

## Office of Inspector General 2013 Session Overview

Going into the 2013 Legislative Session, the primary focuses of the Office of Inspector General (OIG) were:

1. to obtain legislative changes to address significant licensing trends and emergent issues as noted in the **Licensing Division's** [2012 Year-End Report](#) that impact customers served and the general public;
2. to enhance oversight of providers, particularly those at a higher risk of billing abnormalities;
3. to significantly expand resources for investigating suspected fraud; and
4. to enhance recoveries of identified overpayments.

Trends identified in the Licensing Division's 2012 Year End Report included an increase in infant deaths in childcare settings and an increase in serious licensing violations at opioid addiction treatment clinics. Legislation approved this year will improve child safety by providing training to enhance compliance with safe sleep practices and better protect infants receiving care in licensed settings. In addition, new laws will strengthen regulation of methadone clinics and improve treatment for people who are addicted by incorporating some federal standards into state licensing laws, making violations clearly enforceable at the state level and allowing DHS to act on violations more quickly and effectively.

Other areas of legislative focus included implementing new standards for providers of home and community-based services and redesigning the Department's background studies processes to enhance the safety and well-being of Minnesotans using long term care services.

Legislative changes will allow DHS to partner with the Minnesota Court Information System (MNCIS) to routinely receive new criminal activity data on people subject to previous background studies and to expand the scope of background studies to include routine access to the Predatory Offender Registry (POR), sometimes referred to as the "sex offender registry."

The **Financial Fraud and Abuse Investigation Division's** numerous successful legislative proposals that cover a variety of areas include: the establishment of a new unit to focus on the detection, data analysis, investigation, and sanctioning of child care assistance fraud committed by providers and recipients; strengthening the Minnesota False Claims Act; establishing a team of surveyors to conduct pre- and post-enrollment inspections of provider types identified by DHS or the federal government to present a high or moderate risk of Medicaid fraud or improper billing; expansion of Surveillance and Integrity Review System by adding more investigators; and enhancing recoveries of identified overpayments through new and modified surety bond requirements for some providers and by adding department resources dedicated to collections on bonds through tax liens and other methods.

# New Legislation

## *Licensing Division*

### **Temporary Immediate Suspension**

Amends Minnesota Statutes, section 245A.07, subdivision 2a, to clarify that when a temporary immediate suspension is issued based on a violation of safe sleep requirements as defined in section 245A.1435, the commissioner is not required to demonstrate that an infant died or was injured as a result of the violations. Effective July 1, 2013.

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 13](#)

### **Reduction of Risk of Sudden Unexpected Infant Death in Licensed Programs**

Amends Minnesota Statutes, section 245A.1435, as follows:

- Changes terminology from Sudden Infant Death Syndrome (SIDS) to Sudden Unexpected Infant Death (SUID)
- Requires a physician directive on a form approved by the commissioner for an infant to be placed in an alternative sleep position, other than on the infant's back.
- Allows a provider to let an infant who independently rolls over on its stomach after being placed to sleep on its back to remain sleeping on its stomach if the infant is at least six months old or the license holder has a signed statement from the parent that the infant regularly rolls over at home.
- Clarifies that an infant must be placed to sleep in a crib, directly on a firm mattress with a fitted sheet that is appropriate to the mattress size, and that the sheet must fit tightly on the mattress and overlap the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort.
- Requires that nothing may be placed in the crib with the infant except the infant's pacifier.
- Clarifies the age of an infant for purposes of this section as younger than one year of age.
- Clarifies that if an infant falls asleep before being placed in a crib, e.g., in a stroller, car seat, carrier, while being held, the infant must be moved to a crib as soon as practicable – but until then, the infant must be kept within the sight of the license holder, and not be in a position where the infant's airway may be blocked or the infant's face is covered.
- Clarifies that when an infant falls asleep while being held, the provider must consider the supervision needs of the other children in care when determining how long to hold the infant before placing it in a crib to sleep
- Addresses swaddling infants during sleep. Swaddling is not recommended for an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with informed written consent of a parent or guardian, on a form provided by the commissioner and prepared in partnership with the Minnesota Sudden Infant Death Center, swaddling is allowed on an infant who has not yet begun to roll over on its own as long as the infant is placed down to sleep in a one-piece swaddling sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs.

Effective July 1, 2013.

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 14](#)

### **Child Foster Care**

Amends Minnesota Statutes, section 245A.144, to change terminology from Sudden Infant Death Syndrome (SIDS) to Sudden Unexpected Infant Death (SUID) and Shaken Baby Syndrome (SBS) to Abusive Head Trauma (AHT).

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 15](#)

### **Children’s Residential Facilities and Residential Chemical Dependency Treatment with Infants and Young Children**

Amends Minnesota Statutes, section 245A.1444, to change terminology from Sudden Infant Death Syndrome (SIDS) to Sudden Unexpected Infant Death (SUID) and Shaken Baby Syndrome (SBS) to Abusive Head Trauma (AHT).

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 16](#)

### **Family Child Care Diapering Area Disinfection**

A new provision, Minnesota Statutes, section 245A.1446, Family Child Care Diapering Area Disinfection. Clarifies that bleach used for disinfecting diaper changing surfaces must be mixed according to label instructions for disinfection. Also allows for use of surface disinfectants other than bleach if the manufacturer’s label or instructions state that the product is registered with the United States Environmental Protection Agency, is effective against certain bacteria in 10 minutes or less of contact time, has clear directions for mixing and use, is used according to manufacturer’s directions, and does not contain triclosan or its derivatives. Also clarifies language consistent with the label directions to clean a child diapering area.

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 17](#)

### **Family Child Care Infant Sleep Supervision**

New provision, Minnesota Statutes, section 245A.147, Family Child Care Infant Sleep Supervision Requirements. Encourages family child care providers to monitor sleeping infants by conducting in-person checks every 30 minutes, and every 15 minutes during the first four months of care or if the infant has an upper respiratory infection. In addition to in-person checks, providers are encouraged to use an audio or visual monitoring device to monitor each sleeping infant in care during all hours of sleep.

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 18](#)

### **Family Child Care License Holder Insurance**

New statutory provision, Minnesota Statutes, section 245A.152, Child Care License Holder Insurance, enhances insurance notification requirements for family child care. License holders must provide written notice to all parents or guardians prior to admission stating whether the license holder has liability insurance. If the provider has liability insurance, parents must be informed in writing that the certificate of coverage is available for inspection, and the expiration or renewal date of the policy. Upon expiration of the policy, the provider must provide a new written notification indicating whether the policy has

lapsed or the policy has been renewed. If the policy was renewed, the license holder must provide the new expiration date in writing to parents and guardians.

If the license holder does not have liability insurance, the license holder must provide an annual notice to parents and guardians, on a form developed and made available by the commissioner, that the license holder does not carry liability insurance.

The license holder must immediately notify all parents and guardians in writing of any change in insurance status; must make available upon request the certificate of liability insurance to the parents of children in care, to the commissioner, and to county licensing agents; and, the license holder must document, with the signature of the parent or guardian, that the parent or guardian received the notices required by this section.

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 19](#)

### **Child Care Center Provider Sudden Unexpected Infant Death and Abusive Head Trauma Training Requirements**

Amends Minnesota Statutes, section 245A.40, subdivision 5 to change terminology from Sudden Infant Death Syndrome (SIDS) to Sudden Unexpected Infant Death (SUID) and Shaken Baby Syndrome (SBS) to Abusive Head Trauma (AHT). Adds SUID training requirement for volunteers before caring for infants. Requires SUID and AHT training to be repeated every year.

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 20](#)

### **Family Child Care Training Requirements**

Amends Minnesota Statutes, section 245A.50, as follows:

- Subdivision 2: Adds behavior guidance training to the scope of child growth and development training; requires license holders and each adult caregiver to complete four hours of child growth and development and behavior guidance training prior to initial licensure, and before caring for children; requires child growth and development and behavior guidance training to be repeated annually; and requires the commissioner to develop or approve training curriculum by January 1, 2014.
- Subdivision 3: Requires first aid training to be repeated every two years.
- Subdivision 4: Clarifies that CPR training must specifically include CPR techniques for infants and children and requires CPR training to be repeated every two years. Deletes allowance for video CPR training and requires that persons providing CPR training use training that has been approved by the American Heart Association, the American Red Cross, or developed using nationally recognized evidence-based training. All CPR training must incorporate psychomotor skills to support the instruction.
- Subdivision 5: Changes terminology from Sudden Infant Death Syndrome (SIDS) to Sudden Unexpected Infant Death (SUID) and Shaken Baby Syndrome (SBS) to Abusive Head Trauma (AHT). Requires in-person SUID training once every two years. In years that in-person training

is not received, the license holder must receive training through a video developed or approved by the commissioner that is no more than one hour in length. AHT must be repeated every year.

- Subdivision 5: SUID and AHT training for family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and be approved by the Minnesota Center for Professional Development.
- Subdivision 7: Requires family child care providers to complete 16 hours of ongoing training each year. Repeat of topical training requirements in subdivisions 2 to 8 count toward the annual 16-hour training requirement. Behavior guidance training is added as an additional subject area for ongoing training.
- Subdivision 9: Effective July 1, 2014, family child care license holders and each adult caregiver who provides care for more than 30 days in the 12-month period must complete and document at least six hours of approved training on supervising for safety prior to initial licensure, and before caring for children. At least two hours of training on supervising for safety must be repeated annually. The commissioner shall develop the supervising for safety curriculum by January 1, 2014.
- Subdivision 10: Requires county licensing staff to accept training approved by the Minnesota Center for Professional Development, including face-to-face or classroom training, on line training, and, relationship-based professional development, such as mentoring, coaching, and consulting.
- Subdivision 11: New and increased training requirements in the section must not be imposed on providers until the commissioner establishes statewide accessibility to the required provider training.

Effective July 1, 2013, unless otherwise specified.

[Laws of Minnesota 2013, Chapter 108, Article 3, Section 21](#)

### **Home and Community Based Services Licensing Fees**

Deletes the Chapter 245B licensing fee structure and creates a new licensing fee structure for Home and Community Based Services (HCBS) licensed under Chapter 245D. Between July 1, 2013 and December 31, 2013, new providers under this chapter must submit an application fee equal to the annual license renewal fee or \$500, whichever is less. In order to verify a provider's revenue for the purposes of determining the licensing fees using the fee schedule in this section, the license holder is required to provide documentation of its income. If the provider elects not to provide this information, it can choose to pay the highest renewal fee in the schedule. HCBS providers with programs currently licensed under Chapter 245B as of May 15, 2103 will pay the licensing fee from calendar year 2013 for the calendar years of 2014, 2015 and 2016. In 2017, these license holders will pay the renewal fee as described in the schedule in this section. This section also stipulates that an applicant for an initial day services facility license shall submit a \$250 application fee.

Effective July 1, 2013

**\$1.739M in FY14-15 and \$1.715M in FY16-17**

[Laws of Minnesota 2013, Chapter 108, Article 8, Section 15](#)

### **Home and Community Based Services Licensing Fees/Maltreatment Report**

Requires the Commissioner to submit a report to the chairs and ranking members of Health and Human Services committees on the fees collected under the new 245D structure, the actual costs of doing licensing activities and maltreatment investigations, how the licensing costs compare with those of MDH-licensed providers, possible ways of reducing costs for investigations, and draft legislation that would amend the 245D licensing fee structure to remedy any problems discovered in the report. The report is due to the Legislature by July 1, 2015.

[Laws of Minnesota 2013, Chapter 108, Article 8, Section 59](#)

### **Integrated Licensing System for Home Care and HCBS Programs and Report**

Requires the DHS-Licensing Division and the MDH-Compliance Monitoring Division to develop an integrated licensing system for Home Care and HCBS providers. A report that contains recommendations for legislative changes to implement the joint system is due to the Legislature by February 15, 2014.

[Laws of Minnesota 2013, Chapter 108, Article 8, Section 60](#)

### **Opioid Addiction Treatment Education**

Requires all programs licensed by the commissioner to provide educational information concerning treatment options for opioid addiction to clients identified as having or seeking treatment of opioid addiction. The commissioner shall develop the educational materials.

Effective August 1, 2013

[Laws of Minnesota 2013, Chapter 113, Article 1, Section 1](#)

### **Opioid Addiction Provider Licensing Requirements**

Minnesota Statutes, section 245A.192, as follows:

Requires all opioid addiction treatment services licensed under Minnesota Statutes Chapter 245A to comply with Minnesota Rules parts 9530.6405 to 9530.6505 in addition to the requirements in this section.

- Defines the following terms:
  - "Diversion"
  - "Guest dose or dosing"
  - "Medical director," including qualifications and responsibilities
  - "Medication used for the treatment of opioid addiction"
  - "Minnesota health care programs"
  - "Opioid treatment program"
  - "Placing authority"
  - "Program"
  - "Unsupervised use"
- Describes the medication order requirements the license holder must meet prior to administering or dispensing a medication used for the treatment of opioid addiction.
- Requires a minimum of eight random drug tests, reasonably disbursed over a 12-month period for clients in the program. A license holder may elect to conduct more drug tests.
- Specifies the criteria that must be met before a client may be dispensed medication for unsupervised or take-home use outside of the program to limit the potential for diversion of medications used for treatment of opioid addiction to the illicit market.

- Imposes restrictions and timelines for clients who meet the criteria required for unsupervised or take-home use when the medication to be dispensed is methadone hydrochloride.
- Requires a provider to meet certain federal requirements in order to accelerate the number of unsupervised or take-home doses of methadone hydrochloride. The commissioner is given authority to monitor for compliance and may issue licensing actions for noncompliance.
- Allows individuals enrolled in an opioid treatment program elsewhere to receive guest doses of medication used to treat opioid addiction on a temporary basis not to exceed 30 consecutive days when the client is not able to receive the medication at the program in which the client is enrolled, or when the client's primary clinic is not open and the client is not receiving take home doses. Guest dosing must not be for the convenience or benefit of either clinic.
- Requires the license holder to submit data regarding medication used for treatment of opioid addiction to a central registry, effective upon implementation of the changes to DAANES or the development of an electronic system to which the data can be submitted.
- Modifies the non-medication treatment services that a program must offer, including the amount of individual or group therapy, and clarifies contents of the treatment plan and progress notes, and the frequency of progress notes and treatment plan reviews, in the client's file.
- Provides that, upon admission, the client will be notified that the medical director and DHS will be monitoring the Board of Pharmacy's Prescription Monitoring Program (PMP) to review prescribed controlled drug use by the client before ordering any controlled substance for the client, and that subsequent reviews will occur quarterly, unless there is recent history of multiple prescribers, which would result in monthly reviews. If the use of controlled substances places the client at risk of harm, the medical director must seek the client's consent to contact the other prescribers to discuss the client's opioid treatment and to allow the other prescriber to disclose to the medical director the condition that formed the basis of the prescription for the controlled substance.
- Requires the commissioner to collaborate with the Minnesota Board of Pharmacy to develop and implement an electronic system by which the commissioner shall routinely access the data from the prescription monitoring program to determine if a client has been prescribed controlled substances in addition to the prescriptions by the opioid treatment program. Sets forth requirements when the commissioner determines there are multiple prescribers or prescriptions, and states that if determined necessary, the commissioner will seek any federal waiver of, or exception to, Code of Federal Regulation, title 42, part 2.34, item (c).
- Requires license holders to develop and maintain the policies and procedures in this subdivision, which includes a policy and procedure to provide a single unsupervised use of medication used to treat opioid addiction when the program is closed, to reduce the possibility of the medication being diverted from its intended use.
- Medications used for the treatment of opioid addictions must be ordered, administered and dispensed according to applicable state and federal regulations and the standards set by applicable accreditation entities. In addition, when an order requires assessment by the person administering or dispensing the medication to determine the amount to be administered or dispensed, the assessment must be completed by an individual whose professional scope of practice permits such assessment.
- Requires the license holder to develop and maintain a quality improvement process and plan, as specified in this subdivision.
- Requires programs to provide notification and client-specific updates to placing agencies for clients who are enrolled in Minnesota health care programs. At the request of the placing agency, the

program must provide client-specific updates, including positive drug screenings and changes in medications.

Effective August 1, 2013

[Laws of Minnesota 2013, Chapter 113, Article 1, Section 2](#)

### **Opioid Treatment Program Eligibility**

Minnesota Statutes, section 254B.04 is amended as follows:

Allows but does not require the placement authority, after taking into account an individual's preference for placement in an opioid treatment program, to place the individual in an opioid treatment program. If applicable, the placing authority must consult with the current treatment provider. Requires the assessor to provide educational information, prior to placement, concerning treatment options for opioid addiction. The commissioner shall develop and periodically update the educational materials that must be used by the assessors.

Effective August 1, 2013

[Laws of Minnesota 2013, Chapter 113, Article 2, Section 1](#)

### **Prescription Monitoring Program Database Access Granted to DHS**

Amends Minnesota Statutes, section 152.126, subdivision 6, as follows:

Adds DHS to the list of permissible users who are allowed to access the private data in the Prescription Monitoring Program (PMP) if DHS establishes and implements a system for routinely accessing the PMP to determine if an individual enrolled in an opioid treatment program has been prescribed a controlled substance outside of the program. If the individual has a non-programmatic controlled substance prescription, the medical director of the patient's program will be notified by DHS of the existence of multiple prescriptions and directed to access the data directly and review the effect of the multiple prescribers or prescription of multiple controlled substances and document the review. If determined necessary, the commissioner will seek a federal waiver of, or exception to, any applicable provision of Code of Federal Regulations, title, 42, part 2.34, item (c ) prior to implementing this paragraph.

Effective August 1, 2013

[Laws of Minnesota 2013, Chapter 113, Article 3, Section 3](#)

## ***Background Studies***

### **Minnesota Court Information System Data**

Expands access to the Minnesota Court Information System (MnCIS) by creating an electronic transfer of data between MnCIS and DHS which will allow DHS to receive notices when there is new criminal information data on a subject who has previously completed a background study.

Effective July 1, 2013

[\*Laws of Minnesota 2013, Chapter 108, Article 5, Sections 2-4, 12\*](#)

### **Predatory Offender Registry Data**

Gives DHS access to data maintained by the Department of Public Safety on individuals required to register under Minnesota's predatory offender registration law for purposes of conducting background studies under Chapter 245C, sections 2 and 12. Expands the scope of the background study to include information regarding background study subjects' registration in Minnesota as a predatory offender.

### **Guardian and Conservator Background Studies**

- Changes the requirement for conducting FBI checks on proposed guardians or conservators to include those who resided outside of Minnesota within the past ten years instead of five years.
- Expands the scope of the background study to include a check against information maintained by the following licensing agencies in Minnesota and any state the individual has resided in in the previous ten years: Lawyers Responsibility Board; State Board of Accountancy; Board of Social Work; Board of Psychology; Board of Nursing; Board of Medical Practice; Department of Education; Department of Commerce; Board of Chiropractic Examiners; Board of Dentistry; Board of Marriage and Family Therapy; Department of Human Services; and Peace Officer Standards and Training (POST) Board. Information obtained regarding an individual's current or former licensure, as well as information available regarding a disciplinary action or sanction taken against the individual's license, will be provided to the court.
- Increases the fees for the expanded background studies.

Effective July 1, 2013

[\*Laws of Minnesota 2013, Chapter 86, Article 2, Sections 1-4\*](#)

## ***Financial Fraud and Abuse Investigation Division***

### **False Claims Act Provisions Modified**

The legislation makes clarifying changes to the Minnesota False Claims Act, which was not in compliance with the U.S. Department of Health and Human Services requirements. After approval, this will allow the state to retain an additional 10% recoveries for actions filed under the state FCA. Section 1909 of the Social Security Act provides a financial incentive to states with false claims acts that are at least as effective in rewarding and facilitating *qui tam* (whistle blower) actions as the federal FCA. In August 2011, HHS denied approval of Minnesota's FCA and outlined the basis for its decision.

Effective August 1, 2013

[\*Laws of Minnesota 2013, Chapter 16\*](#)

### **Child Care Provider and Recipient Fraud Investigations**

The legislation establishes the authority and operations of a new Child Care Provider Investigation Unit within the Office of Inspector General (OIG). DHS is directed to investigate alleged or suspected financial misconduct by providers. Providers, recipients, employees, and staff may be investigated when there is evidence of conduct related to the financial misconduct of a provider, license holder, or controlling individual. DHS is authorized to contact any person, organizations, agency, or any other entity to conduct investigations. The language includes sanctions and monetary recovery as a result of abuse or fraud that is discovered, and an appeal process in response to a notice of imposed sanctions.

Effective July 1, 2013

[\*Laws of Minnesota 2013, Chapter 108, Article 5, Sections 1 and 5\*](#)

### **Durable Medical Equipment Provider Enrollment**

The legislation requires all durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) vendors to purchase surety performance bonds as a condition of enrollment, naming DHS as the obligee. Providers are required to obtain a performance bond of \$50,000 on initial enrollment or reenrollment, or if the Medicaid revenue from the previous calendar year was less than \$300,000. The bond is \$100,000 for Medicaid revenues totaling more than \$300,000 in the previous calendar year.

Effective May 24, 2013

[\*Laws of Minnesota 2013, Chapter 108, Article 5, Section 6\*](#)

### **Application Fee/Medicaid Provider Screening**

The legislation implements federal provider enrollment requirements to conduct additional screenings of exclusion lists, including additional FBI checks for high risk provider owners. Under certain conditions, newly enrolled Medicaid providers will pay a fee at the time of enrollment. If a provider group has been determined by CMS or DHS to be of moderate or high risk for abuse or fraud, unannounced site visits will occur to provider sites both before and after enrollment.

Effective May 24, 2013

[\*Laws of Minnesota 2013, Chapter 108, Article 5, Section 7\*](#)

### **Sanctions against Vendors**

The legislation allows DHS to impose sanctions against Medicaid providers for failure to correct errors in their records for which a fine was imposed. It also allows DHS to impose a fine for a provider that fails to fully document all medical care services that were provided to a client, and for incomplete documentation in a health or financial record. The legislation also sets the conditions by which DHS can recover the fines.

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 5, Sections 8-10](#)

### **Personal Care Assistance Provider Enrollment**

The legislation requires all PCA provider agencies at the time of enrollment, reenrollment, and revalidation, to have a surety bond of \$50,000 if the Medicaid revenue from the previous calendar year was less than \$300,000 and a bond for \$100,000 if Medicaid revenues in the previous calendar year totaled more than \$300,000.

Effective May 24, 2013

[Laws of Minnesota 2013, Chapter 108, Article 5, Sections 11](#)

### **Community First Services and Supports (CFSS) – Program Integrity**

Subdivision 12 requires CFSS provider agencies, at the time of enrollment, reenrollment, and revalidation, to have a surety bond of \$50,000 if Medicaid revenues from the previous calendar year were less than \$300,000 and a bond for \$100,000 if Medicaid revenues in the previous calendar year totaled more than \$300,000. This section also requires the commissioner to develop recommendations, in consultation with the Development and Implementation Council and other stakeholders, for revisions to this subdivision (among others). The recommendations must be submitted to chairs and ranking minority members of Health and Human Services legislative committees by

November 15, 2013. This section is effective upon Federal Approval but not earlier than April 1, 2014. The services will begin 90 days after federal approval or on April 1, 2014, whichever is later.

[Laws of Minnesota 2013, Chapter 108, Article 7, Section 49](#)

### **Home and Community Based Service Provider Enrollment**

Requires all HCBS providers to have proof of surety bond coverage of \$50,000 or ten percent of the provider's Medicaid payments from the previous calendar year, proof of bond coverage of \$20,000, and proof of liability insurance. Documentation of these requirements must be provided to the commissioner within 30 days of a request.

Effective July 1, 2013

[Laws of Minnesota 2013, Chapter 108, Article 8, Section 56](#)

### **Expansion of Surveillance and Integrity Review Investigations**

An appropriation increase adds six fraud investigators to the SIRS unit in the Office of Inspector General in order to increase investigations related to Medicaid provider fraud and overpayments.

Effective July 1, 2013

**MA Provider Recoveries**

An appropriation increase adds two FTEs to pursue Medicaid provider recoveries through new recovery methods including: Medicaid provider surety bonds, referral to Department of Revenue to recover funds through revenue recapture, and the return of the federal share of overpayments. Effective July 1, 2013

## **Links to Chapters**

**[Chapter 2, SF 58 ~ Labor Agreements and Compensation Plans Ratified](#)**

**[Chapter 16, HF 290 ~ False Claims Act Modifications](#)**

**[Chapter 25, SF 953 ~ Social Worker Licensure Eligibility](#)**

**[Chapter 70, SF 1234 ~ Workers' Compensation Changes](#)**

**[Chapter 77, HF 1069 ~ Labor Agreements and Compensation Plans Ratified](#)**

**[Chapter 82, SF 745 ~ Omnibus Data Practices Act](#)**

**[Chapter 87, SF 840 ~ Employee Personal Sick Leave Benefit Expansion](#)**

**[Chapter 107, HF 975 ~ Operations Policy Bill](#)**

**[Chapter 108, HF 1233 ~ Omnibus Health & Human Services Budget Bill](#)**

**[Chapter 113, HF 1117 ~ Methadone Policy Bill](#)**

**[Chapter 117, HF 1444 ~ Omnibus Transportation Finance Bill](#)**

**[Chapter 142, SF 1589 ~ Omnibus State Government Finance Bill](#)**