



Department of Health and Human Services

Office of Inspector General

Work Plan Administration on Aging Projects

Fiscal Year 1999

**June Gibbs Brown
Inspector General**






Office of Inspector General

MISSION:

Under the authority of the IG Act, we improve HHS programs and operations and protect them against fraud, waste, and abuse. By conducting independent and objective audits, evaluations, and investigations, we provide timely, useful, and reliable information and advice to Department officials, the Administration, the Congress, and the public.






VISION

WE ARE GUARDIANS OF THE PUBLIC TRUST

-  Working with management, we will ensure effective and efficient HHS programs and operations.
-  Working with decision-makers, we will minimize fraud, waste and abuse in HHS programs.
-  Working with our talented and motivated staff, we will manifest the highest standards as a Federal OIG.

VALUES

WE VALUE:

-  Quality products and services that are timely and relevant.
-  A service attitude that is responsive to the needs of decision-makers.
-  Fairness, integrity, independence, objectivity, proficiency, and due care in performing our work.
-  Teamwork and open communication among OIG components.
-  A positive environment that supports our personal and professional needs and encourages us to be innovative and reach our full potential.

Department of Health and Human Services

Office of Inspector General



Work Plan for Fiscal Year 1999

INTRODUCTION

The Office of Inspector General (OIG) Work Plan is set forth in five chapters encompassing the various projects to be addressed during Fiscal Year (FY) 1999 by the Office of Audit Services, Office of Evaluation and Inspections, Office of Investigations, and Office of Counsel to the Inspector General. The first four chapters present the full range of projects planned in each of the Department of Health and Human Services' (HHS) major entities: the Health Care Financing Administration, the Public Health Service agencies, the Administration for Children and Families, and the Administration on Aging. The fifth chapter embraces those projects related to issues that cut across Department programs, including State and local government use of Federal funds, as well as the functional areas of the Office of the Secretary.

In preparing this edition of the OIG Work Plan, we have provided a brief description of the various project areas that we perceive as critical to the mission of the OIG and the Department. Unless otherwise noted, reports on all projects are expected to be issued in FY 1999. However, as the work planning process tends to be ongoing and dynamic, the focus and timing of many of these projects can evolve in response to new information, new issues, and shifting priorities of the Congress, the President, and the Secretary and may be altered over time.

Given these variables, the OIG objective still remains the targeting of available resources on those projects that best identify vulnerabilities in the Department's programs and

activities that have been designed to serve and protect the safety, health, and welfare of the American people and promote the economy, efficiency, and effectiveness of the Department's programs. The Health Insurance Portability and Accountability Act of 1996, strengthened by the Balanced Budget Act of 1997, brought much needed authorities and resources to achieving this objective.

Program Audits

The Office of Audit Services (OAS) conducts comprehensive financial and performance audits of departmental programs and operations to determine whether program objectives are being achieved and which program features need to be performed in a more efficient manner. The OAS also provides overall leadership and direction in carrying out the responsibilities mandated under the Chief Financial Officers Act of 1990 and the Government Management Reform Act of 1994 relating to financial statement audits.

The audit portion of the OIG Work Plan represents the most significant audit work that will be conducted in FY 1999.

Program Inspections

The Office of Evaluation and Inspections (OEI) seeks to improve the effectiveness and efficiency of departmental programs by conducting program inspections to provide timely, useful, and reliable information and advice to decision makers. These inspections are program and management evaluations that focus on specific issues of concern to the Department, the Congress, and the public. The inspections identified in this Work Plan focus on programs with significant expenditures of funds and services to program beneficiaries or in which important management issues have surfaced. The results of these inspections should generate accurate and up-to-date information on how well those programs are operating and offer specific recommendations to improve their overall efficiency and effectiveness.

Investigative Focus Areas

The OIG's Office of Investigations (OI) conducts investigations of fraud and misconduct to safeguard the Department's programs and protect the beneficiaries of those programs from individuals and activities that would deprive them of rights and benefits.

The OIG concentrates its resources on the conduct of criminal investigations relating to the programs and operations of HHS. These investigative activities are designed to prevent fraud and abuse in departmental programs by identifying systemic weaknesses in areas of program vulnerability that can be eliminated through corrective management actions, regulation or legislation, by pursuing criminal convictions; and by recovering the maximum dollar amounts possible through judicial and administrative processes, for recycling back to the intended beneficiaries.

Legal Counsel Focus Areas

The Office of Counsel to the Inspector General (OCIG) coordinates the OIG's role in the resolution of health care fraud and abuse cases, including the litigation and imposition of administrative sanctions, such as program exclusions, and civil monetary penalties and assessments; the global settlement of cases arising under the Civil False Claims Act; and the development of corporate agreements for providers that have settled their False Claims Act liability with the Federal Government. It also develops and promotes industry awareness of models for corporate integrity and compliance programs and monitors ongoing integrity agreements. The OCIG also provides all administrative litigation services required by OIG, such as patient dumping cases and all administrative exclusion cases. In addition, OCIG issues special fraud alerts and advisory opinions regarding the application of OIG's sanction statutes and is responsible for developing new, and modifying existing, safe harbor regulations under the anti-kickback statute. Finally, OCIG counsels OIG components on personnel and operations issues, subpoenas, audit and investigative issues, and other legal authorities.

Internet Address

The FY 1999 OIG Work Plan and other OIG materials, including final reports issued and OIG program exclusions, may be accessed on the Internet at the following address:

<http://www.hhs.gov/progorg/oig>

Department of Health and Human Services

Office of Inspector General



Administration on Aging Projects

Table of Contents

Health Care Fraud and Abuse Control Programs	1
State Ombudsman Processes and Data	1
Reporting of Abuse and Neglect Cases	1
Involuntary Transfers of the Elderly - Psychiatric Facilities	2

Health Care Fraud and Abuse Control Programs

We will conduct a limited number of inspections to assist AoA in implementing its health care fraud and abuse program. The AoA funds grantees in 12 States to recruit and train retired professionals as both volunteer resources and educators to Medicare beneficiaries in detecting and reporting Medicare fraud. In addition, AoA funds 18 State Units on Aging to train aging network staff and long-term-care ombudsmen to recognize and report fraud and abuse. The OIG has assisted AoA in developing performance measures for the programs. We will continue that assistance by collecting and analyzing performance measure data and by evaluating the impact of the programs.

OEI; 02-97-00520

State Ombudsman Processes and Data

In selected States, we will examine trends in data reported through the National Ombudsman Reporting System and the extent to which the data indicates problems with quality of care in nursing homes. We will also examine State Ombudsman processes and operations. Through the AoA Long-Term-Care Ombudsman Program, paid and volunteer ombudsmen identify, investigate, and resolve problems related to the health, safety, rights, and welfare of residents of nursing homes and other long-term-care facilities. Since 1995, the ombudsman programs have submitted data through the national reporting system that describes complainants, complaints, and complaint verification and disposition. This review was requested by the Congress and is one in a series of reviews examining the quality of care in nursing homes.

OEI; 02-98-00350

Reporting of Abuse and Neglect Cases

We will examine selected States' procedures and practices for outreach and reporting of elder abuse and neglect cases to either the State Ombudsman and/or the State Department of Health for conducting investigations. Indications are that elder abuse is underreported.

OAS; W-00-99-20001

Involuntary Transfers of the Elderly - Psychiatric Facilities

This study will determine if Medicare and Medicaid funds are inappropriately spent for inpatient psychiatric care when the elderly are involuntarily committed to psychiatric facilities. Current regulations create a financial incentive by allowing the temporary transfer of residents from retirement or nursing homes to for-profit psychiatric facilities. Federal funds pay for the inpatient treatment while concurrently paying the nursing/retirement home to reserve the resident's bed. These psychiatric services may be neither therapeutic nor cost effective.

OAS; W-00-99-20001; A-04-99-00000