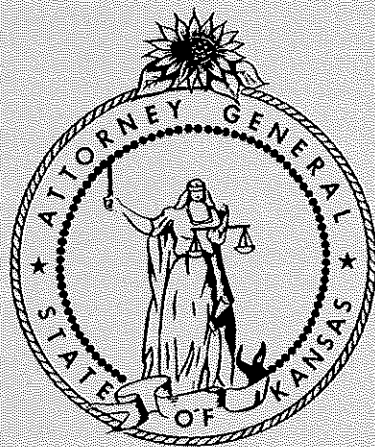


MEDICAID FRAUD AND ABUSE DIVISION ANNUAL REPORT



2007-08

**OFFICE OF THE KANSAS
ATTORNEY GENERAL
STEPHEN N. SIX**

KANSAS ATTORNEY GENERAL'S MEDICAID FRAUD AND ABUSE DIVISION

2007-08 ANNUAL REPORT

The Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office is the Medicaid Fraud Control Unit for the State of Kansas. (Kansas Statutes Annotated 21-3852). This annual report covers the reporting period of July 1, 2007, through June 30, 2008, and provides the information required by 42 C.F.R. § 1007.17. It is submitted in conjunction with the re-certification questionnaire requested by the Office of Inspector General.

HISTORY OF UNIT

The Unit was created pursuant to legislation enacted by the Kansas Legislature in 1995. The Unit operates under the statutory authority granted at Kansas Statutes Annotated 21-3846, et al. The Unit received certification in 1995 and has been granted recertification each year since. The Unit is a division within the Kansas Attorney General's Office.

A new Attorney General, Stephen N. Six, was appointed and took office in January of 2008, replacing recently elected Attorney General Paul Morrison. The new Attorney General has expressed the same passion and vision for the Attorney General's Office which includes a strong desire to protect the elderly and vulnerable from fraud and abuse. He has expressed a desire for the entire agency to aggressively prosecute fraud and abuse committed against the elderly, while at the same time maximizing the capabilities of the Unit within the confines of the federal grant.

STAFFING

The Unit has undergone some fairly significant staff changes during this past year. We have added three new agents, all certified law enforcement officers, and one nurse investigator, a registered nurse. Two of these hires were made to fill new positions in the Unit, both agent positions. One of the hires was made to fill a vacancy created when one of our agents departed to take a position with HHS OIG, Office of Investigations. Our agent/nurse investigator that had been with the Unit since inception took a position with the Kansas Department on Aging, which necessitated the hiring of a new nurse investigator. That leaves the Unit with one vacancy, an attorney position, which is anticipated to be filled by the end of August. The Unit has requested an unfunded position for an auditor for FY09, with the primary purpose of the request being to garner an additional full time employee allotment from the State of Kansas.

During this reporting period the Unit was fortunate to benefit from the services of a University of Kansas School of Law intern. The intern actually approached the Unit about the possibility of learning about our Unit and the work that we do. He received a grant that permitted him to do this without payment from the Unit. He has been a tremendous asset to the Unit, assisting the legal staff with various research projects, appellate matters, and other tasks as needed. The Unit hopes to be able to take advantage of similar opportunities in the future.

An organizational chart of the Unit is included as Attachment A.

HIGHLIGHTS AND SIGNIFICANT CASES FOR REPORTING PERIOD

United States v. Shelley Harding

On March 5, 2008, a federal Grand Jury indicted Shelley Harding on 81 counts of Health Care Fraud. These charges stem from allegations that Ms. Harding, while the owner and operator of A New Beginning, Inc., a licensed drug and alcohol abuse treatment center, billed and was paid by the Kansas Medicaid program for treatment services reportedly provided to 81 unique Medicaid beneficiaries that were each under the age of 12 at the time the treatment was reportedly provided, and who were not dependent on or addicted to drugs or alcohol. This indictment covers activities that occurred between June of 2001 and February of 2006. As a result of these false and fraudulent claims, A New Beginning billed and was paid in excess of \$3.76 million for these services. A trial has been scheduled in United States District Court for the District of Kansas to commence on May 5, 2009.

In Re the Investigation of ProActive

This case, while still under investigation, has presented some great challenges and opportunities. The allegations are that the corporation, owners, the director of nursing, and various employees have all conspired to defraud the Kansas Medicaid program. The scheme involves hiring nurses to provide home health care services. Once a nurse has demonstrated that he/she can be trusted they are encouraged to participate in "AP" or "all paper" visits. This process begins by the director of nursing finding patients, such as diabetics, that are in need of home health care services. She will obtain orders instructing that the client is to receive four visits per day seven times per week, or that others who may need medications set out or administered, receive visits each time they are to take the medication. These are visits to clients that either do not truly need all of the visits being ordered, and often the client will tell the nurses as much. The nurses are to complete paperwork as if they are completing the work, when in reality they may only see the client once per day, rather than four times. For each of these "AP" visits the nurse received \$10.00 from the corporation. A review of Department of Labor records revealed registered nurses making almost double the state average.

A search warrant was executed against the corporation. This involved agents from at least three federal agencies, the Unit, and local law enforcement agencies. The result was over 500 boxes of patient records and various business records. In order to review the patient records in an efficient and timely manner, three nurses from the SURS unit were made available to the Unit. After approximately one year of reviewing records, and numerous changes in theories, a data base was completed by the nurses and the next step of the investigation is taking place. Meanwhile, agents from the Unit and HHS OIG conducted interviews of numerous employees obtaining statements and confessions that are sure to assist as this matter proceeds. The Internal Revenue Service has also been hard at work developing a potential tax case and money laundering case against the owners.

This case is significant because it serves as a great example of what can be accomplished when a number of people, albeit from different agencies, team together for the same cause. It is anticipated that this matter will be filed in federal district court during the next reporting period.

PERFORMANCE AND PROJECTIONS

Performance by the Unit continues to improve, as is demonstrated by the statistics set forth below. As the Unit continues to adapt to changes that have been made, and make additional changes to the manner in which cases are handled, it is projected that the Unit will become much more efficient. The anticipated result is that the Unit will see improved statistics from years past. At the same time, it is recognized that there will likely be a much higher number of referrals to the Unit, especially in light of the emphasis being placed on combating elder abuse, and the effort being made to create an awareness of what the Unit does.

COMPLIANCE WITH FEDERAL PERFORMANCE STANDARDS

The Unit is in compliance with each of the Federal Performance Standards.

FUNDING

The Unit is funded 75% by the federal grant and 25% by State of Kansas matching funds. The total budget for FY2008 is \$1,302,521.00, which includes indirect costs.

The Unit's budget for FY2008 is included as Attachment B.

DESCRIPTION OF PROBLEMS AND RECOMMENDATIONS

Despite the improved relations we have experienced with the Single State Agency, and the accompanying positive changes to the program that have been recommended, there are still numerous program problems which are not being addressed and seemingly undermine our efforts to prosecute fraud. During the course of our investigations we have come across numerous program problems which either have been, or are being, taken advantage of by providers. These have included a lack of proper use of program computer edits that would at least warn of potential fraudulent claims, to a lack of communication between various aspects of the program.

We continue to make recommendations and make regular follow up to any recommendations that are made. A more thorough recommendation is being prepared that will cover a number of issues that have been identified. At the same time, the Unit is working closely with the Inspector General as she is auditing the program and searching for changes that can be made from a program standpoint that will better protect the program funds.

SIGNIFICANT CHANGES IN UNIT

Pursuant to the Department of Health and Human Services, Office of Inspector General on-site review that was conducted in April of 2007, the Unit began talks with the Attorney General regarding development of a new case management system that would allow for better organization and tracking of the Unit's caseload. The conclusion was that the Attorney General's office computer network was inadequate to handle the necessary upgrades and changes. During this reporting period a consultant was hired by the Attorney General's office to analyze the needs of the Unit, as well as the agency as a whole, and efforts have been initiated to develop a case management system that will sufficiently meet the needs of the Unit, while also serving the Attorney General's office. The network was upgraded during this reporting period, and new software is being researched for the actual case management system that will be put in place. This is ongoing and is anticipated to take at least another 6 to 12 months to complete.

There was also a change relating to staff training that was implemented during this reporting period. As was noted during the previous reporting period, the training of staff was in need of some changes. This reporting period saw a renewed effort to get staff to training that was relevant to their positions and work for the Unit. We also instituted Training Plans which serve to put some of the responsibility for seeking out training opportunities on the staff themselves. Through this system the staff has been encouraged to prioritize those areas of training that they think would most benefit them in their position, and then be responsible for seeking out the opportunities to participate in the trainings. This has not only served to empower the staff, but has also provided an additional performance review tool as I can see to what degree the staff are seeking to improve their output. The results are good and I look forward to continuing to utilize this program as we seek to get the most out of our staff and limited resources. For your review, a copy of the trainings attended by the Unit staff is included as Attachment C.

SPECIAL INITIATIVES

During this reporting period the Unit worked to create a greater awareness of the purpose and mission of the Unit. In September of 2007 the Unit teamed with the Attorney General's Consumer Protection Division to operate an informational booth at the Kansas State Fair. This was a great opportunity for members of our staff to meet with the public and answer questions about the Medicaid Fraud and Abuse Division and our purpose. This was also a great opportunity to distribute newly created magnets containing our contact information, including our new toll free number, which is being utilized by the public to make referrals to the Unit. In addition, but unfortunately not in time for the Fair, we printed flyers that describe the functions of the Unit and give the public information they can use to report suspected fraud or abuse. The

magnets and flyers are distributed at all of the speaking engagements that members of the Unit participate in, and there are plans for the Unit to attend the Kansas State Fair again in September of 2008.

Another means by which we are reaching out to the public with our mission is through use of the Internet. We have begun to develop a web page as part of the Attorney General's web site. This page is being designed to better inform the public about the mission of the Unit, as well as creating an avenue for those needing information to access it. For example, we have created a link to the Single State Agencies web site, specifically the online provider manual. We also have included a link to the Department of Health and Human Services exclusion list. We are continuing to evaluate and consider additional information. This page is also being used for press releases and Unit update information, and includes electronic forms to be used for making referrals and speaker requests. We look forward to continuing to use technology to create an awareness of the Unit.

The current Attorney General recently announced his intentions to place an emphasis on combating elder abuse in the State of Kansas. The Unit was asked to participate in this initiative, relating to our efforts to investigate and prosecute elder abuse. Specifically, the Unit has undertaken to create a presentation to educate the public and prosecutors throughout the state about financial exploitation of elders through the use of Durable Powers of Attorney. There has been an increasing problem of individuals taking advantage of our elderly population by having themselves appointed as Power of Attorney and then using that authority to wipe out the victims financial accounts. This has been found to be true of relatives and non-relatives, including health care professionals. The end result, as most of these individuals reside in nursing homes, is that once the victim's funds have been exhausted by the suspect, the victim is left to seek out Medicaid assistance to pay for their care, something that would not have to be done if the crime had not taken place to begin with. This initiative will allow us to educate the public so that they can better protect themselves, and possibly prevent some future exploitation. It will also allow us to educate the prosecutors across the state. The overall opinion seems to be that these are civil matters that are better suited to civil litigation and not the criminal justice system. It is the opinion of the Unit, and the Attorney General, that this is not the case. During the next year we are going to offer various training opportunities to educate prosecutors and local law enforcement so that more cases can be handled adequately at the local level alleviating the need to use our limited resources. The final component to this initiative is a legislative component. Through this process we intend to prepare and introduce some legislation that will better protect the victims of these crimes, preventing some of the exploitation we are seeing.

LEGISLATIVE AND PROGRAMMATIC ISSUES AFFECTING PERFORMANCE

As with previous periods, there was a strong push this year to enact a civil false claims act. The Attorney General, both the previous and the current, supported this effort and a strong push was made during the most recent legislative session. Unfortunately, the bill met with some resistance and was ultimately assigned to a committee that will review the bill throughout the summer. We are planning to address the concerns raised and approach the legislature next year with hopes of getting the act passed.

42 C.F.R § 1007.17 INFORMATION

(a) The number of investigations initiated and the number completed or closed, categorized by type of provider are:

	Initiated Cases	Closed Cases
FRAUD		
1. Hospitals	0	0
2. Nursing Facility	0	0
3. Other Long Term Care	0	0
4. Substance Abuse Treatment Centers	1	2
5. Other Facilities	0	0
6. MD/DO	3	4
7. Dentists	3	1
8. Podiatrist	0	0
9. Optometrist/Optician	0	0
10. Counselor/Psychologist	2	0
11. Chiropractor	0	0
12. Other Practitioners	0	0
13. Pharmacy	3	3
14. Pharmaceutical Mfgr.	8	10
15. DME	0	1
16. Lab	0	0
17. Transportation	4	8
18. Home Health Care Agency	5	3
19. Home Health Care Aides	11	19
20. All Nurses/PA/NP	2	1
21. Radiology	0	0
22. Other Medical Support	1	0
23. Managed Care	0	0
24. Medicaid Program Administration	0	0
25. Billing Company	2	0
26. Other Program Related	0	1
ABUSE & NEGLECT	0	0
27. Nursing Facility	2	2
28. Other Long Term Care	0	0

29. Registered/Licensed/Nurse/PA/NP	1	1
30. CNA	1	1
31. Home/Personal Care Aide	0	0
32. Other Abuse & Neglect	0	2
PATIENT FUNDS	0	0
33. Non-Direct Care	3	0
34. Registered/Licensed Nurse/PA/NP	0	0
35. CNA	0	0
36. Other Patient Funds	11	4
TOTAL	63	63

Open Cases as of 07/01/2007 125
 Add: Cases Initiated During Period 63
 Less: Cases Closed/Completed (63)

 Open Cases as of 06/30/2008 125

(b) Number of cases prosecuted or referred for prosecution:

14 Cases were filed/prosecuted by the Unit.
 2 Cases were referred for prosecution.

Number of cases finally resolved and their outcomes:

10 Cases convicted by pleas of guilty or no contest.
 2 Cases resulted in incarcerated
 8 Cases resulted in probation
 1 Case – Pretrial Diversion
 0 Cases resulted in acquittal.

Number of cases investigated but not prosecuted or referred for prosecution because of insufficient evidence:

53 Cases were investigated and closed without prosecution

(c) Number of complaints received regarding abuse and neglect of patients in health care facilities:

Every complaint received by the Kansas Department on Aging regarding abuse and neglect in healthcare facilities and from consumers or the public is reviewed. There were 4088 complaints received by the Unit from Kansas Department on Aging.

In addition, the recently formed Abuse, Neglect and Exploitation unit (ANE) of the Attorney General's office works closely with the Unit. The Unit reviews all cases referred to ANE and those that meet grant requirements are considered for opening as a potential investigative file. There were 20** complaints received by the Unit from ANE.

** This number actually reflects referrals made from January 1, 2008 through June 30, 2008.

Number of such complaints investigated by the Unit:

The Unit investigated 2 cases that were referred by the Kansas Department on Aging.

The Unit investigated 8 cases that were referred by the ANE unit.

Number of complaints referred to other state agencies:

Of all abuse and neglect cases received, 1 was referred to another state agency.

(d) Number of recovery actions initiated by the Unit:

0

Number of recovery actions referred to another agency:

7 cases were referred to other agencies for recovery.

Total amount of overpayments identified by the Unit:

For this reporting period the Unit identified and referred to the Single State Medicaid Agency matters of apparent overpayments, leaving the determination of the amount up to the Single State Medicaid agency.

Total amount of overpayments actually collected by the Unit:

\$ 7,341,909.91 (This number includes both the federal and state shares of global case settlements pursued in conjunction with the National Association of Medicaid Fraud Control Units, but does not include any penalties, attorneys fees or costs recovered in those settlements.)

\$1,390,993.39 was ordered as restitution in cases completed by the Unit in which a conviction was obtained. This amount will be collected by the Single State Medicaid Agency. (See (e) below)

(e) Number of recovery actions initiated by the Single State Medicaid Agency under its agreement with the Unit:

The Unit has no way of independently tracking the number of actions initiated by the Single State Agency and must rely on the information provided to us by that agency.

For this reporting period, 95 recovery actions were reported as having been initiated by the Single State Medicaid Agency as administrative recoupments under its agreement with the Unit.

Total amount of overpayments actually collected by the Single State Medicaid Agency under this agreement:

The Unit has no way of independently tracking the overpayments actually collected by the Kansas Health Policy Authority, and must rely on the information provided to us by that agency. Pursuant to the MOU, the Single State Medicaid Agency prepares a quarterly report showing all overpayments collected on the criminal convictions obtained by the Unit

For this reporting period, \$14,302.67 in overpayments were reported as having actually been collected by the Single State Medicaid Agency under its agreement with the Unit, pursuant to criminal convictions obtained by the Unit.

In addition, \$289,249.28 in overpayments were reported as having been recouped by the Single State Agency under the administrative recoupment process.

(f) Projections for next 12 months:

100 Fraud cases projected to be referred to the Unit
7,500 Abuse cases projected to be referred to the Unit
80 Investigations projected to be opened
20 Cases projected to be filed as criminal cases
15 Cases projected to be convicted
85 Cases projected to be closed

(g) Costs incurred by the Unit:

\$ 924,186.73 Total federal and state direct costs during this reporting period
\$ 97,870.46 Total federal and state indirect costs during this reporting period

\$ 1,022,057.19 Total Costs

(h) Evaluation narrative of the Unit's performance during the period of time covered by this report:

In reviewing the performance of the Unit over the past year, it became readily apparent that we are making tremendous strides towards becoming a more efficient Unit in every possible way. There have been many changes, both from a staffing standpoint and a philosophical standpoint, in the Unit over the past year. We lost a couple of well established, hard working agents that have moved on to accept other challenges. At the same time we have had the good fortune to replace them with very capable individuals that fit very well within the mission of the Unit.

Along that same line, we have been fortunate to have been able to send four of our staff to the Introduction to Medicaid Fraud training during this reporting period. We also had one of our data analysts accepted into the inaugural Global Case Investigation and Prosecution Training conducted in Phoenix, Arizona. Upon completion she was assigned to a global case team and we are looking forward to becoming more involved in this process. These training opportunities have been well received and have helped prepare our newer staff members as they embark on these new career challenges.

Philosophically, we have made some changes in regards to our approach to the referrals we receive. We have put in place a system which allows for a better review of the case at the outset. During our "intake" phase, through the diligent work of our data analysts and our auditor, we have been able to assess the referrals to determine if they are worthy of being opened as an investigation. Upon reviewing the past performance of the Unit, it was determined that there were a number of cases that resulted in lots of resources being exhausted on cases that really never should have been opened. This was in large part because the cases were being investigated prior to doing thorough claims analysis, or in the financial exploitation cases a thorough financial

analysis. It was determined that conducting an analysis in the beginning would permit the agents to determine if the case is worthy of opening a full investigation. In the past, many times the agents would determine after conducting an investigation that the amount of claims were insignificant or that they simply could not prove intent, resulting a recommendation to close the case. Now, having done the intake process at the outset, we can determine if there is a potential criminal case to be made, and if so, a determination can be made as to whether the amount of fraud or abuse warrants opening a criminal investigation. This permits us to avoid wasting valuable time and resources on cases that would never have been able to be prosecuted or were better suited for administrative action. It has also allowed us to better utilize the various state agencies that can step in and take over cases in which there is no criminal liability, such as the Single State Agency, SURS, the Board of Healing Arts, Board of Nursing and the Department on Aging, to name a few.

In addition to having a positive impact on our case management, this change in philosophy has also had a positive impact on the morale of the Unit. Agents have been much more productive, being able to focus on cases that they know will result in likely prosecution. Likewise, the data analysts and auditor have become more integral parts of the Unit, having more important roles at the outset. Overall, the productivity of the Unit has improved dramatically, and we look forward to the projected results for upcoming reporting periods.

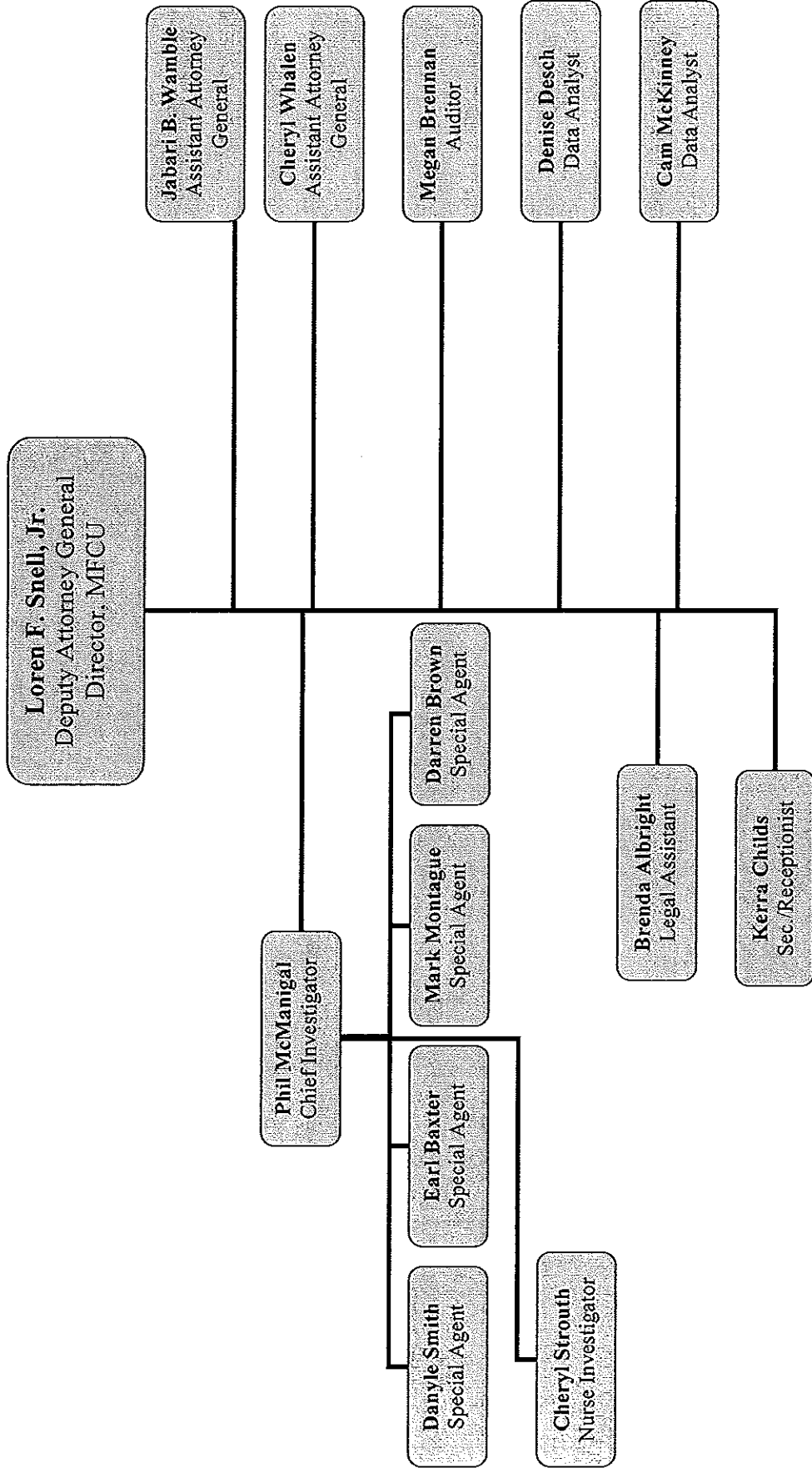
Another positive step was the inclusion of more entities in our monthly SURS meetings. With the increasing use of Managed Care Organizations (MCO) to handle claims processing responsibilities for the Single State Agency, it became obvious that we were not going to be able to fulfill our mission without developing a working relationship with the MCOs. Especially since they maintain all of the actual claims data for the services that they are responsible for overseeing. The MCOs were very receptive to the idea of being included in the monthly SURS meetings. It allows the MCOs to be more involved in the entire process, including hearing the various issues that are being faced, voicing concerns that they may have, and having an overall presence. As a result, there have been recommendations by the Unit that relate to the programs being handled by the MCOs that have been well received, and changes instituted. Moreover, we have been able to develop a relationship wherein the MCOs are willing to report suspected fraud to our Unit for possible investigation and prosecution. We anticipate that this relationship will continue to develop in a positive fashion.

Upon appointment of the Kansas Inspector General (KIG), an effort was made to establish an open line of communication. As a result, the KIG meets with the director at least once per month. In addition, the KIG now attends the monthly SURS meetings. Among other things, the KIG is responsible for reviewing and auditing the Kansas Medicaid Program and making program integrity recommendations. Establishing an ongoing relationship with the KIG should serve to create another avenue for making recommendations and allow for the Unit to assist with efforts to improve and preserve program integrity of the Kansas Medicaid Program. Specifically, the Unit has been allowed to give input with regards to the various components of the program and areas that may need to be reviewed.

It is safe to say that the overall relationship of the Unit with the SURS team and the Single State Agency have really improved by leaps and bounds. There has been much more communication between the various entities, and a lot more cooperation. In fact, there has even been a sharing of information as to potential training opportunities. The Single State Agency has provided the Unit with information concerning possible conferences that may be of interest. Moreover, the fiscal agent, EDS, has invited staff from the Unit to participate in trainings relating to the claims system and various aspects of the claims process. The Unit also participated in a training presentation to employees of the Single State Agency, which focused on describing the mission and responsibilities of the Unit. The improved relationship has made it much easier for the Unit, and everyone involved, to focus on the ultimate goal, protecting the integrity of the Medicaid program.

Finally, the Unit has also been able to develop an identity within the Attorney General's office. In the past it has seemed as if not many in the agency understood exactly what the Unit did. That has changed during this past year. As was indicated in an earlier section, the Unit has been invited to participate in the Attorney General's Elder Abuse initiative, playing a key role in the educational aspect of this program. Moreover, the director has daily meetings with the Chief of Staff and other supervisory staff, as well as weekly meetings with the Attorney General. Again, this has really served to have a positive impact on the performance of the Unit in fulfilling our mission during the past year, and has provided a great foundation for building towards the future.

MEDICAID FRAUD CONTROL UNIT Organizational Chart



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: Kansas Attorney General
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5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: SMFCU-17
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: Office of the Attorney General	* b. Employer/Taxpayer Identification Number (EIN/TIN): 48-6029925	* c. Organizational DUNS: 149819976
--	---	--

d. Address:

* Street1: 120 SW 10th Avenue, 2nd Floor	* Street2: <input type="text"/>
* City: Topeka	* County: Shawnee
* State: Kansas	* Province: <input type="text"/>
* Country: USA: UNITED STATES	* Zip / Postal Code: 66612-1597

e. Organizational Unit

Department Name: Kansas Attorney General	Division Name: Medicaid Fraud and Abuse
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.	* First Name: Loren
Middle Name: F.	* Last Name: Snell
Suffix: Jr.	Title: Deputy Attorney General

Organizational Affiliation:
Kansas Attorney General

* Telephone Number: (785) 368-6220	* Fax Number: (785) 368-6223
* Email: snelli@ksag.org	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Health and Human Services/Office of Inspector General

11. Catalog of Federal Domestic Assistance Number:

93.775

CFDA Title:

State Medicaid Fraud Control Unit Grant Program

* 12. Funding Opportunity Number:

93.775

* Title:

State Medicaid Fraud Control Unit Grant Program

13. Competition Identification Number:

N/A

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

* 15. Descriptive Title of Applicant's Project:

Medicaid Fraud and Abuse Division to investigate and prosecute provider fraud and patient abuse in the Kansas Medicaid Program.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version: 02

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text area for Applicant Federal Debt Delinquency Explanation]

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SMFCU		\$	\$	\$ 976,891	\$ 325,630	\$ 1,302,521
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

i. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ 676,456	\$	\$	\$	\$ 676,456
b. Fringe Benefits	227,851				227,851
c. Travel	99,408				99,408
d. Equipment	27,350				27,350
e. Supplies	16,750				16,750
f. Contractual	100,944				100,944
g. Construction	-				-
h. Other	43,500				43,500
i. Total Direct Charges (sum of 6a-6h)	1,192,259				\$ 1,192,259
j. Indirect Charges	110,262				\$ 110,262
k. TOTALS (sum of 6i and 6j)	\$ 1,302,521	\$	\$	\$	\$ 1,302,521
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102)

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
State Medicaid Fraud Control Unit	\$ 325,630	\$	\$	\$ 325,630
2. TOTAL (sum of lines 8-11)	\$ 325,630	\$	\$	\$ 325,630

SECTION D - FORECASTED CASH NEEDS

3. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$ 976,891	\$ 244,223	\$ 244,223	\$ 244,223	\$ 244,222
4. Non-Federal	\$ 325,630	\$ 81,408	\$ 81,408	\$ 81,408	\$ 81,406
5. TOTAL (sum of lines 13 and 14)	\$ 1,302,521	\$ 325,631	\$ 325,631	\$ 325,631	\$ 325,628

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
State Medicaid Fraud Control Unit	\$ 1,025,736	\$ 1,077,023	\$ 1,130,874	\$ 1,187,418
TOTAL (sum of lines 16 - 19)	\$ 1,025,736	\$ 1,077,023	\$ 1,130,784	\$ 1,187,418

SECTION F - OTHER BUDGET INFORMATION

Direct Charges: 22. Indirect Charges: Provisional, \$676,456, 16.3%

Remarks:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0640), Washington, DC 20503.

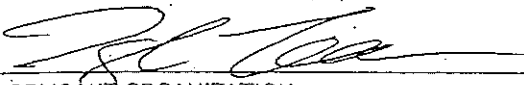
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	* TITLE Chief of Staff
* APPLICANT ORGANIZATION Office of Kansas Attorney General	* DATE SUBMITTED 7/19/07

ATTACHMENT - FRINGE BENEFITS

Part (A) For Benefits Determined as a Percentage of Salaries

<u>DESCRIPTION</u>	<u>PERCENTAGE OF SALARIES</u>
Life and AD and D Ins.	1.000 %
Workers Compensation	1.025 %
Retirement	6.370%
Personnel Comm.	0.500 %
Employment Security	0.130 %
FICA - Employers	7.650 %
Employees - FICA	
TOTAL PART (A)	<u>16.675 %</u>

x \$676,456 = \$112,799

Part (B) For Benefits Determined as a Dollar Amount Per Employee

\$ 186 for family coverage/mo. x 14 employees = \$ 2,604 per mo.

\$ 401 for single coverage/mo. x 14 employees = \$ 5,614 per mo.

TOTAL PART (B) \$ per mo. x 14 = \$115,052

TOTAL PART (A) + PART (B) = \$ 227,851

TRAVEL

INTRA-STATE

Routine

Personal Auto Use:

1 Affected employee x 150 miles per employee per week
x 26 weeks x \$0.445 per mile = \$ 1,736.00

Medicaid Fraud Control Unit Owned Vehicles Operated by MFCU:
4 vehicles x 15,000 miles per vehicle per year x \$0.43 per mile = \$25,800.00

Per Diem:

6 Affected employees x 50 days per year per employee
x \$103.00 per diem (if "actual expense", this will still
provide an estimate for budget purposes). \$30,900.00

\$58,436.00

Training

Personal Auto Use:

1 Affected employees x 1 trip(s) per employee
x 250 mileage per trip x \$0.445 per mile \$ 112.00

Medicaid Fraud Control Unit Owned Vehicles Operated by MFCU:
8 employees x 1 trip x 250 miles per trip x \$0.43 per mile = \$ 860.00

Per Diem:

8 Affected employees x 5 days per year per employee
x \$103.00 per diem rate \$ 4,120.00

\$ 5,092.00

Witness Associated Expenses

15 witnesses x 3 days per witness x \$103.00 per diem rate \$ 4,635.00

15 witnesses x \$100.00 transportation cost per witness \$ 1,500.00

Other \$ 320.00

\$ 6,455.00

INTRA-STATE SUBTOTAL

\$69,983.00

OUT-OF-STATE

Meetings

<u>1</u> no. of meetings per year per employee x <u>7</u> of affected employees x <u>\$700.00</u> transportation cost per trip	<u>\$ 4,900.00</u>	
<u>7</u> no. of trips per year x <u>5</u> days per trip <u>\$125.00</u> per diem rate	<u>\$ 4,375.00</u>	
		<u>\$9,275.00</u>

Training

<u>1</u> no. of trips per year per employee x <u>10</u> of affected employees x <u>\$700.00</u> transportation cost per trip	<u>\$ 7,000.00</u>	
<u>10</u> no. of trips per year x <u>5</u> days per trip <u>\$125.00</u> per diem rate	<u>\$ 6,250.00</u>	
		<u>\$13,250.00</u>

Witness Associated Expenses

<u>6</u> witnesses x <u>3</u> days per witness x <u>\$150</u> per diem rate	<u>\$ 2,700.00</u>	
<u>6</u> witnesses x <u>\$700</u> transportation cost per witness	<u>\$ 4,200.00</u>	
Other	<u>\$ 0.00</u>	
		<u>\$ 6,900.00</u>

OUT-OF-STATE SUBTOTAL \$29,425.00

TOTAL INTRA-STATE & OUT-OF-STATE \$99,408.00

EQUIPMENT

EXPLANATION:

Per 45 CFR 92.3, Equipment means tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. An organization may use its own definition of equipment, provided that such definition would at least include all equipment defined above.

Justification in narrative form must be provided for all equipment items. This may be as short as one sentence (e.g. associated desks for new employee, typewriters for new secretary, etc.)

EQUIPMENT LISTING

ITEM #	ITEM	QUANTITY	UNIT COST	COST
1	Investigator Equipment	2	\$ 1,900.00	\$ 3,800.00
2	Scanner	1	\$ 550.00	\$ 550.00
3	Vehicle	1	\$19,000.00	\$19,000.00
4	Investigator Office Furniture	1	\$ 4,000.00	\$ 4,000.00
			TOTAL	\$27,350.00

JUSTIFICATION NARRATIVE

Item# 1 - Weapon, protective vest, radio, badge, and other necessary equipment to outfit a new investigator.

Item# 2 - Scanner will used to scan documents and evidence onto portable media.

Item# 3 - A new vehicle will be purchased to replace a current vehicle that our office expects will no longer be drivable.

Item# 4 - Due to the hire of a new investigator in FY2008, new office furniture will have to be purchased for the new office.

SUPPLIES

Provide components of supply cost, where practicable, such as postage, office consumables, etc. If another basis is used please explain.

ITEM #	DESCRIPTION	BUDGETED AMOUNT
1	Office Supplies	\$6,000.00
2	Postage and Freight	\$1,000.00
3	Printing	\$ 750.00
4	Investigation and Litigation Supplies	\$9,000.00
	TOTAL	\$ 16,750.00

CONTRACTUAL SERVICES

Provide components, with some detail, of contractual costs. This should include: rent, machine or equipment leases (including auto), security system contract, etc.

DESCRIPTION	MONTHLY FEE	TOTAL AMOUNT
Office space rental	\$5,000.00	\$60,000.00
Copier lease and maintenance	\$ 350.00	\$ 4,200.00
Telephone long distance charges	\$1,200.00	\$14,400.00
Internet Access Charge - \$48.00 per month per connection x 14 connections	\$ 672.00	\$ 8,064.00
Computer Connection Charges: Data Service Fees	\$ 250.00	\$ 3,000.00
Verizon Cell Phones	\$ 400.00	\$ 4,800.00
Vehicle Liability Ins Premium (4 vehicles) ¹	\$ 150.00	\$ 1,800.00
Building Security	\$ 30.00	\$ 360.00
Dell Computer Lease ²	\$ 360.00	\$ 4,320.00
	TOTAL	\$ 100,944.00

¹The state of Kansas abolished its Central Motor Pool several years ago. The maintenance and liability insurance coverage for the vehicles remain the exclusive responsibility of the Unit. The budgeted operating cost of these vehicles is detailed in the "Travel" portion of this budget. Currently, the Unit must "self-insure" for collision and comprehensive coverages.

²MFCU share of AG Office Dell lease for 12 computers.

OTHER

Provide listing and associated estimates of all other costs with appropriate clarification. This should include: utilities, advertising, maintenance and repairs, expert witness fees (other than travel), reference materials, miscellaneous court costs, etc.

ITEM#	DESCRIPTION	TOTAL AMOUNT
1	Legal and Reference Materials	\$ 2,000.00
2	Membership Fees	\$ 7,500.00
3	Registration Fees	\$ 3,000.00
4	Litigation Expenses	\$ 5,000.00
5	Investigative Expenses	\$25,000.00
6	Equipment Maintenance and Repair	\$ 1,000.00
	TOTAL	\$43,500.00

INDIRECT COSTS

Please provide a copy of negotiated agreement of status of application time requirement (See Circular No. 6 to Fraud Units dated September 12, 1980).

TOTAL SALARIES FYE 09/30/2008	\$ 676,456
INDIRECT COST RATE	16.3 %
TOTAL INDIRECT COST	\$ 110,262
FEDERAL SHARE OF INDIRECT COST (75 %)	\$ 82,697

**OFFICE OF THE KANSAS ATTORNEY GENERAL
MEDICAID FRAUD AND ABUSE DIVISION**

FY 08 TRAINING

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	REG. HOURS	ETHICS
LOREN SNELL	10/01-03, 2007	NAMFU Annual Training Conference	Savannah, GA	9	
	10/22-23, 2007	Kansas County District Attorneys Fall 2007 Conference	Topeka, KS	4	1
	2/26/08	Law in the Movies, Washburn Univ Law School CLE	Topeka, KS	1	1
	4/16-17, 2008	Organized Groups in Health care Fraud Summit	Kansas City, MO	7	
	4/18/08	Kansas Health Policy Authority Medicaid Training	Topeka, KS	5	
	4/29-5/1, 2008	Basic Supervisory Training	Topeka, KS	14	
	5/7-8, 2008	Medicaid Fraud Training Conference	Des Moines, IA	10.75	
	5/14-15, 2008	Combating Elder Abuse and Financial Exploitation Summit	Olathe, KS	9	
	6/9-6/10, 2008	Kansas County and District Attorneys Association, Spring 2008 Conference	Wichita, KS	3.5	3.5
JABARI WAMBLE	10/01-04, 2007	NAMFU Annual Training Conference	Savannah, GA	23	
	10/22-23, 2007	Kansas County District Attorneys Fall 2007 Conference	Topeka, KS	5	1
	4/16-17, 2008	Organized Groups in Health care Fraud Summit	Kansas City, MO	7	

	5/7-8, 2008	Medicaid Fraud Training Conference	Des Moines, IA	10.75	
	5/14-15, 2008	Combating Elder Abuse and Financial Exploitation Summit	Olathe, KS	9	
	6/9-10, 2008	Kansas County and District Attorneys Association, Spring 2008 Conference	Wichita, KS	3.5	3.5
	6/22-27, 2008	NAGTRI Western Region Trial Practice Academy	San Diego, CA	30.8	
PHIL MCMANIGAL	08-28-07	Firearms Training/Qualifications, KBI	Lawrence, KS	7.5	
	08-30-07	Suicide Bombings, KBI	Topeka, KS	3	
	08-30-07	Administrative Issues, KBI	Topeka, KS	1	
	10-01-07	Cyber Crimes Training, Attorney General's Office/Microsoft	Topeka, KS	4	
	10-29-07	Firearms Training/Qualifications	Lawrence, KS	6	
	11-01-07	Case Agent Investigative Review/Heart of America RCFL	Kansas City, MO	6	
	04/30/08	Firearms Training/Qualifications	Perry, KS	2	
	5/07-5/08, 2008	Medicaid Fraud Training Conference	Des Moines, IA	10	
	5/20/08	Current Drug Trends, Capitol Area Major Case Squad	Lawrence, KS	4	
	5/21/08	Use of Force, KBI	Topeka, KS	1	

DARREN BROWN	08-29-07	Firearms Training/Qualifications, Jackson County Sheriff's Office	Holton, KS	2	
	09-06-07	Securing Electronic Evidence, KS/MO Chapter of IAFCI and Mid America Payment Exchange	Riverside, MO	1	
	09-06-07	Contraband Cigarettes: A Growing Problem for Law Enforcement	Riverside, MO	1	
	09-06-07	Video Surveillance	Riverside, MO	1	
	09-06-07	Elder Abuse and Financial Exploitation	Riverside, MO	1	
	09-06-07	Identifying Counterfeit Social Security Cards	Riverside, MO	1	
	09-06-07	US Postal Service Office of Inspector General	Riverside, MO	0.5	
	09-06-07	Cyber Crime	Riverside, MO	1.5	
	09-07-07	Using Facial Surveillance to Investigate	Riverside, MO	1	
	09-07-07	Suspicious Activity Report Filing	Riverside, MO	1	
	09-07-07	i2 Link Charts	Riverside, MO	1	
	10-01-07	Cyber Crimes Training, Attorney General's Office/Microsoft	Topeka, KS	4	
	10-29-07	Firearms Training/Qualifications	Lawrence, KS	6	
	11-01-07	Case Agent Investigative Review/Heart of America RCFL	Kansas City, MO	6	
	02/25-29, 2008	Introduction to Medicaid Fraud	Santa Fe, NM	20	

	4/16-17, 2008	Organized Groups in Health care Fraud Summit	Kansas City, MO	8	
	04/30/08	Firearms Training/Qualifications	Perry, KS	2	
	5/21/08	Flying Armed	Topeka, KS	2	
KORBY HARSHAW	08-28-07	Firearms Training/Qualifications, KBI	Lawrence, KS	7.5	
	10-01-07	Cyber Crimes Training, Attorney General's Office/Microsoft	Topeka, KS	4	
	10-29-07	Firearms Training/Qualifications	Lawrence, KS	8	
	10/29 - 11/01, 07	Financial Investigations Seminar/Dept of Justice	Kansas City, MO	30	
	04/30/08	Firearms Training/Qualifications	Perry, KS	2	
EARL BAXTER	08-28-07	Firearms Training/Qualifications, KBI	Lawrence, KS	7.5	
	08-30/31, 2007	2007 KBI In-service Training, KBI	Topeka, KS	8	
	09-06-07	Terrorist Financing, KS/MO Chapter of IAFCI & Mid America Payment Exchange	Riverside, MO	1	
	09-06-07	US Postal Service Office of Inspector General	Riverside, MO	0.5	
	09-06-07	Cyber Crime	Riverside, MO	1.5	
	09-06-07	Identifying Counterfeit Social Security Cards	Riverside, MO	1	
	09-06-07	Elder Abuse and Financial Exploitation	Riverside, MO	1	

	09-06-07	Video Surveillance	Riverside, MO	1	
	09-06-07	Contraband Cigarettes: A Growing Problem for Law Enforcement	Riverside, MO	1	
	09-07-07	Using Facial Surveillance to Investigate Crime	Riverside, MO	1	
	09-07-07	Suspicious Activity Report Filing	Riverside, MO	1	
	09-07-07	i2 Link Charts	Riverside, MO	1	
	10-01-07	Cyber Crimes Training, Attorney General's Office/Microsoft	Topeka, KS	4	
	10-29-07	Firearms Training/Qualifications	Lawrence, KS	6	
	11-01-07	Case Agent Investigative Review/Heart of America RCFL	Kansas City, MO	6	
	4/16-17, 2008	Organized Groups in Health care Fraud Summit	Kansas City, MO	8	
	5/21/08	Flying Armed	Topeka, KS	2	
MARK MONTAGUE	02/25-29, 2008	Introduction to Medicaid Fraud	Santa Fe, NM	20	
	04/30/08	Firearms Training/Qualifications	Perry, KS	2	
	5/21/08	Flying Armed	Topeka, KS	2	
	6/25/08	Case Agent Investigative Review, HRCFL	Kansas City, MO	5	
DANYLE SMITH	04/30/08	Firearms Training/Qualifications	Perry, KS	2	
	5/14-15, 2008	Combating Elder Abuse and Financial Exploitation Summit	Olathe, KS	9	

	5/21/08	Flying Armed	Topeka, KS	2	
	7/21-25, 2008	Kansas Law Enforcement Training Center	Hutchinson, KS	40	
	7/29-31, 2008	Introduction to Medicaid Fraud Training	Albuquerque, NM	19.5	
CHERYL STROUTH	03/17-19, 2008	Interview & Interrogation	Kansas City, MO	18	
	5/14-15, 2008	Combating Elder Abuse and Financial Exploitation Summit	Olathe, KS	9	
	7/29-31, 2008	Introduction to Medicaid Fraud Training	Albuquerque, NM	19.5	
TERRA CHILDS	12-18-07	KLETC Training	Overland Park, KS	1.5	
	10-29-07	MOCIC Training	Topeka, KS	4	
	03-04-08	NCIC Training	Topeka, KS	8	
	6/1-3 '08	KCJIS Training	Hutchinson, KS	16	
CAM MCKINNEY	6/30-7/2, 2008	MII - Basic Investigation Skills	Columbia, SC	18	
MEGAN BRENNAN	10/01-04, 2007	NAMFU Annual Training Conference	Savannah, GA	23	
	07/09/08	i2 Analyst Notebook Training	Overland Park, KS	2	
	07/10/08	Medicaid Management Information System - Interchange System Training	Topeka, KS	4.5	
	7/22/08	Courtroom Testimony	Olathe, KS	6	

BRENDA ALBRIGHT	11/13-14, 2007	Discovering the Secrets of Microsoft Access, CompuMaster	Topeka, KS	12	
DENISE DESCH	11/13-14, 2007	Discovering the Secrets of Microsoft Access, CompuMaster	Topeka, KS	12	
	04/28-05/02, 2008	Global Case Investigation and Prosecution Trainig	Scottsdale, AZ	23	

