Department of Health and Human Services
Office of Inspector General

Work Plan
Administration on Aging Projects

Fiscal Year 1998

June Gibbs Brown
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 VALUES

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.

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.
INTRODUCTION

The Office of Inspector General (OIG) Work Plan is set forth in five chapters that encompass the various projects of the Office of Audit Services, Office of Evaluation and Inspections, Office of Investigations, and Office of Counsel to the Inspector General that are to be addressed during Fiscal Year (FY) 1998. The first four chapters present the full range of projects planned in each of the Department of Health and Human Services' (Department) major operating divisions: the Health Care Financing Administration, Public Health Service Agencies, the Administration for Children and Families, and the Administration on Aging. The fifth chapter embraces those projects related to issues which cut across Department programs, including State and local 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 and a projected completion date for many of the work items that we perceive as critical to the mission of the OIG and the Department. 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.
**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 1998.

**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. 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 the development of new, and the modification of 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.

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**Internet Address**

_The FY 1998 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.sbaonline.sba.gov/ignet/internal/hhs/hhs.html
Department of Health and Human Services

Office of Inspector General

Administration on Aging

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Outreach Activities

We will examine the effectiveness of outreach activities of the AoA on Medicare fraud. The AoA received funds to train aging network staff and long-term-care ombudsmen to recognize and report fraud and abuse. Additionally, AoA received funds for 12 demonstration projects to train retired professionals (such as teachers, accountants, and lawyers) in local communities to serve as both volunteer resources and educators to Medicare beneficiaries on detecting and reporting Medicare fraud. The AoA awarded these demonstration grants in June 1997. We will collaborate with AoA on outreach activities and evaluate the impact of the activities to date. We will also assist in developing performance measures for evaluating both the outreach activities and the 12 demonstration projects. The AoA requested this study.

OEI; 00-00-00000
Expected Issue Date: FY 1998

State Registries on Abusive Employees

This review will evaluate the adequacy of the registries maintained by States to record findings of abuse and convictions of staff employed in long term care facilities. A prior OIG audit disclosed problems with one State’s registry for nurse aides. We will randomly select States for this review. Our work will aid in identifying ways to more accurately profile employees with histories of abuse to avoid placing residents at risk.

OAS; W-00-98-00000
Expected Issue Date: FY 1998

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 into 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, at the same time pay the nursing/retirement home to reserve the resident's bed. These psychiatric
services may not benefit the patient's condition or could be provided more cost-effectively at a nursing home.

OAS; W-00-97-20001
Expected Issue Date: FY 1998

Respite Care and Adult Day Care

We will determine how States distribute funds for respite care and adult day care programs under Title III of the Older Americans Act, as amended, with particular emphasis on programs for those who suffer from Alzheimer’s Disease. The Older Americans Act of 1965 provides financial assistance to States for social service and nutrition programs for the 60+ population. Among the services provided under the Act are respite care and adult day care. The Administration on Aging requested a study to determine how well States are using these funds.

OEI; 00-00-00000
Expected Issue Date: FY 1999