

KANSAS ATTORNEY GENERAL Derek Schmidt

Medicaid Fraud and Abuse Division

Annual Report

Kansas Fiscal Year 2012 July 1, 2011 – June 30, 2012

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The Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office (the Unit) is the Medicaid Fraud Control Unit for the State of Kansas pursuant to Kansas Statutes Annotated 75-725. This annual report covers the reporting period of July 1, 2011, through June 30, 2012, 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 established pursuant to legislation enacted by the Kansas Legislature in 1995. The Unit operates under the statutory authority granted at Kansas Statutes Annotated 75-725 and 21-5927, et seq. 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.

Attorney General Derek Schmidt has made protecting Kansans from fraud a priority since taking office January 10, 2011. AG Schmidt has demonstrated his willingness to devote the necessary resources and time to aggressively investigate and prosecute those who commit fraud against the Medicaid program, as well as those that abuse and exploit the elderly.

MISSION STATEMENT

The Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office is dedicated to the identification, investigation and litigation of conduct involving health care provider fraud committed against the Kansas Medicaid program, as well as physical abuse or neglect, and financial exploitation of patients in residential care facilities.

COMPLIANCE WITH FEDERAL PERFORMANCE STANDARDS

The Unit is required to comply with specific performance standards outlined by the federal government. This Annual Report, along with the responses to the Recertification Questionnaire, will demonstrate that 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 approved for federal fiscal year 2012 is \$1,558,184.00, which includes indirect costs.

A copy of the FY2012 Notice of Award for the Unit is included as Appendix A.

STAFFING

The Unit is currently staffed with a Deputy Attorney General, who serves as the Director of the Unit, three (3) Assistant Attorneys General, a Senior Auditor, three (3) Auditors, a Special Agent-In-Charge, five (5) Special Agents, and an Administrative Assistant.

The Unit has also employed a part-time Legal Extern from time-to-time. While this is currently an unpaid position, the position has been filled by a paid Legal Intern in the past. The Unit also has a vacant Legal Assistant position.

Staff/Qualifications

The Director of the Unit is a Deputy Attorney General, having worked for the Kansas Attorney General's Office for almost eleven (11) years and having more than nine (9) years experience prosecuting white collar and other crimes in the Unit. The Director is cross-designated as a Special Assistant United States Attorney, having led or participated in numerous federal fraud cases.

The Assistant Attorneys General have varied experiences that make them vital to the Unit. One has an extensive background in criminal prosecution, white collar and violent crimes, as well as supervisory experience from his previous employment. The other prosecutor came to us from a civil background. She has developed into an outstanding prosecutor and serves as a Special Assistant United States Attorney for the Unit. In addition, we have an Assistant Attorney General with vast experience in handling complex civil litigation. He has been given the responsibility of pursuing civil cases on behalf of the Unit and the State of Kansas. This includes False Claims Act matters as well as forfeiture proceedings. He is also cross-designated as a Special Assistant United States Attorney to handle civil cases on behalf of the State of Kansas in federal court.

The Special Agent in Charge has extensive experience investigating all types of crime. Before joining the Unit he served as the Sheriff of Jackson County, Kansas on two separate occasions. He brings supervisory skills, extensive knowledge and practical experience to the Unit.

The Special Agents are all certified Law Enforcement Officers, with a combined total of over 80 years of experience between the five (5) of them, each possessing special skills that make them very valuable to the Unit.

The auditors are headed by our Senior Auditor. She came to the Unit after having worked for more than 20 years for the Medicaid program in various capacities. She brought with her a wealth of knowledge about the Kansas Medicaid program and serves a vital role in the case evaluation process. She also is a Certified Fraud Examiner.

The other three members of our audit team bring varying experiences to the Unit. One actually fills multiple roles in the Unit. He is an Assistant Attorney General, serving as a backup to the attorneys on staff. His primary role is to handle data analysis in global matters in which the State participates. His technical background has been invaluable in assisting with data requests and analysis in cases investigated by the Unit. Furthermore, he has played an instrumental role in assisting with the implementation of the new case management system being utilized by the Unit. Another of the auditors brings a combination of Medicaid program experience, having served as the SURS manager prior to joining the Unit, as well as financial analysis. The most recent addition to the audit team has an accounting and financial background. She is currently sitting for the Certified Public Accountant exam and has extensive auditing experience.

Finally, the Unit currently has one support staff, an Administrative Assistant. She serves in multiple roles assisting the attorneys with trial work while at the same time providing invaluable assistance to the investigative staff. She also serves as an office manager, responsible for keeping up with the day-to-day responsibilities of the Unit.

An organizational chart of the Unit is included as Appendix B, as is an organizational chart of the Kansas Attorney General's Office.

TRAINING

The Unit has committed itself to providing each and every staff member with the opportunity to experience a wide variety of training targeted at educating them on the skills and techniques needed to understand and perform the duties related to their respective positions. It remains the focus of the Unit to seek out and provide training opportunities to Unit staff that will serve them in their various capacities as employees of the Unit.

In addition to receiving training for staff, the Unit recognizes the important role of providing training to others. This serves to educate others about the Unit and our objectives. This form of outreach is a tremendous benefit to the Unit and has worked to encourage referrals to the Unit of potential cases of fraud and abuse. The Unit will continue to seek out new and innovative ways to deliver our message. This includes presentations to the public, as well as presentations to provider groups.

A chart detailing all training received by the staff of the Unit is included as Appendix C.

PERFORMANCE AND PROJECTIONS

The Unit continues to reap the benefits of the efforts of the past few years. The Unit has worked extensively to create awareness about the Unit and its mission throughout the State of Kansas. The result has been an increased number of referrals to the Unit. More importantly, the Unit has noticed an increase in the number of quality referrals. In response, the staff has had to become much more efficient in evaluating potential cases and completing those cases that are opened as investigations. A renewed emphasis has been placed on managing time and resources allocated to caseloads. This has become particularly important with the increased number of cases involving more intricate and larger scale fraud schemes. Staff has embraced the changes that have been instituted and are constantly providing feedback on ways that additional improvements can be made.

42 C.F.R § 1007.17 INFORMATION

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

	Initiated Cases	Closed Cases
FRAUD		
1. Hospitals		1
2. Nursing Facility		
3. Other Long Term Care		
4. Substance Abuse Treatment Centers		
5. Other Facilities	1	
6. MD/DO	4	1
7. Dentists	4	2
8. Podiatrist		
9. Optometrist/Optician		
10. Counselor/Psychologist	1	1
11. Chiropractor		

12.	Other Practitioners		
13.	Pharmacy	3	1
14.	Pharmaceutical Mfgr.	11	16
15.	DME	2	1
16.	Lab		
17 .	Transportation		4
18.	Home Health Care Agency	11	4
19.	Home Health Care Aides	47	35
20.	All Nurses/PA/NP	1	
21.	Radiology		
22.	Other Medical Support	1	1
23.	Managed Care	1	
24.	Medicaid Program Administration		
25.	Billing Company		
26.	Other Program Related		
ABU	SE & NEGLECT		
27 .	Nursing Facility	1	1
28.	Other Long Term Care		
29.	Registered/Licensed/Nurse/PA/NP		
30.	CNA	1	
31.	Home/Personal Care Aide	1	1
32.	Other Abuse & Neglect		1
PAT	IENT FUNDS		
33.	Non-Direct Care	5	2
34.	Registered/Licensed Nurse/PA/NP		
35.	CNA		
36.	Other Patient Funds	8	17
тот	AL	103	89

(b) Current Case Activity

Open Cases as of 06/30/2011	159
Cases Initiated During Period	103
Less: Cases Closed/Completed	(89)
Open Cases as of 06/30/2012	173

Number of cases prosecuted or referred for prosecution:

- 20 Criminal cases were filed/prosecuted by the Unit
- 7 Civil cases were filed by or on behalf of the Unit
- O Cases referred to other agencies for prosecution

Number of cases finally resolved and their outcomes:

- 19 Cases resulted in convictions by pleas of guilty or no contest
- 2 Convictions resulted in incarceration of defendant
- 16 Convictions resulted in probation
- O Cases were completed through Pretrial Diversions
- O Case resulted in acquittal by a judge or jury
- 14 Cases were settled in civil court by Settlement Agreement
- O Cases resulted in civil judgments after trial

Number of cases investigated but not prosecuted due to insufficient evidence:

- 64 Cases were investigated and closed without prosecution
- (c) Number of complaints/referrals received regarding abuse and neglect of patients in health care facilities

The Unit received 0 case referrals from the Kansas Department for Aging and Disability Services (KDADS), formerly Kansas Department on Aging, this past year.

Until this last year every report of potential abuse, neglect or exploitation occurring in healthcare facilities that was received by KDADS was reviewed by a staff member of the Unit. This review was discontinued in July of 2012 due to a lack of personnel and resources. Now the Unit relies upon the staff of KDADS to forward reports involving potential cases of abuse, neglect or exploitation.

It should also be noted that the Attorney General has an Abuse, Neglect and Exploitation Unit (ANE). All cases of substantiated abuse, neglect and exploitation, even those initially reported to KDADS, are required by Kansas statute to be reported to ANE. The Unit works closely with ANE and frequently receives reports of suspected abuse and/or exploitation from ANE.

The Unit received 4 case referrals from ANE this past year.

The Unit received 5 referrals of abuse, neglect or exploitation from other agencies.

The Unit received 8 referrals of abuse, neglect or exploitation from individuals or private entities.

Number of such complaints investigated by the Unit:

The Unit opened investigations in 2 cases that were referred by ANE, or that were learned about during the course of a review of KDADS records.

The Unit opened 4 investigations based on referrals from other agencies, and 4 investigations based upon referrals from individuals or private entities.

Number of such complaints referred by the Unit to other state agencies:

The Unit referred 5 complaints alleging abuse, neglect or exploitation to other federal, state or local agencies.

(d) Recovery Actions

Number of recovery actions initiated by the Unit:

The Unit does not normally engage in recovery actions, instead referring those matters to the Single State Agency to be handled under their administrative hearing process.

Number of recovery actions referred to another agency:

There were 27 cases referred to other agencies, including the Single State Agency, for recovery actions.

Total amount of overpayments identified by the Unit:

For this reporting period the Unit identified and referred to the Single State Agency matters of apparent overpayments that do not rise to the level of criminal or civil action against the provider. Thus, the determination of the amount of overpayment in those instances was left up to the Single State Agency.

Number of recovery actions initiated by the Single State 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, 147 recovery actions were reported as having been initiated by the Single State Agency as administrative recoupments under its agreement with the Unit.

(e) Overpayments Collected

Total amount of overpayments collected by the Unit:

Global Cases:

\$5,038,129.43 (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.)

Criminal Cases:

\$57,721.41 was ordered as restitution in criminal fraud cases completed by the Unit in which a conviction was obtained. This amount will be collected by the Single State Agency.

\$146,531.22 was ordered as restitution in criminal abuse cases completed by the Unit in which a conviction was obtained.

Civil Cases:

\$18,871,765.33 was ordered as a result of civil judgments obtained by the Unit. The proceeds of these settlements were paid to the Single State Agency.

Total amount of overpayments actually collected by the Single State Agency under its agreement with the Unit:

The Unit has no way of independently tracking the overpayments actually collected by the Single State Agency, and must rely on the information provided to us by that agency. Pursuant to the MOU, the Single State Agency prepares a quarterly report showing all overpayments collected on the criminal convictions obtained by the Unit. The Unit was not able to obtain an actual figure for the amount of overpayments collected by the Single State Agency for this reporting period.

In addition, \$3,181,295.14 in overpayments was reported as having been identified for recoupment by the Single State Agency under the administrative recoupment process, and \$2,958,804.71 was actually recouped. The Single State Agency has \$9,519,650.72 outstanding in administrative recoupments.

(f) Projections for next 12 months

250	Projected fraud referrals
25	Projected abuse referrals
110	Investigations projected to be opened
20	Criminal cases projected to be filed
25	Criminal cases projected to be completed
5	Civil cases projected to be filed
7	Cases projected to be finalized to civil judgment
110	Total cases to be closed

(g) Costs incurred by the Unit

Total federal and state direct costs during this reporting period:

\$1,270,232.44

Total federal and state indirect costs during this reporting period:

\$131,404.99

Total Costs incurred by the Unit:

\$1,401,637.43

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

The Unit enjoyed another successful year from a statistical standpoint. The Unit reported total recoveries in excess of \$23.9 million. The ongoing cases involving the AWP litigation, in which the Unit has taken an active role in assisting outside counsel, continue to move forward with the first trials scheduled to take place during this next year. The first true civil settlements involving investigations begun and completed by the Unit came to fruition this past year and a number of new cases are in the works for the upcoming year. It is anticipated that the Unit will continue to show outstanding results.

Despite the tremendous success realized by the Unit, the continuing storyline revolves around the ongoing struggle to keep up with our increasing criminal caseload. The distribution and completion of cases continues to be a challenge for the Unit. The Unit continues to receive referrals of cases involving larger, more complex and time consuming issues, making the task of balancing the caseload with available resources that much more difficult. While we do continue to receive and investigate a number of the basic, less complex cases, providers continue to develop new schemes, requiring new and innovative methods of investigation and general case handling. Much time has been devoted to developing thresholds for reviewing cases, realizing that it is simply impossible to open every case of suspected fraud and abuse that is submitted to the Unit. Supervisory staff will continue to evaluate and modify these thresholds in order allow for the best possible results by the Unit.

The Unit was not actively engaged in the legislative session this past year. There are a number of legislative proposals that are being developed at this time for future consideration, including some possible significant changes to our criminal fraud statutes.

Last, but certainly not least, success was realized in the AWP litigation that was filed on behalf of the State of Kansas beginning in 2008. Although the State has retained outside counsel to handle these matters, the Unit has remained active in managing various aspects of these cases. As these cases start moving from initial settlement discussions to the litigation, the Unit will continue to provide assistance where needed and appropriate.

SIGNIFICANT CASE(S) FOR REPORTING PERIOD

SKIL, Inc

In March 2010 the CEO of Southeast Kansas Independent Living (SKIL) reported that three (3) Targeted Case Managers/Independent Living Counselors (TCM/ILC), as well as one clerk in the financial office, had been terminated following an internal investigation by SKIL. The TCM/ILC had increased the personal services hours on the Plans of Care for Medicaid Consumers without the knowledge of the consumers or SKIL. The increases were by as many as five to ten hours or more per week. The TCM/ILC would submit claims indicating those personal service hours had been provided to the consumer(s). In June of 2009, prior to the eventual internal investigation, it was discovered that the three TCMs/ILCs had been claiming Personal Care Attendant (PCA) hours for providing personal care services to Medicaid consumers. This practice was stopped in June of 2009 on the basis that it constituted a conflict of interest. SKIL reported that as of June of 2009, the belief was that the TCM were actually providing the hours that were being claimed. Once the conflict was identified and the TCM/ILC were prohibited from billing for the services, the TCM then began to enroll their friends and family members as PCAs, appearing to have alleviated the conflict. During the internal investigation by SKIL it was discovered that the personal services hours were not being provided by the PCAs and had not been provided by the TCM prior to June of 2009. The additional services being billed to Medicaid were simply not being provided.

A lengthy investigation by the Unit not only confirmed the allegations discussed above but also discovered that the TCM continued to increase the personal services hours for Medicaid consumers, in addition to increasing the number of "involved" Medicaid consumers. Again, this was all allegedly accomplished without the consumers' knowledge and without the consumers actually receiving the services. It was also learned that the TCM had allegedly submitted false documentation claiming services such as bathroom remodels, building of handicapped accessible ramps and the purchase of adjustable beds through the Assistive Services (Assistive Technology) program. In fact, the Medicaid consumers had not actually received the benefits of the services being claimed.

The investigation continues into allegations that a small Durable Medical Equipment Company allegedly submitted claims to Medicaid through the Assistive Services Program for pieces of equipment (i.e., scooters, power wheelchairs, aluminum ramps, and adjustable beds) that the Medicaid consumers reportedly never received. The company also allegedly billed Medicaid for higher priced items while delivering a lesser model or item to the Medicaid consumer. The profits illegally obtained by the company were allegedly split between the company and two of the SKIL TCMs.

After months and months of investigation and reviewing thousands of pages of documentation and banking records and conducting scores of witness and suspect interviews ten suspects were criminally charged with multiple felony counts. Additional suspects are likely to be charged as the cases for the initial ten are adjudicated. The loss to Medicaid was estimated to be in excess of \$300,000.00 and approximately 25 Medicaid consumers were victimized.

PUBLIC AWARENESS

The Unit continues to be dedicated to providing education to Medicaid providers, health care providers, state workers, social and workers about the issues of health care fraud and abuse. neglect and exploitation that are occurring in our state and around the nation. Furthermore, it has been a matter of significance to the Attorney General that this Unit seize upon every opportunity to work with and educate the public on these very important issues. Expanding upon the opportunity last year to present at a conference sponsored by one of the MCOs, this year the Unit presented to a group of HCBS providers. It provided a chance to reach out to a group of providers and educate them proactively on the efforts of the Unit. This provided a very welcome opportunity to educate those that stand to lose the most if they commit fraud. The Unit continues to explore possibilities to provide additional training relating to fraudulent conduct to providers in the community.

The Unit, as needed, continues to participate in the Attorney General's Consumer Protection Division informational booth at the Kansas State Fair. This provides a great opportunity for members of our staff to meet with the public and answer questions specifically about the Unit and Medicaid fraud, creating further public awareness about the efforts of the Unit.

The Unit also continues to regularly participate with the United States Attorney in the Kansas Healthcare Fraud Working Group. The group has meetings scheduled each quarter of the year in a different part of the state, to allow as many people to attend as possible. Various staff members of the Unit have taken an active role in planning these meetings, as well as coordinating the agendas each quarter. This continues to serve as a great opportunity to bring representatives together that have a common interest in preventing fraud in health care. It has also allowed the Unit to make contact with additional potential resources that may be utilized in future investigations. This continues to be viewed as a successful partnership.

A chart setting forth the presentations made by staff of the Unit is set forth in Appendix D.

PARTNERSHIPS AND OTHER RELATIONSHIPS

The Unit has long recognized the importance of working with other agencies in the pursuit of healthcare fraud, as well as in matters of abuse, neglect and exploitation. Throughout this reporting period the Unit has been open to, and has participated in many groups that focus on prevention of fraud and abuse of the elderly. These have allowed the staff of the Unit to network with other experts in the field that may be able to assist in our cases.

The Unit has a tremendous working relationship with many federal agencies. Of particular note is the work that has been accomplished with the United States Attorney's Office for the District of Kansas. The Unit has consistently been invited to participate in cases initiated in federal court. The attorneys and agents of the Unit continue to explore ways that we can take advantage of outside resources that may be available.

The Unit remains active in both the Kansas Healthcare Fraud Working Group, as well as the Kansas City Metro Healthcare Fraud Working Group. As has been mentioned, these groups have allowed the Unit to foster new relationships with agencies, and also allowed the Unit to better relationships that have already been established. It has also helped to cultivate the development of positive relations across the Kansas-Missouri border.

The Unit continues to maintain a good working relationship with the Single State Agency. For a number of years the Unit has participated in monthly meetings with the Single State Agency, the fiscal agent, the Inspector General's Office, and representatives from the various MCOs that contract with the Single State Agency. This has allowed for an open line of communication, between the various players thereby creating a better working relationship. These meetings also provide crosstraining opportunities as the various entities in attendance are invited to provide information to the group that they feel may be beneficial.

In addition to working well with federal agencies, the Unit continues to pursue working relationships with various state and local agencies. The Unit remains active with the Topeka Coalition against Adult Abuse ("TCAA"), which involves a number of local agencies, as well as the local prosecutor's office and law enforcement. With the growing magnitude of exploitation of the elderly it is very important that steps are taken to educate those on the front lines so that they know what to look for and where to report it once they notice possible abuse or exploitation. This relationship has permitted the Unit to reach out to a number of other agencies in order to foster awareness. The Unit recently was designated as a member to the newly formed Kansas Adult Protective Services Advisory Committee. This Committee was established by the Department for Children and Families, formerly the Department of Social and Rehabilitation Services, in response to complaints about the State's perceived failure to respond to reports of abuse against vulnerable adults residing in adult care facilities. Membership on this committee has provided a tremendous opportunity to work directly with those individuals that receive and respond to reports of abuse within the adult care facilities.

Finally, the Unit has been fostering a relationship with the Kansas Inspector General's Office. The Inspector General's Office is designated by the State to audit the various aspects of the Kansas Medicaid program. During the course of these audits fraudulent providers have been uncovered leading to investigations and potential criminal or civil cases. With the recent appointment of a new Inspector General, the Unit looks forward to continuing this relationship and developing it further in the ongoing fight against fraud, waste and abuse in the Medicaid program.

ISSUES AND RECOMMENDATIONS

As is likely the case with every MFCU, the caseloads continue to be an issue. While the Unit staff has continued to improve at working through the cases, striving to reduce the overall turnaround time for each case opened, at the same time there has been an influx of more complicated, resource-intensive cases. These cases, while rewarding at the conclusion, can be very demanding on our limited resources, especially as compared to our "run-of-the-mill" cases that are handled on a regular basis. The Unit continues to review and establish criteria that can be utilized in deciding whether to open a case. This has become particularly important with the enactment of federal regulation changes regarding automatic suspension of payments. With the prospect of having a provider suspended until such time as the Unit completes its investigation, and perhaps its litigation of the matter, there is an increasing awareness that the Unit must work through these cases at an even quicker pace. While this creates many potential problems, one of most concern is the possibility that mistakes may occur in hastily investigating a case. The Unit will continue to evaluate the situation throughout the next year and develop policy accordingly.

As with every reporting period, the Unit could have easily employed more staff to aid in the investigation of the many fraud and abuse referrals received throughout the year. The staff does a tremendous job with the time and resources they have, but many cases go uninvestigated due to a lack of manpower. The Unit continues to evaluate each case individually, while attempting to prioritize the most important cases. There are times that this results in good cases simply not getting investigated, despite a tremendous effort by staff. The recent enactment of federal regulations stemming from the health care reform continues to place more burdens on MFCUs across the nation, with little relief as relates to manpower issues. With state budgets being crippled by the economy, it is difficult, if not impossible, to request additional monies or additional staff positions. The end result is that each unit must learn to adjust and be able to do more with less to compensate for the economic problems facing the states.

A growing area of concern centers on the Single State Agency's upcoming transition from fee-for-service to Managed Care. Kansas is set to expand Managed Care to all programs except HCBS in January of 2013. Again, with the economy looming over each state's budget concerns, states are focusing on finding new ways to control health care expenditures. The current wave is in favor of MCOs. This push could create a number of new issues for our Unit, primarily due to our lack of experience in working with MCOs in the battle against fraud. The Unit will continue to work with the current MCOs in our state to better our understanding, and expect to reach out to the new MCOs that have contracted with the State. The ultimate goal is to develop a relationship that will encourage the continued referral of fraud cases, as we are currently experiencing. Moreover, there is a desire to better the data reporting efforts of the MCOs in Kansas in order to allow for effective and efficient investigation of matters of suspected fraud by providers.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Notice of Award

Washington, D.C. 20201

State:	KANSAS MEDICAID FRAUD CONTROL UNIT
Grant Award Program:	93.775 State Medicaid Fraud Control Units
Employer Identification Number (EIN):	1-486029925-I5
Appropriation Number:	75X0512
Commitment Number:	SMFCU – 17
Object Class:	41501
Document Number:	1201-KS-5050

BREAKDOWN OF AWARD

Quarter	Common Accounting Number	Federal Share	State Share	Total
10/01/11 - 12/31/11	2-1997500	\$292,160	\$97,386	\$389,546
01/01/12 - 03/31/12	2-1997500	\$292,160	\$97,386	\$389,546
04/01/12 - 06/30/12	2-1997500	\$292,160	\$97,386	\$389,546
07/01/12 - 09/30/12	2-1997500	\$292,160	\$97,386	\$389,546

AWARD INFORMATION

	THE INTOMINATION
Funding Grant Period:	Fiscal Year 2012 (October 1, 2011 - September 30, 2012)
Approved Budget:	\$1,168,640
Adjustments:	
Expected Expenditures:	\$1,168,640
Federal Financial Participation:	75 percent
Contact Person;	Alexis Lynady (202) 708-9710
Authorizing Official, Title: Signature:	Jason McConachy, Budget Officer OCT 0'1 2011

Terms and Conditions:

- 1. This grant award is issued under the authority of Section 1903(a)(6) of the Social Security Act (the Act) in accordance with sections 1903(q) and 1903(b)(3) of the Act. By receiving funds under this award, the recipient assures that it will carry out the Medicaid Fraud Control program as authorized and will comply with the terms and conditions and other requirements of this award.
- 2. This grant is subject to the requirements of the Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments under Title 45 Code of Federal Regulations Part 92, State Medicaid Fraud Control Unit (MFCU) requirements under 42 CFR Part 1007, and cost principles established by the Office of Management and Budget Circular A-87 (2 CFR Part 225). OIG Policy Transmittals found on the MFCU webpage, http://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/index.asp, are hereby referenced as a term and condition of the award.
- 3. Requests that require prior approval from the awarding office such as rebudgeting more than 10% of the total approved budget, requesting supplemental funding, conducting a minor alteration/renovation exceeding \$150,000, or a personnel change of the Director (See 45 CFR § 92.30) must be submitted in writing (email preferred) to the Grants Management Officer (GMO) and the assigned Program Analyst is to be CC'ed. Only written responses by an appropriate official as outlined in §92.30 are to be considered valid. Responses not signed by an appropriate official will not be considered binding by or upon OIG. Grantees who take action on the basis of responses from other officials do so at their own risk.

4. Federal Funds Draw Down

Draw down authority for each corresponding quarter is determined based on the needs expressed in the awardees budget. Awardees are not authorized to draw down funds until they become available as identified on the Notice of Grant Award, under the section "Breakdown of Award."

5. Match

Section 1903(a)(6) of the Act requires the Federal Government to reimburse States that have operated an MFCU for longer than 3 years 75.00% percent of the costs incurred for the operation of a State's MFCU as defined by section 1903(q) of the Act. States must pay exactly 25.00% of their total MFCU expenditures as the State share of costs (non-federal share). The non-federal share must be reported on the SF-425, on lines 10i-k.

If the required non-Federal share is not met by 90 days after the project period end date (9/30/2012), OIG may reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.

6. Annual A-133 Audits

In accordance with the provisions of OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations," nonfederal entities that expend financial assistance of \$500,000 or more in Federal awards will have a single or a program-specific audit conducted for that year. Nonfederal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, except as noted in Circular No. A-133. Audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever comes first. The audit report when completed should be sent to the Federal Audit Clearinghouse, Bureau of the Census, 1201 E. 10th Street, Jefferson, IN 47132.

7. Required Reporting

Program Reporting

42 CFR § 1007.17 requires awardees to submit an annual report at least 60 days prior to the expiration of the certification period. 42 CFR § 1007.17(a)-(h) describes the information required in the annual report. Awardees must also submit a request for recertification at least 60 days prior to the expiration of the certification period. In addition to the requirements contained in 42 CFR § 1007.15(c), the reapplication will include an OIG questionnaire completed by awardees. Additionally, awardees must submit Quarterly Statistical Reports as described by OIG.

Financial Expenditure Reporting

The following award term is specific to this award. It overrides references in 45 CFR §92.41, as applicable, to the Financial Status Report (SF-269) and Federal Cash Transactions Report (SF-272) and the due date for quarterly cash reports. All other provisions concerning financial reporting remain in effect.

- a. Quarterly expenditure reporting is required under this award.
- b. Every expenditure report must be submitted on the Standard Form (SF-425), by completing all applicable information other than lines 10.a. through 10.c. The form and instructions are available at http://www.whitehouse.gov/omb/grants forms/. This is the same form that HHS recipients submit to the HHS Payment Management to report the cash status of advance payments using lines 10.a through 10.c.
- c. The reporting periods and due dates for expenditure reports for the grant period shown on this Notice of Award are as follows.
 - (b) The **first quarterly report** covers the period beginning 10/1/2011 and ending 12/31/2011 and is due by 1/30/2012.
 - (c) The second quarterly report covers the period beginning 10/1/2011 and ending 3/31/2012 and is due by 4/30/2012.
 - (d) The **third quarterly report** covers the period beginning 10/1/2011 and ending 6/30/2012 and is due by 7/30/2012.
 - (e) The **fourth and last quarterly report** covers the period beginning 10/1/2011 and ending 9/30/2012 and is due by 10/30/2012.
- e. Any expenditure report submitted using a form other than SF-425 will be returned for resubmission using the SF-425 and may be considered late.
- f. All final expenditure reports are due 90 days after the end date of the project period as shown on the face page of this Notice of Award, due 12/29/2012.
- g. If the grantee will be unable to submit the financial expenditure report by the due date, the grantee must request an extension.
- h. All required expenditure reports must be submitted to the Grants Management Officer sent via email. Hard copies will be allowed, but are not preferred. See <u>Contacts</u> below for address.

8. Program Income

Program income earned and disbursed must be reported on the SF-425 using the deduction alternative. Program income is subject to the cash management requirements of 45 CFR §92.21(f); therefore

grantees must expend program income before requesting additional Federal payments. If any funds are received from asset forfeitures please contact GMO on how to report this income. Carryover of program income requires prior approval from the GMO and will be approved on a case by case basis. OIG *Policy Transmittal 2010-1: Program Income* is hereby referenced as a term and condition of award. The transmittal can be found at http://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/policy_transmittals/2010-1%20State%20Fraud%20Policy%20Transmittal%20Number%2010-01%20Program%20Income%203-22-2010.pdf

9. Use, Management, Disposition and Procurement of Equipment

Grant recipients are to follow 45 CFR § 92.32 to comply with the standards of use, management and disposition of equipment. When procuring equipment, the recipient must comply with the procurement standards at 45 CFR §92.36.

10. Central Contractor Registration

Reporting Requirement as required by 2 CFR Part 25. The recipient must maintain the accuracy and currency of information in the Central Contractor Registration (CCR) until the final financial report is submitted as required under this award or the final payment is received, whichever is later. Additionally, this term requires the entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in information or another award term. For purposes of this award term, Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR Internet site (currently at http://www.ccr.gov).

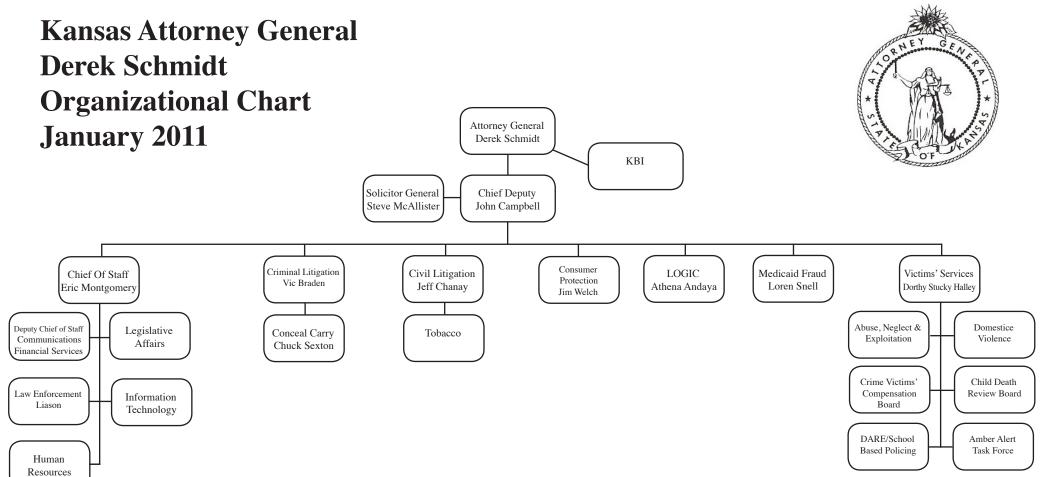
11. Payment

Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. Inquiries regarding payments should be directed to Program Support Center/Division of Payment Management (PSC/DPM), DHHS; Post Office Box 6021; Rockville, MD 20852; 1-877-614-5533; PMSSupport@psc.gov.

12. Contacts

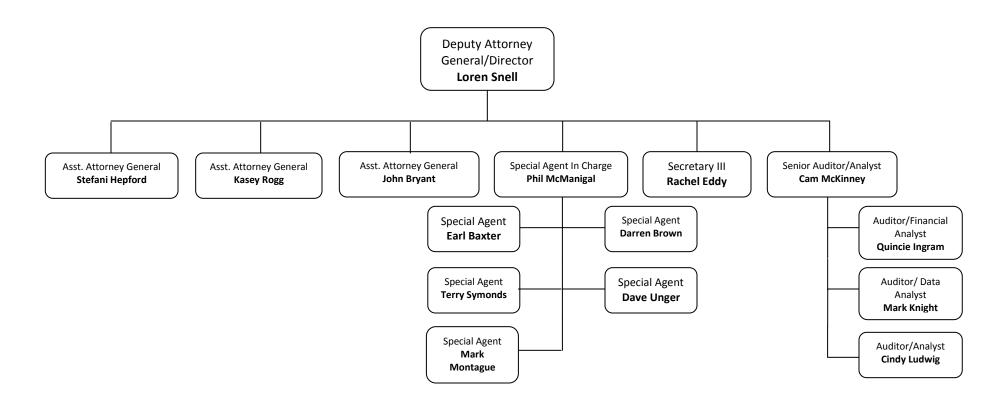
All questions regarding this grant award should be referred to the Grants Management Officer, Alexis Lynady. <u>alexis.lynady@oig.hhs.gov</u>, 202-708-9710.

2011-2012 Annual Report Appendix B Organizational Charts



2011-12 Annual Report Appendix B Organizational Charts

Kansas Attorney General
Derek Schmidt
Medicaid Fraud & Abuse Division
Organizational Chart
July 2012





Derek Schmidt

Medicaid Fraud and Abuse Division

120 SW 10th Avenue, 2nd Floor Topeka, KS 66612-1597 PHONE: (785) 368-6220 or (866) 551-6328 FAX: (785) 368-6223 • www.ksag.org

2011-12 Annual Report Appendix C

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
Loren F. Snell, Jr.	9/19-22/11	NAMFCU Annual Conference, NAMFCU	Seattle, WA	16.5	
	9/29/11	Prescription Drug Symposium, United States Attorney for District of Kansas	Kansas City, Kansas	7.0	
	11/3/11	Advanced Legal Writing and Editing, United States District Court for District of Kansas	Kansas City, KS	6.5	
	5/2/12	Electronic Evidence: Challenges & Opportunities in e- Discovery, NAGTRI	Topeka, KS	6.5	2.5
	5/22-24/12	Pharmaceutical and Device Fraud Conference 2012, US DOJ	Washington, DC	16.25	
Stefani Hepford	9/19-22/11	NAMFCU Annual Conference, NAMFCU	Seattle, WA	5.5	
	9/29/11	Prescription Drug Symposium, United States Attorney for District of Kansas	Kansas City, Kansas	7.0	
	10/10/11	2011 Fall Conference, Kansas County and District Attorneys Association	Topeka, KS	6.0	
	11/3/11	Advanced Legal Writing and Editing, United States District Court for District of Kansas	Kansas City, KS	6.5	



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ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
	5/2/12	Electronic Evidence: Challenges & Opportunities in e- Discovery, NAGTRI	Topeka, KS	3.5	2.5
Kasey Rogg	9/19-22/11	NAMFCU Annual Conference, NAMFCU	Seattle, WA	5.5	
	5/2/12	Electronic Evidence: Challenges & Opportunities in e- Discovery, NAGTRI	Topeka, KS	6.5	2.5
Amanda Voth	9/29/11	Prescription Drug Symposium, United States Attorney for District of Kansas	Kansas City, Kansas	3.0	
	11/3/11	Advanced Legal Writing and Editing, US District Court for Dist. of KS	Kansas City, KS	6.5	
Phil McManigal	9/22/11	Firearms Training	Holton, KS	7.0	
	9/29/11	Prescription Drug Symposium, United States Attorney for District of Kansas	Kansas City, Kansas	7.0	
	10/25/11	Kansas Personal and Family Protection Act, Kansas Capital Police	Topeka, KS	2.0	
	10/26/11	Crime Analysis Through FinCen Database, KIA	Salina, KS	.5	
	10/26/11	Updates on Current Case Law, KIA	Salina, KS	1.0	



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ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
	10/26/11	Word and Meaning Analysis of Oral and Written Statements, KIA	Salina, KS	2.0	
	11/9/11	Decoding Digital Evidence, RCFL	Topeka, KS (Webinar)	2.0	
	11/18/11	Firearms Training and Weapons Maintenance	Holton, KS	5.0	
	3/27/12	12 Hours in the Life of a Career Criminal	Topeka, KS	8.0	
	3/28/12	Human Trafficking	Topeka, KS	2.0	
	3/28/12	Collaboration and Leadership in Today's Workplace	Topeka, KS	3.0	
	4/6/12	Firearms Training	Holton, KS	4.0	
	4/6/12	Weapon Maintenance	Holton, KS	2.0	
	5/2/12	Racial or Other Biased-Based Policing, Topeka Police Department	Topeka, KS	2.0	
	5/15/12	Stalking and Protection Orders	Lawrence, KS	4.0	
	5/15/12	Bank Robbery	Lawrence, KS	2.0	
Earl Baxter	9/22/11	Firearms Training	Holton, KS	3.0	
	9/28/11	Investigation of Elder Abuse, Johnson County Kansas F.A.S.T. Team	Olathe, KS	6.5	
	11/9/11	Decoding Digital Evidence, RCFL	Topeka, KS (Webinar)	2.0	
	11/18/11	Firearms Training and Weapons Maintenance	Holton, KS	5.0	



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2011-12 Annual Report Appendix C

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
	3/27/12	12 Hours in the Life of a Career Criminal	Topeka, KS	8.0	
	3/28/12	Human Trafficking	Topeka, KS	2.0	
	3/28/12	Collaboration and Leadership in Today's Workplace	Topeka, KS	3.0	
	4/6/12	Firearms Training	Holton, KS	4.0	
	4/6/12	Weapon Maintenance	Holton, KS	2.0	
	5/2/12	Racial or Other Biased-Based Policing, Topeka Police Department	Topeka, KS	2.0	
	6/8/12	2 nd Annual Civil Rights Symposium	Overland Park, KS	8.0	
Darren Brown	9/22/11	Firearms Training	Holton, KS	7.0	
	9/28/11	Investigation of Elder Abuse, Johnson County Kansas F.A.S.T. Team	Olathe, KS	6.25	
	10/25/11	Kansas Personal and Family Protection Act, Kansas Capital Police	Topeka, KS	2.0	
	11/9/11	Decoding Digital Evidence, RCFL	Topeka, KS (Webinar)	2.0	
	11/18/11	Firearms Training and Weapons Maintenance	Holton, KS	5.0	
	2/7/12	Glock Armorer's Course, Kansas State University Police	Manhattan, KS	8.0	
	3/28/12	Human Trafficking	Topeka, KS	2.0	
	3/28/12	Collaboration and Leadership in Today's Workplace	Topeka, KS	3.0	



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2011-12 Annual Report Appendix C

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
	4/6/12	Firearms Training	Holton, KS	4.0	
	4/6/12	Weapon Maintenance	Holton, KS	2.0	
	5/2/12	Racial or Other Biased-Based Policing, Topeka Police Department	Topeka, KS	2.0	
	6/22/12	4 th Quarter Firearms Training and C Post Qualification	Holton, KS	2.75	
Mark Montague	9/22/11	Firearms Training	Holton, KS	7.0	
	9/29/11	Prescription Drug Symposium, United States Attorney for District of Kansas	Kansas City, Kansas	7.0	
	11/9/11	Decoding Digital Evidence, RCFL	Topeka, KS (Webinar)	2.0	
	11/18/11	Firearms Training and Weapons Maintenance	Holton, KS	5.0	
	2/7/12	Glock Armorer's Course, Kansas State University Police	Manhattan, KS	8.0	
	3/27/12	12 Hours in the Life of a Career Criminal	Topeka, KS	8.0	
	3/28/12	Human Trafficking	Topeka, KS	2.0	
	3/28/12	Collaboration and Leadership in Today's Workplace	Topeka, KS	3.0	
	4/6/12	Firearms Training	Holton, KS	4.0	
	4/6/12	Weapon Maintenance	Holton, KS	2.0	
	5/2/12	Racial or Other Biased-Based Policing, Topeka Police Department	Topeka, KS	2.0	



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2011-12 Annual Report Appendix C Training: 7/1/2011 - 6/30/2012

ATTENDEE **DATE TRAINING & LOCATION TOTAL ETHCS SPONSOR** HRS 7/19/11 The Reid Technique of Columbia, 18.0 **Terry Symonds** Interviewing and MO Interrogation 8/24/12 Piracy and Intellectual Fargo, ND 2.0 Property Theft 8/24/12 Linguistic Statement Fargo 2.0 Analysis Technique 8/24/12 Five Concurrent 3.0 Farqo Themes for Success 8/25/12 Sovereign Citizen Fargo 2.0 Movement 8/25/12 Anatomy of a Swat Fargo 2.0 Shooting 8/25/12 Human Trafficking Farqo 2.0 **Awareness** Firearms Training 9/22/11 Holton, KS 3.0 9/28/11 Investigation of Elder Olathe, KS 6.5 Abuse, Johnson County Kansas F.A.S.T. Team 11/18/11 Holton, KS Firearms Training and 5.0 Weapons Maintenance 12 Hours in the Life of Topeka, KS 3/27/12 0.8 a Career Criminal Topeka, KS 3/28/12 **Human Trafficking** 2.0 3/28/12 Collaboration and Topeka, KS 3.0 Leadership in Today's Workplace Mid-States NATIA 4/2-4/12 Springfield, 14.0 Training Conference Holton, KS 4/6/12 Firearms Training 4.0 Holton, KS 4/6/12 Weapon Maintenance 2.0



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2011-12 Annual Report Appendix C

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
	5/2/12	Racial or Other Biased-Based Policing, Topeka Police Department	Topeka, KS	2.0	
Dave Unger	7/19/11	The Reid Technique of Interviewing and Interrogation	Columbia, MO	18.0	
	9/22/11	Firearms Training	Holton, KS	3.0	
	9/28/11	Investigation of Elder Abuse, Johnson County Kansas F.A.S.T. Team	Olathe, KS	6.5	
	9/29/11	Prescription Drug Symposium, United States Attorney for District of Kansas	Kansas City, Kansas	7.0	
	11/9/11	Decoding Digital Evidence, RCFL	Topeka, KS (Webinar)	2.0	
	11/18/11	Firearms Training and Weapons Maintenance	Holton, KS	5.0	
	3/27/12	12 Hours in the Life of a Career Criminal	Topeka, KS	8.0	
	3/28/12	Human Trafficking	Topeka, KS	2.0	
	3/28/12	Collaboration and Leadership in Today's Workplace	Topeka, KS	3.0	
	4/6/12	Firearms Training	Holton, KS	4.0	
	4/6/12	Weapon Maintenance	Holton, KS	2.0	
	5/2/12	Racial or Other Biased-Based Policing, Topeka Police Department	Topeka, KS	2.0	
Cam McKinney	4/17/12	Fraud Magazine, ACFE Self-Study Course	Topeka, KS	10.0	



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2011-12 Annual Report Appendix C

ATTENDEE	DATE	TRAINING & SPONSOR	LOCATION	TOTAL HRS	ETHCS
	5/2/12	Electronic Evidence: Challenges & Opportunities in e- Discovery, NAGTRI	Topeka, KS	6.5	2.5
Mark Knight	9/30/11	Continuing Legal Education, Department of Administration	Topeka, KS	6.0	1.0
	5/2/12	Electronic Evidence: Challenges & Opportunities in e- Discovery, NAGTRI	Topeka, KS	6.5	2.5
Cynthia Ludwig	4/24/12	Investigating Chiropractic, Podiatry and Physical Therapy Fraud, NHCAA Institute for Health Care Fraud Prevention	Austin, TX	6.5	
	4/25/12	Fraud, Waste and Abuse in Pharmacy, NHCAA Institute for Health Care Fraud Prevention	Austin, TX	6.5	
	4/24/12	Global Fraud Schemes, NHCAA Institute for Health Care Fraud Prevention	Austin, TX	6.5	
Rachel Eddy	11/21- 22/11	Managing the Property and Evidence Room	New Braunfels, TX	15.5	



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2011-12 Annual Report Appendix D

Presentations: 7/1/2011 - 6/30/2012

PRESENTER	DATE	EVENT	TITLE	PEOPLE
Dave Unger	7/12/11	KLETC LEO Training Program	Foot Pursuit	??
Dave Unger	7/12/11	KLETC LEO Training Program	Active Shooter	??
Dave Unger	7/13/11	KLETC LEO Training Program	Foot Pursuit	??
Dave Unger	7/14/11	KLETC LEO Training Program	Hostage Officer	??
Dave Unger	7/14/11	KLETC LEO Training Program	Active Shooter	??
Stefani Hepford	7/26/11	Kansas Hospital Association Annual Conference, Wichita, KS	Medicaid Fraud	47
Stefani Hepford	7/27/11	RCIL, Inc., Osage City, KS	Medicaid Fraud	31
Loren Snell	8/9/11	Department of Social and Rehabilitation Services, CSS Regional Representatives	Fraud Referrals	29
Loren Snell	11/15/11	Meeting of Managed Care Representatives, Topeka, KS	Medicaid Fraud Referrals	18
Amanda Voth and Mark Montague	12/2/11	Sedgwick County F.A.S.T. Training Day, Wichita, KS	Mistreatment Investigation and Prosecution	



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2011-12 Annual Report Appendix D

Presentations: 7/1/2011 - 6/30/2012

T		I	
1/13/12	Retirees Monthly Meeting, Topeka,	Elder Abuse	30
3/13/12	Kansas Adult Care Home Executives, Spring Conference, Manhattan, KS	Asset Forfeiture in Mistreatment of a Dependent Adult	87
3/14/12	Midwest Anti- Money Laundering and Suspicious Activity Reporting Conference, Kansas City, MO	Elder Abuse	200
5/11/12	NAAG Chief Deputies Meeting, Indianapolis, IN	Update on NAMFCU	47
6/14/12	Elder Abuse Seminar, El Dorado, Kansas	Crimes and Punishment: Protecting the Vulnerable	65
	3/14/12	Retirees Monthly Meeting, Topeka, KS 3/13/12 Kansas Adult Care Home Executives, Spring Conference, Manhattan, KS 3/14/12 Midwest Anti- Money Laundering and Suspicious Activity Reporting Conference, Kansas City, MO 5/11/12 NAAG Chief Deputies Meeting, Indianapolis, IN 6/14/12 Elder Abuse Seminar, El	Retirees Monthly Meeting, Topeka, KS 3/13/12 Kansas Adult Care Home Executives, Spring Conference, Manhattan, KS 3/14/12 Midwest Anti- Money Laundering and Suspicious Activity Reporting Conference, Kansas City, MO 5/11/12 NAAG Chief Deputies Meeting, Indianapolis, IN 6/14/12 Elder Abuse Seminar, El Dorado, Kansas Asset Forfeiture in Mistreatment of a Dependent Adult Elder Abuse Update on NAMFCU Crimes and Punishment: Protecting the