

**INSURANCE COMMISSIONER
OF THE STATE OF CALIFORNIA**

GRANT AWARD AGREEMENT

Fiscal Year 2022-23

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, 2022** through **June 30, 2023**.

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 grant award agreed to herein is in the amount of **\$1,357,510**. 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>DocuSigned by: <i>Stephen Rusconi</i> 4FB8272BEB4E4FE...</p> <p>_____ Authorized Official</p> <p>Name: Stephen Rusconi Title: Business Manager</p> <p>Date: <u>12/21/2022</u></p>	<p>RICARDO LARA Insurance Commissioner</p> <p>_____ Authorized Official</p> <p>Name: George Mueller 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 WC Fresno

Application ID: App-22-33

Funding Announcement: FY 22-23 Workers' Compensation Insurance Fraud Program

Requested Amount: \$1,357,510.00

Project Summary: Fresno County District Attorney's Workers' Compensation Fraud RFA For Fiscal Year 2022-2023

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 -

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: Estimated Carryover

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

Applicant Response:

\$173,000.00

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

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 Oppliger
Compliance / Fiscal Officer	Stephen Rusconi

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

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

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 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

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 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 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.

Applicant Response:

The successes of the 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 Understanding (MOU) governs Task Force Operations.

FISCAL YEAR 2020-2021

Cases Initiated

The Fraud Unit filed eight (8) claimant fraud cases, one (1) premium fraud case and four (4) uninsured employer fraud cases.

Claimant Fraud

In December of 2020, the Fraud Unit filed a case against the employee of a contractor who allegedly injured his back and right leg after tripping on pallets at work. Through sub-rosa investigation, it was revealed that the employee was working while receiving temporary total disability (TTD) benefits. At his deposition, the employee denied working for longer than a week, when in fact he had been working for almost eight (8) months. The fraudulent loss on the claim was in excess of \$18,000.

In November of 2020, the Fraud Unit filed a case against a farm labor employee who had initiated a workers' compensation claim in December of 2012, as a result of an injury to his lower back sustained while picking up brush. As a result of the employee's subjective complaints indicating a lack of improvement, the insurer initiated sub-rosa in 2016. The surveillance revealed that the employee was engaging in activities inconsistent with his subjective complaints and demonstrated pain behavior. Upon reviewing the sub-rosa evidence, the QME reduced the employee's whole person impairment (WPI) rating from 13% to 8%.

An employee of a farming company sustained a back injury when he was struck by a forklift operated by a co-worker. Applicant complained of widespread pain throughout his entire back and body, and while off work received TTD payments. Modified work was offered and although he returned to work, he remained only for a short time claiming his pain was too unbearable to work. Sub-rosa video captured claimant exceeding his physical limitations on multiple occasions. The QME confirmed that the activity seen on the video was inconsistent with the representations made by claimant and to which he testified to at his deposition.

Another case was filed against a claimant who, while working in a citrus orchard, sustained an injury to her shoulder when another worker fell off a ladder and landed on her. She received treatment over a period of time but showed no improvement. Doctors routinely noted concerns regarding symptom magnification and exaggeration in their reports and thus, sub-rosa was ordered. The surveillance revealed significant inconsistencies with what she reported to her daily activities. A PQME determined that the complaints were out of proportion to his objective observations in the sub-rosa and that she had fully recovered from her injury as much as five (5) months earlier.

Another case was filed against an applicant who, while working at a packing company, sustained an injury when she tripped on a step stool in the course of her duties. She was immediately treated for her injury and placed on modified work, but the employer could not accommodate the work restrictions and she was placed on TTD. The applicant was treated for a significant period of time, but her injury did not improve. She reported significant physical restrictions both to medical

staff and at her deposition. Sub-rosa, however, contradicted her statements and the QME reported that the applicant had misrepresented her condition to him. The fraudulent benefits totaled \$67,863.51.

A case was filed against a farm laborer who, while working in the fields, was struck in the arm with a garden hoe by a co-worker. She sustained no visible injury and refused medical treatment until police arrived to document the incident. The employer became suspicious when suddenly her symptoms increased significantly and she now claimed injuries to her neck, arm and shoulder. Claimant was treated at an urgent care, obtained physical therapy and was provided work restrictions. Employer provided modified work which claimant refused. Claimant continued to state her symptoms were not improving and she now experienced back pain. A potential material misrepresentation was discovered when the claimant appeared to exceed her stated limitations in sub-rosa video. After reviewing the sub-rosa video, the QME stated that the claimant's representations were inconsistent with her physical abilities seen on video and the case was referred to the Fraud Unit for prosecution.

Premium Fraud

The Fraud Unit also filed a case against a roofing company who underreported payroll over a period of five (5) years. A data mining project raised flags concerning underreporting to the attention of the insured. The fraudulent loss of premiums totaled \$985,091.

Employer Fraud

In August 2020, the Fraud Unit filed a case against an employer who refused to provide workers' compensation insurance to an employee who was injured on the job in December 2016. The employer also failed to report the injury to the insurer and paid the employee to stay home. The employer admitted to the SIU that he failed to report the injury or provide the insurance information because he did not want his insurance rates to go up. The fraudulent loss on the claim is in excess of \$2,000.

Provider Fraud

At the close of FY 2018-2019, the Task force opened a voucher fraud investigation. The investigation is ongoing and continues to grow. To date, eleven (11) FD1s have been received and included in the ongoing investigation. The complaints continue to allege the same behavior involving the enrollment of students using cappers and attorneys, and billing for services that are not provided. In some instances, students are enrolled despite not meeting the minimum qualifications to receive the benefit.

The Task Force also closed one investigation of provider fraud for insufficient evidence.

Ongoing Case Activity

Convictions

In March of 2021, a defendant pled guilty to a violation of Insurance Code Section 11760(a) and was ordered to pay restitution in the amount of \$91,949.08.

Also, in March, another defendant pled guilty to a violation of Insurance Code Section 1874.1(a)(1) and Penal Code Section 118 (perjury). The defendant also agreed to pay restitution in the amount of \$40,119.00.

Open Investigations

The Fraud Unit opened four (4) investigations during FY 2020-2021. Three (3) of these investigations involve claimant fraud and one (1) is a premium fraud investigation that is a spin-off from a Department of Industrial Relations (DIR), Division of Labor Standards Enforcement (DLSE), Bureau of Field Enforcement (BOFE) referral.

Also, during FY 2020-2021, the Task Force opened eight (8) premium fraud investigations all involving a form of underreporting or misclassification. Two (2) provider fraud cases are currently under investigation by the Task Force and one (1) provider fraud investigation was closed due to insufficient evidence. The Task Force currently has one (1) COVID related claimant case under investigation.

FISCAL YEAR 2021-2022

Cases Initiated

The Fraud Unit filed three (3) claimant fraud cases and thirteen (13) uninsured employer fraud cases.

Claimant Fraud

In November of 2021, the Fraud Unit filed a case against the employee of a large central valley employer who allegedly was struck and injured by a cart being pushed by another employee who was never identified. The QME concluded that there was a lack of objective symptoms and that the suspect exhibited drug seeking behaviors.

the Fraud Unit filed a case against the employee of a farm labor contractor who claimed that he injured his knee in a slip and fall while placing netting over trees. The suspect stated physical limitations to the QME. Subsequently, the suspect exceeded their stated limitations as was captured by sub-rosa video and then analyzed by the QME.

In March of 2022 the Fraud Unit filed a case against the employee of a business who claimed a hip and lower back injury from a slip and fall while carrying cooking equipment. She made further claims of injury to her treating doctor. These claims were not substantiated when a review of security footage was executed. The suspect was denied compensation.

Premium Fraud

While the Fraud Unit did not file any premium fraud cases in this reporting period there are several cases being actively pursued by the Task Force. Investigators are executing search warrants, reviewing audits, interviewing witnesses, and finishing final drafts for submissions seeking criminal charges.

Provider Fraud

The Task Force is continuing to investigate the voucher fraud investigation discussed in FY 2020-2021. More information is provided in Part 3: FY 2021-2022 Active Investigation Activity section.

The Task Force initiated a capping investigation that is in the initial phase.

Another provider investigation was undertaken by the Task Force looking into the irregularities in the prescribing of expensive compound medications.

Ongoing Case Activity

Convictions

The Fraud unit had two (2) claimant fraud convictions and seven (7) uninsured employer convictions.

Open Investigations

The Fraud Unit opened thirteen (13) investigations during FY 2021-2022. Nine (9) of these investigations involve claimant fraud, two (2) are premium fraud investigations, and two (2) are 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.

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 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 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.

4. Applicant Question: Personnel Continuity

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. However, in the last two 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 Chief 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.

Deputy District Attorney Trevor 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 a wealth of prosecutorial experience with him.

Deputy District Attorney Lynette Gonzales separated from the office on January 21, 2022

Deputy District Attorney Alison Wilson separated from the office on November 4, 2022 and her assignment is currently vacant as the office endeavors to locate personnel suitable to replace her.

Senior Investigator Michael Ortiz was assigned to the Fraud Unit on March 9, 2020. Mr. Ortiz has over thirty-three years of experience in law enforcement which includes eight years with the California Highway Patrol and over twenty 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 Meng Vang was assigned to the Fraud Unit on October 5, 2020. He has been with the District Attorney’s office for approximately two years. Prior to this, he was a police officer for five years. In that time, he investigated numerous financial crimes cases, including identity theft, counterfeit money, forged checks and other fraud cases.

Senior Investigator Mario Leal was assigned to the Fraud Unit on December 2, 2021. He has been with the District Attorney’s office for twenty-two years. He has worked in numerous positions investigating fraud including welfare and in home support services fraud. He began his lengthy law enforcement career with the Fresno Sheriff’s Department in 1996.

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 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
Trevor Oppliger	Deputy District Attorney	01/24/2022		100
Vacant	Deputy District Attorney			100
Mario Leal	Senior Investigator	11/29/2021		100
Mike Ortiz	Senior Investigator	03/09/2020		100
Meng Vang	Senior Investigator	10/05/2020		100
Katherine Vallejos	Senior Legal Assistant	10/07/2019		100
Lynette Gonzales	Deputy District Attorney	10/19/2020	01/29/2022	100
Alison Waldo	Deputy District Attorney	05/17/2021	11/04/2021	100
Yvette Galutira	Senior Investigator	10/05/2020	07/21/2021	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	2	2
Supervising Investigators		
Investigators (Sworn)	3	3
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: 6.00	Total: 6.00

3. Applicant Question: Organizational Chart

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

[22-23 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 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 (11th) 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 between 2019-2020. 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 is approximately \$34,725 (U.S. Bureau of Labor Statistics), and approximately 37.9% of the County's population lives below the poverty line. (U.S. Census Bureau, 2020).

Fresno County is home to a diverse community. Because Fresno County generates over three (3) billion dollars in agricultural business, it is a prime destination for immigrant workers looking for work. 95% of the areas immigrant population are from either Latino or Asian countries. Hispanics and Latinos account for more than half of the population. Of this population 68% emigrated into the United States. Fresno county has the second largest Hmong population in the U.S. with over 22,000 residents. 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 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) up from ranking twelfth overall in 2019. (California Department of Insurance 2020 Annual Report). The after effects of the COVID-19 pandemic presents new opportunities for workers' compensation fraud the likes of which are yet to be seen. Consider simply how the

definition of “workplace injury” will change as one’s workplace is in their home.

Claimant Fraud

Several of the nation’s largest farming and packing business are located in Fresno County. Gerawan Farms and Wawona Packing merged in September of 2019 to form the largest stone fruit and table grape grower in the United States, now named Prima Wawona. Prima Wawona employs anywhere from five-thousand (5,000) to twelve-thousand (12,000) employees at peak harvest. Fowler packing, which ranks seventh (7th) in the nation, and Simonian Fruit, which ranks fourteenth (14th) are also present in Fresno County.

Zacky Farms and Foster Farms are also two (2) of the largest employers in the County. Zacky Farms employs approximately eleven hundred (1,100) workers and Foster Farms has over a thousand (1,000) employees at its Fresno facility. Harris Ranch, California’s largest beef producer, is located in Coalinga (Fresno County) and has seven hundred (700) total employees.

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.

Compounding an already existing problem in the agriculture industry is the pandemic. The number of fraud referrals increased as the industry was considered “essential” thereby putting its workers at the highest risk for contracting COVID-19. For others, false claims may feel like a justifiable lifeline when one is facing reduced hours, bankruptcy, the loss of a job, or home. In April of 2020, just one (1) month after the Governor issued the State of Emergency Order, the Department of Industrial Relations reported having received fifteen-hundred (1,500) COVID-related workers’ compensation claims statewide. (“California’s Largest Workers’ Comp Insurer Just Made it Easier to File COVID-19 Claims,” Los Angeles Times, April 22, 2020). Approximately 150,00 Covid-19 workers’ compensations claims were filed just in 2020 and 2021(WCIRB).

The easing of restrictions and passage of SB1159 might also impact the number of workers’ compensation claims filed. Prior to the pandemic, the burden of showing that an illness or injury was industrial related was on the applicant. The passage of SB1159 shifted the burden onto the employer who now must prove that the contraction of COVID-19 is *not* work related. This creates a clear incentive for fraud as a claimant need only make an allegation and bears no burden of proving that they contracted COVID-19 at work. Determining how, when, and where an employee contracted the virus is challenging even with the best of contact tracing. This difficulty complicates an employer’s ability to dispute a claim that the illness is industrial related. COVID-19 vaccine reactions are now also cognizable claims for workers compensation and will make an investigation into the veracity of a claim challenging as most experience and treat reactions at home. A COVID-19 diagnosis can now be considered an aggravating factor warranting compensation if an employee suffers from an underlying medical condition.

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, and shipping & 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 do not take an active role in their medical treatment. Workers who were interviewed in past cases complained that body parts being treated that were never injured.

The impact of COVID-19 may also spur an increase in medical provider fraud. The burden shifting of SB1159 creates a unique opportunity for runners and cappers to solicit injured workers. 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 2, and marked "Problem Resolution".

Applicant Response:

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. Outreach will include a discussion of SB1159, how that has shifted the burden to the employer and how the new law can change the way fraud is committed and give rise to a new set of red flags when claims are COVID-19 related. Equally important is ensuring employers understand the measures they can take to reduce workers' compensation during the time of the pandemic.

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 Wawona Prima, 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.

The Fraud Unit intends to continue to foster new working relationships with agencies in the community to identify and

prosecute premium fraud. For example, the Fraud Unit recently met with the California Labor Commissioner and the Division of Labor Standards Enforcement. The meeting concerning wage theft and premium fraud has laid the foundation for future referrals and joint investigations going forwards.

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.

Additionally, the Fraud Unit and CDI recently completed an outreach and enforcement operation to ensure compliance and protect at risk employees. As home improvement is on the rise due to COVID stay-at-home restrictions, the Fraud Unit is hoping to institute routine compliance checks by mail to ensure contractors are properly insured.

Medical Provider Fraud

Medical provider cases are not only complex, they are 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. The Task Force has two (2) medical provider fraud cases filed in FY 2019-2020 that are working their way through the court system. In FY 2021-2022 the Task Force has opened two medical fraud provider 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 intends to update our workers' compensation brochure and ensure that copies are provided 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. The Fraud Unit has 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 Fresno County District Attorney's Office has two (2) 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 County 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.

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 often take more than a year to investigate. The Fraud Unit and the Task Force continue to collaborate to find ways to streamline larger investigations so as 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 an Order for Victim Restitution, CR-110, and an Abstract of Judgement – Restitution, CR-111 and provides copies to the victim. This 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.

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	\$68,281.00	\$20,148.00
2020-21	\$396,526.00	\$87,406.00
2019-20	\$143,149.00	\$29,898.00
2018-19	\$969,940.00	\$44,361.00
2017-18	\$65,835.00	\$45,047.00
	Total: \$1,643,731.00	Total: \$226,860.00

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>1,357,510</u> FY	\$ <u>1,348,743</u>	\$ <u>8,767</u>
2022-2023	FY 2021-2022	FY 2021-2022
Grant REQUEST	Grant AWARD	Increase Requested

Utilization Plan:

The Fraud Unit is requesting additional funding for FY 2022-2023 to maintain staffing and continue dedicating two full-time senior investigators to the Task Force.

8. Applicant Question: Uninsured Employers

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

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 it 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, we have 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 21-22.

Applicant Response:

Name	Training Date	Provider	Location	Topic	Hours Credit
Janie Ortiz	10/19/2021	CDAA	Carlsbad, CA	Fraud Symposium	18
Meng Vang	10/19/2021	CDAA	Carlsbad, CA	Fraud Symposium	18
Meng Vang	11/18/2021	CDI	Fresno, CA	Applicant/Claimant Fraud	8
Meng Vang	02/16/2022	Golden Gate WC Consortium	Virtual	Premium and Provider Fraud Investigations	3
Meng Vang	04/13/2022	AFA	Monterey, CA	Worker's Compensation Insurance Fraud	20
Mario Leal	12/08/2021	CDI	Virtual	Worker's Compensation Insurance Fraud Investigations	8
Mario Leal	02/16/2022	Golden Gate WC Consortium	Virtual	Premium and Provider Fraud Investigations	3
Mario Leal	04/13/2022	AFA	Monterey, CA	Worker's Compensation Insurance Fraud	20
Michael Ortiz	10/19/2021	CDAA	Carlsbad, CA	Fraud Symposium	18
Lynette Gonzalez	10/19/2021	CDAA	Carlsbad, CA	Fraud Symposium	18
Trevor Oppliger	02/16/2022	Golden Gate WC Consortium	Virtual	Premium and Provider Fraud Investigations	3
Trevor Oppliger	04/13/2022	AFA	Monterey, CA	Worker's Compensation Insurance Fraud	20

2. Applicant Question: Training and Outreach Provided

Upload and attach the Training and Outreach Provided form in Excel; label it "22-23 WC (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 WC (County) Training and Outreach"

Attachment:

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

Applicant Comment:

Training and Outreach Narrative:

July 30, 2021 – Zoom meeting with DIR regarding joint efforts to ensure FLC compliance.

September 14, 2021 – Kern County SIU Roundtable between where industry and law enforcement personnel had a Microsoft Teams meeting regarding best practices and law enforcement training.

February 8, 2022 – Zoom meeting with SCIF regarding the new DDA handling the grant, expectations, filings, and how to assist one another in investigations and prosecution.

March 3, 2022 – Zoom meeting to discuss upcoming legislation in regard to Worker Compensation enforcement.

Social Media Website Information

During Fraud Week in November of 2021 our office partnered with the Fresno Police Department, Central California Legal Services, the Fresno County District Attorney's Office, ABC News 30, The Mexican Consulate, and the Fresno County Sheriff's Office to display posters at their offices about how to report fraud and warning about the consequences of coming fraud. Additionally, infographics were shared on Facebook and Instagram.

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 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 work-shops 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 training 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 like the Tulare World Ag Expo and the Fresno Home and Garden Show.

Sub Section Name: Joint Plan

1. Applicant Question: Joint Plan

Upload your WC Joint Plan and label it "22-23 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:

[23-23 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 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

2. Applicant Question: Program Strategy Investigation Information

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

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

Sub Section Name: Reporting on All Investigations

1. Applicant Question: Investigation Case Activity

Upload, mark Confidential, and attach the completed 22-23 WC (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 WC Fresno County Investigation Case Activity.docx](#) - WORD DOCUMENT

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 "22-23 WC (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
