

CONTRACT ROUTING SHEET

Date Prepared: 07/23/10

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Jodi Albin
Phone #: x 6421
Department
Head Signature: _____

Vern Pierson, DA

CONTRACTOR:

Name: Department of Insurance
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: FY 10/11 Resolution

Contract Term: One Year Contract Value: \$275,000

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: n/a

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 7-27-10 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE HAND CARRY TO RISK MANAGEMENT.
THANKS!

Please call Jodi x 6421 when ready for pick up.

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: _____ Date: 7/29/10 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

**INSURANCE COMMISSIONER
OF THE STATE OF CALIFORNIA**

GRANT AWARD AGREEMENT

Fiscal Year 2010-2011

Workers' Compensation Insurance Fraud Program

The Insurance Commissioner of the State of California hereby makes award of funds to the **County of El Dorado**, Office of the District Attorney in the amount and for the purpose and duration set forth in this grant award.

This grant award consists of this title page and the application for the grant and made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant project in accordance with all applicable statutes, regulations, and Request-for-Applications (RFA).

Duration of Grant: The grant award is for the program period **July 1, 2010** through **June 30, 2011**.

Purpose of Grant: This grant award is made pursuant to the provisions of California Insurance Code Section 1872.83 and shall be used solely for the purposes of enhanced investigation and prosecution of workers' compensation fraud cases.

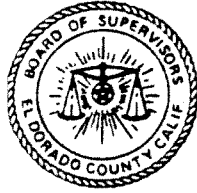
Amount of Grant: The grant award agreed to herein is in the amount of **\$275,000**. This amount has been determined by the Insurance Commissioner with the advice and consent of the Fraud Assessment Commission based on the estimated funds collected pursuant to Section 62.6 of the Labor Code. However, the total actual award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to Government Code Section 13000 et seq. The grant award will be distributed pursuant to Section 1872.83 of the Insurance Code and to the California Code of Regulations Subchapter 9, Article 3, Sections 2698.53, 2698.54, and 2698.57.

Official Authorized to Sign for Applicant/Grant Recipient	STEVE POIZNER Insurance Commissioner
Name: Vernon Pierson Title: District Attorney Address: 515 Main Street Placerville, CA 95667	Name: Rick Plein Title: Deputy Commissioner
Date:	Date:

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure.

Julia B. Cross, Fiscal Officer, CDI

Date



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, the El Dorado County Board of Supervisors desires to undertake a certain program designated Worker's Compensation Insurance Fraud to be funded in part from funds made available through the California Insurance Code Section 1872.83, California Code of Regulations Subchapter 9, Article 3 Section 2698.55 and administered by the California Department of Insurance:

NOW, THEREFORE, BE IT RESOLVED that the District Attorney of the El Dorado County District Attorney's Office is authorized to execute, on behalf of the Board Of Supervisors, the Grant Award Agreement including any extensions or amendments thereof which would be prompted by changes in funding levels from the State of California and would not increase net county costs:

BE IT FURTHER RESOLVED that the grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the _____ day of _____, 20____, by the following vote of said Board:

Attest:

Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

Ayes:

Noes:

Absent:

By: _____
Deputy Clerk

Chairman, Board of Supervisors

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____

**CALIFORNIA DEPARTMENT OF INSURANCE
FRAUD DIVISION**

**WORKERS' COMPENSATION
INSURANCE FRAUD PROGRAM**

REQUEST-FOR-APPLICATION

FISCAL YEAR 2010-2011

**SECTION III
APPLICATION AND INSTRUCTIONS**

Pursuant to Insurance Code Section 1872.83(d), the application for funding is a public document and may be subject to disclosure. However, information submitted to the California Department of Insurance concerning criminal investigations, whether active or inactive, is considered confidential.

**WORKERS' COMPENSATION INSURANCE FRAUD
INVESTIGATION/PROSECUTION PROGRAMS
FISCAL YEAR 2010-2011 GRANTS**

**Grant Application
Checklist and Sequence**

The Application MUST include the following:

	<u>YES</u>	<u>NO</u>
1. Is the Grant Application Transmittal sheet (Form 02) completed and signed by the district attorney?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Table of Contents	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the Program Contact Form (Form 03) completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is an original or certified copy of the Board Resolution (Form 04) included? If NOT, the cover letter must indicate the submission date.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. The County Plan includes:		
a) County Plan Qualifications (Form 05)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Staff Qualifications (Form 06(a))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Organizational Chart (Form 06(b))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Program Report (DAR or Form 07)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) County Plan Problem Statement (Form 08)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) County Plan Program Strategy (Form 09)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the projected Budget (Forms 10-12) included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Line-item totals are verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the Equipment Log (Form 13) completed and signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Joint Plan (Attachment A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Case Descriptions (Attachment B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GRANT APPLICATION TRANSMITTAL

Instructions for Fiscal Year 2010-2011

GRANT APPLICATION TRANSMITTAL

The Grant Application Transmittal is the cover page for the application. The official signing the face sheet for the applicant must be the district attorney for the county. The Grant Application Transmittal must also name the contact person who is designated to answer any questions about the proposed program.

1. **Program Title:** Enter the complete title of the program.
2. **Grant Period:** Enter the beginning and ending dates of funding as specified in the grant application instructions.
3. **Grant Amount:** Enter the total amount of state funds requested.
4. **Estimated Carryover Funds:** Enter the estimated carryover funds from the previous fiscal year(s).
5. **Program Director:** Enter the name and title of the individual ultimately responsible for the program.
6. **Financial Officer:** Enter the name and title of the person who will be responsible for all fiscal matters relating to the program. This person must be someone other than the program director.
7. **Official Submitting Application:** Enter the name, title, county, address and telephone number of the district attorney submitting the application. The district attorney's original signature (not a stamped, photocopied or faxed version) must be on the Grant Application Transmittal.

DEPARTMENT OF INSURANCE
GRANT APPLICATION TRANSMITTAL

Office of the District Attorney, County of EL DORADO, hereby makes application for funds under the *Workers' Compensation* Insurance Fraud Program pursuant to Section 1872.83 of the California Insurance Code.

Contact: VICKI L. ASHWORTH, DEPUTY DISTRICT ATTORNEY

Address: 515 MAIN STREET, PLACERVILLE, CA 95667

Telephone: (530) 621-6472

WORKERS COMPENSATION INSURANCE FRAUD 7/1/2010 – 6/30/2011


(1) *Program Title* (2) *Grant Period*

(3) New Funds Being Requested: \$ 446,872

(4) Estimated Carryover Funds: \$ 30,000

VERN R. PIERSON
(5) *Program Director*

JODI ALBIN
(6) *Financial Officer*


(7) *District Attorney's Signature*

Name: VERN R. PIERSON

Title: DISTRICT ATTORNEY / PROGRAM DIRECTOR

County: EL DORADO

Address: 515 MAIN STREET
PLACERVILLE, CA 95667

Telephone: (530) 621-6472

Date: 4/28/10

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PROGRAM CONTACT FORM

FORM 03

1. Provide the name, title, address and telephone number of the person having day-to-day operational responsibility for the program, and who can be contacted with questions regarding the program.

Name: VICKI L. ASHWORTH

Title: DEPUTY DISTRICT ATTORNEY

Address: 515 MAIN STREET

PLACERVILLE, CA 95667

E-mail address: VICKI.ASHWORTH@EDCGOV.US

Telephone Number: (530) 621-6419 Fax Number: (530) 621-1280

2. Provide the name, title, address and telephone number of the District Attorney's Financial Officer.

Name: JODI ALBIN

Title: FISCAL ADMINISTRATIVE MANAGER

Address: 515 MAIN STREET

PLACERVILLE, CA 95667

E-mail address: JODI.ALBIN@EDCGOV.US

Telephone Number: (530) 621-6421 Fax Number: (530) 621-1280

3. Provide the name, title, address and telephone number of the person who may be contacted for questions regarding data collection/reporting for the applicant agency.

Name: MARK P. MESSIER

Title: CRIMINAL INVESTIGATOR

Address: 515 MAIN STREET

PLACERVILLE, CA 95667

E-mail address: MARK.MESSIER@EDCGOV.US

Telephone Number: (530) 903-8224 Fax Number: (530) 295-2530

BOARD OF SUPERVISORS' RESOLUTION

Instructions for Fiscal Year 2010-2011

RESOLUTION

Commitment to funding shall be in the form of a Grant Award Agreement and shall require an enabling Resolution from the County Board of Supervisors approving and authorizing execution of the agreement. The County Board of Supervisors' Resolution must specify the Board's desire to participate in the program and should delegate authority to the district attorney (or other county official) to execute the Agreement and any modifications thereof.

A Resolution from the Board of Supervisors authorizing the applicant to enter into a Grant Award Agreement with the CDI is required. An original or a certified copy of the current Board Resolution for the new grant period must be submitted to receive funding for the 2010-2011 fiscal year. If the Resolution cannot be submitted with the application, a letter must be included which indicates when the CDI can expect to receive it (**no later than December 31, 2010**). Grant funds for that particular county will not be released until the CDI receives the Resolution and properly executed Grant Award Agreement.

The Board Resolution must designate the official authorized by title to sign the Grant Award Agreement for the applicant. Additionally, the Resolution must include a statement accepting liability for the local program. A sample Resolution follows on page 9.

NOTE: The Resolution must include all of the elements contained in the sample.

1. Enter the full names of the County Board of Supervisors making the Resolution.
2. Enter the proposed program. This should be the same as the title of the proposed program on the Grant Application Transmittal.
3. Enter the funding source (*Workers' Compensation-California Insurance Code Section 1872.83, California Code of Regulations, Title 10, Section 2698.55 et. seq.*).
4. Enter the full title of the administrator or executive (e.g., district attorney) that is authorized to submit the application, including any extensions or amendments. This person will sign the Grant Award Agreement.
5. Enter the full title of the organization that will submit the application.
6. Enter the same as item (1).
7. Enter the date of the meeting in which the Resolution was adopted.
8. Enter the votes of the members in the appropriate category.
9. Enter the signature of the person signing on behalf of the Board.
10. Enter the date of certification.
11. Enter the typed name and title of the person making the certification.
12. Enter the signature of the person attesting that this is a true copy of the Resolution. This must be a person other than the person who signed on behalf of the Board or Council (see item 9).
13. Enter the date attested.
14. Enter the typed name and title of the person attesting.

BOARD OF SUPERVISORS' RESOLUTION

The Resolution will be sent to the department of Insurance after it is received. The Board of Supervisors will not accept the Resolution without County council approval/review of the Grant Application. The Resolution will be forwarded by December 31, 2010.

COUNTY PLAN

Overall Instructions for Fiscal Year 2010-2011

COUNTY PLAN

The County Plan is the main body of information about the local program. It describes the need for funding to address investigation and prosecution of insurance fraud demands through appropriate and achievable objectives and activities. **Each district attorney's program award shall be based on the evaluation of the County Plan.** The County Plan shall be evaluated by a Review Panel which is comprised of two members of the Fraud Assessment Commission, the Chief of the Fraud Division or his or her designee, the Director of the Department of Industrial Relations or his or her designee, and an expert in consumer crime investigation and prosecution who is designated by the Insurance Commissioner.

The County Plan:

- **Shall include** elements describing the county's qualifications and the manner in which the district attorney will use grant funds to investigate and prosecute workers' compensation insurance fraud.
- **Will address** the applicability of the Insurance Commissioner's strategic initiatives and the Fraud Assessment Commission's objectives.
- **Shall contain the forms** included in the application forms package.

The County Plan consists of the following sections:

- **QUALIFICATIONS** (Forms 05, 06(a), 06(b) and 07)
- **PROBLEM STATEMENT** (Form 08)
- **PROGRAM STRATEGY** (Form 09)

In order to complete the County Plan, reference the definitions on page 11.

Definitions

For purposes of program reporting and grant applications, terms and concepts are defined as follows:

- **Arrest**
For purposes of the grant application and reporting, arrests include surrenders and citations.
- **Cases**
Multiple defendant cases should be counted as single cases, not a separate case for each defendant unless the number or names of the individual defendants are specified.
- **Cases in court**
Filed cases, up to and including sentencing hearing, excluding warrants and appeals.
- **Chargeable fraud**
The total amount of fraud that would result from all the counts actually charged or would be charged.
- **Documented Case Referral**
Cases received through specified dates that substantially comply with the documented case referral protocol. FD-1's/SFC's in and of themselves do not constitute a documented case referral.
- **Documented Case Referrals are classified as:**
Pending - cases awaiting review
Accepted - cases that are opened and assigned for investigation
Rejected - no further action will occur
- **Fines**
Fines imposed by the court. Penalty assessments may be included. Do not include booking fees, probation or supervision fees, or restitution.
- **Insider fraud**
Fraud committed by employees or agents of an insurance company, self-insured employer, or third-party administrator as defined in California Insurance Code Section 1877.
- **Investigations**
Investigation opened means cases in which an investigator or DDA has been assigned. It does not include screening activities such as the initial review of SFC's or phone call referrals, initial California Insurance Code 1877.3 referrals, probation violations, or due diligence searches.
- **Provider fraud**
A provider is defined as an individual or entity claiming to supply medical, legal, or other services in connection with a workers' compensation claim. Include in this category items such as capping, billing services, transportation and translation services.

THE DOCUMENTED REFERRAL

Summary	<p>This section covers the reporting of <i>substantiated</i> fraud cases. Once all four (4) elements of fraud are identified, a documented referral is warranted. The entire documented referral protocol is included below.</p>
When is a Documented Referral Necessary?	<p>As covered in the previous chapter, anytime there is suspected fraud within the workers' compensation insurance arena, it is required by law that a Suspected Fraudulent Claims report (SFC/FD-1) be submitted to the authorities.</p> <p>After further investigation, more evidence to substantiate the suspicion may be found. In those cases, consider submitting a "documented referral" to law enforcement. A documented referral assists law enforcement and increases the chances of prosecution.</p>
What is a Documented Referral?	<p>A documented fraud referral entails much more information than allowed for on the SFC/FD-1. While each case of suspected fraud is unique, most experts in law enforcement have agreed that the items of information discussed below, in the documented referral protocol, cover the necessary items. However, be aware that individual district attorney offices may have other items that they will request based on the facts of the case.</p>
Documented Referral Outline	<p>Below is a suggested outline of the items and information that comprise of a documented referral. Note that all the items may not be applicable to each claim. However, the more developed the case, the greater the possibility that there will be enough information for law enforcement to open a criminal investigation.</p> <p>The California District Attorneys Association and the California Department of Insurance have approved the following protocol.</p>
Section I. General Identification Information	<p>Include the following general items in the report:</p> <ul style="list-style-type: none">• Case Synopsis: A short, one-paragraph summary of the case. Include general identification information, including all information available on the suspect and a short summary of the case.• Suspect's Information: Suspect's name, alias, address, telephone number, employer, employer's address, employer's telephone number, suspect's employment position, DOB, POB, sex, race, height, weight, hair color, eye color, social security number, DMV number and prior claim history.• Insurance Information: Insurance company name, address, adjuster's name and telephone number, SIU investigator's name and telephone number, insurance company file number.• If reporting a policy or premium fraud case, you may want to provide the name of the auditor, underwriter, etc., in lieu of, or in addition to, the adjuster name/address/phone number.

- **Other Agencies:** Any other agencies working on the case, along with the contact name and telephone number.
- **Referral Form:** Include a copy of the previously submitted Suspected Fraudulent Claim (SFC/FD-1) form.

**Section II.
Narrative
Statement**

After the general identification section, complete a narrative statement of the facts of the case. Here are some tips for writing a complete narrative statement:

- The statement should be written in chronological order. Start with the beginning of the case, include the investigation conducted, and conclude with the current status of the fraudulent claim.
- When necessary, each statement should reference exhibits that support the statement.
- Make specific reference to relevant documents in the insurance company or claims files (i.e., reports, interviews, witnesses, medical files, depositions, videotapes, etc.). For every document described in the narrative statement, there should be an explanation of the document's origin (i.e., where it came from, where it was found). Specify which witnesses can testify to its authenticity.
- The narrative should include all the facts, both good and bad.
- If aware of any potential defenses the suspect might assert, those should be included in your narrative.
- Omit opinions; use only facts.
- If a timeline would be helpful to explain the chronological order of events, it should be included in the exhibit section and referenced in the narrative statement.

For every misrepresentation alleged, the following information should be provided:

- The exact statement (misrepresentation) made;
- The date the misrepresentation was made;
- Where it was made and to whom;
- Identification of the exhibit where the misrepresentation is contained (i.e., WC claim, letter from Dr. "A," report of interview of "B," computer printout, application for insurance, etc.);
- Evidence which proves the representation is untrue (e.g., deposition pg. 1, line 15; sub rosa videotape at 2349-3542; Dr. "C" letter, dated 4/3/92; report of interview with "D");
- An explanation of why the misrepresentation is important to the case; and
- Identification of witnesses who will testify to this conclusion.

**Section III.
Date of
Discovery of
Suspected Fraud**

In the documented referral, it is imperative that the earliest date the possible criminal activity was discovered be provided. Include specific statements about when and how the fraud was discovered, who discovered it, and why it was not discovered earlier.

**Section IV.
Exhibit List**

Every exhibit referenced in the narrative statement should have a number and be listed in the order the exhibits are referenced in the narrative statement. This list should be placed just following the narrative statement of the case. Audiotapes, videotapes, transcripts and any available photographs of the suspect should be included. If a statement is attributed to a witness in the narrative statement, there should be a report of interview for that witness in the exhibits. The report of interview should state who is being interviewed, the date, time and location of the interview. All persons present during the interview should be noted. If it is taped, this should be noted in the report or interview. For documents listed in the Exhibit List, there should be an indication of where each document came from.

Example: Exhibit 1 - Application for insurance policy on 1994 Toyota Tercel, contained in underwriting file for "X" Insurance Company for policy number 123456; Exhibit 2 - Faxed letter sent by Joe Suspect to "X" Insurance Company on March 5, 1993 and placed in "X" Insurance Company's claim file No. 654321 by adjuster Mary Jones.

**Section V.
Crimes
Requested
to be Charged**

For each crime sought to be charged, there should be a short statement explaining the basis for this request.

Example: Insurance Code 1871.4(a)(1) – Claimant stated there were no prior injuries to his back during an appointment with Dr. Jones (See Exhibit 8 - Dr. Jones' report, dated January 15, 1996). In fact, claimant had seen Dr. Smith previously and told him that he had injured his back in an auto collision (See Exhibit 11 - Dr. Smith intake report, dated March 20, 1995).

**Section VI.
Loss and
Restitution**

There should be a summary of the monetary loss to all victims (i.e., insurance company, employer, etc.) and the basis for the computation of the loss. The total loss should also be contained in the narrative, but the computation should appear in more detail in this section. In addition to the total losses, also include the costs incurred by your company to investigate the claim.

If you have information regarding assets of the suspect, place that information here. This is particularly important if the loss exceeds \$100,000.00.

**Section VII.
Witness List**

There should be a section that lists the names of all witnesses, their addresses, phone numbers, and any identification information available to the investigator (e.g., date of birth, social security number, driver's license information) in case the witness moves. This section should also reveal the importance of the witness by explaining, in one or two sentences, what he/she will be able to testify to.

**Example:
Claimant Fraud**

An example of a typical claimant workers' compensation documented case referral should include, but is not limited to, the following information:

- Suspected Fraudulent Claim Report (SFC/FD-1)
- Employee Claim Form (DWC-1)

- Employers First Report of Injury (DSL5020)
- Doctors First Report of Injury (DSL5021)
- Medical reports that focus on the claimant's current disabling condition and/or past medical history
- Documentation in support of the claim submitted by the claimant (e.g., letters, affidavits, medical bills, etc.)
- Copies of deposition transcription
- Copies of reports of interviews and/or recorded statements
- Photographs and/or videotapes along with investigative reports
- All claims database information
- Substantiation of employment while disabled
- Substantiation of prior claims from other insurers
- DO NOT send attorney-client privileged communications

**Example:
Premium Fraud**

An example of a typical premium fraud documented referral should include, but is not limited to, the following information:

- Suspected Fraudulent Claim Report (SFC/FD-1)
- Application
- Payroll Reports
- Audits
- Certificate of Insurance
- Claims Information
- Secretary of State Information
- Department of Corporations
- Contractors State License Board
- Quarterly Employee Tax Statements
- Employee Wage Reports
- Prevailing Wage Statements
- Policy Information
- DO NOT send attorney-client privileged communications

**Other Types of
Suspected Fraud**

For other types of suspected fraud (e.g., medical, legal, pharmacy, employer, agent/broker, embezzlement), use the guidelines contained in this protocol.

**Sending the
Documented
Referral**

These documented referrals should be simultaneously submitted to the California Department of Insurance, Enforcement Branch, Fraud Division and the local district attorney's office.

Include complete addresses of all agencies/entities referral information is sent to.

Do not send original documents or a copy of the entire investigative file until requested to do so.

Questions?

For questions regarding this process, please contact the local California Department of Insurance, Fraud Division Regional office or the local district attorney.

*** CASE CATEGORIES

Standard Case:

- One defendant
 - Loss under \$10,000
 - One employer victim
- Loss = Amount of chargeable fraud

Medium Case:

- Loss from \$10,000 up to \$49,999

Complex Case:

- Loss from \$50,000 up to \$250,000

Very Complex Case:

- Loss greater than \$250,000

The above-stated loss amounts are only guidelines for each category. Notwithstanding the guidelines, a case shall be elevated from one category to any other higher category if the necessary number of aggravating factors, as stated below, exist:

A Standard case + at least 2 Aggravating factors = A Medium case

A Medium case + at least 2 Aggravating factors = A Complex case

A Complex case + at least 2 Aggravating factors = A Very Complex case

e.g., A Standard case with at least 6 Aggravating factors becomes a Very Complex case.

AGGRAVATING FACTORS:

1. Multiple defendants or suspects
2. Multiple claims by a single defendant or suspect
3. More than 2,000 pages of reviewable material
4. More than 20 witnesses (excluding non-suspect medical providers)
5. More than 6 no-suspect medical providers or other experts
6. A case involving a suspect legal provider(s) or a suspect medical provider(s)
7. More than 2 insurance carriers/self-insureds involved
8. Search warrant(s) involving 2 or more search locations
9. Special Master Warrant involved
10. Search warrant which requires assistance of an expert in its execution (e.g., computer expert, auditor, etc.). This does not refer to the typical expertise of the searching police officer(s).
11. More than 2 public agencies (excluding D.A.) involved
12. Undercover operation by law enforcement
13. Grand Jury Proceedings
14. One or more Motions (other than a P.C. 995 motion) requiring a filed response
15. More than 2 contested Court hearings, not including arraignment and preliminary hearings

QUALIFICATIONS COUNTY PLAN

Instructions for Fiscal Year 2010-2011

In accordance with California Code of Regulations, Title 10, Section 2698.55, the county must submit a county plan. Please complete forms 05-09.

In answering the questions on Forms 05, 06 and 07 be sure to include the following information:

QUALIFICATIONS

The Qualifications Section consists of these forms:

- *Form 05*
- *Form 06(a)*
- *Form 06(b)*
- *Form 07*

Complete and submit the Qualifications forms, providing updated information according to the instructions in the form section. **Please complete Attachment B, which is a confidential document.**

If the county has received a grant award from the CDI in prior years, the outcomes reported in this section shall represent activities funded by the grant award. Outcomes achieved through county or other funding sources shall be designated separately.

INTRODUCTION TO EL DORADO COUNTY

El Dorado County is contiguous to Sacramento County on the west, Placer County to the north, Amador and Alpine Counties to the south and the Nevada State line to the east. El Dorado County is very rural and has only two incorporated cities: Placerville and South Lake Tahoe. El Dorado County has a population of 180,185 as of December of 2008. The majority of the population resides in the Western Slope communities of Placerville, Shingle Springs, Cameron Park and El Dorado Hills. El Dorado County, geographically, is a large county comprised of 1805 square miles. The uniqueness of the county is that it is divided into two distinct sections or areas, the West Slope and the Tahoe Basin. The primary area of businesses located in the county are on the West Slope, and of those, there are only twelve major non-government enterprises situated in the communities of Cameron Park and El Dorado Hills.

Our elected District Attorney, Vern Pierson, has set a goal of making our office very active in the arena of consumer protection, generally, and fighting insurance fraud specifically. This effort being undertaken by the District Attorney dovetails directly with the stated goals of the Commissioner and the Fraud Division. From 2007 to present, our office has aggressively sought to educate consumers and employees of the protections to which they are entitled as well as prosecute those who deny them these protections. This office will allow citizens of the County access to the office for protection of their rights, as well as a forum to report situations of potentially illegal conduct. As a significant part of this goal, enforcement of the Workers Compensation Fraud Program has become a cornerstone of the Consumer protection effort. This program allows for the protection of unwary workers, as well as protecting those employers who do obey the law. Now that our workers compensation team is in place, and with D.A. Pierson's known accomplishments in the field, El Dorado County has and is, maintaining a very aggressive program, as evidenced by our accomplishments over the last year. Our program is staffed with a highly qualified investigator, and an experienced senior trial attorney.

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QUALIFICATIONS

List the name of the program's prosecutor(s) and investigator(s). Include position titles and percentages for any vacant positions to be filled. For each, list:

1. The percentage of time devoted to the program
2. How long the prosecutor(s)/investigator(s) have been with the program

Prosecutors	% Time	Time With Program Start date/End date
RICHARD A. JONES	35%- 40%	January, 2007 to June 30, 2010
VICKI L. ASHWORTH	35% - 40%	DDA Ashworth will join as of July 1, 2010

Investigators	% Time	Time With Program Start date/End date
MARK P. MESSIER	100%	January, 2007 to Present

ORGANIZATIONAL CHART
Instructions for Fiscal Year 2010-2011

The Organizational Chart is to be an attachment provided by the county and labeled as Form 06(b).

ORGANIZATIONAL CHART

Provide an organizational chart outlining:

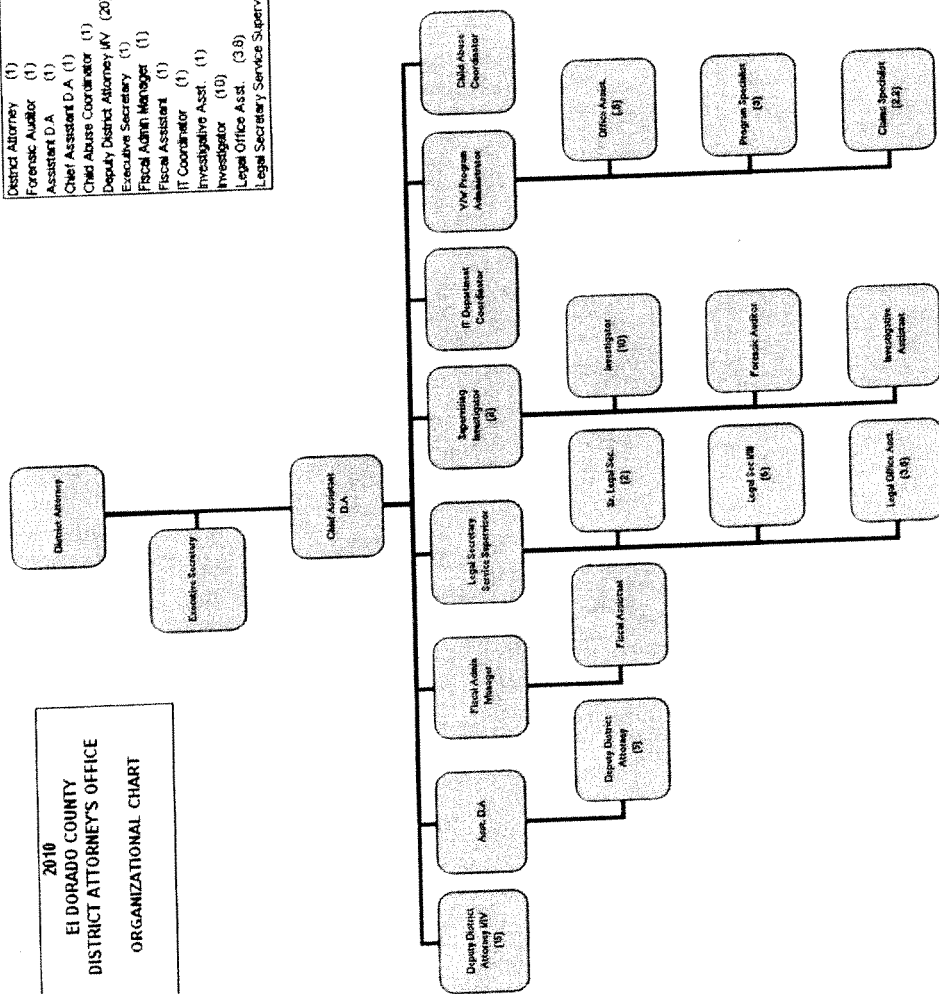
- Personnel assigned to the program. Identify their position, title and placement in the lines of authority to the elected district attorney.
- The placement of the program staff and their programmatic responsibility.

If there are any changes of personnel as shown on Form 02 and Form 03, the county must notify the Fraud Division, Local Assistance Unit in writing within thirty (30) days.

ORGANIZATIONAL CHART

FORM 06(b)

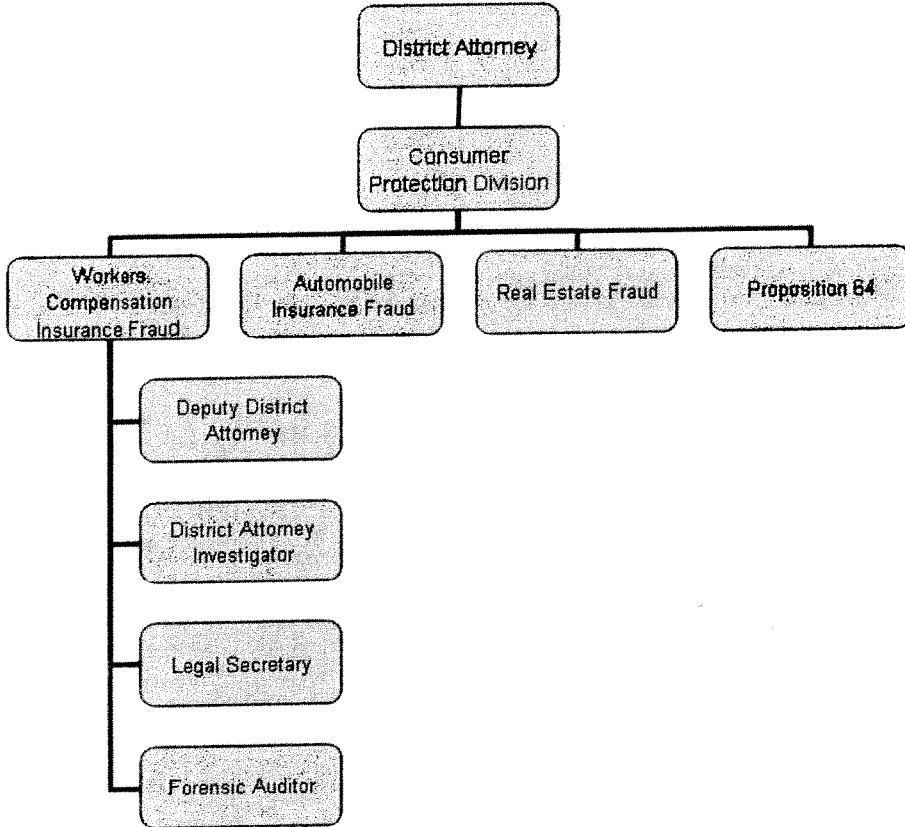
District Attorney	(1)	Legal Secretary III	(6)
Executive Secretary	(1)	Office Assistant	(86)
Chief Clerk	(1)	Supervising Investigator	(2)
Deputy District Attorney JUV	(20)	Sr. Legal Secretary	(2)
Deputy District Attorney CIV	(20)		
Executive Secretary	(1)	Victim Witness Program Admin	(1)
Fiscal Admin Manager	(1)	Victim Witness Program Spec	(3)
Fiscal Assistant	(1)	Victim Witness Claims Spec	(1.6)
IT Coordinator	(1)	Total	61.20
Investigative Asst.	(1)		
Investigator	(10)		
Legal Office Asst.	(3.8)		
Legal Secretary Service Supervisor	(1)		



2010
EL DORADO COUNTY
DISTRICT ATTORNEY'S OFFICE
ORGANIZATIONAL CHART

2010
EL DORADO COUNTY
DISTRICT ATTORNEYS
OFFICE

FORM 06(b)



DISTRICT ATTORNEY PROGRAM REPORT (DAR)
Instructions for Fiscal Year 2009-2010

The DAR provides actual data on activities such as investigations, cases, arrests, convictions and other statistical information. Completion of the program report reflects that the Fraud Division and county district attorney's met their mutual obligation to protect the public from economic loss and distress by actively investigating and arresting those who commit insurance fraud, and to reduce the overall incidence of insurance fraud through anti-fraud outreach to the public, private, and governmental sectors.

This version of the DAR comprises of the program activity for the Grant Date period July 1, 2009 through April 15, 2010.

This information has been provided electronically to the Department of Insurance pursuant to the DISTRICT ATTORNEY PROGRAM REPORT (DAR) Instructions listed above.

PROBLEM STATEMENT
Instructions for Fiscal Year 2010-2011

In answering the questions on Form 08, be sure to include the following information:

PROBLEM STATEMENT

Describe the nature and extent of the problem in the county. Include in your responses, the following:

- Its sources and causes
- Its economic and social impacts
- Its unique aspects, if any
- What is needed to resolve the problem

Supporting data and evidence, or indicators of fraudulent activity, related to workers' compensation insurance may include data and information derived from these sources:

- Self-insured employers
- Other local law enforcement entities
- Insurers
- The Fraud Division, and/or the Investigation Division of the California Department of Insurance
- Other interested parties

COUNTY PLAN PROBLEM STATEMENT

Please describe the types and magnitude of workers' compensation insurance fraud (e.g., claimant, single/multiple medical/legal provider, premium/employer fraud, insider fraud, insurer fraud) relative to the extent of the problem specific to your county. Please use local data or other evidence to support your description.

As described in our Introduction, El Dorado County has a unique circumstance as the county is divided geographically between the West Slope and the Tahoe Basin. The situation that exists, as between the two areas, is that the businesses in the Basin are virtually unchecked in any meaningful way for compliance for workers compensation rules and regulations as contrasted to businesses on the West Slope. We have found that on the occasions we have been in the Basin, non-compliance with the regulations for workers compensation seems to be the norm rather than the exception. The South Lake Tahoe area is separated from the Placerville area by the Sierra Nevada mountains and under optimum conditions is an hour plus drive from the District Attorneys office in Placerville. During the winter months there are road closures or blockages due to snow and ice. In essence, the area is most difficult to access for one investigator from Placerville.

It is our belief that the area of South Lake Tahoe is, in its own way, a separate and distinct community from the West Slope and requires an individual focus. The businesses know this and have little trepidation in ignoring what they are otherwise required to do. It is our desire to have a presence in the area so as to enforce the laws as intended. As a side note, we have had several felony prosecutions and convictions for workers compensation related cases since our initial Angora Fire work, which efforts support our conclusions and our request for additional help in the venue.

Our efforts on the West Slope have broadened over the past year in conformity with the FAC and CDI suggestions. This effort has determined that even though the business community is relatively small, compared to the larger urban counties, employer abuse seems to be growing. In reviewing our efforts to balance our caseload it has been seen that the number of 1871.4 IC cases has grown. In 2008 we had our first major case, resulting in felony convictions. As we have expanded our efforts in 2009 and 2010 we now have four (4) major matters we are investigating and anticipate charging at least one case prior to June, 2010.

As a result of our outreach efforts more serious cases are being brought to our attention from the outside. We are continuing our 3700.5 LC efforts as well. The situations we are seeing are as a result of individual business owners reacting to the economic stresses they are undergoing and contacting Investigator Messier whom they have met during our outreach efforts. We have been in contact with owners who say they are aware of the need for employee coverage but they just could not afford the coverage.

Again, as we have stated, the complexity of the employer 1871.4 IC matters consume a substantial amount of our one investigator's time and we are attempting to measure his time so as to maintain our public awareness efforts against his actual investigative time to provide a well rounded effort.

We recognized last year that the impact upon those affected by the dishonest conduct of either the employee or employer has substantial impact upon the aggrieved person or entity. It is our responsibility to force those who are culpable for this form of conduct to make amends to the aggrieved party or parties.

PROGRAM STRATEGY
Instructions for Fiscal Year 2010-2011

In answering the questions on Form 09, be sure to include the following information:

PROGRAM STRATEGY

This section **shall specify** how the district attorney will address the problem, defined in the Problem Statement, through the use of program funds.

The discussion **should include** the steps that will be taken to address the problem, as well as the estimated time frame(s) to achieve program objectives and activities. Specifically, this section **should describe**:

- the manner in which the district attorney will develop his or her caseload;
- the sources for referrals of cases; and
- a description of how the district attorney will coordinate various sectors involved, including employers, insurers, medical and legal providers, the Fraud Division, self-insured employers, public agencies such as Department of Industrial Relations, Employment Development Department, and local law enforcement agencies.

Required: A current District Attorney/Fraud Division Joint Plan for the use of investigative resources is required and included with the application (Attachment A).

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BUDGET

Instructions for Fiscal Year 2010-2011

In preparing to provide the information requested on Forms 10-13, be sure to consider the information provided below, as well as follow the detailed instructions provided:

BUDGET

General:

The budget is the basis for management, fiscal review, and audit. Funding Formula planning levels are included with this package.

Counties may supplement grant funds with funds from other sources such as those discussed in Form 05, question #2. However, applicants should not include any funds or expenses from these sources in the program budget.

BUDGET CATEGORY INSTRUCTIONS

PROGRAM BUDGET

The purpose of the Program Budget is to demonstrate implementation of the proposed plan with the funds available through the program. Program costs must be directly related to the objectives and activities of the program. The budget must cover the entire grant period. In the budget, include only those items covered by grant funds. All budgets are subject to the CDI's modification and approval.

The CDI requires the applicant to develop a cost-effective line-item budget that will enable them to meet the intent and requirements of the program, and ensure the successful implementation of the program. Applicants should prepare a realistic and prudent budget that avoids unnecessary or unusual expenditures that would detract from the achievement of the objectives and activities of the program. The following information is provided to assist in the preparation of the budget. Strict adherence to all required and prohibited items is expected. Failure by the applicant to include required items in the budget does not excuse responsibility to comply with those requirements.

Program funds must be used to support enhanced investigation and prosecution of insurance fraud and shall not be used to supplant funds that, in the absence of program funds, would be made available for any portion of the local insurance fraud program.

Budget modifications are allowable as long as they do not change the grant award amount. Budget modifications across budget categories (i.e., personal services, operations and equipment) require CDI approval. **Each budget modification request shall be made in writing before it can be approved.**

1. Non-Allowable Budget Items

- Real property purchases and improvements
- Aircraft or motor vehicle, except the purchase of motor vehicles specifically requested/justified to, and approved in advance by, the Commissioner
- Interest payments
- Food and beverages, except as purchased in connection with program-related travel. Food and beverage costs shall not exceed the applicants' per diem schedule.
- Weapons or ammunition unless included as part of a benefit package

2. Allowable Budget Items

Allowable costs are those costs incurred in direct support of local program activities, including program personnel, program-related travel, equipment costs proportional to their program-related use, facilities cost, expert witness fees and audits.

Specific Budget Categories

There is a separate form for each of the following three budget categories:

- A. Personnel Services - Salaries/Employee Benefits – Form 10**
- B. Operating Expenses – Form 11**
- C. Equipment – Form 12**

Each budget category requires line-item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right-hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. **If additional pages are needed, total only the last page of each budget category.**

The bottom of the Equipment Category form contains a format for identifying the program total and other revenue items. **This section must be completed and submitted even if there were no line items identified in the Equipment Category.**

A. Personnel Services - Salaries/Employee Benefits:

- 1. Salaries:** Personnel services include all services performed by staff that are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding, contract, or operational agreement, which must be kept on file by the grantee and made available for review during a CDI site visit, monitoring visit, or audit. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries.
- 2. Benefits:** Employee benefits must be identified by type and percentage of salaries. Applicants may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1.5 clerical positions).

B. Operating Expenses:

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the program, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award) and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, audit, administrative costs, and other consumable items. **Furniture and office equipment costing less than \$1,000 per unit (including tax, installation, and freight) or with a useful life of less than one-year fall within this category.**

1. **Travel Budget** for all anticipated travel related to the program is based on the travel policy established by the county. If a county does not have a travel policy, the state mileage rate can be used, which is a maximum of **50 cents per mile**, unless a higher rate is justified. When program employees are authorized by program department heads or designees to operate a privately owned vehicle on program-related business and no local travel policy exists, the employee will be allowed to claim 50 cents per mile without certification.
2. **Facility Rental** up to \$18 per square foot annually (\$1.48 per square foot monthly) with maintenance is allowable. If the rental costs for office space exceed these rates, it must be consistent with the prevailing rate in the local area.
3. **Rented or Leased Equipment:** If equipment is to be rented or leased, an explanation and cost analysis will be required if the application is selected for funding.
4. **Confidential Fund Expenditures** are costs that will be incurred by grant-funded personnel working undercover or in another investigative capacity. It may include the purchase of information, physical evidence, or services.
5. **Indirect Costs/Administrative Overhead:** Applicants may set aside grant funds for indirect costs/administrative overhead. Indirect costs are those not readily itemized or assignable to a particular program, but necessary to the operation of the organization and the performance of the program. The costs of operating and maintaining facilities, accounting services, and administrative salaries are examples of indirect costs. Flat rates not exceeding ten percent (10%) of personnel salaries (excluding benefits and overtime), or five percent (5%) of total direct program costs (excluding equipment) may be budgeted by applicants for indirect/administrative costs. You must specify the amount and the method of calculation for these costs.

Applicants must have on file an indirect cost allocation plan, which demonstrates how the rate was established. This plan must clearly indicate that line items charged to a direct cost category (i.e., postage) are *not* included in the indirect cost category. All costs included in the plan must be supported by formal accounting records that substantiate the propriety of eventual charges.

6. **Audits:** The budget may include a line item for the cost of obtaining an independent financial audit. The financial audit is to be prepared by either an independent auditor who is a qualified state or local government auditor, an independent public accountant licensed by the State of California, or the County Auditor/Controller. The audit shall indicate that local expenditures were made for the purposes of the program, as specified in Section 1872.83 of the California Insurance Code as adopted guidelines, in the Application and County Plan.

C. Equipment:

Equipment is defined as non-expendable tangible personal property having a useful life of more than one-year and costing \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line-item, not three).

Rented or leased equipment must be budgeted as an Operating Expense. "Lease to Purchase" agreements are generally not allowable. If a "Lease to Purchase" is requested, prior approval is required.

An equipment log must be completed listing all equipment purchases made with the prior fiscal year CDI grant.

Automobiles: The purchase of automobiles must be justified to and approved by the Commissioner. A separate justification must be submitted. If approved, county procurement policies must be followed.

PROGRAM TOTAL

Place the total amount for the entire budget in the space provided at the bottom right corner of the Budget Category and Line-Item Detail Form. This amount must match the amount requested for the program.

OTHER PROGRAM FUNDS

Interest Income: Include the amount of interest accrued to the base program funds. Interest income shall be used to further local program purposes.

ADDITIONAL GUIDANCE

Counties are also referred to the California State Controller's office (SCO) and its Accounting Standards and Procedures for Counties manual (Government Code Section 30200 and California Code of Regulations, Title 2, Division 2, Chapter 2) that, along with minimal required accounting practices, includes basic guidance regarding grant program budgets. Counties may download a copy of this manual at the SCO website <http://www.sco.ca.gov/ard/manual/cntyman.pdf> or request copies by completing and submitting the SCO request form at http://www.sco.ca.gov/Files-ARD/manual_manualrequest.pdf

FORM 10

BUDGET CATEGORY AND LINE-ITEM DETAIL		COST
A. Personnel Services - Salaries/Employee Benefits		
Salaries (Including Tahoe differential, bi-lingual, standby, longevity, overtime and deferred comp)		
		207,743
DA Investigator	2.00 FTE	46,067
Deputy District Attorney	.40 FTE	8,262
Legal Secretary	.20 FTE	6,275
Forensic Auditor	.10 FTE	
Benefits		3,012
Medicare:		668
DA Investigator	2.00 FTE	120
Deputy District Attorney	.40 FTE	91
Legal Secretary	.20 FTE	
Forensic Auditor	.10 FTE	
Health/Flex:		26,875
DA Investigator	2.00 FTE	6,545
Deputy District Attorney	.40 FTE	0
Legal Secretary	.20 FTE	1,366
Forensic Auditor	.10 FTE	
Retirement/PERS:		67,122
DA Investigator	2.00 FTE	10,319
Deputy District Attorney	.40 FTE	1,644
Legal Secretary	.20 FTE	1,249
Forensic Auditor	.10 FTE	
Disability Insurance:		707
DA Investigator	2.00 FTE	166
Deputy District Attorney	.40 FTE	30
Legal Secretary	.20 FTE	23
Forensic Auditor	.10 FTE	
Unemployment Insurance:		1,610
DA Investigator	2.00 FTE	322
Deputy District Attorney	.40 FTE	161
Legal Secretary	.20 FTE	81
Forensic Auditor	.10 FTE	
TOTAL		\$390,458

BUDGET CATEGORY AND LINE-ITEM DETAIL	COST
B. Operating Expenses	
Memberships: California District Attorney's Association State Bar of California California District Attorney Investigator's Association Northern California Fraud Investigators Association	44 160 60 80
Law Books: California Insurance Code	23
Fuel Costs: Co Vehicle 15-169 Messier Co Vehicle XX_XXX Investigator	1,000 1,000
Rent & Lease Vehicle: Co Vehicle 15-169 Messier est. mileage 10,925 x .2292 (Fleet Rate) Co Vehicle XX_XXX Investigator est. mileage 10,925 x .2292 (Fleet Rate)	2,504 2,504
Audit Fee: El Dorado County Auditor/Controller (required)	5,000
Training: NCFIA- (2.0) Investigators Insurance Fraud Seminar- .40 FTE DDA Insurance Fraud Seminar- 2.0 FTE Investigator	590 140 700
Travel: Meals Lodging	704 2400
Telephone: AT&T Mobility Aircard (\$38.29/mo)	460
Indirect/Administrative Cost Allocation:	39,045
TOTAL	\$56,414

BUDGET CATEGORY AND LINE-ITEM DETAIL	
C. Equipment	COST
CATEGORY TOTAL	\$0
PROGRAM TOTAL	\$446,872
INTEREST TOTAL	\$0

EQUIPMENT LOGS

Equipment Log for FY 2009-2010
County of EL DORADO


Equipment Ordered	Equipment Cost	Date Ordered	Date Received	Serial Number	Equipment Tag Number

Rows can be inserted as needed.

No equipment purchased.

I certify this report is accurate and in accordance with the approved Grant Award Agreement.

Name: **VERN R. PIERSON** Title: **District Attorney/Program Director**

Signature: 

Date: 4/28/10

ATTACHMENT A

JOINT PLAN

GUIDELINES FOR PREPARING A JOINT PLAN

Purpose of the Joint Plan

A Joint Plan helps achieve some very important goals for both county district attorney's and the Fraud Division. The joint plan, when properly developed and agreed upon, creates the framework for effective communication and resource management in the investigation and prosecution of insurance fraud.

ELEMENTS OF THE PLAN

Based upon review of past and current joint plans by county prosecutors and the Fraud Division, the following elements should be covered within the plan, but should not be considered all-inclusive:

1. Statement of Goals

Include what is expected to be achieved by the joint plan. The joint plan will reflect the Insurance Commissioner's strategic initiatives and the Fraud Assessment Commission's objectives.

2. Receipt and Assignment of Cases

Discuss the procedures to deal with fraud complaints and referrals that are received by only the Fraud Division or district attorney. What if both offices receive the same complaint? What arrangements will be made to avoid duplication of effort? How often will the two agencies meet/confer to share information on case referrals?

3. Investigations

When the district attorney first receives a case, discuss the criteria for when/if the Fraud Division's resources will be requested. Identify the plans and methods to develop cases between the two agencies and with allied agencies. Identify how the parties will avoid any duplication of investigative efforts. Define the manner in which the case investigative plan is in concurrence to investigate and prosecute if the fact expectation is met.

Discuss the time frames for initial and follow-up meetings between the assigned Fraud Division investigator(s) and the assigned prosecutor(s) for a case. Discuss how soon after a joint investigation is opened, the named prosecutor(s) and investigator(s) will be expected to meet.

4. Undercover Operations

Discuss the expectations and roles of both offices with respect to undercover operations conducted by the Fraud Division or jointly with district attorney investigators.

5. **Case Filing Requirements**
Discuss the filing requirements for cases presented to the county prosecutor. Set forth the guidelines that are generally expected for case filings.
6. **Training**
Discuss plans for any joint training between the District Attorney's office and the Fraud Division. Indicate any plans to conduct joint training and outreach to insurance companies (and Special Investigative Units), other law enforcement agencies, self-insurers and others.
7. **Problem Resolution**
Discuss the procedures and methods to resolve issues that may surface during the investigative/prosecutorial stages. At what level are they to be resolved? Include a discussion of the process to be used in resolving any conflict in the direction or scope of the investigation.
8. **Joint Acceptance of Plan, Required Signatures and Date**
Both the county prosecutor, in charge of the insurance fraud program, and the Captain of the Fraud Division office, responsible for that county and program, must agree upon the plan. **Both parties must sign and date the Joint Plan.** Copies of all Joint Plans will be maintained at the Fraud Division Headquarters in Sacramento for review by both the Insurance Commissioner and the Fraud Assessment Commission.