

# INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA

## GRANT AWARD AGREEMENT Fiscal Year 2022-23 Disability and Healthcare Insurance Fraud Program

The Insurance Commissioner of the State of California hereby makes 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 which is made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant project in accordance with all applicable statutes, regulations and the grant application.

**Duration of Grant:** The grant award is for the program period, **July 1, 2022** through **June 30, 2023**.

**Purpose of Grant:** This grant award is made pursuant to the provisions of California Insurance Code Section 1872.85 and shall be used solely for the purposes of enhanced investigation and prosecution of disability and healthcare insurance fraud cases.

**Amount of Grant:** The grant award agreed to herein is in the amount of **\$166,728**. This amount has been determined by the Insurance Commissioner. However, the actual total award amount for the county is contingent on the collection and the authorization for expenditure pursuant to the Government Code §13000 et seq. The grant award shall be distributed pursuant to Section 1872.85 of the Insurance Code.

<p><b>Lisa Smittcamp</b> District Attorney</p> <p>DocuSigned by: <i>Stephen Rusconi</i></p> <hr/> <p>Authorized Official</p> <p>Name: <b>Steve Rusconi</b> Title: Business Manager</p> <p>Date: <u>12/21/2022</u></p>	<p><b>RICARDO LARA</b> Insurance Commissioner</p> <hr/> <p>Authorized Official</p> <p>Name: <b>George Mueller</b> Title: Deputy Commissioner</p> <p>Date: _____</p>
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I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure.

\_\_\_\_\_  
Crista Hill, Division Chief/Budget Officer,  
Financial and Business Management Division, CDI

\_\_\_\_\_  
Date

# Application Report



**Applicant Organization:**

Fresno

**Project Name:** 22-23 DHC Fresno

**Application ID:** App-22-34

**Funding Announcement:** FY 22-23 Disability and Healthcare Insurance Fraud Program

**Requested Amount:** \$332,095.00

**Project Summary:** DHC Fresno County Grant Application FY 2022-23

**Authorized Certifying Official:** Stephen Rusconi srusconi@fresnocountyca.gov -

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

**Case Statistics / Data Reporter:** Trevor Oppliger toppliger@fresnocountyca.gov -

**Compliance/Fiscal Officer:** Stephen Rusconi srusconi@fresnocountyca.gov -

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**Section Name:** Overview Questions

**Sub Section Name:** General Information

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**1. Applicant Question:** Multi-County Grant

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

**Applicant Response:**

No

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**2. Applicant Question:** Estimated Carryover

**Enter the estimated carryover funds from the previous fiscal year. If none, enter "0".**

**Applicant Response:**

\$0.00

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**3. Applicant Question:** Contact Updates

**Have you updated the Contacts and Users for your Program? Did you verify the Contact Record for your County's District Attorney?**

- o **Contacts** are those, such as your elected District Attorney, who need to be identified but do not need access to GMS.
- o **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

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**4. Applicant Question:** Program Contacts

**Identify the individuals who will serve as the Program Contacts. These individuals shall be entered as a User or Contact in GMS.**

*On the final submission page, you will link these individuals' contact records 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 must be someone other than the Project Director/Manager. This person is usually a Standard User.

**Applicant Response:**

Program Contacts	Name
Project Director / Manager	Traci Fritzler
Case Statistics / Data Reporter	Trevor Z Oppliger
Compliance / Fiscal Officer	Stephen Rusconi

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**5. 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>

**Applicant Response:**

Yes

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**6. 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

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**Sub Section Name:** BOS Resolution

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**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 2022-2023 Fiscal Year. If the resolution cannot be submitted with the application, it must be uploaded no later than January 2, 2023. There is a sample with instructions located in the Announcement Attachments, 3b.*

**Applicant Response:**

No

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**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. 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:**

[22-23 DHC Fresno Delegated Authority.pdf](#) - PDF FILE

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**Section Name:** County Plan

**Sub Section Name:** Qualifications and Successes

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**1. Applicant Question:** Successes

**What areas of your disability and healthcare insurance fraud program were successful and why?**

*Detail your program's successes for ONLY the 20-21 and 21-22 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.*

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## **Applicant Response:**

The Fresno County District Attorney's Office Disability and Healthcare Fraud Unit (hereinafter referred to as Fraud Unit) has received funds to prosecute Disability and Healthcare Insurance fraud since 2014.

### **Fiscal Year 2020-2021**

During FY 2020-2021, the Fraud Unit opened several investigations.

An investigation was opened where an individual submitted a significant number of fraudulent disability claims for himself and his wife. The insured was unable to verify dates of service and in some instances the alleged employer listed on the claim forms did not exist. The total suspected loss is \$41,894.00.

Several other investigations from FY 2019-2020 carried over into this fiscal year and continue to be investigated by the Fraud Unit.

An investigation of a chiropractor who is believed to be engaging in billing fraud is ongoing. In this case a nurse practitioner, who was fired from her job, learned that her nursing credentials were being used by her former employer without her permission to justify medical billings to a private insurer.

A billing fraud investigation of owners of a sleep diagnostic company for unauthorized testing is also ongoing. Here, a patient received neurological testing during a sleep study. When the patient contacted the sleep lab, she was told not to contact the doctor who allegedly ordered the testing. It was learned that the doctor never actually ordered the neurological test that was billed to the insurance company.

Another investigation involving a company that specializes in sleep studies is also ongoing. Here, billing records for member patients did not match up with patient claims data. This discrepancy caused a referral and subsequent investigation.

There is an on-going investigation of a radiology company suspected of double billing. This investigation began when the patient noticed her insurance company was billed twice for the same procedure. The insurance company performed an audit that uncovered a suspicious billing total of \$791,051.05.

### **Fiscal Year 2021-2022**

During FY 2020-2021 the Fraud Unit continued its prosecution of the owner of a Lingerie Company who was billing insurance companies for silicone prostheses when the items provided were only foam or fiber filled. The criminal complaint filed in this case contains sixty-seven (67) counts of billing fraud under Penal Code § 550(a)(5) with the fraud exceeding \$100,000.00 and is proceeding in the Fresno County Superior Court.

The Fraud Unit filed two cases during this fiscal year.

In one case, a claimant obtained disability benefits while away from work and failed to notify the insurer when he returned, continuing to claim benefits.

The other case revealed an individual who made false representations to the insurer regarding his physical abilities and the level of care needed. After *sub rosa* was conducted, it was learned that the claimant had physical capabilities far beyond what he represented. The loss to the insurer is approximately \$240,880.00.

There is an ongoing investigation of an employee at a medical facility who submitted 264 false claims to her insurer using documents obtained at her place of employment with an estimated loss of \$30,915.00.

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**2. Applicant Question:** Task Forces and Agencies

**List the governmental agencies and task forces you have worked with to develop potential disability and healthcare insurance fraud cases.**

**Applicant Response:**

**Federal Bureau of Investigation and United States Attorney's Office**

In Fiscal Year 2015-2016, the Fraud Unit established a working relationship with the Federal Bureau of Investigation and the United States Attorney's Office. There are monthly meetings of the Healthcare Fraud Working Group at the Eastern District United States Attorney's Office.

California Department of Health Care Services investigators and Deputy District Attorneys (DDAs) from the Workers' Compensation Fraud Unit also attend the working group. The working group serves a networking and educational purpose and allows members to foster working relationships with federal law enforcement. The case discussions shared educate all the attendees of the trends in healthcare fraud at the federal and local levels.

**California Department of Health Care Services (DHCS)**

The Fraud Unit has developed a good working relationship with investigators from DHCS. The Fraud Unit deconflicts with DHCS to avoid duplication of investigative efforts.

**Fresno Police Department**

The Fraud Unit has met with financial crimes detectives to discuss the grant and facilitate case referrals. The Fraud Unit has maintained contact with the Fresno Police Department financial crimes unit.

**Kern County District Attorney's Office**

The Fraud Unit coordinates resources with the Kern County District Attorney's Office Healthcare Fraud Unit. On the bigger investigations, it is more efficient for counties to assist each other in an effort to streamline investigations. Several years ago, the Fraud Unit assisted Kern County in reviewing medical records seized from a search warrant.

**Central Valley Medical Fraud Task Force**

The Fraud Unit has partnered with the Central Valley Medical Fraud Task Force and its allied agency the National Insurance Crime Bureau to assist in the sharing of information and strategies related to the prevention, detection, and prosecution of insurance fraud and crime. Joint operations, training, and avoiding the duplication of work are goals that are pursued regularly. This has led to increased inter-agency cooperation and networking opportunities.

**3. Applicant Question:** Unfunded Contributions

**Specify any unfunded contributions and support (i.e., financial, equipment, personnel, and technology) your county provided in Fiscal Year 21-22 to the disability and healthcare insurance fraud program.**

**Applicant Response:**

The Fresno County District Attorney's Office contributed unfunded supervisory and accounting support to the Fraud Unit during Fiscal Year 2021-2022. A Chief Deputy District Attorney supervised the Deputy District Attorneys assigned to the cases being reviewed and in court. A Bureau of Investigations Commander supervised the work performed by the Senior District Attorney Investigator.

A Senior Budget Analyst who maintains control of the grant monies and assists with the preparation of the budget is also provided at no cost to the Fraud Unit budget. The analyst also maintains a record of all monies spent on behalf of the program. Legal assistants who perform secretarial duties and capture the statistics for the Fraud Unit are also provided at no cost.

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**4. Applicant Question:** Personnel Continuity

**Detail and explain the turnover or continuity of personnel assigned to your disability and healthcare 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. However, in the last two (2) years, retirements and staffing needs required reassignments. 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.

William Lacy is currently the Chief of the Fraud Unit and came on board in December of 2021. He replaced Scott Hoedt who transferred to another position within the office. Chief Lacy oversees the Fraud Unit as well as the other units that receive Department of Insurance grants.

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**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

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**Sub Section Name:** Staffing

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**1. Applicant Question:** Staffing List



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

*For each, list the percentage of time devoted to the program and the start and end dates the individual is billed to the program.*

**Applicant Response:**

Name	Role	Start Date	End Date (leave blank if N/A)	% Time
Janette Cantu	Senior District Attorney Investigator	10/05/2020		100

**2. Applicant Question:** FTE and Position Count

**Complete the FTE and Position Chart, summarizing the positions listed in the previous question.**

*The chart should match what you will be entering in the budget. The budget entry will roll over into Post Award.*

**Applicant Response:**

Salary by Position	# of Positions	FTE (1.00 = 2080 hours/year)
Supervising Attorneys		
Attorneys	1	.25
Supervising Investigators		
Investigators (Sworn)	1	1
Investigators (Non-Sworn)		
Investigative Assistants		
Forensic Accountant/Auditor		
Support Staff Supervisor		
Paralegal/Analyst/Legal Assistant/etc.		
Clerical Staff		
Student Assistants		
Over Time: Investigators		
Over Time: Other Staff		
Salary by Position, other		
	<b>Total: 2.00</b>	<b>Total: 1.25</b>

### 3. Applicant Question: Organizational Chart

**Upload and attach to this question an Organizational Chart; label it "22-23 DHC (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:**

[23-23 DHC Fresno Org Chart.pdf](#) - PDF FILE

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### **Sub Section Name:** Problem Statement & Program Strategy

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#### **1. Applicant Question:** Problem Statement

**Describe the types and magnitude of disability and healthcare insurance fraud (e.g., billing fraud, disability, embezzlement, identity theft, pharmacy, surgery center, unlawful solicitation) 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 2021, Fresno County's population is estimated at 1,013,581 and has seen growth over 9% since 2010. (U.S. Census Bureau). It is the eleventh (11<sup>th</sup>) largest county in California. Agriculture is the bedrock of the Central Valley's economy. Valley growers make up California's \$50 billion per year agricultural industry and are among the leaders nationwide for the production of almonds, grapes, dairy products and more. (CFDA 2020 Crop Report). Agriculture provides approximately 25% of the region's jobs and it is estimated that one out of three jobs is related to agriculture. (Bureau of Labor Statistics, 2019). In 2019, Fresno County was the leading county in the state in agricultural production. (CFDA 2020 Crop Report).

California's unemployment rate as of February 2022 is 5.4% which is a decrease from the February 2021 rate of 8.6%. The state's unemployment rate spiked from 4.2% in 2019 to an all-time high of 15.5% the following year due to the pandemic. In a period of two (2) months, the number of those unemployed rose to nearly 2.9 million, which surpassed the prior 2.2 million recession peak that took over two (2) years to reach. Fresno County's unemployment rate was 16.7% for the same period. During that time, the agriculture industry lost over 94,000 jobs. (EDD Data Trends, May 2020). The level of unemployment, however, not only stems from the pandemic but also the seasonal nature of agriculture and food processing. The 2021 drought in California has directly cost the agricultural sector about \$1.1 billion and nearly 8,750 full- and part-time jobs, according to estimates in a new analysis led by UC Merced researchers. Once the effects on other economic sectors are considered, total impacts are estimated at \$1.7 billion and 14,634 full- and part-time jobs lost (UC Merced News February 2022).

Currently the unemployment rate in Fresno County is 7.6%. Last year the rate peaked at 11.2% (EDD Statistics). The median income in Fresno County approximately \$34,725 (U.S. Bureau of Labor Statistics), and approximately 20.5% of the County's population lives below the poverty line. (U.S. Census Bureau, 2020).

Fresno County is also home to a diverse community. Because Fresno County generates over three (3) billion dollars in agricultural business, it is a prime destination for immigrants looking for work. The majority of the foreign-born population are from either Latino or Asian countries, the two making up for approximately 95% of the area's immigrant population. Hispanics and Latinos account for half of the population at 53.8% and of those, 68% are foreign-born. Fresno county has the second largest Hmong population in the U.S. with over 22,000 residents and immigrants (U.S. Census Bureau, 2020). Both groups actively work in the agricultural industry.

43.35% of Fresno's residents speak languages other than English, the largest group being Spanish, which is spoken by 30.15% of the population. Approximately 85% of Spanish speakers speak no English. Of the Hmong immigrants and residents, approximately 60% do not speak English. Patients with language barriers are more likely to consume more health care and those barriers make it difficult for them to take an active role in their medical treatment. (Oman Medical Journal, 2020).

Fresno county ranks in the top ten (10) counties for suspicious fraud claims (SFC's) and ranked twelfth overall in 2019. (California Department of Insurance 2020 Annual Report). The COVID-19 pandemic presents new opportunities for disability and health care fraud the likes of which are yet to be seen.

Further compounding the problem is the lack of education of Fresno County residents. Lack of education precludes gainful employment. The number of college educated persons in Fresno County total only 21.2%, compared to the state average of 33.9%. The median income in Fresno County is approximately \$34,725 (U.S. Bureau of Labor Statistics), and approximately 20.5% of the County's population lives below the poverty line. (U.S. Census Bureau, 2020). It is well known that poverty is a major contributor to poor health and poor health equally contributes to poverty. This symbiotic relationship, in addition to other factors, creates an atmosphere ripe for fraud on part of the patient.

The fraud schemes of patients are largely simplistic in contrast to medical professionals in the healthcare industry whose schemes are demonstrably more complex as are their profits. According to the U.S. Department of Justice (DOJ), \$3.77 billion dollars were lost to health care fraud in 2020. The average loss per individual charged by DOJ went from \$5.8 million in 2018 to \$22.6 million in 2020. The categories of fraud included telemedicine, substance abuse treatment facilities (sober homes), illegal opioid distribution schemes, and other miscellaneous types of health care fraud.

During the pandemic, Insurance Commissioner Ricardo Lara directed health insurance companies to increase telehealth access to ensure consumers could obtain medical care while staying safe from exposure. The number of consumers using telehealth prior to the pandemic went from 11% to 46% in 2020. The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) also relaxed HIPAA regulations in order to encourage health care providers to offer telehealth services through remote communications that might not otherwise comply with HIPAA. According to a McKinsey report, healthcare providers went from seeing 50 to 175 times the number of patients they have seen prior to the onset of the pandemic by using telehealth. This surge in virtual care visits is expected to result in a rise in fraud involving phantom billings, upcoding, billing for services not rendered, unnecessary prescriptions, diagnostic referrals and durable medical equipment (DME).

An increase in disability fraud is also expected. In Fresno County, the number of persons under the age of 65 with a disability are 9.2% compared to the state average of 6.7%(U.S. Census Bureau, 2020). Anecdotal evidence suggests that individuals who were infected by COVID-19 were experiencing brain fog, muscle pain and headaches months after testing positive. Should such symptoms become chronic the healthcare and disability arena could be significantly impacted.

Fraud in healthcare and involving disabilities are also difficult to detect without the aid of civilians. Tips of fraud are likely to come from consumers who happened to review their Explanation of Benefits and discovered discrepancies in billing. Because Fresno County is a jurisdiction with a large population that is not college educated, who speak English as a second language and experiences a high unemployment rate, our citizens are prime targets of fraud.

By investigating and prosecuting fraud in the private health insurance realm, we can help to ensure that premiums paid by Californians, individuals and businesses alike, will remain fair and reasonable.

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## **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 2, and marked "Problem Resolution".*

### **Applicant Response:**

For Fiscal Year 2021-2022, the Fraud Unit is renewing its request to fund a full time SDAI and funding for one quarter of a DDA. The SDAI will spend the time necessary to investigate healthcare insurance fraud cases and the DDA assigned will be able to work alongside the DAI to provide continuity to the program by developing strategies for investigation and prosecution. Both the DDA and SDAI continue to participate in the Healthcare Fraud Working Group with the U.S. Attorney's Office of the Eastern District of California and where appropriate, the Fraud Unit will participate in joint healthcare investigations.

The Fraud Unit also continues to coordinate with Kern County's Healthcare and Disability Fraud Program. Sharing resources enhances each county's ability to complete investigations in a timely manner.

The Fraud Unit intends to meet with Healthcare SIUs to establish working relationships with SIU investigators and provide education and training. This enhanced communication will serve to increase the suspected fraud referrals to the Fraud Unit.

The Fraud Unit additionally continues to be an active member of the Central Valley Medical Fraud Task Force and attend regular meetings and trainings. This collaboration is essential in targeting current fraud trends and maintaining working relationships with key players whose shared goal is the identification, investigation, and prosecution of medical fraud.

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## **3. Applicant Question:** Plans to Meet IC Goals

**What are your plans to meet the announced goals of the Insurance Commissioner?**

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.*

**Applicant Response:**

The Fraud Unit seeks to meet the Insurance Commissioner's goals with a dedicated full-time investigator and a Deputy DA who will focus at least 25% of their time on healthcare and disability fraud. This work will not only be comprised of investigation and prosecution of these cases but will also focus on outreach. While the majority of healthcare fraud is committed by a small number of dishonest healthcare providers, the result hurts everyone in the form of higher premiums, deductibles and co-payments. As a result, a concerted effort from the Fraud Unit at outreach to healthcare providers, insurers, employees and the general public, to educate and encourage them to report fraud will serve to meet the Commissioner's goals.

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**4. Applicant Question:** Multi-Year Goals

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

**Applicant Response:**

The investigation and prosecution of medical provider fraud is a complex and lengthy process. While the onset of the pandemic resulted in a surge of healthcare and disability fraud, the magnitude may not be known for several years. It is the goal of the Fraud Unit to become well versed in the types of healthcare and disability fraud that were created as a direct result of the pandemic, like telemedicine or telehealth. As discussed above, its use during the pandemic has exploded and it is anticipated that even after the pandemic subsides, telemedicine will still be available to consumers in some way. Being adept in identifying common fraud schemes that involve telehealth will enable the Fraud Unit to share its expertise with allied law enforcement agencies and the insurance industry.

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**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 Disability and Healthcare Fraud Account.**

**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 Penal Code Section 1214 finding that allows a victim to enforce the criminal restitution order as a civil judgment should they fail to make restitution after the term of probation has expired.

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**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
2021-22	\$0.00	\$0.00
2020-21	\$0.00	\$0.00
2019-20	\$0.00	\$0.00
2018-19	\$0.00	\$0.00
2017-18	\$0.00	\$0.00
	<b>Total: \$0.00</b>	<b>Total: \$0.00</b>

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**7. Applicant Question:** Utilization Plan

**Your budget provides the amount of funds requested for Fiscal Year 22-23.**

**Provide a brief narrative description of your utilization plan for the Fiscal Year 22-23 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 2, and marked "Utilization Plan."*

**Applicant Response:**

\$ <u>332,095</u>	\$ <u>180,365</u>	\$ <u>151,730</u>
FY 2022-2023	FY 2021-2022	FY 2022-2023
Grant REQUEST	Grant AWARD	Increase Requested

The Fraud Unit seeks to use the additional funds to assign a dedicated DDA who will devote twenty-five (25) percent of his/her time to reviewing and prosecuting disability and healthcare fraud cases.

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**Sub Section Name:** Training and Outreach

**1. Applicant Question:** Training Received

**List the insurance fraud training received by each county staff member in the disability and healthcare fraud unit during Fiscal Year 21-22.**

**Applicant Response:**

Name	Training Date	Provider	Location	Topic	Hours Credit
Janette Cantu	10/19/2021	CDAА	Carlsbad, CA	Fraud Symposium	18
Janette Cantu	12/16/2021	Anti-Fraud Alliance	Virtual	4th Quarter Training Meeting	2.5
Janette Cantu	02/16/2022	Golden Gate Workers' Compensation Fraud Consortium	Virtual	6th Annual Insurance Fraud Training Seminar	4
Janette Cantu	03/24/2022	Santa Clara County DA's Office	Virtual	7th Annual Fraud Symposium	3.5
Janette Cantu	04/13/2022	Anti-Fraud Alliance	Monterey, CA	Annual AFA Conference	20
Lynette Gonzalez	10/19/2021	CDAА	Carlsbad, CA	Fraud Symposium	18
Lynette Gonzalez	12/16/2021	Anti-Fraud Alliance	Virtual	4th Quarter Training Meeting	2.5
Trevor Oppliger	02/16/2022	Golden Gate Workers' Compensation Fraud Consortium	Virtual	6th Annual Insurance Fraud Training Seminar	4
Trevor Oppliger	03/30/2022	Central Valley Medical Fraud Task Force	Virtual	Medical Lien Factoring	1
Trevor Oppliger	04/13/2022	Anti-Fraud Alliance	Monterey, CA	Annual AFA Conference	20

**2. Applicant Question:** Training and Outreach Provided

**Upload and attach the Training and Outreach Provided form in Excel; label it "22-23 DHC (county name) Training and Outreach Provided"**

*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 "22-23 DHC (County) Training and Outreach"

**Attachment:**

[22-23 DHC Fresno Training and Outreach Provided.xlsx](#) - EXCEL DOCUMENT

**Applicant Comment:**

December 14, 2022 - Zoom meeting with the Central Valley Medical Fraud Task Force regarding best practices and law enforcement training.

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**3. Applicant Question:** Future Training and Outreach

**Describe what kind of training/outreach you plan to provide in Fiscal Year 22-23.**

**Applicant Response:**

The Fraud Unit specifically seeks 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 Work-Shops regarding healthcare and disability fraud. The Fraud Unit will offer its services to the local health industries and allied agencies. Consistent with the "Joint Plan," the Fraud Unit will endeavor to provide this service jointly, where feasible. In addition, the Fraud Unit intends to add a section concerning disability and healthcare fraud to its webpage, along with the option of submitting a tip and answering frequently asked questions.

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**Sub Section Name:** Joint Plan

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**1. Applicant Question:** Joint Plan

**Upload your DHC Joint Plan and label it "22-23 DHC (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:**

[22-23 DHC Fresno Joint Plan.pdf](#) - PDF FILE

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**Section Name:** Investigation Case Reporting

**Sub Section Name:** Investigation Case Information Relating to Questions

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**1. Applicant Question:** County Plan Investigation Information

**Regarding the County Plan, Qualifications and Successes, Question One: include here any investigation case information.** *The reference number/citation used in the question narrative response should be repeated here. If no investigation information was referenced, mark the N/A response. Task Force cases should specifically name the task force and your county personnel's specific involvement/role in the case.*

**Applicant Response:**

Not Applicable

**Applicant Comment:**

Not Applicable

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**2. Applicant Question:** Program Strategy Investigation Information

**Regarding the Problem Statement & Program Strategy: Include here any investigation case information.**

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Be sure you include the reference number/citation used in the question narrative response again here. If no investigation information was referenced, mark the N/A response. Task Force cases should specifically name the task force and your county personnel's specific involvement/role in the case.

**Applicant Response:**

Not Applicable

**Applicant Comment:**

Not Applicable

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**Sub Section Name:** Reporting on All Investigations

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**1. Applicant Question:** Investigation Case Activity

**Upload, mark Confidential, and attach the completed 22-23 DHC (county name) Investigation Case Activity.**

*This document requires information regarding each investigation case that was reported in FORM 7, DAR, Section III C (Investigations). Two of the three reporting components are 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. **Do NOT substitute descriptions in Part 3 in lieu of case counts for Part 1 and Part 2.** Further details are provided in the instructions attached to this question. The blank form is located in the Announcement Attachments, 1bii.*

**Applicant Response:**

[22-23 DHC Fresno Investigation Case Activity.docx](#) - WORD DOCUMENT

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**Sub Section Name:** New Investigation Information for Cases in Court

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**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 "**22-23 DHC (county name) Cases in Court Investigation Case Activity**" **upload and mark confidential**, then attach to this question.*

*Other than current status, no prosecution case information should be included.*

**Applicant Response:**

Not Applicable

**Applicant Comment:**

Not Applicable