

**RESPONSES TO THE ASSEMBLY BUDGET COMMITTEE
AND THE
SENATE BUDGET SUBCOMMITTEE NO.3 ON HEALTH AND HUMANS SERVICES**

Below are responses to the unannounced home visit (UHV) questions posed by the legislature:

1. Please define "random beneficiary visits." Are these visits a state or county function? Are they required as a result of Medi-Cal, so the interrelation is that the IHSS cases are Medi-Cal cases, and, as such, subject to these?

- *DHCS Investigations Branch (IB) conducts unannounced home visits at Medi-Cal beneficiaries' residences as part of its regular Medi-Cal anti-fraud effort. Some of the individuals contacted may also be participants in the IHSS program. Individuals are visited based on information obtained by DHCS. Refer to question # 2b.*

2a. What protocols and policies do these visits arise from since 2004?

- *DHCS/IB has established protocols for conducting home visits and has been employing its home visit procedures in the Medi-Cal program since 1987.*

2b. How did the visit in this instance adhere or deviate from those protocols?

- *Protocols in effect since 1987 were utilized.*
- *DHCS/IB receives referrals from a variety of complaint sources such as emails and telephone hotline from the public and referrals from county/state governmental agencies. Data mining techniques are sometimes utilized.*
- *DHCS/IB staff review available information and select a beneficiary for home visit.*
- *DHCS/IB investigators are dressed in plain clothes, and operate unmarked non-traditional vehicles to avoid drawing attention to the visit. When making contact with an individual, DHCS/IB investigators identify themselves, display credentials if asked and explain the nature of the visit.*
- *If someone is not home, business cards are left at the location with call-back information. Follow-up phone calls are made to the residence in order to schedule a visit. Several visits are made to a residence before any additional action is contemplated. In the event that DHCS/IB investigators are unable to make contact with the beneficiary or provider, a report is forwarded to county personnel for appropriate action.*
- *When contact is made, DHCS/IB investigators ask a series of questions, verify services, view the residence, and insure the welfare of the beneficiary prior to departure. A record of the visit is created via standardized report format. In cases where a beneficiary needs additional resources, a referral is made to sister agencies.*

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3. What is the state policy on these and their interrelationship with IHSS Home Visits as adopted in AB X4 19?

- *Authority for DHCS/IB to conduct home visits by DHCS/IB already exists. Refer to question # 2a.*
- *AB x 4 19 extended authority to Counties to conduct unannounced home visits of IHSS beneficiaries based on:*
 - *Formulas and protocols developed through a stakeholder process involving state, local and other impacted parties.*
 - *CA/DSS is coordinating this process.*

4. Will they cease for IHSS consumers until protocols are developed pursuant to Section 12305.71 (c) (3) (C) of the Welfare and Institutions Code? This subparagraph starts with, "The department, in consultation with the county welfare departments, shall develop protocols for follow-up home visits and other actions, if the provider and recipient are not at the recipient's home at the time of the initial home visit." If the visits will not cease for IHSS consumers, why not, under what authority, and how will they proceed, if at all different from the practice exemplified in this instance?

- *DHCS/IB will continue to conduct unannounced home visits utilizing procedures referenced in question # 2b.*
- *Under Federal law, DHCS has the duty, obligation and authority to engage in oversight, anti-fraud and program integrity activities wherever Medicaid monies are expended.*

In the matter of Male beneficiary A:

On October 20, 2009 San Diego Investigations Office Investigator Alberto Hulings made contact with Medi-Cal/IHSS **Male beneficiary A** at his residence. **Male beneficiary A** and his provider Nancy Riley were present during the home visit. **Male beneficiary A** is a Medi-Cal beneficiary and receives full time IHSS care. **Male beneficiary A** was selected for home visit based on criteria outlined in question # 2b.

Investigator W. Palomino and Hulings attempted several contacts before **Male beneficiary A** contacted Hulings via telephone and scheduled an appointment. During one visit to the residence, Hulings saw Riley enter the residence but she did not respond when Hulings came to the door.

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The interview with **Male beneficiary A** was conducted in plain clothes, utilizing procedures described in question # 2b. No indicators of fraud were found and the interview was conducted without incident.

Investigator Hulings completed a report of his findings and recommended to San Diego County that no further action was necessary.

In the matter of Female beneficiary B:

A thorough review of all available records was conducted and no evidence was found that substantiates the allegation that an unannounced home visit was conducted by DHCS/IB staff at the residence of **Female beneficiary B**.

On January 29, 2010 an extensive search of Department of Health Care Services Investigations Branch (DHCS/IB) records was conducted with negative results.

After additional follow-up, DHCS/IB investigators discovered information obtained via the Medi-Cal Eligibility Data System that indicated there are two Medi-Cal beneficiaries with the name of **Female beneficiary B** residing in the San Diego area. One individual receives 283 hours of IHSS services per month, and has a medical condition consistent with that described at the joint legislative hearing.

Contact was made with **Female beneficiary B's** County case worker who said that her IHSS case renews each March and his last visit with her was in March 2009.