

AGENDA ITEM 22

Consider approving Fraud Policy & Procedures relating to the County Indigent Health Care Program.

Moved: **Commissioner Boatright**

Seconded: **Judge Doerfler**

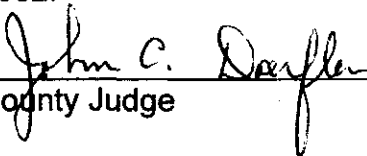
Motion: To approve Fraud Policy & Procedures relating to the County Indigent Health Care Program.

Vote: 5 - 0

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FRAUD POLICY & PROCEDURES County Indigent Health Care Program

Williamson County, Texas has adopted the following as the Fraud Policy & Procedures for the County Indigent Health Care Program effective September 1, 2002.


County Judge

8-13-02
Date

General Provisions

- I. Indication of fraud—intentional program violation consists of committing any of the following actions:
 - a. Misrepresenting, concealing, or withholding facts related to the eligibility process.
 - b. Violating any provision of the CIHCP Act, the CIHCP regulations or State Statutes relating to the use, or acquisition of CIHCP.
- II. Possible Misrepresentations--situations are varied in which an applicant or recipient might intentionally withhold information or present false information to obtain assistance or benefits to which he/she is not entitled. Examples include, but may not be limited to:
 - a. Information misrepresented or concealed at the time any of the Williamson County CIHCP forms are completed.
 - b. Information misrepresented at the time legal requirements (CIHCP Eligibility) are tested for initial certification or recertification;
 - c. Information misrepresented concerning income or resources;
 - d. Information misrepresented concerning composition of family group
 - e. Information misrepresented concerning county of residency
 - f. Information misrepresented concerning some element of need;
 - g. Information misrepresented to obtain prescribed drugs over the authorized limit;
 - h. Information misrepresented or concealed concerning incapacity;
 - i. Information misrepresented or concealed by a member of the recipient's family, authorized representative or any other individual(s) who assists recipient in obtaining medical services via CIHCP;
 - j. Information misrepresented concerning child support payments, including payments being paid in arrears;
 - k. Use of fictitious names and/or sources of identification;
 - l. Misrepresentation on guardianship or custody of children in the household
 - m. Misrepresentation of dependent status for adults in the household, to include but not limited to military dependents status and alien sponsorship.

Initiating Referral for Hearing

- I. The caseworker refers any case for investigation of suspected fraud in which there has been an intentional falsification or omission, which was material in obtaining assistance.
 - a. The caseworker evaluates all situations in which a recipient failed to report changes in circumstances between reviews.
 - b. The caseworker seeks to determine if changes were not reported due to client misunderstanding, oversight for failure to understand program reporting standards, or if changes were intentionally concealed,
 - c. If the caseworker determines changes were intentionally concealed, referral is made to the caseworker's immediate supervisor.
- II. The immediate supervisor reviews and attempts to resolve the case prior to referring to another level.
 - a. The immediate supervisor reviews the case history, evaluating the documentation on which the caseworker's decision is based.
 - b. If the immediate supervisor agrees that information was intentionally concealed, he/she may communicate with the client--face-to-face, by phone or in writing-- to attempt mediation and resolution. (i.e., repayment for services received, voluntary withdrawal from the program)
 - c. If the case cannot be resolved to the satisfaction of both parties, referral shall be made to the division director.
- III. A fair hearing shall be conducted by the division director.

Procedures for Hearing

- I. The purpose of the hearing is to determine if an intentional program violation has been committed. The division director serves as hearing officer, conducting the hearing and making the decision.
 - II. Notice of the hearing will be sent by certified and regular mail not less than 30 days before the hearing.
 - a. An individual(s) has a right to one postponement, not to exceed 30 days from the date of the initial hearing. If the individual wishes to postpone the hearing, he must submit a completed Request for Postponement form to the CIHCP office within 14 days from the date notice was sent.
 - i. The CIHCP office will notify the hearing officer of the request.
 - ii. The hearing officer will determine the new hearing date.
 - b. If the individual does not contest the accusation of fraud and/or does not attend the hearing, the case is still brought before the hearing board to determine the disqualification period, if any, as long as proof of notice is present.
 - c. The hearing officer will notify the client of the decision and the length of disqualification if any, in writing within 14 days. The
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disqualification period will begin the date the hearing officer made the determination of fraud.

- III. At the hearing, a constable or Notary Public places the participant(s) under oath.
- IV. The hearing is not open to the public but the individual(s) may bring a legal or other authorized representative to the hearing. The individual(s) are responsible for any legal fees incurred for their representation.
- V. The hearing will be recorded. Individual(s) may obtain copy(ies) upon request and at the individual(s) expense.
- VI. The CIHCP must prove that the individual has committed a violation as defined in Section 3, Pages 2,3 and 16, also Section 1 Page 11 of the CIHCP Handbook. The hearing officer must base the decision on evidence presented at the hearing.
- VII. The hearing officer must notify individual(s) of the outcome within 14 days of the hearing. If it is determined that the individual committed a violation, the individual(s) will be disqualified for:
 - a. 12 months for the first violation
 - b. 24 months for the second violation
 - c. Permanently for the third violation
 - d. All CIHCP expenditures in the individual(s) behalf must be reimbursed to Williamson County prior to reconsideration for future eligibility of those who have been assessed a 12 or 24 month violation.
- VIII. The hearing officer also has the option to determine if the case will be referred to the County Attorney for prosecution
- VIII. The client has the option to appeal the decision, if desired.
 - a. A written request for appeal must be received by the Division Director within 14 days following the hearing.
 - b. **If a request for appeal is filed, a fair hearing shall be conducted by an impartial hearing officer from another county.**

Procedures for Hearing

- IX. The purpose of the hearing is to determine if an intentional program violation has been committed. An impartial hearing officer conducts the hearing and makes the decision.
 - X. The hearing officer's decision is final. **The hearing determination is not subject to appeal.**
 - XI. Notice of the hearing will be sent by certified and regular mail not less than 30 days before the hearing.
 - a. An individual has a right to one postponement, not to exceed 30 days from the date of the initial hearing. If the individual wishes to postpone the hearing, he must submit a completed Request for Postponement form to the CIHCP office within 14 days from the date notice was sent.
 - i. The CIHCP office will notify the hearing officer of the request.
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- ii. The hearing officer will determine the new hearing date and notify the individual by regular and certified mail.
 - b. If the individual does not contest the accusation of fraud and/or does not attend the hearing, the case is still brought before the hearing officer to determine the disqualification period, as long as proof of notice is present.
 - c. The hearing officer will notify the client of the decision and the length of disqualification, if any, in writing within 14 days. The disqualification period will begin the date the hearing officer made the determination of fraud.
- XII. At the hearing a constable or notary places the participant(s) under oath.
- XIII. The hearing is not open to the public but the individual(s) may bring a legal or other authorized representative to the hearing. The individual(s) are responsible for any legal fees incurred for their representation.
- XIV. The hearing will be recorded. Individual(s) may obtain copy(ies) upon request and at the individual(s) expense.
- XV. The CIHCP must prove that the individual has committed a violation as defined in Section 3, Pages 2, 3 and 16, also Section 1 Page 11 of the CIHCP Handbook. The hearing officer must base the decision on evidence presented at the hearing.
- XVI. The hearing officer must notify individual(s) of the decision within 14 days of the hearing. If it is determined that the individual committed a violation, the individual(s) will be disqualified for:
- a. 12 months for the first violation
 - b. 24 months for the second violation
 - c. Permanently for the third violation
 - d. All CIHCP expenditures on the individual(s) behalf must be reimbursed to Williamson County prior to reconsideration for future eligibility of those who have been assessed a 12 or 24 month violation.
- XVII. The hearing officer also has the option, where there is a finding of fraudulent behavior, to refer the case to the County Attorney for prosecution.

Hearing Officer

- I. A hearing officer is an individual appointed by the county.
 - II. The hearing officer should be knowledgeable of CIHCP policy and could include other Williamson County officials as well as CIHCP staff or hearing officers from another county.
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*This document was adapted from a model developed and prepared by County
Indigent Health Care Programs in Public Health Region 7.*

AGENDA ITEM 23

Discuss and take appropriate action on allocating certain dollars from Indigent Health Care for high-risk maternity patients.

Moved: **Commissioner Boatright**

Seconded: **Commissioner Hays**

Motion: To approve allocation of funds from Indigent Health Care for high-risk maternity patients not to exceed \$10,000.*

Vote: **5 - 0**

**Correction to include additional wording made under Agenda Item 2, August 20, 2002.*

AGENDA ITEM 24

Consider approving renewal of optional health care services under the Indigent Health Program for the new year.

Bride Roberts with the WCCHD stated that the program is for residents who are at 25% of the federal poverty level. The poverty level for a household of one is \$739. Twenty-five percent of that would be \$185, which is the guideline used to determine eligibility for the program. The program serves between 700 and 800 people per year.

Moved: **Commissioner Hays**

Seconded: **Commissioner Boatright**

Motion: To approve renewal of optional health care services under the Indigent Health Program for the new year.

Vote: **5 - 0**

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