAO):

- **Personnel :**
 - 1 full time staff at 100% salary, one part time staff at 78% salary, two part time staff at 5% salary.
 - \$313,338
- **Operating Costs:**
 - \$45,122
- **Training/Travel:**
 - \$4,000

TOTAL DAO (Personnel/Operating/Training/Travel) - \$362,460

DESCRIPTION OF HOW THE COUNTY WILL INTEGRATE OTHER PROGRAM INTEGRITY WITHIN THE PLAN

The County of Riverside has been a pioneer with inventive processes for ensuring the program integrity of Cash Aid and SNAP programs and the detection and prosecution of welfare fraud.

ANNUAL OUTCOMES REPORT

The County of Riverside will provide an annual outcome report by August 1, 2011 which will identify activities, data and outcomes associated with the efforts to mitigate, prevent, detect, investigate, and prosecute IHSS fraud. The report will be submitted to the State and all IHSS Program Integrity participating agencies in the format described by and in the time frame set by the State. DPSS Investigations Branch will take the lead in coordinating the annual report and submission to the California Department of Social Services. Participating agencies will provide activities, data, outcomes and any required narratives to the DPSS Investigations Branch.

DATA REPORTING SPREADSHEET

The Riverside County proposed Plan provides in the required reporting spreadsheet data from 2005 to present. (See Enclosure D).

BOARD OF SUPERVISOR APPROVAL

The Riverside County Board of Supervisor Approval of this Plan will be submitted by September 1, 2010. Enclosure B will be submitted with the final plan.

CONTACT INFORMATION

COUNTY DISTRICT ATTORNEY REPRESENTATIVE

Rich Twiss, Assistant Chief Investigator, Bureau of Investigations
4075 Main Street
Riverside, CA 92501
Phone: 951-955-0815
rtwiss@rivcoda.org

Elaina Bentley, Chief Deputy District Attorney
4075 Main Street
Riverside, CA 92501
Phone: 951-955-5632
ebentley@rivcoda.org

Sharon Campbell, Administrative Services Supervisor (Finance)
4075 Main Street
Riverside, CA 92501
Phone: 951-955-0298
sharoncampbell@rivcoda.org

COUNTY WELFARE DEPARTMENT REPRESENTATIVES

Patricia Reynolds, Assistant Director, Riverside County DPSS
4060 County Circle
Riverside CA 92503
Phone: 951-358-3045
PReynold@RiversideDPSS.org

Patrick Pudelek, Chief of Investigations, Riverside County DPSS
3021 Franklin Avenue
Riverside CA 92507

Enclosure D

County: **Riverside**

Overpayments identified by County QA						
		05/06	06/07	07/08	08/09	09/10
Total Amount per Fiscal Year:						
Number of Instances:		167		161	83	290
Break Down of Causes	Provider:					290
	Recipient:					0
	County Error:					0
	Unknown:					0
	Other:					0
Underpayments identified by County QA		05/06	06/07	07/08	08/09	09/10
Total Amount per Fiscal Year:						\$852,777.32
Number of Instances:		1309	705	3870	3927	2871
Break down of Causes	Provider:					1700
	Recipient:					0
	County Error:					318
	Unknown:					0
	Other:					853
Fraud Referrals/Outcomes		05/06	06/07	07/08	08/09	09/10
Number of referrals to DHCS:		31	63	44	97	284
Number handled locally:		2	2	2	0	445
Number of convictions:		2	2	2	0	2
Amount of funds involved in the convictions:		4599	6278	4419	0	2,854.80

Enclosure D
Page Two

Fraud Referrals/Outcomes

Amount of funds recovered:		3524	709	350	0	3616
Amount of funds pending recovery:		1075	5569	4069	0	5792
Basis for the Conviction:						
Individuals	Recipient:	0	0	0	0	0
	Provider:	2	2	2	0	2
	County Staff:	0	0	0	0	0
	Other:	0	0	0	0	0
	Unknown:	0	0	0	0	0
Utilization of County DA for Fraud		05/06	06/07	07/08	08/09	09/10
Number of referrals to DA		6	3	4	8	5
Outcomes	Rejected:	0	0	0	0	0
	Convicted:	5	3	4	5	2
	Acquitted:	0	0	0	0	0
	Pending:	1	0	0	3	3

Budget Justification

Riverside County's Fraud Funding Plan for FY 2010-11

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 650,132
B. Operating Expenses	\$ 129,234
C. Equipment Expenses	\$ 0
D. Travel/Per Diem and Training	\$ 4,000
E. Subcontracts and Consultants	\$ 113,931
F. Other Costs	\$ 0
G. Indirect Expenses	\$ 20,324
Total Expenses	\$ 917,621

A. Personnel Costs (including employee benefits)	Total Budget
Title: Welfare Fraud Investigator - 1 FTE Salary Calculation: FY Salary \$53,620 + Benefits \$25,737 Duties Description:	\$ 79,357
Title: DPSS Investigative Technician I - 2 FTE Salary Calculation: FY Salary \$79,803 + Benefits \$38,306 Duties Description:	\$ 118,109
Title: Supervising Investigator - .2 FTE Salary Calculation: FY Salary \$12,478 + Benefits \$5,990 Duties Description:	\$ 18,468
Title: Program Specialist II - 1 FTE Salary Calculation: FY Salary \$54,831 + Benefits \$26,319 Duties Description:	\$ 81,150
Title: Office Assistant III - 1 FTE Salary Calculation: FY Salary \$26,830 + Benefits \$12,878 Duties Description:	\$ 39,710
Title: Deputy District Attorney III Salary Calculation: \$120,208.67 (12 mo. salary) x 0.05 (FTE) = \$ 6,010 \$6,010 x 41.431% (Benefit %) = \$ 2,490 Duties Description: Responsible for supporting the IHSS pre-prosecution education and anti-fraud investigative activities	\$ 8,500

Title: Senior DA Investigator B Salary Calculation: \$109,221.82 (12 mo. salary) x 1.78 (FTE) = \$ 194,415 \$194,415 x 41.483% (Benefit %) = \$ 80,649 Duties Description: Responsible for investigative duties related to allegations involving recipient or provider fraud in the IHSS Program.	\$ 275,064
Title: DAO Investigative Technician II Salary Calculation: \$56,194.97 (12 mo. salary) x 0.05 (FTE) = \$ 2,810 \$2,810 x 46.806% (Benefit %) = \$ 1,315 Duties Description: The Investigative Technician II will assist in and perform routine, non-sworn investigative work in support of the District Attorney Investigators.	\$ 4,125
Title: Senior DA Investigator B Salary Calculation: Overtime of 260 hours at \$78.46 Duties Description: As Needed	\$ 20,401
Title: DAO Investigative Technician II Salary Calculation: Overtime of 130 hours at \$40.37 Duties Description: As Needed	\$ 5,248
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Total Personnel Costs:	\$ 650,132

B. Operating Expenses	Total Budget
Title: DPSS operating expense Description:	\$ 104,436
Title: DAO Communications Description: County radio systems, cell phones, office phones	\$ 5,595
Title: DAO General Supplies Description: Protective gear, equipment maintenance, office supplies, photocopying, printing, postage, computer software.	\$ 6,012
Title: DAO Vehicle Expense Description: County vehicle costs, fuel, maintenance	\$ 13,191
Total Operating Expenses:	\$ 129,234

C. Equipment Expenses	Total Budget
Title: Description:	\$
Title: Description:	\$
Title: Description:	\$
Title: Description:	\$
Title: Description:	\$
Total Equipment Expenses:	\$ 0

D. Travel/Per Diem and Training	Total Budget
Title: DAO Travel/Training Description: Training costs required for IHSS training, State Mandated Perishable Skills Training, and any other IHSS program related conferences, seminars or mandated trainings.	\$ 4,000
Total Travel/Per Diem and Training:	\$ 4,000

E. Subcontracts and Consultants	Total Budget
Title: Public Health Nursing Services - .75 FTE	\$ 113,931
Description:	
Total Subcontracts and Consultants:	\$ 113,931

F. Other Costs	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$ 0

G. Indirect Expenses	Total Budget
Title: DAO Administrative overhead	\$ 20,324
Description: Accounting services and administrative salaries	
Title:	\$
Description:	
Total Other Costs:	\$ 20,324