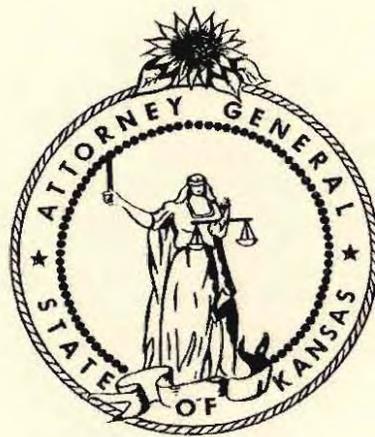


# MEDICAID FRAUD AND ABUSE DIVISION ANNUAL REPORT



1997-1998

OFFICE OF THE KANSAS  
ATTORNEY GENERAL  
CARLA J. STOVALL

# Annual Report 1997-1998

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## Medicaid Fraud and Abuse Division Office of Attorney General

### TEAM COMMITMENT

We, the staff of the Medicaid Fraud and Abuse Division of the Office of the Attorney General, in order to better serve the people of Kansas, commit to the following:

- ◆ We will **respect** and **support** each other, our ideas, experience, capabilities, time space, limitations and jobs.
- ◆ We will **honestly** and efficiently **communicate important** information with each other.
- ◆ We will **seek** and **accept help** when we need it, and we will **offer** and **follow through** with **help** when others need it.
- ◆ We will promote a **mutual understanding** of the roles we all play.
- ◆ We will **encourage** free **expression** of ideas and be **accepting** of **constructive criticism**.

In these ways we will build and support a team of **optimistic, creative,** and **productive** persons who live harmoniously, share common goals, and work in an integrated and unified manner.

## Purpose

The purpose of the state Medicaid fraud control unit is to deter and eliminate fraud in the State Medicaid Program through a single, identifiable entity of state government that can investigate and prosecute Medicaid providers across the state. The United States Department of Health and Human Services' Office of Inspector General provides funding and works in partnership with each state's Medicaid fraud control unit.

### **Federal Law defines the responsibilities of the MFCU's**

Every MFCU is to:

1. Conduct a statewide program for investigating and prosecuting violations pertaining to fraud in the administration of the Medicaid program or the activities of Medicaid providers;
2. Review complaints alleging abuse or neglect of patients and misappropriations of patients' private funds by programs receiving Medicaid payments; and
3. Maintain staff to include attorneys experienced in investigation or prosecution of civil and/or criminal fraud, auditors experienced in commercial and/or financial records, investigators experienced in commercial and/or financial investigations, and other professional staff knowledgeable about the provision of medical assistance and the operation of health care providers.

## Authority for Prosecution

The Kansas Attorney General's Medicaid Fraud and Abuse Division receives its specific authority from the Kansas Medicaid Fraud Control Act ("the Act") - K.S.A. 21-3844 et seq.

K.S.A. 21-3852. (a) There is hereby created within the office of the attorney general a Medicaid fraud and abuse division.

“(b) The Medicaid fraud and abuse division shall be the same entity to which all cases of suspected Medicaid fraud shall be referred by the department of social and rehabilitation services, or its fiscal agent, for the purpose of investigation, criminal prosecution or referral to the district or county attorney for criminal prosecution.

“(c) In carrying out these responsibilities, the attorney general shall have all the powers necessary to comply with the federal laws and regulations relative to the operation of the Medicaid fraud and abuse division, the power to investigate, criminally prosecute violations of this act, the power to cross-designate assistant United States attorneys as assistant attorneys general, the power to issue, serve or cause to be issued or served subpoenas or other process in aid of investigations and prosecutions, the power to administer oaths and take sworn statements under penalty of perjury, the power to serve and execute in any county, search warrants which relate to investigations authorized by this act, and the powers of a district or county attorney.”

## Background of the Unit

The Kansas Medicaid Fraud and Abuse Division was established in 1995. Application for certification as a state Medicaid Fraud Control Unit was submitted by Attorney General Carla Stovall and Governor Bill Graves to the United States Department of Health and Human Service's in August 1995. The Office of Inspector General certified the Division in October 1995 and has granted continuing certification annually thereafter. Certification establishes that the Division meets the federal requirements set forth at 42 CFR 1007.15.

## Staffing

The Division is staffed with a Deputy Attorney General as Director, (2) Assistant Attorneys General, an Auditor, a Research Analyst, a Chief Investigator, (4) Fraud Investigators, a Legal Assistant and a Legal Secretary. The staffing brings together a corp of

professionals with extensive and complimentary experience that maximize the capabilities of the Division to accomplish its goals of effective and efficient investigation and prosecution. Staff qualifications are listed on page 15.

## **Interagency Partnerships**

### **Kansas Medicaid Program**

The Kansas Medicaid program's budget in state fiscal year 1998 is over \$870 million per year. Medicaid services are delivered to an average of 249,341 persons by 17,706 providers serving Medicaid recipients in 105 counties. On average, the Medicaid program devotes 37% of total expenditures to adult care homes. 74.9% of expenditures are paid on behalf of recipients who receive Supplemental Security Income or who are either aged or have a disability and incomes insufficient to meet their medical costs.

Many forces - changing demographics, evolving societal values, limited financial resources, the implementation of federal welfare reform, closure of state institutions and long term care facilities serving the developmentally disabled and use of privatization options in a variety of services traditionally provided by staff of Social and Rehabilitation Services continue to define new directions for Medicaid.

### **Provider Fraud**

Partnership between the Kansas Attorney General's Medicaid Fraud and Abuse Division and the Kansas Medicaid agency (SRS) is required to ensure that suspected cases of provider fraud are appropriately referred, requests for provider records or computerized data are provided, and assistance in recovery of overpayments is given. The Division has instituted formal working procedures with SRS through a Memorandum of Understanding that outlines, in detail, the responsibilities of the Medicaid agency and the Division in the referral, review and prosecution of cases.

With realignment of management of long term care reimbursement and HCBS/FE services from SRS to KDOA in July 1997, coordination processes for referrals from KDOA and its partner agencies, Area Agencies on Agency (AAA) have been instituted.

In addition to the state Medicaid agency as a referral source, the Division receives reports of fraud from federal, state, and local law enforcement agencies, social service agencies, regulatory boards, and the general public.

Effective working relationships with the Medicaid fiscal agent - Blue Cross and Blue Shield and the Program Integrity Section of SRS insure that the investigation and prosecution of cases proceed efficiently. Ongoing communication is the key to effective sharing of information that is necessary to open and pursue an investigation and successfully prosecute those cases with substantial potential for criminal prosecution. Such understanding helps to insure that the referrals processed to the Division are appropriate. Creating this understanding has been fostered in the following ways.

1. Monthly meetings between Division staff, fiscal agent staff, and Medicaid agency staff,
2. Training sessions presented by the fiscal agent, the Program Integrity Section and various program staff from SRS and KDOA, to Division staff,
3. Training presented by the Division to the fiscal agent and Program Integrity Section, various program staff from SRS and KDOA,
4. Use of a referral form, and
5. Individual case consultations.

## **Abuse/Neglect**

Coordination of interagency cooperation in the review of complaints of abuse, neglect and misappropriation of patients' private funds requires the interaction of three state level agencies: the Department of Social and Rehabilitation Services (SRS), the Kansas Department of Health and Environment (KDHE), and the Kansas Department on Aging (KDOA). The efforts of these agencies are then integrated into local law enforcement efforts, when the matter has been brought to the attention of law enforcement authorities.

The Division is an active member of the Adult Protective Services Executive Task Force. This multi-agency work group is designed to address issues and develop solutions to coordination of referrals, sharing of information, developing and advocating for regulatory and statutory tools and implementing training.

## **U.S. Attorney's Kansas Health Care Fraud Working Group and Investigative Task Force**

Case referrals and joint prosecution efforts are an ongoing effort with federal authorities. The Division's investigative staff routinely work with federal investigative agencies in support of cases involving both Medicaid and other federal health care programs. The Division has received numerous tips from the general public, professionals, and other sources that have resulted in referrals of potentially significant state, regional, and national fraud schemes in a wide variety of provider services.

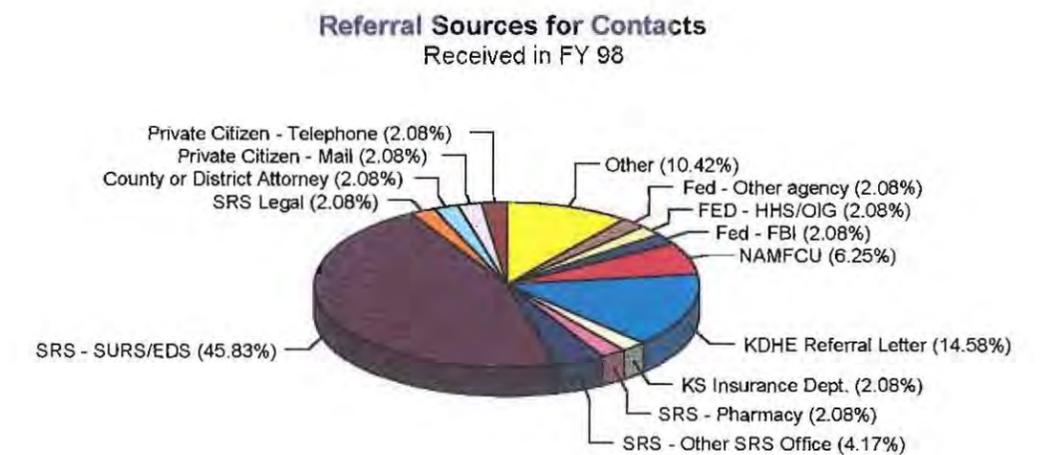
Additional groups with which collaborative efforts have occurred are found in Appendix A.

## Medicaid Fraud and Abuse Division Case Activity

### Current Case Activity

The cases under investigation by the Division cover a wide range of Medicaid supported services and provider groups. Affected Medicaid recipients are receiving the services in long term care settings, community-based settings, and traditional medical services delivery systems. The cases are located in rural and urban settings spread across the state.

The Division uses an assessment process that is designed to effectively review contacts to efficiently determine those matters which have substantial potential for criminal prosecution. The following chart breaks down the contacts referred to our Division by source type.



The Chief Investigator and Legal Assistant are the front line assessment team. The team efficiently assesses those contacts

without substantial potential for criminal prosecution and refers them for appropriate processing. In those contacts needing additional information to determine the potential for full investigation, the skills of the Auditor and Research Analyst are used.

## Case Data Information

At the beginning of the reporting period, the Division had 181 cases open representing 17 out of a possible 22 provider categories for which Medicaid will pay for services. Referrals during the period generated 333 additional case openings. Investigative and prosecution activity resulted in 343 cases being closed. By the close of the reporting period, the Division had 125 cases open representing 16 provider categories.

More than 1,329 complaints of abuse/neglect of patients in health care facilities were reviewed from the Kansas Department of Health and Environment (KDHE) complaint database. 318 cases involved serious allegations of abuse/neglect warranting additional investigation. Of these 318, nineteen have criminal charges filed or pending, 21 are still under investigation and the remaining have been closed. Referrals on closed cases are not necessary because KDHE has already taken action in response to the complaint simultaneous to our review.

The Kansas Medicaid Fraud and Abuse Division referred 28 cases for consideration for investigation/prosecution by other agencies. Two cases were referred to the U.S. Department of Health and Human Services, 21 to the Kansas Department of Social and Rehabilitation Services, and five to other State regulatory agencies.

## State Criminal Cases



**State of Kansas v. Susan D. Garcia, 97-CR-136:** Garcia, a social services/activities director, worked at a LTC facility in Emporia, Kansas. "Mr. Doe" was a resident there. On May 2, July 20 and August 7, 1995, Garcia had "Mr. Doe" sign his name to one of his personal checks. Garcia then completed the rest of the check making it payable to herself. She then cashed the check at a local bank. While the check was allegedly for cash or snacks for "Mr. Doe", Garcia kept the money.

On April 25, 1997, Garcia was charged with three counts of Mistreatment of a Dependent Adult, Class A person misdemeanors, in violation of K.S.A. 21-3437.

On July 1, 1997, Garcia pleaded guilty to three counts of Mistreatment of a Dependent Adult. On August 5, 1997, she was sentenced to the custody of the Lyon County Jail for a period of six months for each count, to run consecutively to each other. Garcia was placed on supervised probation for a period of eighteen months.

OIG, file number 6-98-40279-9, has excluded Garcia from participation in the Medicare, Medicaid, and all Federal health care programs for the minimum period of 5 years.



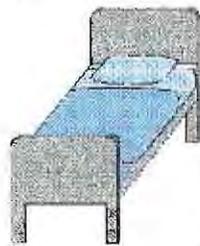
**State of Kansas v. Shirley I. Whitaker, 97-CR-810:** Whitaker, a certified nurse aide, worked at a LTC facility in Kansas City, Kansas. The victim was a resident at the facility. On June 19, 1996, Whitaker and another certified nurse aide, were attending to the resident in her room. Whitaker was attempting to insert the resident's dentures. When she resisted, Whitaker grabbed the resident's chin in an attempt to force the dentures in her mouth, causing her wheelchair to tip backwards. The other CNA moved behind the wheelchair to prevent her from falling. Whitaker then forcefully slapped the resident on the cheek. The resident did not provoke Whitaker.

Whitaker was charged on April 25, 1997 with one count of Battery, a class B person misdemeanor, in violation of K.S.A. 21-3412. On October 27, 1997, Whitaker pleaded nolo contendere to one count of Battery.

On November 26, 1997, Whitaker was sentenced to the custody of the Wyandotte County Jail for three months but was placed on supervised probation with the Court Services Office for a period of 12 months.

OIG, file number 6-98-40276-9, has excluded Whitaker from participation in the Medicare, Medicaid, and all Federal health care programs for the minimum period of 5 years.

**State of Kansas v. Angela Branson, 97-CR-727:** On July 14,



1996, Angela Branson was working as a certified nurse aide at a LTC facility in Lawrence, Kansas. "Mrs. Doe", was an 82 year old resident of the facility. "Mrs. Doe" repeatedly approached Branson and Rebecca Peterson, a CNA, requesting that they put her to bed, yet she would repeatedly get back up. During dinner, "Mrs. Doe" spilled her dinner tray. Branson became angry. She took "Mrs. Doe" to her room and tied her to the bed by tying a bedsheet from handrail to handrail and winding the sheet around "Mrs. Doe's" wrists. Branson told Peterson what she had done. Peterson went to "Mrs. Doe" and untied her. Branson later admitted to tying the bedsheet from rail to rail, but denied tying the sheet to "Mrs. Doe's" wrist.

Branson was charged with Mistreatment of a Dependent Adult, severity level 6, person felony pursuant to K.S.A. 21-34337. In February 1998 a jury found Branson guilty as charged.

On March 13, 1998, Branson was sentenced to 18 months in the custody of the Secretary of Corrections, but was given probation for 24 months to be supervised by Court Services. She was also ordered to complete 50 hours of community service and pay court costs, including attorney fees.

OIG, file number 6-98-40330-9, has excluded Branson from participation in the Medicare, Medicaid, and all Federal health care programs for the minimum period of 5 years.

**State of Kansas v. Greg Youvan, 98-CR-60PA: Charges of**



Medicaid Fraud were filed against Greg Youvan on February 25, 1998 in Labette County, Kansas. Youvan was to provide case management services to clients at a mental health facility. The Medicaid program was then billed for reimbursement for those services. The criminal complaint alleges that Youvan either did not provide those services or provided services for a shorter time period than he claimed.

Youvan was charged with four counts of Medicaid Fraud. The case is pending further proceedings.

### **Local Prosecutions**

As a result of cooperative work with local law enforcement and prosecutors, the Division has supported the effort to achieve an increase in prosecution of adult abuse, neglect, and exploitation. Investigative staff efforts have resulted in three cases where local prosecutors have filed charges. Resolution of these cases is pending.

In Western Kansas, a certified nurse aide was charged with one count of battery. While attending to an 89 year old nursing home resident, who became excited when receiving assistance in exiting his bed, the aide forcefully slapped him on the face multiple times and shoved his head against a wall in an attempt to control him.

In Northeast Kansas, a social services director at a nursing home, was charged with one count of theft in excess of \$3,000. The charge was a result of her embezzlement from the resident account fund.

In Central Kansas, a licensed practical nurse at a nursing home was charged with theft relating to her ordering 1500 dosage units

of pain medication for three residents, converting said medication to her personal use, and not providing any of the medication to the residents.

## Global Settlements

The Division is participating in national cases, described as global cases. These cases reflect the complexity of health care fraud. They are complex multi-party, multi-state and multi-issues cases which are most effectively investigated and prosecuted through the team effort of Medicaid Fraud Divisions acting cooperatively across the country.

The cases arise because of fraudulent conduct by a provider initially discovered and investigated by another state Medicaid Fraud Division or federal investigative agency. The investigations establish that the fraudulent conduct has resulted in losses to Medicaid programs in many or all states.

The Division participated in its first global case in 1995 and saw a reimbursement to Kansas of \$461,268.42. In 1997, the Division participated in two global settlements resulting in total recoveries of \$178,771.98. In 1998, the Division is participating in four separate global cases; the Chief Investigator is a member of the settlement team for one of these ongoing cases.

## Case Activity Projections

The movement of vulnerable recipients into community-based services with the concomitant dispersing of service delivery to a variety of providers continued at a rapid pace in FY98. Closure of a state institution for the mentally retarded and escalation in the closure of private ICF/MR facilities has resulted in the movement of more than 200 persons with developmental disabilities into community based services funded by Medicaid. The ability to watchdog this system for both Medicaid fraud and adult abuse, neglect and exploitation is a major challenge in a state with the geographic size of Kansas.

To address this challenge, the Division has continued to provide extensive fraud identification and prevention training to case managers assigned to managing the variety of community based programs. The Division is working with staff within SRS and KDOA to develop preventive policies and procedures for implementation in the various HCBS waiver programs managed by SRS and KDOA.

Two legislative efforts in which the Division was involved will help in addressing the ability to have effective oversight of services to vulnerable persons. Those efforts were directed toward building a better system for dealing with adult abuse, neglect and exploitation (ANE) and developing effective procedures for insuring the safety of vulnerable persons through a system of criminal background checks for staff in long term care facilities and home health agencies.

Major amendments to the Adult Protective Services Reporting statutes were passed into law by the 1998 Legislature and became effective July 1998. An expansion of the persons who are mandated reporters, new definitions of abuse, neglect, and exploitation, and consistency in definitions of abuse, neglect, and exploitation whether they occur in community settings or long term care settings make the new law a more effective tool in identifying those persons in need and the perpetrators of ANE.

The 1997 Legislature adopted a law creating mandatory criminal background checks for employees of long term care facilities and home health agencies. The 1998 Legislature refined the law, including clarification that any person convicted of Mistreatment of a Dependent Adult, whether a felony or misdemeanor, would be permanently prohibited from being employed in most positions in a long term care facility or home health agency.

Through efforts as described, the Medicaid Fraud Division has been successful in developing the legal tools, assuring the availability of qualified staff, and building the relationships necessary for investigation and prosecution of both Medicaid fraud and criminal abuse, neglect, and exploitation.

## Training

The Division has committed itself to providing staff the opportunity to experience a wide variety of training targeted to educating them on the basics of health care fraud and the skills and techniques needed to understand and anticipate the changes that are happening in the field of investigation and prosecution as well as the health care economy and public sector health care programs.

A specific focus on advanced computer related training has been emphasized during this reporting period. Experience in the development of advance data analysis of evidence and computer data seizure have provided both opportunities and the necessity to seek out appropriate training that will help Division staff develop their existing skills and build new skills that will best serve the unit.

## Public Awareness

The Kansas Medicaid Fraud and Abuse Division is dedicated to providing education to the public and Medicaid providers about the Kansas Medicaid program, state and national health care fraud issues and specific provider-oriented education. The Division educates legal and health care professionals, state workers, and the general public on the content and purpose of the Kansas Medicaid Fraud Control Act, health care fraud, and abuse, neglect, and exploitation. A table outlining presentations made by the Kansas Medicaid Fraud and Abuse Division is contained in Appendix B.

## Headlines

Kansas Attorney General Carla Stovall has made a commitment to fight health care fraud and criminal abuse, neglect and exploitation of vulnerable persons. In addition to prosecuting those who commit fraud and adult abuse, the Attorney General also has educated Kansans on the national scope of health care fraud, and the effects of financial exploitation on individuals and society. The

news headlines contained in Appendix C demonstrate the success Attorney General Stovall has had in these endeavors.

## **Policy and Procedure Manual**

The Kansas Medicaid Fraud and Abuse Division has actively developed policies and procedures to use in the accomplishment of Division responsibilities. The topics covered address investigative and prosecution procedures as well as office procedures. The Manual is a working document that is changed to reflect the need for guidance and procedures adequate to assist in the accomplishments of the tasks of the Division.

## **Federal Performance Standards**

The Kansas Medicaid Fraud and Abuse Division is required to comply with federal performance standards. The standards are used by the United States Department of Health and Human Services, Office of Inspector General, to recertify a Division and to assess its effectiveness during on-site reviews. Each section of this annual report is in response to specific performance standards. The Annual Report demonstrates that the Kansas Medicaid Fraud and Abuse Division has met the performance standards.

1. A Unit will be in conformance with all applicable statutes, regulations and policy directives.
2. A Unit should maintain staff levels in accordance with staffing allocations approved in its budget.
3. A Unit should establish policies and procedures for its operations, and maintain appropriate systems for case management and case tracking.
4. A Unit should take steps to ensure that it maintains an adequate workload through referrals from the single State agency and other sources.
5. A Unit's case mix, when possible, should cover all significant provider types.
6. A Unit should have a continuous case flow, and cases should be completed in a reasonable time.

7. A Unit should have a process for monitoring the outcome of cases.
8. A Unit will cooperate with the OIG and other Federal agencies, whenever appropriate and consistent with its mission, in the investigation and prosecution of health care fraud.
9. A Unit should make statutory or programmatic recommendations, when necessary, to the State government.
10. A Unit should periodically review its Memorandum of Understanding (MOU) with the single State Medicaid agency and seek amendments, as necessary, to ensure it reflects current law practice.
11. A Unit director should exercise proper fiscal control over the unit resources.
12. A Unit should maintain an annual training plan for all professional disciplines.

## Staff Qualifications

The **Deputy Attorney General** brings direct experience in the administration of public benefits programs with specific expertise in Medicaid, home and community based services, and elder law as well as long-term working relationships with local, state, and federal governmental entities as well as private organizations that serve Medicaid recipients.

The **Assistant Attorneys General** are experienced criminal prosecutors with backgrounds in all aspects of prosecution at the state level.

The **Chief Investigator** brings extensive white collar crime investigative experience from his twenty-five year career in the Federal investigative services of the United States Postal Inspection Service and the Office of Criminal Investigations of the Food and Drug Administration.

The **Auditor** brings a background in law and accounting with direct experience in medical reimbursement in the private insurance sector and a private hospital setting.

The **Fraud Investigators** bring direct experience in nursing in the private sector, regulation and oversight of medical providers at the state level, and extensive criminal investigation experience at the local and state level involving both crimes against persons and property/financial crimes.

The **Research Analyst** has significant and varied experience in statistical analysis, project development and teaching.

The **Legal Assistant** has direct experience in supporting attorneys in the management of cases involving financial and business transactions.

The **Legal Secretary** has extensive experience in working with professionals delivering services in the public legal sector and community based mental health services industry.

# Appendix A

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### COOPERATIVE MEETINGS

Organizations	Purpose and content of meetings
Blue Cross/Blue Shield (Kansas Medicare Carrier and Medicaid Fiscal Agent) - Medicare Fraud Unit, Medicaid Utilization Management Unit and SRS Program Integrity	Monthly information sharing and coordination on fraud referrals, investigations, and prosecutions
Kansas Foundation for Medical Care, BC/BS and SRS Program Integrity	Monthly meetings of quality assurance and utilization measurement efforts
Blue Cross Blue Shield Provider Enrollment and Utilization Management, and SRS Interagency Agreement and Provider Enrollment Section	Information sharing and coordination on case related work efforts
SRS staff, representatives from home health, assistive living, independent living agencies and Department of Aging	Development of procedures for reporting ANE
SRS Area Medicaid Managers	Discuss duties of Medicaid Fraud and Abuse Division and the cooperation needed from SRS Area Offices in processing fraud referrals, investigating and prosecuting cases.
SRS Commission on Mental Health and Developmental Disabilities - Quality Enhancement Coordinators and Institutional Placement Coordinator	Discuss duties of MFCU Division and coordination of referrals, providing information to support investigation and prosecution of cases of provider fraud and client abuse, neglect, misappropriation of client private funds
SRS Adult Protective Services Executive Task Force	Multi agency task force to address issues and develop solutions related to the prevention of abuse, neglect and exploitation of vulnerable adults
Kansas Department of Health and Environment - Bureau of Adult and Child Care	Implementation of newly enacted legislation on criminal background checks for LTC and HHA staff
NAMFCU	Director is a member of Patient Abuse Work Group, Training Committee, and is NAMFCU representative to HFCA TAG. Chief Investigator is a member of global settlement team.

**COOPERATIVE MEETINGS**

Organizations	Purpose and content of meetings
SRS Program Integrity Unit	Monthly meetings on coordination on referral, investigation, and prosecution of provider fraud
Criminal Justice Work Group - Office of the Kanas Attorney General	Coordination of efforts on investigations and prosecutions; training development and implementation for law enforcement personnel and prosecutors
Kansas County and District Attorneys Association	Assistance with development and implementation of training for law enforcement personnel and prosecutors on health care fraud and abuse, neglect, and misappropriation of client private funds
Kansas Health Care Fraud Working Group	Coordination on referral, investigation, and prosecution at state and federal level of Medicaid and federal health care program fraud
HFCA	TAG on Fraud and Abuse Control
SRS Adult and Medical Services	HCBS/Physically disabled waiver implementation procedures and policies; Analysis and input on proposed revisions to provider agreement
Washburn University Legal Assistant Advisory Board	Input and consultation on Legal Assistant Program effectiveness in serving legal community
Missouri MFCU	Consultation on coordination efforts with fiscal agent on hardware/software used in data exchange
KDOA Senior Management and Legal staff	Development of processes for coordination of referrals and information sharing on long term care and HCBS services for frail elderly
Kansas State Board of Healing Arts general counsel	Coordination of referrals to Board by Medicaid Fraud and Abuse Division and Board coordination of OIG exclusion activities

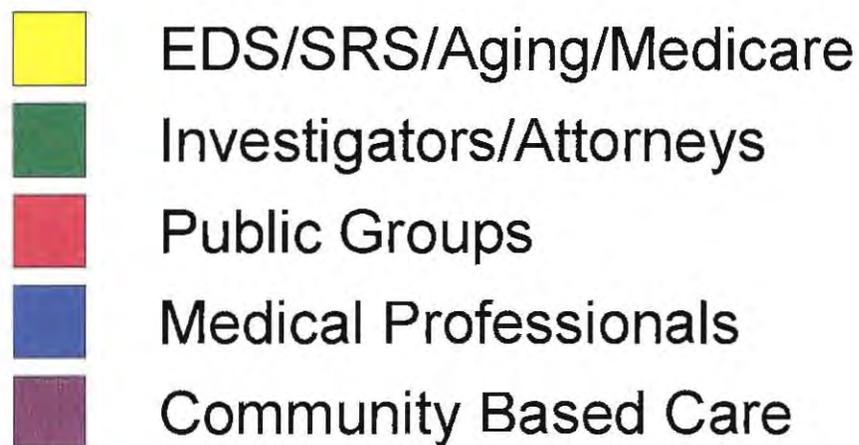
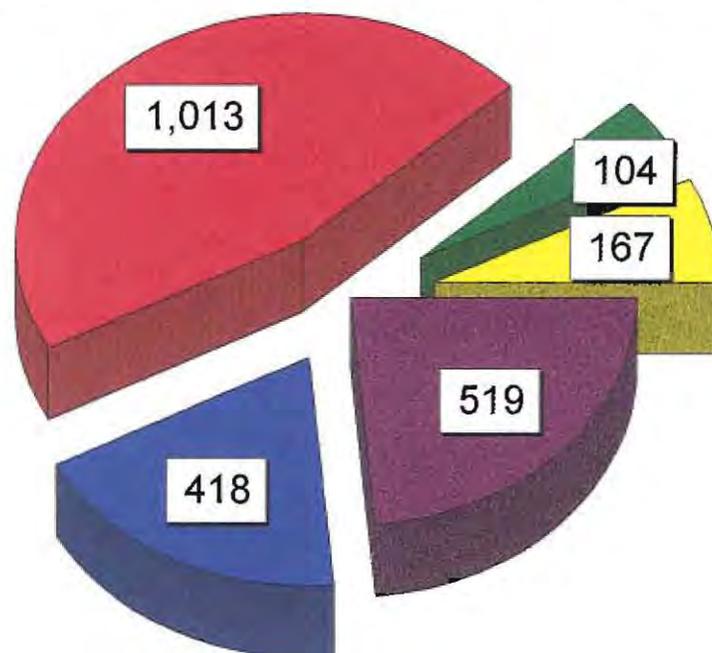
# Appendix B

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# Presentation Attendees

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July 1997 - June 1998: 2,221



# Presentations

Date of Presentation	Topic	Presenter	Sponsors	Location	Attendees	Approx. Attendance
July 25, 1997	Medicaid Fraud and Abuse	Martha Hodgesmith	Association of Community Mental Health Centers of Kansas	Topeka, KS	Center Directors, Financial Managers	35
August 21, 1997	Computer Investigation of Health Care Fraud, Statistical Analysis of Data, State Search Warrants & Computers, MFCU Activities	Curt Landis, Patricia Martin, Mike Russell, Martha Hodgesmith	Kansas Health Care Fraud Working Group	Topeka, KS	FBI, US Attorney staff, Fiscal agent staff, SURS Unit, Kansas Insurance Commission staff	50
September 23, 1997	Health Care Fraud and Abuse	Martha Hodgesmith	Newton Medical Center	Newton, KS	RN's, LPN's, Social Workers	35
September 24, 1997	Health Care Fraud and Adult Abuse/Neglect	Martha Hodgesmith	Social and Rehabilitation Services	Salina, KS	SRS staff, Area Agency on Aging staff, Case Managers, Independent Living Counselors	62
September 25, 1997	Fraud and Abuse: The Effect on Health Information Management	Carla Stovall, Martha Hodgesmith	Kansas Hospital Association/Kansas Health Information Management Association	Hutchinson, KS	Medical Records personnel	150
September 30, 1997	Fighting Medicare Fraud	Carla Stovall, Martha Hodgesmith	St. Francis Hospital and Medical Center	Topeka, KS	Senior citizens	100

# Presentations

Date of Presentation	Topic	Presenter	Sponsors	Location	Attendees	Approx. Attendance
November 3, 1997	Health Care Fraud and Abuse Telenet Conference	Carla Stovall, Martha Hodgesmith	AARP	Various broadcast locations across Kansas	Senior citizens and advocates for seniors	200
November 14, 1997	Improving the Quality of Care in the Nursing Facility	Ron Scheid, Mike Russell	Kansas University Medical Center - Center on Aging	Kansas City, MO	Health care and long term care professionals	146
January 5, 1998	Search Warrant Procedures	Ron Scheid, Mike Russell	Blue Cross Blue Shield of Kansas	Topeka, KS	Fiscal agent staff	25
January 13, 1998	Breaking the Silence: Elder Abuse, Exploitation and Neglect	Carla Stovall	Northeast Kansas Area Agency on Aging	Hiawatha, KS	Senior citizens advocates, social service and health care professionals	110
February 6, 1998	Better Than Concrete for Building a Strong Foundation: Mixing Law Enforcement and Non Law Enforcement Resources to Support Your Case, and Knowing Which Ones Are Live Wires - The Ethics of Contact With Represented Persons	Jon Fleenor	Attorney General, Kansas County and District Attorneys Association	Topeka, KS	Prosecutors	93

# Presentations

Date of Presentation	Topic	Presenter	Sponsors	Location	Attendees	Approx. Attendance
February 9, 1998	Health Risk Communication	Bob Swafford	University of Kansas	Topeka, KS	Doctoral level students	20
February 19, 1998	Medicaid Fraud and Adult Abuse/Neglect	Martha Hodgesmith	Kansas Home Care Association	Topeka, KS	Home health care professionals	123
February 26, 1998	Adult Protection: We're All In This Together	Martha Hodgesmith	Mainstream, Inc.	Topeka, KS	Social Workers and Human Service Professionals	81
February 25, 1998	Use of legal assistants in criminal prosecution	Martha Hodgesmith	Washburn University	Topeka, KS	Paralegal students	11
February 27, 1998	Medicaid Fraud and Adult Abuse/Neglect	Martha Hodgesmith	Social and Rehabilitation Services	Emporia, KS	SRS staff, AAA staff	30
March 7, 1998	Medicaid Fraud and Abuse	Mike Russell	Kansas State Society of American Medical Technologists	Kansas City, KS	Medical Technologists	10
March 31, 1998	Health Care Fraud and Patient Abuse: What You Should Know	Martha Hodgesmith	Dodge City Community College Allied Health Continuing Education	Dodge City, KS	Nurses, Social Workers, LTC Administrators	57
April 1, 1998	State and Federal Law Enforcement Careers	Phil McManigal and Deputy US Marshal Craig Beam	USD 335, 336 and 337	Holton, KS	Highschool students	150

# Presentations

Date of Presentation	Topic	Presenter	Sponsors	Location	Attendees	Approx. Attendance
April 2, 1998	Law Enforcement and the Future of Law Enforcement	Phil McManigal	Chamber of Commerce & Jackson county Development Corporation	Holton, KS	Leadership Jackson County class members	120
April 7, 1998	Dealing with Sexuality and Cognitively Impaired Residents	Mike Russell and Jon Fleenor	Kansas Department of Health and Environment	Topeka, KS	LTC Surveyors	100
April 14, 1998	Medicaid Fraud and Adult Abuse	Martha Hodgesmith	Area Agency on Aging Case Managers Association	Augusta, KS	Case Managers	30
April 16, 1998	A Women's Health Issue - Elder Abuse	Martha Hodgesmith	Association of Women's Health, Obstetric, and Neonatal Nurses	Valley Falls, KS	Nurses	100
May 27, 1998	Medicaid Fraud and Abuse Unit	Ron Scheid	SRS	Topeka, KS	Independent Living Center Directors	20
June 4, 1998	Medicaid Fraud and Abuse Unit	Ron Scheid	SRS	Lawrence, KS	Independent Living Center Counselors	30
June 10, 1998	Seniors Fight Back - A Conference on Fraud Against Older Kansans	Martha Hodgesmith	AARP, Kansas Attorney General, KU Gerontology Center, KDOA, KS Association of Area Agencies on Aging	Lawrence, KS	Senior citizens, professionals serving senior citizens	275

# Presentations

Date of Presentation	Topic	Presenter	Sponsors	Location	Attendees	Approx. Attendance
June 16, 1998	Abuse, Neglect and Exploitation	Martha Hodgesmith	Mercantile Bank	Topeka, KS	Trust Officers	8
June 18, 1998	Health Care Fraud	Martha Hodgesmith	Cosmopolitan Club of Topeka	Topeka, KS	Citizens of Topeka	50

# Appendix C

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# Conviction in abuse case first for unit

Medicaid fraud alleged

Former case manager  
for mental health center  
faces charges of fraud



Nursing-home mis-  
treatment

Nurses day at  
Legislature planned

*Stovall talks about elder  
abuse to Hiawathans*

Lawrence woman charged  
with abuse at nursing home

State officials to participate in  
teleconference on health care fraud

# Conviction in abuse case first for unit

● A Brandon Woods employee was convicted of tying a resident to her bed in 1996.

BY TIM CARPENTER  
JOURNAL-WORLD WRITER

A former Lawrence nursing home employee Friday was convicted of a felony for using a bed sheet to tie down an 83-year-old woman suffering from Alzheimer's disease.

The Douglas County District Court jury deliberated 10 hours over two days before finding Angela Branson, 23, of Lawrence guilty of mistreating a dependent adult. She was convicted of illegally restraining the woman at Brandon Woods Retirement Community in July 1996.

The incident came to light in 1997 following a review of Kansas Department of Health and Environment files by a new unit in the

state attorney general's office created to prosecute fraud and abuse in Medicaid-funded facilities.

Branson's case was the unit's first conviction involving a jury trial. Defendants in the unit's only other cases — one each in Wyandotte and Lyon counties — pleaded guilty.

Michael Russell, assistant attorney general, said this conviction demonstrated the state had intensified efforts to protect Kansans living in nursing homes.

"There's not been an aggressive investigation, prosecution in the past," he said.

The local district attorney's office was given an opportunity to prosecute Branson, but yielded to the state.

Defense attorney John Frydman of Lawrence said he was astonished with the verdict.

"Very surprised, based on the

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See Nursing, page 3B

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# Nursing aide convicted of abuse

Continued from page 1B

fact they were out so long," he said.

He said Branson's conviction would destroy her reputation and prevent her from continuing to work in the field. Her name will be added to a registry of people found to have abused a nursing home resident.

District Judge Robert Fairchild is scheduled to sentence Branson on March 13. She could receive probation.

Jeff Birnbaum, executive director of Brandon Woods, said he supported the jury's finding. He said Branson violated state law and Brandon Woods policy by restraining the resident.

A physician has the authority to order restraints. A nurse may do the same in an emergency. A certified nursing assistant, such as Branson, doesn't have that power. Bed sheets aren't a suitable restraint in any instance.

Staff at Brandon Woods, 1501 Inverness, investigated the incident of July 14, 1996, fired Branson five days later and notified KDHE.

The victim's family has remained informed of progress in the case, Birnbaum said.

"They've been supportive of Brandon Woods," he said. "Obviously, nobody's pleased this circumstance happened."

The victim's degenerative brain disease prevented her from testifying at trial or assisting authorities in the investigation.

Russell said Branson tied both of the victim's wrists to plastic bed rails with a white sheet.

The key prosecution witness, former Brandon Woods aide Becca

Peterson, testified Branson became frustrated with the victim's behavior, walked her to her bedroom and returned alone. Branson whispered to Peterson that the elderly woman wouldn't bother them any longer, Peterson said.

Peterson testified she waited several minutes before entering the victim's room. The woman called out — "someone help me" — until Peterson untied her.

The victim sustained no visible injuries. She still resides at Brandon Woods.

"Residents have rights," Russell said. "They have a right to be free from abuse. They have a right not to be tied down."

Branson, who has worked at several Lawrence nursing homes, testified she had helped the victim into bed an estimated 20 times that evening.

To deter the woman from getting out of bed again, Branson said she tied a sheet from bed

rail to bed rail across her chest area.

"It wasn't even touching her body," Branson said.

Her lawyer, Frydman, said Peterson was unreliable and motivated by a desire to divert attention from her own inadequacies as a Brandon Woods aide.

If Peterson's version wasn't credible, Frydman said, the state lacked proof Branson was guilty of felony abuse.

"I don't think the evidence is here to support it," he said.

Frydman attacked the inquiry conducted by Pamela Horn, an investigator with the attorney general's office. He said it was "an unfair, tilted investigation."

Horn testified Branson said during an interview in 1997 that she "probably broke the law" by tying a sheet to the victim's bed.

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— Tim Carpenter's phone message number is 832-7155. His e-mail address is [tim@ljworld.com](mailto:tim@ljworld.com).

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## Lawrence woman charged with abuse at nursing home

FROM J-W STAFF REPORTS

The Kansas attorney general's office on Wednesday charged a Lawrence woman with allegedly mistreating a dependent adult in a nursing home.

Angela M. Branson, 22, was charged with a felony count of mistreatment of a dependent adult.

The office in a statement said that on July 14, 1996, Branson inflicted unreasonable confinement on the victim.

The statement did not name the nursing home or describe how Branson allegedly confined the victim. It also did not say whether the victim was a man or a woman.

Mary Horsch, spokeswoman for Atty. Gen. Carla Stovall, said she did not have additional information.

Douglas County Dist. Atty.

Christine Tonkovich said the case was being handled by the attorney general's office because it led the investigation.

"They have a special unit that did the investigation," she said.

The unit is called the Medical Fraud and Abuse Division.

Branson was arrested Tuesday by Lawrence police detectives and booked into the Douglas County Jail on a district court warrant for battery and on a charge of contraband in a penal institution.

Information about the contraband charge was not available Wednesday night.

She was released about 2 p.m. Tuesday on \$5,500 bond, according to jail records.

A hearing has been set for 3 p.m. Wednesday in Douglas County District Court.

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**Nursing-home mis-treatment:** A former nursing home assistant was convicted of a felony after she used a bed sheet to restrain an 83-year-old Alzheimer's patient.

Angela Branson's conviction was the first in a jury trial for a new state investigative unit created to examine abuses at Medicaid-funded facilities.

A Douglas County jury deliberated 10 hours over two days before finding Branson, 23, of Lawrence, guilty Friday of mistreating a dependent adult. She was convicted of illegally restraining the woman at the Brandon Woods Retirement Community in July 1996.

Prosecutors said Branson tied both of the woman's wrists to plastic bed rails with a white sheet.

# Medicaid fraud alleged

By Betty Knutson  
Parsons Sun

A former case manager for a mental health center in Southeast Kansas has been charged by Kansas Attorney General Carla J. Stovall with Medicaid provider fraud.

Greg Youvan, Pittsburg, appeared today for a status hearing at Labette County District Court in Parsons. He is charged with four felony counts of Medicaid fraud.

District Judge Daniel Brewster opened the arraignment hearing then excused himself from the case. He did not give a reason.

A different judge will be appointed to oversee the trial and a new court date will be set.

Youvan was booked into the Labette County jail Feb. 26 after charges were filed at Labette County District Court the day before. He is free on a \$2,500 appearance bond.

The charges are the result of an 11-month investigation of Youvan by Stovall's Medicaid fraud and abuse division.

According to a press release from the attorney general's office, Youvan was to provide case management services to clients. The Medicaid program was then billed for reimbursement of those services.

The criminal complaint alleges between August 1996 and January 1997, Youvan either did not provide those services or provided services for a shorter time period than he claimed.

The attorney general would not release the name of the mental health facility involved but verified it is located in Labette County.

"We are concerned if we do, it may discourage others within the facility from reporting other possible cases of fraud," said Mary Horsch, Stovall's spokesman.

## Former case manager for mental health center faces charges of fraud

PARSONS, Kan. — A former case manager for Labette County Mental Health Center, Parsons, has been charged with Medicaid fraud.

Greg Youvan, Pittsburg, was charged in Labette County District Court with four counts of Medicaid fraud. The charges resulted from an 11-month investigation by the state attorney general's Medicaid Fraud and Abuse Division.

Attorney General Carla Stovall said Medicaid was billed for reimbursement for services Youvan was to have provided. The criminal charges allege that between August 1996 and January 1997, Youvan either did not provide those services or provided services for a shorter time than he claimed.

The charges were filed Feb. 25. Youvan was released on \$2,500 bond.

Jack Martin, administrator of the mental health center, said the alleged discrepancies surfaced during an internal review of services by the not-for-profit agency. He said the center is licensed by the Kansas Department of Social and Rehabilitation Services. Children served by the center are classified as severely emotionally disturbed, he said.

## State officials to participate in teleconference on health care fraud

"Health Care Fraud, Are You A Target?" is the topic of a town meeting forum to be held Monday, Nov. 3, from 9 a.m. to 11:30 a.m. at First Foursquare Church, 1713 U.S. Highway 160, Parsons.

Registration will begin at 8:30 a.m.

The public is invited to attend and learn ways to be a fraud fighter and help save health care dollars.

Participants from 10 sites across the state will be connected to each other in a teleconference.

Kathleen Sebelius, Kansas Commissioner of Insurance, and Carla Stovall, Kansas

Attorney General, will be the statewide Telenet Speakers. Additional information will be provided by local speakers and legislators who will answer the public's questions.

The teleconference is sponsored by American Association of Retired Persons (AARP), Kansas Area Agencies on Aging (AAA), and Kansas Retired Teachers Association (KRTA). Refreshments provided by Southwestern Bell Telephone.

For more information, contact Audra Barnhardt at 316-244-3469 or Leon Gimler at 316-421-3433.

# Stovall talks about elder abuse to Hiawathans

By DEBORAH ROSENBERGER  
*World Staff*

A 78-year-old Kansas woman got caught up in a multiple level mail contest which depleted \$8,000 from her bank account over a period of years.

The contest rules ask participants to solve a puzzle, and send \$5 to the contest headquarters for winner verification. The participants are then told they've won the first level, and will now advance to the next level by sending \$10 and so on . . .

The last puzzle in the contest is unsolvable, said Attorney General Carla Stovall during a visit to Hiawatha Tuesday to talk about elder abuse.

When Stovall asked the lady how she got sucked into the scam she said, "I was bored."

Elderly people seem to be the most vulnerable to scams because of loneliness and boredom, not because they don't know any better, Stovall said.

Stovall's office investigates and prosecutes cases of physical

and financial exploitation and medical fraud.

The elderly are perfect victims for telemarketing fraud simply because the voice on the other end of the phone is very nice, very friendly and will take the time to listen to them.

Stovall spoke to various employees of social service agencies at the Fisher Center where the Northeast Kansas Area Agency on Aging (NEKAAA) had staged an elder abuse seminar.

Topics included all aspects of elder abuse including sexual, financial, physical, and emotional, whether the acts are being com-

mitted by service agencies, nursing facilities or family (domestic violence) members.

There is nothing domestic about being heat up by family members, Stovall said, "so I like to call it an undomestic" act.

Family violence is not a family problem . . . It's a community problem. And, a direct act of kindness would be to report abuse, not ignore it.

Only one out of 14 cases of elder abuse are reported, said Stovall, who announced the new toll-free number in Kansas for victims or victim advocates to report abuse. The number is 1-888-END-ABUSE.

# Appendix D

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Office of Attorney General  
Division of Medicaid Fraud and Abuse

**Report of Expenditures for the period of July 1, 1997 thru June 30, 1998**

Salaries		\$471,189
Payroll and Fringe Benefits		82,991
Travel		28,155
Equipment		15,935
Supplies		
Office Supplies	\$6,009	
Postage and Freight	446	
Printing & Advertising	1,369	
One-time Items	219	
Total Supplies		<u>8,043</u>
Contractual Services		
Rents - Office Space	\$32,710	
Rents - Leased Automobiles	5,655	
Copier Lease & Maintenance	3,042	
Security System	270	
Communication (Telephone & Computer)	12,188	
Total Contractual Services		<u>53,865</u>
Other Expenditures		
Legal and Reference Materials	\$2,800	
Membership Fees	3,375	
Registration Fees	6,602	
Witness and Consulting Cost	262	
Miscellaneous	453	
		<u>13,492</u>
<b>Total Expenditures</b>		<b><u>\$673,670</u></b>



# 1998 MEDICAID FRAUD CONTROL UNIT SURVEY

750 First Street, N.E.  
Suite 1100  
Washington, D.C. 20002  
(202) 326-6020

AUGUST 1998

NATIONAL ASSOCIATION OF MEDICAID FRAUD CONTROL UNITS

The **NATIONAL ASSOCIATION OF MEDICAID FRAUD CONTROL UNITS** was founded in 1978 to provide a forum for the mutual exchange of information and to facilitate communication among the state Medicaid Fraud Control Units. The Association fosters interstate cooperation on legal and law enforcement issues affecting the Units and conducts training programs and provides technical assistance to its members.

The Association represents the 47 Medicaid Fraud Control Units that investigate and prosecute Medicaid provider fraud and fraud in the administration of the Medicaid program. The Units are also responsible for protecting the most vulnerable of our population – those who by need and circumstance reside in nursing homes – from abuse and neglect. Since the inception of the Medicaid Fraud program in 1978, the Units have obtained an impressive record of over 8,000 convictions of Medicaid providers and have recovered hundreds of millions of program dollars.

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This statistical report was compiled and produced by *Tracye Payne Wilson*, Legal Secretary, National Association of Medicaid Fraud Control Units. The information presented herein comes from responses to a survey that was sent to all 47 Medicaid Fraud Control Units.

### Certification Date, Agency Affiliation, Fiscal Intermediary

STATE	DATE OF CERTIFICATION	AGENCY AFFILIATION	NAME OF FISCAL INTERMEDIARY
Alabama	04/15/78	Attorney General	EDS
Alaska	01/01/92	Attorney General	1 <sup>st</sup> Health Svcs. Corp.
Arizona	10/01/84	Attorney General	AHCCCS
Arkansas	01/01/79	Attorney General	EDS
California	07/28/78	Attorney General	EDS
Colorado	07/01/78	Attorney General	Blue Cross/Blue Shield
Connecticut	08/16/78	Chief State's Attorney	Dept. of Soc. Svcs.
Delaware	04/01/80	Attorney General	EDS
Florida	08/18/80	Attorney General	UNISYS
Georgia	01/01/95	Atty. Gen.; GA Bureau of Investigations; State Auditor	EDS
Hawaii	06/04/79	Attorney General	Blue Cross/Blue Shield
Illinois	06/30/78	Illinois State Police	IL Dept. of Public Aid
Indiana	07/01/82	Attorney General	EDS
Iowa	09/06/86	Dept. of Inspection & Appeals	Consultec, Inc.
Kansas	10/01/95	Attorney General	Blue Cross/Blue Shield
Kentucky	04/01/80	Attorney General	UNISYS
Louisiana	03/31/78	Attorney General	UNISYS
Maine	07/02/79	Attorney General	DHS
Maryland	01/01/79	Attorney General	Dept. of Health & Mental Hygiene
Massachusetts	08/15/78	Attorney General	UNISYS
Michigan	10/01/78	Attorney General	Dept. of Community Health
Minnesota	07/01/83	Attorney General	DHS
Mississippi	04/01/84	Attorney General	EDS
Missouri	01/01/94	Attorney General	GTE Data Services
Montana	11/08/95	Attorney General	Consultec, Inc.

### Certification Date, Agency Affiliation, Fiscal Intermediary

STATE	DATE OF CERTIFICATION	AGENCY AFFILIATION	NAME OF FISCAL INTERMEDIARY
Nevada	10/01/91	Attorney General	Blue Cross/Blue Shield
New Hampshire	10/01/84	Attorney General	EDS
New Jersey	03/01/78	Attorney General	UNISYS
New Mexico	10/01/89	Attorney General	Consultec, Inc.
New York	05/02/78	Attorney General	Computer Sciences Corp.
North Carolina	01/01/79	Attorney General	EDS - Federal
Ohio	11/20/78	Attorney General	OH Dept. Of Hum. Svcs.
Oklahoma	07/01/89	Attorney General	UNISYS
Oregon	04/01/86	Attorney General	Ofc. of Med. Asst. Progs. of OR Dept. of Hum. Res.
Pennsylvania	12/21/78	Attorney General	EDS
Rhode Island	02/21/87	Attorney General	EDS
South Carolina	01/01/95	Attorney General	S.C. Dept. of Health & Human Services
South Dakota	07/01/90	Attorney General	Ofc. of Medical Services
Tennessee	10/01/84	Tennessee Bureau of Investigation	First Health/ individual MCO
Texas	01/01/79	Attorney General	Nat. Heritage Ins. Co.
Utah	01/01/80	Dept. of Public Safety	Dept. of Health - Health Care Financing Admin.
Vermont	10/01/80	Attorney General	EDS
Virginia	10/01/80	Attorney General	First Health
Washington	07/24/78	Attorney General	Dept. of Soc. & Hlth. Svc.
West Virginia	10/01/79	Health and Human Resources	Consultec, Inc.
Wisconsin	07/01/78	Attorney General	EDS
Wyoming	01/01/95	Attorney General	Consultec

## Number of Staff

STATE	TOTAL STAFF	ATTYS	AUDITORS	INVESTIGATORS	OTHER	# OF SWORN PERSONNEL
Alabama	9	1	1	5	2	5
Alaska	5	1	1	2	1	0
Arizona	13	2	2	6 <sup>1</sup>	5	5
Arkansas	17	4	2	8	3	10
California	132	17	3	78	34	78
Colorado	11	2	1	7	1	7
Connecticut	7	1	2	3	1	3
Delaware	9	2	1	4	2	9
Florida	100	7	1	72	20	25
Georgia	41	6	6	19	10	19
Hawaii	16	3	3	7	3	7
Illinois	28	3	2	20	3	14
Indiana	23	2	3	15	3	20
Iowa	10	2	2	6	0	0
Kansas	12	3	1	5	3	5
Kentucky	19	6	1	8	4	14
Louisiana	24.5	4	4	14	2.5 <sup>2</sup>	17
Maine	6	1	1	3	1	5
Maryland	20	4	3	9	4	0
Massachusetts	28	9	3	11	5	0
Michigan	36	7	3	15	11	15
Minnesota	14	4	2	5	3	0
Mississippi	18	3	1	11	3	10
Missouri	23	6	3	10	4	0
Montana	7	1	1	4	1	4

<sup>1</sup>ARIZONA: Includes two auditors who also do investigations.

<sup>2</sup>LOUISIANA: One part time staff person.

## Number of Staff

STATE	TOTAL STAFF	ATTYS	AUDITORS	INVESTIGATORS	OTHER	# OF SWORN PERSONNEL
Nevada	13	3	1	6	3	6
New Hampshire	7	2	2	2	1	2
New Jersey	25	4	1	14	6	14
New Mexico	13	3	2	7	1	5
New York	283	45	87	78	73	78
North Carolina	20	3	1	13	3	2
Ohio	41	9	1	25	6	0
Oklahoma	17	3	1	11	2	12
Oregon	6	2	1	2	1	0
Pennsylvania	50	8	4	30	8	38
Rhode Island	14	2	3	6	3	0
South Carolina	12.5	2	1	5	4.5 <sup>1</sup>	6
South Dakota	5	1	1	2	1	2
Tennessee	23	1	1	15	6	18
Texas	41	5	3	25	8	0
Utah	13.5	1	2	8	2.5 <sup>2</sup>	8
Vermont	6	2	1	2	1	5
Virginia	12	2	2	6	2	0
Washington	16	3	2	8	3	0
West Virginia	15	1	4	6	4	0
Wisconsin	10.5	2.5 <sup>3</sup>	1	5	2	0
Wyoming	4	1	1	1	1	1

<sup>1</sup>SOUTH CAROLINA: One part time investigative paralegal stationed in Charleston.

<sup>2</sup>UTAH: One part time staff person.

<sup>3</sup>WISCONSIN: One part time attorney. Not funded by grant.

## Prosecution and Arrest Authority

STATE	PROSECUTION AUTHORITY		REFERRED TO	UNIT AUTHORITY TO:	
				ARREST	SEIZE EVIDENCE
Alabama	Yes	State Statute	N/A	Yes	Yes
Alaska	Yes	State Statute	N/A	No	No
Arizona	Yes	State Statute	N/A	Yes	Yes
Arkansas	Yes	Can be appointed by local prosecutors	U.S. Attorney/County Prosecutor	No	Yes
California	Yes	State Statute	N/A	Yes	Yes
Colorado	Yes	Gov.'s Exec. Order & D.A. Agreements	N/A	Yes	Yes
Connecticut	Yes	State Statute	N/A	Yes	Yes <sup>1</sup>
Delaware	Yes	State Statute	N/A	Yes	Yes
Florida	No	N/A	U.S. Attorney/State Attorney Statewide Prosecutor	Yes	Yes
Georgia	Yes	Constitution; State Statute; Gov's Exec. Order	N/A	Yes	Yes
Hawaii	Yes	Constitution	N/A	Yes	Yes
Illinois	Yes	State Statute	Attorney General/U.S. Attorney/ State Attorney	Yes	Yes
Indiana	No	State Statute	U.S. Attorney/County Prosecutor	No	No
Iowa	No	State Statute	U.S. Attorney/County Prosecutor	No	No
Kansas	Yes	State Statute	N/A	Yes	Yes
Kentucky	Yes	State Statute	N/A	Yes	Yes
Louisiana	Yes	Constitution	N/A	Yes	Yes
Maine	Yes	Constitution	N/A	Yes	Yes
Maryland	Yes	Governor's Letter	N/A	No	No
Massachusetts	Yes	State Statute	N/A	No	No
Michigan	Yes	State Statute	N/A	Yes	Yes
Minnesota	Yes	State Statute	Abuse Cases to County/City Prosecutors	No	Yes
Mississippi	Yes	State Statute	N/A	Yes	Yes
Missouri	Yes	State Statute	U.S. Attorney/County Prosecutor	No	No
Montana	Yes	State Statute	N/A	Yes	Yes

<sup>1</sup>CONNECTICUT: Search warrant.

### Prosecution and Arrest Authority

STATE	PROSECUTION AUTHORITY		REFERRED TO	UNIT AUTHORITY TO:	
				ARREST	SEIZE EVIDENCE
Nevada	Yes	State Statute	N/A	Yes	Yes
New Hampshire	Yes	State Statute	N/A	No	No
New Jersey	Yes	State Statute	N/A	Yes	Yes
New Mexico	Yes	State Statute & Constitution	N/A	Yes	Yes
New York	Yes	State Statute	N/A	Yes	Yes
North Carolina	Yes	Agreement with D.A.	N/A	Yes	Yes
Ohio	Yes	State Statute	N/A	No	No
Oklahoma	Yes	State Statute	U.S. Attorney/Local District Attorney	Yes	Yes
Oregon	Yes	State Statute <sup>1</sup>	Local District Attorney <sup>2</sup>	No	No
Pennsylvania	Yes	State Statute	N/A	Yes	Yes
Rhode Island	Yes	Constitution	N/A	No	Yes
So. Carolina	Yes	State Statute	N/A	Yes	Yes
So. Dakota	Yes	State Statute	N/A	Yes	Yes
Tennessee	No	None	U.S. Attorney/District Attorney	Yes	Yes
Texas	No	None	U.S. Attorney/District Attorney/ County Attorney	No	No
Utah	Yes	State Statute	Attorney General	Yes	Yes
Vermont	Yes	State Statute	N/A	Yes	Yes
Virginia	Yes	Agreement with Commonwealth Attorney	Commonwealth Attorney	No	No
Washington	Yes	State Statute	N/A	No	Yes
West Virginia	No	State Statute	U.S. Attorney/ County Prosecutor	No	Yes
Wisconsin	Yes	State Statute	N/A	Yes <sup>3</sup>	Yes
Wyoming	Yes	Agreement with D.A.	N/A	Yes	Yes

<sup>1</sup>OREGON: For charges of making false claims for health care payments only

<sup>2</sup>OREGON: All other crimes referred to local D.A. with request for Unit attorney to be deputized to personally prosecute.

<sup>3</sup>WISCONSIN: If done jointly with law enforcement personnel.

## Medicaid Fraud, Patient Abuse, Forfeiture Statutes

STATE	SPECIFIC STATUTE FOR:			1115 WAIVER	915 WAIVER	FORFEITURE OR INJUNCTIVE POWERS
	MEDICAID FRAUD	CMPL/ CIVIL FRAUD	PATIENT ABUSE			
Alabama	22-1-11	No	38-9-1 thru 38-9-11	Yes	Yes	No
Alaska	No	No	A.S. 11.51.200	No	No	No
Arizona	No	ARS § 36-2918	ARS § 13-3623	Yes	No	ARS § 13-4301 et seq.
Arkansas	ACA § 5-55-101 et seq.	ACA § 20-77-901 et seq.	ACA § 5-28-101 et seq.	No	No	Forfeiture - No Injunctive - Yes
California	14107.2	12652 Govt Code	368 Penal code	No	No	17203- Business & Professional Code
Colorado	CRS 26-1-127	CRS 26-4-403 (2) (a) (I)	CRS 18.6.5-101 et seq. At-Risk Adults	Yes	Yes	C.O.C.C.A. 18-17-101 et seq. & Public Nuisance 18-13-301 et seq.
Connecticut	CGS 53A 122E & 53A 123	No	CGS 53A 59A 53A 60B 53A 61A	No	No	No
Delaware	31 Del.C. §1001 et. seq.	31 Del.C. §1001 et. seq.	16 Del.C. §1131 et seq.	Yes	Yes	11 Del.C. §1501 et seq. (criminal enterprises)
Florida	F.S. 409.920	F.S. 68.081	F.S. 415.1055 409.920	No	No	No
Georgia	O.C.G.A. §49-4-146.1(a) (b) & (c)	O.C.G.A. §49-4-146.1(c.1) (d) & (e)	No	No	Yes	O.C.G.A. §49-4-146.3
Hawaii	346-43.5 H.R.S.	No	709-905 H.R.S.	No	No	712 A-6 HRS
Illinois	305 ILCS 5/8A-3	305 ILCS 5/8A-7	305 ILCS 5/12-19	No	No	305ILCS5/8A-7
Indiana	IC 35-93-S 7.1	IC 12-15-23-8	IC 35-42-2-1	No	Yes	IC 34-4-30.5-2 IC 34-4-30.5-3
Iowa	IC 249A.8	No	IC 235B	No	No	No
Kansas	K.S.A. 213844 -21-3855	No	K.S.A. 21-3437	No	No	No
Kentucky	KRS 205.8463	KRS 205.8467	KRS 209.790 KRS 508.110-130	Yes	Yes	No
Louisiana	LA RS 14:70.1	LA RS 46:4371.1 et seq.	LA RS 14:93.3	No	Yes	Yes

## Medicaid Fraud, Patient Abuse, Forfeiture Statutes

STATE	SPECIFIC STATUTE FOR:			1115 WAIVER	915 WAIVER	FORFEITURE OR INJUNCTIVE POWER
	MEDICAID FRAUD	CMPL/ CIVIL FRAUD	PATIENT ABUSE			
Maine	None	Title 22 MRSA § 15	Title 17-A §555	No	Yes	Title 5 <sup>1</sup>
Maryland	Art. 27 § 230B HG 15-123.1	HG15-123	Art. 27, 35D	Yes	Yes	No
Massachusetts	C118E §40	118E §44	C265 §38	No	No	No
Michigan	MCL 400.601 et al.	MCL 400.612	MCL 333.21771 MCL 750.145N	No	Yes	MCL 400.601 et al. MCL 750.1 et al.
Minnesota	609.466 609.52	256B.121	626.557 reporting 609.235 eriminal	Yes	Yes	M.S. 609.531-5315
Mississippi	43-13-201	43-3-225	43-47-19	No	Yes	43-13-227
Missouri	191.905	191.905	191.905	Request Pending	Yes	RSMO §513.600 et seq. RSMO §198.067 RSMO §407.100
Montana	MCA 45-6- 313	MCA 53-6- 111-547	No	Yes	Yes	No
Nevada	NRS 422-540	NRS 422.580	NRS 200.495 & NRS 200.5091 et seq.	No	No	No
New Hampshire	RSA161:61-a	RSA161:61	RSA151:27	No	Yes	No
New Jersey	NJSA. 30:40- 17	NJSA 30:40-17(e)	NJSA 2C:24-8	No	Yes	NJSA 2C:64-1
New Mexico	30-44-1 et al. NMSA 1978	30-44-1 et al. NMSA 1978	30-47-1 et al. NMSA 1978	No	Yes	(RICO) 30-42-1 et al. NMSA 1978
New York	No	Soc. Svcs Law 145-b	No	Yes	Yes	CPLR13A
North Carolina	NCGS 108A- 63	NCGS 108A-70.10	NCGS 14-32.2	No	Yes	No
Ohio	ORC 2913.40	ORC 5111.03	ORC 2903.33/34	Yes	Yes	ORC 2933.71-75
Oklahoma	56 O.S. 1001-1008	56 O.S. 1007	21 O.S. 1007	Yes	Yes	No

<sup>1</sup>MAINE: Unfair Trade Injunction - rarely used.

## Medicaid Fraud, Patient Abuse, Forfeiture Statutes

STATE	SPECIFIC STATUTE FOR:			1115 WAIVER	915 WAIVER	FORFEITURE OR INJUNCTIVE POWER
	MEDICAID FRAUD	CMPL/ CIVIL	PATIENT ABUSE FRAUD			
Oregon	ORS 165.692 <sup>1</sup> ORS 411.675 <sup>2</sup>	ORS 411.690 <sup>3</sup>	ORS 163.200 and 163.205	Yes	Yes <sup>4</sup>	ORS 166.715 et. seq. <sup>5</sup>
Pennsylvania	62 P.S. 1401	PA C.S.A. 911	18 C.S.A. 18 2713	No	No	18 § 911
Rhode Island	40-8.2-1	40-8.2-1	23-17.8-1	Yes	Yes	40-8.2-1
South Carolina	43-7-60	43-7-60	43-35-85	No	No	43-35-85
South Dakota	SDCL 22-45	SDCL 22-45-7	SDCL 22-46	No	Yes	No
Tennessee	None	71-5-181 et seq.; and 56- 26-401 et seq.	71-6-110 71-6-117 71-6-119	Yes	No	53-11-451; and 53-11-452
Texas	HRC §36.002 & §36.131	HRC §36.052	TPC §22.01 & §22.04	Yes	Yes	No
Utah	26-20-1	26-20-9.5	76-5-111	Yes	Yes	No
Vermont	33 VSA §141	None	33 VSA § 6902	Yes	Yes	No
Virginia	32.1-314	32.1-312	No	No	No	No
Washington	RCW 74.09.230	RCW 74.09.210	No <sup>6</sup>	Yes	Yes	No
West Virginia	§9-7-1	§9-7-6	§61-2-29	No	Yes	No
Wisconsin	49.49	49.49 (4)	940.295	No	No	Yes
Wyoming	42-4-111	None	35-20-102	No	No	No

<sup>1</sup>OREGON: Making false claims for health care payments to all kinds of insurers.

<sup>2</sup>OREGON: Medicaid-specific.

<sup>3</sup>OREGON: Civil - Extremely limited; action only may be brought by fiscal intermediary.

<sup>4</sup>OREGON: 1915B waiver to allow managed care; had one but no longer available under Balanced Budget Act of 1997. 1915C waiver to allow cost-effective in-home and community-based services.

<sup>5</sup>OREGON: Limited to RICO cases.

<sup>6</sup>WASHINGTON: File under General Criminal Statute

### Medicaid and Unit Budgets

STATE	1997 MEDICAID BUDGET <sup>1</sup>	UNIT BUDGET <sup>2</sup>	REGIONAL OFFICES
Alabama	\$2.3 billion	\$1,358,668	No
Alaska	\$350,000,000	\$640,600	No
Arizona	\$1,173,000	\$1,564,000	No
Arkansas	\$1.4 billion	\$1,395,159	No
California	\$18.2 billion	\$12,466,668	9
Colorado	\$1.7 billion	\$832,000	No
Connecticut	\$1.9 billion	\$768,541	No
Delaware	\$412,453,582	\$684,759	No
Florida	\$6.5 billion	\$7,100,685	7
Georgia	\$3.2 billion	\$2,937,598	No
Hawaii	\$6.7 million	\$1,221,000	No
Illinois	\$6.9 billion	\$2,100,000	3
Indiana	\$2.7 billion	\$1,525,300	10
Iowa	\$1.3 billion	\$473,000	No
Kansas	\$868,382,008	\$1,075,556	No
Kentucky	\$2.3 billion	\$1,102,760	No
Louisiana	\$3.3 billion	1,400,000	No
Maine	\$1.2 billion	\$456,360	No
Maryland	\$2.1 billion	\$1,600,000	No
Massachusetts	\$3.6 billion	\$1,729,000	1
Michigan	\$4.5 billion	\$3,200,000	No
Minnesota	\$2.8 billion	\$1,000,645	No
Mississippi	\$1.8 billion	\$1,074,668	No
Missouri	\$2.4 billion	\$1,464,000	No
Montana	\$382,872,428	\$400,000	No
Nevada	\$600,558,533	\$952,912	1

<sup>1</sup>1997 MEDICAID BUDGET: States with more than a billion dollar budget have been rounded off.  
<sup>2</sup>UNIT BUDGET: Total fiscal year budget in effect January 1, 1998 (State and Federal Match).

### Medicaid and Unit Budgets

STATE	1997 MEDICAID BUDGET	UNIT BUDGET	REGIONAL OFFICES
New Jersey	\$5.5 billion	\$2,746,209	No
New Hampshire	\$710,000,000	\$600,000	No
New Mexico	\$1.2 billion	\$607,000	No
New York	\$23.6 billion	\$27,382,800	8
North Carolina	\$4.6 billion	\$1,929,053	No
Ohio	\$6.1 billion	\$3,274,668	No
Oklahoma	\$1.3 billion	\$960,000	1
Oregon	\$1.5 billion	\$549,000	No
Pennsylvania	\$6 billion	\$4,101,000	3
Rhode Island	\$320,626,454	\$907,581	No
South Carolina	\$2.5 billion	\$958,000	No
South Dakota	\$337,571,526	\$325,332	No
Tennessee	\$3.4 billion	\$1,515,600	5
Texas	\$10 billion	\$3,228,488	No
Utah	\$665,111,400	\$1,018,000	No
Vermont	\$402,700,000	\$402,802	No
Virginia	\$2.3 billion	\$948,405	No
Washington	\$2.3 billion	\$1,300,000	No
West Virginia	\$1.3 billion	\$800,000	1
Wisconsin	\$2.5 billion	\$715,702	No
Wyoming	\$359,685,428 ('97/'98) biennium	\$348,175	No
<sup>1</sup> 1997 MEDICAID BUDGET: States with more than a billion dollar budget have been rounded off. <sup>2</sup> UNIT BUDGET: Total fiscal year budget in effect January 1, 1998 (State and Federal Match).			

