

**INSURANCE COMMISSIONER
OF THE STATE OF CALIFORNIA**

GRANT AWARD AGREEMENT
of Base and Additional Funds for Fiscal Year 2024-25
Workers' Compensation Insurance Fraud Program


The Insurance Commissioner of the State of California hereby makes an award of funds to **Fresno County**, Office of the District Attorney, in the amount and for the purpose and duration set forth in this grant award.

This grant award consists of this agreement and the application for the grant and made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant program in accordance with all applicable statutes, regulations, and the grant application.

Duration of Grant: The grant award is for the program period **July 1, 2024** through **June 30, 2025**.

Purpose of Grant: This grant award is made pursuant to the provisions of California Insurance Code Section 1872.83 and shall be used solely for the purposes of enhanced investigation and prosecution of workers' compensation insurance fraud cases.

Amount of Grant: The total grant award agreed to herein is in the amount of **\$1,136,175**, which is comprised of a Base Award amount of **\$1,009,472** and an Additional Award amount of **\$126,703**. This amount has been determined by the Insurance Commissioner with the advice and consent of the Fraud Assessment Commission based on the estimated funds collected pursuant to Section 62.6 of the Labor Code. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to Government Code §13000 et seq. The grant award shall be distributed pursuant to Section 1872.83 of the Insurance Code and the California Code of Regulations Subchapter 9, Article 3, Sections 2698.53, 2698.54, and 2698.57.

<p>Lisa Smittcamp District Attorney</p> <p>Signed by:  _____ 8983838849814FA Authorized Official</p> <p>Name: Manuel Jimenez Title: Chief Deputy District Attorney</p> <p>Date: <u>11/15/2024</u></p>	<p>RICARDO LARA Insurance Commissioner</p> <p>_____ Authorized Official</p> <p>Name: Crista Hill Title: Division Chief, Financial and Business Management Division</p> <p>Date: _____</p>
--	---

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure.

Megan Clarke, Chief Budget Officer,
Financial and Business Management Division

Date

Application Report



Applicant Organization:

Fresno

Project Name: 24-25 WC Fresno

Application ID: App-24-231

Funding Announcement: FY 24-25 Workers' Compensation Insurance Fraud Program

Requested Amount: \$1,220,191.00

Project Summary: 24-25 WC Fresno

Authorized Certifying Official: Manuel Jimenez mcjimenez@fresnocountyca.gov (559) 600-2135

Project Director/Manager: Traci Fritzler-Kirkorian tfritzler-kirkorian@fresnocountyca.gov (559) 600-4412

Case Statistics / Data Reporter: Trevor Oppliger toppliger@fresnocountyca.gov (559) 600-2121

Compliance/Fiscal Officer: Ruth Falcon rfalcon@fresnocountyca.gov 559-600-4464

Section Name: Overview Questions

Sub Section Name: General Information

1. Applicant Question: Multi-County Grant

Is this a multi-county grant application request? If Yes, select the additional counties.

Applicant Response:

No

2. Applicant Question: FY 22-23 Audited Unexpended Funds

Excluding interest, what was the amount of your FY 22-23 Audited Unexpended Funds? If none, enter "0".

Applicant Response:

\$329,719.00

3. Applicant Question: FY 22-23 Audited Unexpended Funds Percentage of FY 22-23 Award

Your FY 22-23 Audited Unexpended Funds are what percentage of your FY 22-23 total award? If none, enter "0".

Total Award excludes interest earned and incoming carryover. To calculate percentage, divide your audited unexpended funds by your total award. Round to the nearest whole number.

Example:

FY 22-23 Total Award: \$100,000

FY 22-23 Audited Unexpended Funds: \$23,750

FY 22-23 Audited Unexpended Funds Percentage: 24%

Applicant Response:

24.29%

4. Applicant Question: Contact Updates

Has your county's Admin User updated the Contacts and Users for your Program?

- **Contacts** are those, such as your elected District Attorney, who need to be identified but do not need access to GMS.
- **Users** are those individuals who will be entering information/uploading into GMS for the application. **Confidential Users** have access to everything in all your grant applications. **Standard Users** do not have access to the Confidential Sections where Investigation Activity is reported. Typical Standard Users are budget personnel.

Applicant Response:

Yes

5. Applicant Question: Program Contacts

Identify the individuals who will serve as the Program Contacts and your Elected District Attorney. Your Program Contacts must be entered as a User and your Elected District Attorney may be a Contact or User in GMS. Contact your county's Admin User if an individual needs to be added or updated.

On the final submission page, you will link your Program Contacts to the application.

Project Director/Manager is the individual ultimately responsible for the program. This person must be a Confidential User.

Case Statistics/Data Reporter is the individual responsible for entering the statistics into the DAR (District Attorney Program Report). This person should be a Confidential User.

Compliance/Fiscal Officer is the individual responsible for all fiscal matters relating to the program. This person is usually a Standard User.

Elected District Attorney is your county's elected official. This person must be entered as a Contact or a User.

Applicant Response:

Program Contacts	Name
Project Director / Manager	Traci Fritzier
Case Statistics / Data Reporter	Trevor Oppliger
Compliance / Fiscal Officer	Ruth Falcon
Elected District Attorney	Lisa Smittcamp

6. Applicant Question: Statistical Reporting Requirements

Do you acknowledge the County is responsible for separately submitting a Program Report using the CDI website, DA Portal?

To access the DAR webpage on the CDI website: right click on the following link to open a new tab, or copy the URL into your browser.

<http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/10-anti-fraud-prog/dareporting.cfm>

As a reminder, Vertical Prosecutions should not be counted as an Investigation, a Joint Investigation, or an Assist in the DAR.

Applicant Response:

Yes

7. Applicant Question: Required Documents Upload

Have you reviewed the Application Upload List and properly named and uploaded the documents into your Document Library?

To view/download the Application Upload List: go the Announcement, click View, and at the top of the page select Attachments. Items must be uploaded into the Document Library before you can attach them to the upcoming questions.

Applicant Response:

Yes

Sub Section Name: BOS Resolution

1. Applicant Question: BOS Resolution

Have you uploaded a Board of Supervisors (BOS) Resolution to the Document Library and attached it to this question?

A BOS Resolution for the new grant period must be uploaded to GMS to receive funding for the 2024-2025 Fiscal Year. If

the resolution cannot be submitted with the application, it must be uploaded no later than January 2, 2025. There is a sample with instructions located in the Announcement Attachments, 3b.

Applicant Response:

No

2. Applicant Question: Delegated Authority Designation

Choose from the selection who will be the person submitting this application, signing the Grant Award Agreement (GAA) in GMS, and approving any amendments thereof.

The person selected must be a Confidential User, who will attest their authority and link their contact record on the submission page of this application. Must be a direct email address; No generic/group email address allowed. A sample Designated Authority Letter is located in the Announcement Attachments, 3a. CDI encourages the contact named as Project Director/Manger be the designated authority, should that be your selection.

Applicant Response:

Designated Person named in Attached Letter

Attachment:

[24-25 WC Fresno Delegated Authority.pdf](#) - PDF FILE

Section Name: County Plan

Sub Section Name: Qualifications and Successes

1. Applicant Question: Successes

What areas of your workers' compensation insurance fraud program were successful and why?

Detail your program's successes for ONLY the 22-23 and 23-24 Fiscal Years. It is not necessary to list every case. If a case is being reported in more than one insurance fraud grant program, clearly identify the component(s) that apply to this program. If you are including any task force cases in your caseload, name the task force and your county personnel's specific involvement/role in the case(s). Information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).

Applicant Response:

The successes of the Fresno County District Attorney's Workers' Compensation Fraud Unit (hereinafter referred to as Fraud Unit) are largely due to the creation of a specialized unit dedicated to vertical prosecution of workers' compensation fraud cases. Vertical prosecution is when the same deputy district attorney manages a case from the filing of criminal charges through the disposition of the case either by plea or jury trial. The unique nature of workers' compensation fraud requires an in-depth understanding of the regulatory and administrative branches of the workers' compensation system. As such, the Fresno Office of the District Attorney is committed to continuity of attorneys and investigators.

The Fraud Unit is an active member of the Central Valley Workers' Compensation Fraud Task Force (hereinafter "Task Force") which is a partnership between the California Department of Insurance (CDI) and the District Attorney's Offices in Fresno, Tulare, Kings, Kern, Merced, Madera and San Luis Obispo counties, along with the Franchise Tax Board (FTB) and the Employment Development Department (EDD). An existing Memorandum of Understand (MOU) governs Task Force Operations.

FISCAL YEAR 2022-2023

Cases Initiated

The Fraud Unit filed one (1) Premium Fraud case, Six (6) claimant fraud cases, and ten (10) uninsured employer fraud cases.

Claimant Fraud

In March of 2023, the Fraud Unit filed a case against an employee of an electric company who was malingering and ended up submitting false doctor reports and documents intended to extend his time on temporary total disability.

In January of 2023, the Fraud Unit filed a case against an employee who was injured while working with a patient that allegedly fell on her. Records from the defendant and the PQME were contradictory, and the defendant made misrepresentations during her deposition.

In December of 2022, the Fraud Unit filed a case against an employee against a farm worker injured in a fall while checking irrigation lines. Subrosa showed the defendant acting outside of their stated limitations followed by the suspect making false statements to their doctor.

In November of 2022, the Fraud Unit filed a case against an employee who was injured on the job and while collecting temporary total disability benefits began working for another employer without informing his previous one. The suspect compounded this by lying to the claims examiner, to an investigator, and the panel qualified medical examiner.

In July of 2022, the Fraud Unit filed a case against an employee who self-inflicted an injury in order to obtain benefits. Unbeknownst to the employee a video captured the event.

In July of 2022, the Fraud Unit filed a case against an employee who was allegedly injured by a farm animal while working. Subrosa showed actions contradictory to the suspect's statements to his panel qualified medical examiner who in turn concluded that the statements qualified as misrepresentations.

Premium Fraud

In March of 2023, the Fraud Unit filed 2 cases against a business owner and his silent partner of a security guard provider who were underreporting payroll over the course of 3 years. The public owner did not have the proper licensing to own and run the company and the silent partner, who had previously owned several security companies, was providing use of his license and was instrumental in running the business.

Provider Fraud

The Task Force is continuing to investigate the voucher fraud investigation discussed in FY 2021-2022. The case is in its final stages of investigation as evidence from a search warrant is being analyzed and the reports finalized.

Ongoing Case Activity

Convictions

The Fraud Unit had Three (3) Premium Fraud convictions, Six (6) claimant fraud convictions and two (2) uninsured employer convictions.

The court granted one (1) provider fraud diversion.

For restitution the Fraud Unit collected \$203,093.23 for felony cases and \$12,454.00 for misdemeanor cases.

Open Investigations

The Fraud Unit opened twelve (12) investigations during FY 2022-2023. Seven (7) of these investigations involve claimant fraud, four (4) are premium fraud investigations, and one (1) is provider fraud.

FISCAL YEAR 2023-2024

Cases Initiated

The Fraud Unit filed one (1) Premium Fraud case, Six (5) claimant fraud cases, and nineteen (19) uninsured employer fraud cases.

Claimant Fraud

In August of 2023, the Fraud Unit filed a case against an employee who claimed to have injured her foot harvesting fruit. The suspect complained about significant pain and demonstrated a severe limp to the QME. Subrosa showed the defendant working at another location without any limp or other limitations manifesting. When shown the video, the QME stated the suspect was malingering and exaggerating her injuries.

In August of 2023, the Fraud Unit filed a case against an employee who claimed to have injured their back when a door closed on them. The suspect concealed prior back injuries and treatment. They are suspected of lying to their primary treating physician, the SIU, at a deposition, and to the QME. The QME found no industrial injury and a 0% apportionment.

In August of 2023, the Fraud Unit filed a case against an employee who claimed to have received injuries from a near two story fall from an almond trailer. While receiving benefits the suspect denied being able to work but was later filmed working with a forklift and moving lumber. When shown the subrosa the PQME found the defendant to have made material misrepresentations and changed his MMI.

In September of 2023, the Fraud Unit filed a case against an employee who claimed to have injured his eyes while doing fieldwork. He made suspicious statements about prior eye treatment/care. Medical records showed significant eye treatment (including injections directly into the eye). At his deposition he responded "No" when asked about prior eye treatment. When examined by a PQME he did not disclose his prior treatment or diabetes. When shown the suspect's medical records, the PQME changed his apportionment to 0% down from the initial 25%.

In March of 2024, the Fraud Unit filed a case against an employee who was injured falling from a ladder while doing agricultural labor. He was viewed via subrosa working beyond the scope of his abilities as described to an AME. Subsequent investigation reveal that he was employed while receiving TTD. The AME declared that the defendant misrepresented his injuries and adjusted his apportionment.

Premium Fraud

In January of 2024 the Fraud Unit filed a case against a business owner who ran a large trucking company. Misclassification was discovered when a claim was filed on behalf of a deceased worker. Audits showed a vastly underreported payroll over a three-year period. Further reviews of EDD records along with detailed information provided by prior employees revealed the methods the company used to obfuscate their criminal activity.

Provider Fraud

The Task finished investigating the voucher fraud investigation discussed in FY 2022-2023. The case is currently under review for filing although filing is delayed pending further interviews of the suspect who has agreed to fully cooperate.

Ongoing Case Activity

Convictions

The Fraud Unit had Two (2) Premium Fraud convictions, Two (3) claimant fraud convictions and five (5) uninsured employer convictions.

The court granted one (1) provider fraud diversion.

For restitution the Fraud Unit collected \$273,612.00 for felony cases and \$7,300.00 for misdemeanor cases.

Open Investigations

The Fraud Unit opened five (5) investigations during FY 2022-2023. Two (2) of these investigations involve claimant fraud, two (2) are premium fraud investigations, and one (1) is provider fraud.

2. Applicant Question: Task Forces and Agencies

List the governmental agencies and task forces you have worked with to develop potential workers' compensation insurance fraud cases.

Applicant Response:

California Department of Industrial Relations (DIR), Division of Workers' Compensation (DWC)

The Department of Industrial Relations, Division of Workers' Compensation, provides guidance, education, and information about the Workers' Compensation system of laws, rules, and court decisions. DWC provides information and documentation related to Qualified Medical Evaluators and Qualified Medical Evaluations. DWC also refers medical provider fraud cases to the Fraud Unit.

California Department of Industrial Relations (DIR), Division of Labor Standards Enforcement (DLSE), Bureau of Field Enforcement (BOFE).

The Bureau of Field Enforcement is responsible for investigation and enforcement of statutes covering workers' compensation insurance coverage, cash pay and unlicensed contractors and has the authority to issue stop orders penalties for said violations. BOFE refers uninsured employers to the Fraud Unit for prosecution and has provided other

information leading to more complex workers' compensation fraud investigations.

Central Valley Workers' Compensation Fraud Task Force

The Fraud Unit has been a member of the Central Valley Premium Fraud Consortium since its inception in 2005. The counties in the Central Valley (Fresno, Tulare, Kings, Kern, Merced, and Madera) and the Fraud Division assist each other in investigating and prosecuting premium fraud cases. The Consortium was converted into a Task Force on August 2, 2017. A Memorandum of Understanding (MOU) established an agreement to operate an interagency workers' compensation anti-fraud partnership between the California Department of Insurance (CDI) and the District Attorney's Offices in Fresno, Tulare, Kings, Kern, Merced, Madera and San Luis Obispo counties along with the Franchise Tax Board (FTB) and the Employment Development Department (EDD). This MOU governs the Central Valley Workers' Compensation Fraud Task Force (Task Force) operations. The mission of the Task Force is to successfully investigate and prosecute all areas of workers' compensation fraud in the participating counties, focusing our combined resources on complex medical fraud cases. The Task Force also works on premium and applicant fraud cases as directed by the Insurance Commissioner's goals and objectives. The approach of the Task Force is to include all areas of workers' compensation fraud but is committed to focusing on cases that have the highest impact in our respective communities and those that cross county lines.

Employment Development Department (EDD)

EDD is a member of the Task Force and provides valuable information regarding employer payroll. EDD investigators also assist the Fraud Unit in analyzing Unemployment Insurance Code violations.

Contractors State License Board (CSLB)

CSLB's Statewide Investigative Fraud Team (SWIFT) routinely conducts undercover sting operations in Fresno County in an effort to deter uninsured contractors. Fraud Unit investigators often participate in these stings and staff attorneys prosecute the cases. CSLB investigators also refer cases to the Fraud Unit when they identify an uninsured contractor out in the field. CSLB periodically conducts enforcement actions in Fresno County and also refers those uninsured employers to the Fraud Unit.

Department of Labor (DOL)

The Department of Labor refers uninsured employers, wage theft, and premium fraud cases to the Fraud Unit for prosecution.

Workers' Compensation Appeals Board (WCAB)

The Workers' Compensation Appeals Board refers claimants to the Fraud Unit when there is a question of employer fraud. Transcripts from the hearings are often used to prove cases that are filed.

United States Postal Service (USPS)

Staff has also worked with investigators from the United States Postal Service, Office of Inspector General on cases involving postal employees committing workers' compensation insurance fraud.

Fresno Unified School District (FUSD)

The Fraud Unit works with the claim adjusters at FUSD on claimant fraud cases. FUSD is self-insured and adjusts their workers' compensation fraud cases in-house. The Fraud Unit has provided training to FUSD on numerous occasions.

County of Fresno

The Fraud Unit also works directly with Risk Management Department at the County of Fresno. Claimant fraud referrals are forwarded to the Fraud Unit.

U.S. Immigration and Customs Enforcement/Homeland Security Investigations

Many of the suspects investigated by the Fraud Unit are foreign-born nationals. The Homeland Security Investigations, Enforcement Removal Operations and Citizenship Immigration Services has assisted the Fraud Unit to determine the identities of claimant fraud suspects.

Federal Bureau of Investigations (FBI)

The Fraud Unit and the Special Agent in the Fresno office of the FBI who investigates medical fraud have partnered with CDI's Fraud Division to investigate large scale organized provider fraud.

Drug Enforcement Administration (DEA)

The Fraud Unit investigators and DEA diversion investigators collaborate on cases involving the diversion of prescription medications by medical professionals (i.e. patients or doctors misusing or selling controlled substances). The DEA provides the controlled substance prescription information that might lead to evidence of criminal activity by medical providers or claimants.

Franchise Tax Board (FTB)

Suspects willing to commit premium and medical fraud are often willing to defraud other entities, including the State of California. When the Fraud Unit suspects an individual or business entity is committing tax evasion, it will make a referral to the Franchise Tax Board.

California Department of Corrections and Rehabilitation (CDCR)

Investigators from the Department of Corrections and Rehabilitation, Office of Internal Affairs and the Fraud Unit partner on claimant fraud cases when the claimant is a Department of Corrections employee working in Fresno County.

Fresno Police Department

The Fresno Police Department has contacted the Fraud Unit for training in workers' compensation investigations regarding potential claimant fraud by employees.

Clovis Police Department

The Clovis Police Department has contacted the Fraud Unit to collaborate on workers' compensation investigations regarding potential claimant fraud by employees.

3. Applicant Question: Unfunded Contributions

Specify any unfunded contributions and support (i.e., financial, equipment, personnel, and technology) your county provided in Fiscal Year 23-24 to the workers' compensation insurance fraud program.

Applicant Response:

The Fresno County District Attorney's Office has assigned a Budget Analyst, Chief Deputy District Attorney, and a Commander of the Bureau of Investigations to oversee the Fraud Unit. The Bureau of Investigations also provides additional staff for the service of search and arrest warrants for purposes of officer safety.

The Fraud Unit is committed to maintaining its current staffing level which includes two senior DA investigators to be housed at CDI's Central Valley Regional Office as part of the Task Force.

The Fraud Unit is physically located in the same location as other grantees of the California Department of Insurance. This allows Investigators and prosecutors to roundtable and share information and ideas as to how to effectively investigate and prosecute our cases. We supply office space without charging lease costs or facility fees to the grant.

4. Applicant Question: Personnel Continuity

Explain what your county is doing to achieve and preserve workers' compensation fraud institutional knowledge in your grant program. Also detail and explain the turnover or continuity of personnel assigned to your workers' compensation insurance fraud program. Include any rotational policies your county may have.

Applicant Response:

The Fresno County District Attorney's Office does not have a rotational policy. Generally, turnover is minimal, and the office is committed to maintaining continuity of staff to develop the expertise necessary in this area of law. The Fraud Unit prioritizes training from all sources, including that offered by CDI's Central Valley Regional Office, training provided by other District Attorney Offices, and self-study to bring all Fraud Unit staff up to speed quickly.

Manuel Jimenez is currently the Chief of the Fraud Unit and came on board in January of 2023. Chief Jimenez oversees the Fraud Unit as well as the other units that receive Department of Insurance grants. He has been working in financial crimes for over 17 years having been assigned to the auto insurance fraud, workers' compensation insurance fraud, and consumer protection units as deputy district attorney and senior deputy district attorney during that time.

Deputy District Attorney Trevor Z Oppliger was assigned to the Fraud Unit on January 24, 2022. He started with the office as an intern in the summer of 1997, was hired as extra help that December and became a full-time employee in April of 1998. He worked in this grant previously from 2008 to 2012 allowing him to seamlessly integrate back into this field bringing over 25 years of prosecutorial experience with him.

Senior Investigator Michael Ortiz was assigned to the Fraud Unit on March 9, 2020. Mr. Ortiz has over thirty-two (32) years of experience in law enforcement which includes eight (8) years with the California Highway Patrol and over twenty (20) years with the California Department of Justice, Bureau of Investigations. He has extensive experience in complex investigations involving narcotics, money laundering and financial crimes.

Senior Investigator Romeo Grajeda was assigned to the Fraud Unit on September 1, 2022. Mr. Grajeda has been with the Fresno County District Attorney's Office for 9 years and has been assigned as a senior investigator to the Felony Trials Team, the In Home Supportive Services Fraud Investigation Unit, the Juvenile Justice Center Team, the Homicide Unit, and the Financial Crimes Unit where he handled various types of cases including: Real Estate Fraud, Major Fraud, Rural/ AG Crimes, Elder Abuse, Consumer Protection, and animal cruelty crimes. Prior to coming onboard with the Fresno County District Attorney's Office, Mr. Grajeda was a Fresno County Sheriff's Office Deputy for 13 years where he was assigned as a patrol deputy, courthouse operations, detention deputy, and as a detective. The last 7 years of his tenure with the Fresno County Sheriff's Office were in the Homicide Unit where he investigated every form of homicide, including those involving officer use of force such as officer involved shootings.

Senior Investigator Max Garces was assigned to the Fraud Unit on August 1, 2023. Investigator Garces has over thirty-three (33) years of experience in law enforcement which includes ten (10) years with the Woodland Police Department, 19 years with the Clovis Police Department and 4 years with the Fresno County District Attorney's Office. He has extensive experience in complex investigations involving homicide, property crimes, crimes against people, gang investigations, and financial crimes. During his time at the Fresno County District Attorney's Office Investigator Garces has been assigned to the Homicide unit, the Officer Involved shooting team, and felony trials prior to his current assignment with the fraud unit.

5. Applicant Question: Frozen Assets Distribution

Were any frozen assets distributed in the current reporting period?

If yes, please describe. Assets may have been frozen in previous years.

Applicant Response:

No

Sub Section Name: Staffing

1. Applicant Question: Staffing List

Complete the chart and list the individuals working the program. Include prosecutor(s), investigator(s), support staff, and any vacant positions to be filled.

All staff listed in your application budget must be included in the chart.

For each person, list the percentage of time dedicated to the program and the start and end dates the individual is in the program. The entry in the "% Time" field must be a whole number, i.e. an employee who dedicates 80% of their time to the program but is only billed 20% to the program, would be entered as "80" in the "% time Dedicated to the Program".

Applicant Response:

Name	Role	Start Date	End Date (leave blank if N/A)	% Time Dedicated to the Program
Trevor Z Oppliger	Deputy District Attorney	01/24/2022		90
Romeo Grajeda	Senior DA Investigator	08/22/2023		100
Mike Ortiz	Senior DA Investigator	03/09/2020		100
Max Garces	Senior DA Investigator	07/24/2023		100
Ruby Rivera	Senior Legal Assitant	03/04/2024		100

2. Applicant Question: FTE and Position Count

The staff and FTE included in the chart below MUST MATCH the staff and FTE listed in your application budget. Do not include unfunded personnel.

The "# of Positions" field represents people and must be entered in whole numbers. The "FTE" field must be entered as a decimal and represents the Full Time Equivalent (FTE) for all budgeted personnel in that position.

E.g. Two Attorneys who are billed to the program at 80% each would be entered as "2" in the # of Positions field and "1.60" in the FTE field.

Reminder: This chart MUST match your application budget.

Applicant Response:

Salary by Position	# of Positions (whole numbers)	FTE (1.00 = 2080 hours/year)
Supervising Attorneys		
Attorneys	1	.90
Supervising Investigators		
Investigators (Sworn)	3	3.02
Investigators (Non-Sworn)		
Investigative Assistants		
Forensic Accountant/Auditor		
Support Staff Supervisor		
Paralegal/Analyst/Legal Assistant/etc.	1	1
Clerical Staff		
Student Assistants		
Over Time: Investigators		
Over Time: Other Staff		
Salary by Position, other		
	Total: 5.00	Total: 4.92

3. Applicant Question: Organizational Chart

Upload and attach to this question an Organizational Chart; label it "24-25 WC (county name) Org Chart".

The organizational chart should outline:

- Personnel assigned to the program. Identify their position, title, and placement in the lines of authority to the elected district attorney.
- The placement of the program staff and their program responsibility.

Applicant Response:

[24-25 WC Fresno Org Chart.pdf](#) - PDF FILE

Sub Section Name: Problem Statement & Program Strategy

1. Applicant Question: Problem Statement

Describe the types and magnitude of workers' compensation insurance fraud (e.g., claimant, single/multiple medical/legal provider, premium/employer fraud, insider fraud, insurer fraud) relative to the extent of the problem specific to your county.

Use local data or other evidence to support your description.

Applicant Response:

As of 2023, Fresno County's population is estimated at 1,017,162 and has seen growth of 8% since 2020. (U.S. Census Bureau). It is the tenth (10th) largest county in California (California-demographics.com). Agriculture is the bedrock of the Central Valley's economy. Valley growers make up California's \$59 billion per year agricultural industry and are among the leaders nationwide for the production of dairy products, grapes, cattle, almonds and more. (CDFA 2022 Crop Report). Agriculture provides approximately 20% of the region's jobs and it is estimated that one out of three jobs is related to agriculture. (FC AG Crop Report, 2022). In 2019, Fresno County was the leading county in the state in agricultural production. (CDFA 2022 Crop Report).

California's unemployment rate as of January 2024 is 5.2% which is an increase from the December 2023 rate of 5.1%, and the January 2023 rate of 4.5%. California has maintained strong post-pandemic job growth, averaging over 31,300 jobs gained per month in 2023 – completely recovering key industry job totals, and in several sectors, growing beyond pre-pandemic levels. (2023 Year in Review | EDD)

Between January 2024 and February 2024, total industry employment increased by 2,800 jobs (up 0.7 percent), to total 425,700. Nonfarm employment rose by 2,100 jobs (up 0.5 percent), and farm employment grew by 700 jobs (up 2.0 percent). Between February 2023 and February 2024, total industry employment increased by 9,100 jobs (up 2.2 percent). Nonfarm employment rose by 8,600 jobs (up 2.3 percent), and farm employment added 500 jobs (up 1.4 percent). (Fresno MSA, labormarketinfo.edd.ca.gov).

In February 2024, the unemployment rate in Fresno County was 9.5%, up from 8.8% in January 2024, and up from the year-ago estimate of 8.2% (Fresno MSA, edd.ca.gov). The median household income in Fresno County is approximately \$63,001, and approximately 22.1% of the County's population lives below the poverty line. (U.S. Census Bureau), almost double the percentage for California and the US overall (calmatters.org/California-divide/2023).

Fresno County is also home to a diverse community. Because Fresno County generates over eight (8) billion dollars in agricultural business, it is a prime destination for immigrant workers looking for employment (FC AG Crop Report, 2022). 95% of the area's immigrant population are from either Latino or Asian countries. Hispanics and Latinos account for more than half of Fresno County's population (U.S. Census Bureau). Of this population 68% emigrated into the United States. Fresno county has the second largest Hmong population in the U.S. with over 35,000 people (edsources.org/2023...). Both groups actively work in the agricultural industry.

44.1% of Fresno's residents speak languages other than English (U.S. Census Bureau), the largest group being Spanish which is spoken by 33.99% of the population (worldpopulationreview.com). Approximately 85% of Spanish speakers in Fresno County speak no English. Of the Hmong immigrants, approximately 60% do not speak English. This language barrier contributes to a poor understanding of one's legal rights and obligations in the workers' compensation system. (American Community Survey, U.S. Census Bureau).

Fresno county ranks in the top ten (10) counties for suspicious fraud claims (SFC's) and ranked eighth overall in 2022. (California Department of Insurance 2022 Annual Report). The COVID-19 pandemic presented new opportunities for workers' compensation fraud the likes of which are yet to be fully realized. Consider simply how the definition of "workplace injury" will change as one's workplace is in his/her home. As of October 2023, more than a third of state workers are still remote-centered (sacbee.com > news > article280131604). Surveys cited in a Kion 46 news article from March 2023 found that 11.2% of workers in Fresno County still work from home (kion546.com).

The entire nation is experiencing a shortage of district attorney candidates. Even law school applications are down 8% nationally according to the LSAC (forbes.com). Locally, it is even worse with a 42% reduction in enrollment in the local law school (reuters.com). The Fresno County District Attorney's Office is experiencing around a 15% vacancy rate that has not budged in close to two years. This has caused an incredible increase in case volume per attorney and has left critical positions vacant for over a year.

Claimant Fraud

Several of the nation's largest farming and packing business are located in Fresno County. Fowler packing, which ranks seventh (7th) in the nation, and Simonian Fruit, which ranks fourteenth (14th) are present in Fresno County.

Wawona Frozen Foods and Foster Farms are also two (2) of the largest employers in the County. Wawona Frozen Foods employs approximately twelve hundred (1,200) workers and Foster Farms employs approximately eleven thousand (1,100) workers at its Fresno facility. Harris Ranch, California's largest beef producer, is located in Coalinga (Fresno County) and has four hundred (400) total employees, while Cargill's Fresno meat packing location employs about one thousand (1,000) workers.

It is well known that the agriculture industry lends itself to low pay, physically demanding work and transitory workers. A quick survey of past referrals to our Fraud Unit show a high percentage of fraud referrals and cases involve individuals working in the agriculture industry. The Fraud Unit believes that the high number of claimant fraud cases are reflective of the County's economic status.

In California, in 2021 and 2022, an estimated 15% of all workers' compensation claims were COVID-19 claims. Of those, 6% developed Long COVID, that's 1 in 17 persons (WCIRB). The upcoming worry regarding post pandemic fraud appears to be now centered around long covid. "How common is long COVID? The answer is that medical researchers still do not have a solid answer to this question. It is a difficult-to-diagnose condition, and it can easily be confused with other illnesses, potentially even psychosomatic issues. At the same time, we do have some new evidence on long COVID from the California workers' compensation data.

While the effects of long COVID are still not well-known, a recent study of California workers' compensation claims provides some insight. The Workers Compensation Research Institute (WCRI) found that 6% of workers who filed a COVID-19 workers' compensation claim in California eventually developed long COVID. For reference, that is approximately 1 in 17 claimants who had COVID.

It is a big issue for the workers, as long COVID can lead to substantial medical costs and extended disability benefits. On

average, these people—the ones who had long COVID—required more than 20 weeks of benefits and \$29,000.00 in medical care. Notably, In California, in 2021 and 2022, an estimated 15% of all workers' compensation claims were COVID-19 claims." (Rjylaw.com).

Premium Fraud

Cash pay seems to remain the number one method used by employers to cheat insurance companies out of their premiums. Often, employers do not learn of unpaid premiums until an audit. With smaller employers, audits are often waived, and thus, fraud is typically not discovered until the end of the policy, if at all. The reporting of payroll is now done electronically, making it difficult to determine exactly who is responsible for any misrepresentations made. The decline in the economy has eliminated many auditor positions and thus, years can go by before fraud is detected. This makes locating witnesses difficult for investigators and prosecutors.

While premiums are driven by the number of people employed, business will undoubtedly still feel the financial stress of the pandemic now having to make ends meet with less staff. This might compel some to under report their payroll, staff size or falsify lay-offs in order to have financial stability.

On the flipside are those industries that have expanded their payroll to keep up with demand like big-box stores and supermarkets, trucking, shipping and delivery businesses. These workers are considered "essential" or "high risk." Premium levels dropped sharply in 2020 due to the continued insurer rate decreases and the pandemic-related economic slowdown. The forecast is for premiums to increase modestly in 2021(WCIRB).

Uninsured Employer Cases

In an unstable economy, employers try to reduce costs in any way possible and so, in a time of economic stress, it is common for contractors to forego workers' compensation insurance. Stringent advertising requirements, licensing and renewal fees and having to pass an exam are challenges that can deter even honest contractors from getting properly licensed. Often, an applicant cannot show four (4) years of verifiable experience in the trade he/she is applying for or was paid under the table and cannot secure a licensed contractor to substantiate his/her work.

The pandemic exacerbated these challenges when licensing exams were cancelled and live-scan locations closed. This caused a backlog and delay of the administration of exams and left many without valid licenses during a time when the industry was booming. (CSLB Industry Bulletin, June 10, 2020, January 27, 2021).

Medical Provider Fraud

Interestingly, occupations in Fresno County with the fastest job growth are in the health industry. (EDD Employment Projections, 2020-2026).

Medical Provider Fraud is a major problem in Fresno County. The fraud schemes of southern California and Kern County are ever present in Fresno. As in the case of claimant/applicant fraud, many injured workers who suffer from

language barriers cannot take an active role in their medical treatment. Workers who were interviewed in past cases complained that body parts being treated were never injured.

Medical providers can generate income by making inflated claims, phantom treatments and patients, by submitting false claims, up-charging for real treatments, or providing unnecessary or duplicative services.

The Department of Health and Human Services, Office of the Inspector General estimates that there were 4.5 billion dollars' worth of telehealth related Medicare fraud losses in fiscal year 2020. The Fraud Unit anticipates an increase in workers compensation fraud that corresponds with expanded use of telemedicine.

2. Applicant Question: Problem Resolution Plan

Explain how your county plans to resolve the problem described in your problem statement. Include improvements in your program.

Information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).

Specify how the district attorney will address the workers' compensation insurance fraud problem, defined in the Problem Statement, through the use of program funds.

The discussion should include the steps that will be taken to address the problem, as well as the estimated time frame(s) to achieve program objectives and activities.

The response should describe:

- The manner in which the district attorney will develop his or her caseload;
- The sources for referrals of cases; and
- A description of how the district attorney will coordinate various sectors involved, including employers, insurers, medical and legal providers, CDI, self-insured employers, public agencies such as the Department of Industrial Relations, Employment Development Department, and local law enforcement agencies.

Applicant Response:

Since the Fresno County District Attorney's Office was unable to fill the deputy district attorney vacancy in this unit for the last three fiscal years the decision was made not to seek funds for that position last year. That decision allowed for the distribution of those assets to counties that can make immediate use of those funds. The Fresno County District Attorney's Office is still committed to filling that position once the critical shortage of attorneys is addressed as we have over 15 vacancies currently.

Claimant Fraud

The Fraud Unit will continue to provide outreach to employers and SIUs on the red flags concerning applicant fraud and the evidence/documentation needed for criminal charges to be filed. It is important to ensure that employers understand the measures that they can take to reduce workers' compensation by illustrating current trends and methods used to accomplish the fraudulent activity.

The Fraud Unit will continue to encourage referrals and further streamline the referral process. The Fraud Unit established a specific email address for the submission of FD1s. This will help maximize the number of FD1s received by our office and allow for prompt review and response to identify and prosecute fraud in its earliest stages. The email inbox will be maintained by the Fraud Unit even where there is a change in staff. The Fraud Unit also hopes to increase its outreach to

those communities and businesses where we see an increase in referrals.

The Fraud Unit hopes to continue our relationships with local farmers and packers such as Harris Ranch and Foster Farms. These companies have a sufficient employment base to provide many referrals on a regular basis.

Premium Fraud

As a member of the Task Force, the Fraud Unit coordinates with the Fraud Division of the Department of Insurance and other counties in the Central Valley to investigate and prosecute premium fraud. The Task Force prioritizes its resources and focuses on the most serious cases. The Task Force meets quarterly to review potential and ongoing cases. This allows the Task Force to streamline investigations, shortening the time in which they are conducted and maintaining the integrity of the prosecution.

Partnering with EDD has proven invaluable when attempting to prove premium fraud. Employers often report payroll accurately to EDD. Thus, a discrepancy between what was reported to EDD and what was reported to the insurer can provide valuable evidence of fraud.

The Fraud Unit also works with FTB on all types of workers' compensation fraud investigations. FTB has assisted with bank warrants and will often bring their tax fraud cases to the Fraud Unit for investigation and prosecution when combined with a premium fraud allegation.

EDD and FTB are currently members of the Task Force.

Uninsured Employer Fraud

The majority of uninsured employer cases are filed with the assistance of CSLB's Statewide Investigative Fraud Teams (SWIFT) and IC (Investigations Center) units. The Fraud Unit and other members of the Task Force participate in undercover stings with CSLB. Fraud Unit investigators will also accompany CSLB investigators in the field to contact uninsured contractors with employees on site. The Fraud Unit maintains regular contact with CSLB and continues to explore options in combatting uninsured employer cases.

Medical Provider Fraud

Medical provider cases are not only complex, but they are also lengthy. The Fraud Unit, along with the Task Force, focus on this type of fraud with the goal of completing investigations and filing charges in a timely manner.

Through the Task Force, the Fraud Unit has made medical provider fraud investigation a priority and are currently working on several cases.

Combatting provider fraud is often difficult due to the lag time between when the fraud occurs and when it is detected. Oftentimes, bad actors will submit the same claims and patients over and over again. However, with the use of data analytics, an insured can quickly and efficiently analyze large amounts of data to identify patterns that might be flags for fraud. The Fraud Unit intends to have greater contact with SIUs to aid in identifying and investigating medical providers that are suspected of ongoing fraudulent activities.

The Fraud Unit also intends to address the issue of provider fraud in its outreach to the public. This will serve not only to educate but inform the public of their role in helping law enforcement curtail fraudulent activity by medical providers.

3. Applicant Question: Plans to Meet IC and FAC Goals

What are your plans to meet the announced goals of the Insurance Commissioner and the Fraud Assessment Commission?

If these goals are not realistic for your county, please state why they are not, and what goals you can achieve. Include your strategic plan to accomplish these goals. *Copies of the Goals can be found in the Announcement Attachments, 4g and 4h.*

Applicant Response:

The objectives of Commissioner Lara have been reviewed and the Fraud Unit plans to meet the objectives in the following ways.

In order to maximize the use of resources, the Fraud Unit routinely meets with Department of Insurance investigators and supervisors to develop and refine investigations and litigation of cases filed. This proactive relationship allows for a thoughtful and organized plan of action and the best use of resources without compromising quality for quantity. The Fraud Unit strongly believes that the nature and extent of investigator-prosecutorial collaboration affects not only the quality of the investigations and prosecutions but even the kind of cases that get pursued. In order to enhance more successful investigations and prosecutions, the Fraud Unit intends to provide training to investigators on the legal and ethical issues presented in workers' compensation fraud cases and share with them the vantage point of the prosecutor. The Fraud Unit also hopes to develop public outreach that is jointly conducted by both the Fraud Unit and the Department of Insurance.

Outreach is a critical component to the success of the Fraud Unit. Currently, the Fraud Unit maintains a webpage on the County website to include information about the various types of workers' compensation in order provide answers to frequently asked questions (FAQs), and allow for the online reporting of potential fraud directly to the Fraud Unit. The Fraud Unit also developed a workers' compensation brochure to include both Spanish and English versions and has distributed copies to agencies/organizations that provide public services, like Central California Legal Services (CCLS), California Rural Legal Assistance (CRLA) and the Mexican Consulate.

The Fraud Unit has created several infographics to share with other organizations to use on their social media. The Fraud Unit used some of these infographics to create posters that were distributed for posting in businesses and correctional facilities within the county. These infographics addressed not only claimant fraud, but premium and provider fraud and the encouraging of reporting. The Fraud Unit has contacted several community organizations to offer training on workers' compensation fraud.

The Fraud Unit regularly participates in the NICB's Central Valley Medical Fraud Task Force Meetings and the Kern County SIU Roundtable meetings as both often discuss workers' compensation fraud issues.

The Fraud Unit recognizes the need to prioritize its investigations and prosecutions of the fraud with the greatest fiscal impact.

Medical provider fraud has been a rising problem in Fresno County. We have participated in several trainings to aid us in the identification, investigation, and prosecution of this type of fraud. The Task Force is currently undertaking several investigations which will hopefully lead to prosecutable cases in the near future.

To meet this goal, the office has one (1) full time prosecutor positions and three (3) full time investigator positions assigned to the Fraud Unit. Two (2) of these investigator positions are dedicated full time to the Task Force to investigate medical provider and premium fraud.

The Task Force coordinates efforts with CDI and other Central Valley counties to complete investigations on medical provider fraud and complex applicant and premium fraud cases. The two (2) dedicated Task Force investigators are housed at CDI's Central Valley Regional Office and will not only work Fresno cases, but assist other counties in the Central Valley to combat the more complex cases more efficiently and effectively.

The Fraud Unit strives to maintain a balanced caseload by investigating and prosecuting all forms of workers' compensation fraud. Staff will continue to review and pursue referrals and will continue to work with and establish new relationships with SIUs, third-party administrators and self-insureds to ensure that they have the knowledge necessary to make referrals.

Performance and continuity within the program are critically important to our office. In light of that, both the Chief and the assigned deputy have over 50 years of experience, much of which involves fraud and workers' compensation insurance fraud in particular. On the investigative side each position has been staffed with a senior investigator with a background in financial crimes and fraud. We are always striving to keep trained personnel in specialty assignments and our close relationship with CDI coupled with our own expertise allows for in house training when movement is necessary.

4. Applicant Question: Multi-Year Goals

What specific goals do you have that require more than a single year to accomplish?

Applicant Response:

Complex medical provider and premium fraud cases oftentimes take more than a year to investigate. The Fraud Unit and the Task Force continue to collaborate to find ways to streamline larger investigations to expedite filing and curtail ongoing fraudulent behavior.

5. Applicant Question: Restitution and Fines

Describe the county’s efforts and the district attorney’s plan to obtain restitution and fines imposed by the court to the Workers’ Compensation Fraud Account pursuant to California Insurance Code Section 1872.83(b) (4).

Applicant Response:

The Fraud Unit maintains an internal database of all restitution orders on criminal convictions. Payments are made directly to the Fraud Unit, are documented and then forwarded to the victim(s). When a defendant misses a payment, staff sends a notification letter to him/her to remind them of the obligation. In the event the letter is unsuccessful in gaining compliance, staff notifies the Probation Department and defense attorney and sets a hearing for a probation violation.

In addition to requesting that restitution be made a condition of probation when probation is granted, the Fraud Unit requests the Court issue a civil judgment for the full amount. This allows a victim to enforce the criminal restitution order as a civil judgment should he/she fail to make restitution after the term of probation has expired.

6. Applicant Question: Restitution Numbers

Provide the amount of restitution ordered and collected for the past five fiscal years.

If this information is not available, provide an explanation.

Applicant Response:

Fiscal Year	Restitution Ordered	Restitution Collected
2023-24	\$393,378.00	\$273,612.00
2022-23	\$1,028,264.00	\$214,993.00
2021-22	\$68,281.00	\$20,148.00
2020-21	\$396,526.00	\$87,406.00
2019-20	\$143,149.00	\$29,898.00
	Total: \$2,029,598.00	Total: \$626,057.00

7. Applicant Question: Utilization Plan Related to Unexpended Funds

If you had unexpended funds from FY 22-23 (Overview Questions 2 & 3) that were 10% or more, address the

below question(s). If your unexpended funds from FY 22-23 were under 10% of your FY 22-23 award, mark N/A.

- 1) You must address if you are on track to expend all of your FY 23-24 grant funding.
- 2) If you are not on track to expend all your funds and you are not asking for a corresponding reduction in your grant request, please explain.

Applicant Response:

1. The Fresno County District Attorney's Office had unexpended funds from FY 22-23 that exceeded 10%. At this time, our office is on track to expend all of our FY 23-24 grant funding. At year end, after the final audit is completed, it is possible that we may have unexpended funds, but do not anticipate those funds exceeding more than 5% of FY 23-24 grant funding.
2. Our office is on track to expend all of our FY 23-24 funds and do not anticipate having unexpended funds that exceed 10% of grant funding. We are not asking for a corresponding reduction for FY24-25 due to an increase in employee benefit costs. This increase is due to the pension obligation bond costs that are now allowable that were not included in the FY23-24 Request for Application based on the audit findings from our most recent CDI program audit. Additionally, there have been significant salary increases due the Memorandum of Understanding between the County and labor units that will affect FY 24-25 salary and benefit costs.

8. Applicant Question: Utilization Plan

Your budget provides the amount of funds requested for Fiscal Year 24-25.

Provide a brief narrative description of your utilization plan for the Fiscal Year 24-25 requested funds.

If an increase is being requested, please provide a justification. Any information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).

Applicant Response:

\$ 1,220,191	\$ 1,076,651	\$ 143,540
FY 2024-2025	FY 2023-2024	FY 2024-2025
Grant REQUEST	Grant AWARD	Increase Requested

The Fraud Unit is requesting an increase in funding for FY2024-2025 due to the changes in allowing pension obligation bond costs along with other salary and benefit increases for employees.

9. Applicant Question: Uninsured Employers

Describe the county's efforts to address the problem of uninsured employers.

Local district attorneys have been authorized to utilize workers' compensation insurance fraud funds for the investigation and prosecution of an employer's willful failure to secure payment of workers' compensation as of January 2003.

Applicant Response:

The Fraud Unit enjoys a close working relationship with CSLB. The Fraud Unit not only participates in sting operations and regularly meets with investigators to exchange information on developments in the law or regarding the uninsured employer problem in the Fresno area. Generally, the Fraud Unit requires compliance prior to the reduction of a sentence or charges. In addition, our unit has been actively partnering with CDI in operations aimed at compliance and enforcement.

Sub Section Name: Training and Outreach

1. Applicant Question: Training Received

List the insurance fraud training received by each county staff member in the workers' compensation fraud unit during Fiscal Year 23-24.

If it is a multiple day training/conference (e.g. CDAA, AFA, etc.), only one entry is required; enter the first day for the "Training Date" field.

For the "Hours Credit" field, enter the combined total hours of credit for all attendees.

Applicant Response:

Number of Personnel	Training Date	Provider	Location	Topic	Hours Credit (combined total)
1	08/07/2024	CDI	Fresno CDI	Basic Claimant Fraud Investigation	3
1	09/26/2023	NICB	Glendora	Annual Symposium	8
1	11/13/2023	SCFIA	Palm Springs	Annual Conference Training	20
1	12/12/2023	AFA	Zoom	AFA Hosted Workers' Compensation Fraud Training	2
3	01/30/2024	CDAA	Newport Beach	Annual Conference Training	84
4	04/10/2024	AFA	Monterey	Annual Conference Training	80

2. Applicant Question: Training and Outreach Provided

Upload and attach the Training and Outreach Provided form in Excel; label it "24-25 WC (county name) Training and Outreach Provided". Do not include training *received*; **only list training and outreach provided in FY 23-24** as outlined in the outreach definition below.

- For the number of Attendees / Contacts list only **numbers**; no other characters. Estimate the number as best you can. The data provided on this Excel sheet is compiled and presented to the Insurance Commissioner as Outreach is a focus of the Commissioner's Goals & Objectives.

- For the purposes of the insurance fraud grant programs, "outreach" is defined as: Any activity undertaken by a grant awardee to inform and educate the public on the nature and consequences of insurance fraud and the training and sharing of best practices with industry stakeholders and allied law enforcement agencies. The results will be crime prevention, the generation of quality referrals from the public, business community, insurance industry, and law enforcement, and improved strategies for the investigation and prosecution of insurance fraud.
- *If, in the form, you listed any "Other, Specify" provide a brief explanation here; other additional comments are optional. The blank form is located in the Announcement Attachments, 1a.*

Applicant Response:

Label attachment "24-25 WC (County) Training and Outreach"

Attachment:

[24-25 WC Fresno Training and Outreach Provided.xlsx](#) - EXCEL DOCUMENT

3. Applicant Question: Future Training and Outreach

Describe what kind of training/outreach you plan to provide in Fiscal Year 24-25.

Applicant Response:

The Fraud Unit specifically seeks to maximize public awareness by targeting both potential offenders and victims. To this end, the Fraud Unit will provide training and outreach to community members and organizations by way of Webinars and workshops regarding the workers' compensation system and one's rights and responsibilities within that system. The Fraud Unit will offer its services to large industry's Human Resource departments, labor organizations and local business associations as well as non-profit agencies serving the indigent. Consistent with the "Joint Plan," the Fraud Unit will endeavor to provide this service jointly, where feasible.

The Fraud Unit intends to supplement its efforts on education and prevention by providing training to its investigators, Task Force investigators and allied law enforcement with an emphasis on potential legal issues and best practices in criminal investigations. This will aid in producing stronger evidence based investigations with the efficient use of limited resources.

The Unit will continue to participate in quarterly roundtables with allied agencies and SIUs along with participating in large scale events such as the Tulare World Ag Expo.

Finally, we have begun exploring the use of an electronic billboard to target the numerous commuters that traverse that area each day.

Sub Section Name: Joint Plan

1. Applicant Question: Joint Plan

Upload your WC Joint Plan and label it "24-25 WC (county name) Joint Plan".

Each County is required to develop a Joint Plan with their CDI Regional Office, to be signed and dated by the Regional Office Captain and the Prosecutor in Charge of the Grant Program. Additional information is in the Announcement Attachments, 3c, and also copied into the attached instructions to this question.

Applicant Response:

Confirm signed and dated by all parties.

Attachment:

[24-25 WC Fresno Joint Plan.pdf](#) - PDF FILE

Section Name: Investigation Case Reporting

Sub Section Name: Investigation Case Information Relating to Questions

1. Applicant Question: County Plan Confidential Investigation Details

If you discussed any confidential cases throughout the County Plan section and provided a reference number, please include additional confidential details on an attachment uploaded here.

The reference number/citation used in the County Plan narrative responses should be repeated in your document upload. Task Force cases should specifically name the task force and your county personnel's specific involvement / role in the case.

*Upload your own attachment and label it "24-25 WC (county name) County Plan Confidential Investigation Details" **upload and mark confidential**, then attach to this question. If no investigation information was referenced, mark the N/A response.*

Applicant Response:

Not Applicable

Applicant Comment:

Not Applicable

Sub Section Name: Reporting on All Investigations

1. Applicant Question: Investigation Case Activity Report (ICAR)

Upload, mark Confidential, and attach the completed 24-25 WC (county name) ICAR.

*This document requires information regarding each investigation case that was reported in the DAR, Section III C (Investigations). Two of the three reporting components ask for case counts only. The total of the case counts in Part 1 and Part 2, along with the number of case entries in Part 3, should equal your total investigation case count reported in the DAR section III (Investigations). The blank form is located in the Announcement Attachments, 1bii. **Do NOT substitute descriptions in Part 3 in lieu of case counts for Part 1 and Part 2.***

Reminders:

1. The total of the case counts in the ICAR Parts 1, 2, and 3, should equal your total investigation case count reported in the DAR Section III.
2. Vertical Prosecutions should not be counted as an Investigation or a Joint Investigation.

Click the "SHOW INSTRUCTIONS" link above to view directions on how to properly complete the report.

Applicant Response:

[24-25 WC Fresno Investigation Case Activity Report.pdf](#) - PDF FILE

Sub Section Name: New Investigation Information for Cases in Court

1. Applicant Question: Cases in Court Investigation Case Activity

Do you have NEW Investigation Information for cases that started the year in prosecution that you want to include? This section is optional.

*If you do have cases to report, download Announcement Attachment 1c, label it "23-24 WC (county name) Cases in Court Investigation Case Activity" **upload and mark confidential**, then attach to this question.*

*Provide only investigation information for case(s) that started the fiscal year in prosecution, but required additional investigation during the reporting period. **Other than current status, no prosecution case information should be included.***

Applicant Response:

No

For accounting use only:

Org No.: 1107

Account No.: 3575

Fund No.: 0060

Subclass No.: 17207