

# Application Report



## Applicant Organization:

San Francisco

**Project Name:** 23-24 WC SF

**Application ID:** App-23-154

**Funding Announcement:** FY 23-24 Workers' Compensation Insurance Fraud Program

**Requested Amount:** \$1,350,291.00

**Project Summary:** 23-24 WC SF Grant application to fund Workers Compensation Insurance Fraud investigations and Prosecutions

**Authorized Certifying Official:** Tina Nunes Ober Tina.NunesOber@sfgov.org 628-652-4190

**Project Director/Manager:** Tina Nunes Ober Tina.NunesOber@sfgov.org 628-652-4190

**Case Statistics / Data Reporter:** Tina Nunes Ober Tina.NunesOber@sfgov.org 628-652-4190

**Compliance/Fiscal Officer:** Lorna Garrido lorna.garrido@sfgov.org -

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**Section Name:** Overview Questions

**Sub Section Name:** General Information

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**1. Applicant Question:** Multi-County Grant

**Is this a multi-county grant application request? If Yes, select the additional counties.**

**Applicant Response:**

No

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**2. Applicant Question:** FY 21-22 Audited Unexpended Funds

**Excluding interest, what was the amount of your FY 21-22 Audited Unexpended Funds? If none, enter "0".**

**Applicant Response:**

\$0.00

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**3. Applicant Question:** FY 21-22 Audited Unexpended Funds Percentage of FY 21-22 Award

**Your FY 21-22 Audited Unexpended Funds are what percentage of your FY 21-22 total award? If none, enter "0".**

Total Award excludes interest earned and incoming carryover. To calculate percentage, divide your audited unexpended funds by your total award. Round to the nearest whole number.

Example:

FY 21-22 Total Award: \$100,000

FY 21-22 Audited Unexpended Funds: \$23,750

FY 21-22 Audited Unexpended Funds Percentage: 24%

**Applicant Response:**

0.00%

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**4. Applicant Question:** Contact Updates

**Have you updated the Contacts and Users for your Program? Did you verify the Contact Record for your County's District Attorney?**

- **Contacts** are those, such as your elected District Attorney, who need to be identified but do not need access to GMS.
- **Users** are those individuals who will be entering information/uploading into GMS for the application. **Confidential Users** have access to everything in all your grant applications. **Standard Users** do not have access to the Confidential Sections where Investigation Activity is reported. Typical Standard Users are budget personnel.

**Applicant Response:**

Yes

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**5. Applicant Question:** Program Contacts

**Identify the individuals who will serve as the Program Contacts. These individuals shall be entered as a User or Contact in GMS.**

*On the final submission page, you will link these individuals' contact records to the application.*

**Project Director/Manager** is the individual ultimately responsible for the program. This person must be a Confidential User.

**Case Statistics/Data Reporter** is the individual responsible for entering the statistics into the DAR (District Attorney Program Report). This person should be a Confidential User.

**Compliance/Fiscal Officer** is the individual responsible for all fiscal matters relating to the program. This must be someone other than the Project Director/Manager. This person is usually a Standard User.

**Applicant Response:**

Program Contacts	Name
Project Director / Manager	Tina Nunes Ober
Case Statistics / Data Reporter	Tina Nunes Ober
Compliance / Fiscal Officer	Eugene Clendinen

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**6. Applicant Question:** Statistical Reporting Requirements

**Do you acknowledge the County is responsible for separately submitting a Program Report using the CDI website, DA Portal?**

*To access the DAR webpage on the CDI website: right click on the following link to open a new tab, or copy the URL into your browser.*

<http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/10-anti-fraud-prog/dareporting.cfm>

As a reminder, Vertical Prosecutions should not be counted as an Investigation, a Joint Investigation, or an Assist in the DAR.

**Applicant Response:**

Yes

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**7. Applicant Question:** Required Documents Upload

**Have you reviewed the Application Upload List and properly named and uploaded the documents into your Document Library?**

*To view/download the Application Upload List: go the Announcement, click View, and at the top of the page select Attachments. Items must be uploaded into the Document Library before you can attach them to the upcoming questions.*

**Applicant Response:**

Yes

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**8. Applicant Question:** Grant Indirect Cost Plan

**If your application budget includes indirect costs, you must upload your Grant Indirect Cost Plan here and label it "23-24 WC (county name) Grant Indirect Cost Plan".**

Your Grant Indirect Cost Plan needs to include a list of category expenses for which you are utilizing the indirect cost funds. Make sure no line items in the budget are duplicated in your Grant Indirect Cost Plan.

If your application budget does not include any Indirect Costs, mark the N/A response.

**Applicant Response:**

[23-24 WC San Francisco Indirect Cost Rate.pdf](#) - PDF FILE

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**Sub Section Name:** BOS Resolution

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**1. Applicant Question:** BOS Resolution

**Have you uploaded a Board of Supervisors (BOS) Resolution to the Document Library and attached it to this question?**

*A BOS Resolution for the new grant period must be uploaded to GMS to receive funding for the 2023-2024 Fiscal Year. If the resolution cannot be submitted with the application, it must be uploaded no later than January 2, 2024. There is a sample with instructions located in the Announcement Attachments, 3b.*

**Applicant Response:**

No

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**2. Applicant Question:** Delegated Authority Designation

**Choose from the selection who will be the person submitting this application, signing the Grant Award Agreement (GAA) in GMS, and approving any amendments thereof.**

*The person selected must be a Confidential User, who will attest their authority and link their contact record on the submission page of this application. A sample Designated Authority Letter is located in the Announcement Attachments, 3a. CDI encourages the contact named as Project Director/Manger be the designated authority, should that be your selection.*

**Applicant Response:**

Designated Person named in Attached Letter

**Attachment:**

[23-24 WC SF DOA \(ECU\).pdf](#) - PDF FILE

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**Section Name:** County Plan

**Sub Section Name:** Qualifications and Successes

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**1. Applicant Question:** Successes

**What areas of your workers' compensation insurance fraud program were successful and why?**

*Detail your program's successes for ONLY the 21-22 and 22-23 Fiscal Years. It is not necessary to list every case. If a case is being reported in more than one insurance fraud grant program, clearly identify the component(s) that apply to this program. If you are including any task force cases in your caseload, name the task force and your county personnel's specific involvement/role in the case(s). Information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).*

### **Applicant Response:**

As we changed leadership on our team last year, we took advantage of the opportunity to assess our systems and make improvements. We also used it as an opportunity to rebuild and strengthen our relationships with our partner agencies.

One of the first tasks was to centralize collection and maintenance of all referrals (FD-1's) from the various sources. Our IT staff (unfunded contribution) created an e-mail inbox, SFDA-InsuranceFraud, for the receipt of all FD-1's and possible referrals from any sources, such as the general public. We contacted all the SIU's with whom we work and requested that all referrals please be sent to this e-mail address. We did the same with CDI. Having all referrals go to one location has made it easier for us to track referrals. Our paralegal, Valerie Blasi, (unfunded contribution), opens up all the e-mails received and forwards them to the program director and the supervising investigator (both unfunded resources),

We streamlined our process by having all FD-1's go through an initial review by the program director and/or the supervising investigator. This has proven to be an efficient system where we are saving time and resources by closing unprovable cases very early in the process. Cases that appear to be viable, at least at the early stages, are promptly assigned to an attorney and an investigator. It also assists the SIU's as they do not have to question to whom they should send a referral and they receive a timely response to their referral. The e-mail address is posted on the SFDA website. Prior to creating the email inbox, SIU's would send their FD-1's to whichever attorney or investigator they may have worked with in the past. This made it difficult to know how many referrals we had or to know what each attorney or investigator's case load looked like in terms of how many and what types of cases he or she had. Ms. Blasi uploads all the referrals into our office's case management database. Our new system also ensures that all referrals are documented, and all decisions are fully and transparently documented in the database. This makes keeping our statistics simpler and ensures greater accuracy.

Bringing in new leadership also offered an opportunity to rebuild relationships, especially after covid lockdowns forced us all to work remotely and did not allow us to meet in person. We have been meeting in person on a routine basis with our partners at the CDI Golden Gate Regional Office. All the SFDA program attorneys and investigators are expected to attend unless they are in court or on vacation. We have been able to discuss our joint cases as well as cases which CDI will be presenting to us for prosecution. We also took a fresh look at the Joint Plan with the new Captain, Christina Smith. As a result, the Joint Plan was modified to meet the needs and expectations of both agencies. We look forward to continuing this close relationship with the Golden Gate Regional Office.

Additionally, SFDA and SCIF meet via MS Teams on a regular basis to discuss our cases. This has been a wonderful opportunity for SFDA to learn from SCIF. We are able to discuss cases with a goal of mutual assistance and cooperation to effectively prosecute Workers Compensation Insurance Fraud. SCIF is a most valued partner with SFDA. We look forward to building on our regular meetings and maintaining the lines of communication with SCIF.

SFDA has also volunteered to step in and fill a leadership role in the Golden Gate Workers Compensation Fraud Consortium. This is a valuable resource for the participating agencies. It is very important that the group carry on in its work and continue to assist and train one another.

We have also been successful in doing more training and outreach. In fiscal year 21-22, we began an ad campaign in which we placed ads on public transit in San Francisco. Part of our outreach included brochures in English, Spanish and Mandarin. This year we were able to leave the brochures at a local union hall. We are happy to report that we have increased our education and outreach this fiscal year. We have participated in and provided training in 2022. We also issued two important press releases which are key to educating the public and deterring any future offenders. Our press

releases were also posted on the SFDA Twitter account and received significant attention. Every time we have an opportunity to inform the public and the business community about Workers Compensation Insurance fraud prosecutions, we take it and give it as much exposure as possible in the press and on social media.

One Investigator and two attorneys attended the CDAA Fraud Symposium in February of this year. It was a great opportunity for us to learn from our colleagues across the state. We were also able to network and rebuild our relationships with colleagues we had not seen in a number of years. These relationships are invaluable. Furthermore, we sent an investigator and four attorneys to the annual AFA training in Monterey in April. While at the AFA training, the Program Director met with NICB President David Glawe and members of his staff to discuss building a mutually beneficial partnership and accessing the vast data possessed by NICB to assist SFDA with our cases. The SFDA Program Director is committed to attending NICB's national conference for prosecutors in October 2023.

DA also provided training to Republic Indemnity staff in November 2022. ADA Alex Fasteau provided training to the Golden Gate Workers Compensation Consortium on the issue of receiverships and how and when they should be considered.

In May 2022, veteran program prosecutor ADA Stephanie Zudekoff filed felony charges against Babak Sadreddin for attempted perjury and workers' compensation fraud. (*People v. Sadreddin, court no. 22003273*) Sadreddin reported an on-the-job hernia injury to his employer, the City and County of San Francisco Department of Public Health, in February 2018 and received medical treatment and disability benefits. Sadreddin, who visited doctors and specialists almost monthly, claimed incapacity and extreme pain, unremedied by medication, treatment and surgery. However, surveillance video captured Sadreddin performing many of the tasks he previously reported being incapable of performing. When SFDA received this referral, the estimated loss was \$10,000. Through the diligent work of our SFDA program investigator, it was discovered that Sadreddin's fraudulent misrepresentations resulted in a loss to the City and County of San Francisco of over \$60,000. A review of the evidence also indicated that Sadreddin may have lied to EDD regarding the nature of his Temporary Total Disability (TDD) status stemming from this same conduct. Though this case is currently pending in criminal court, further investigation continues as the program prosecutor and investigator work with EDD to review the content of Sadreddin's EDD benefits documents.

Immediately after joining our unit less than one year ago, our newest program prosecutor, ADA Rebecca Friedemann Zhong, filed a medium complexity workers compensation claimant fraud case (*People v. Momina Khalik, Court No. 22007255*). Khalik reported an on-the-job injury to her employer, University of California, San Francisco Medical Center (UCSF), in June 2018 and received medical treatment and disability benefits through October 2020. Khalik, who visited doctors and specialists almost monthly, claimed she could not do basic tasks such as bending, sweeping, raking, driving and shopping and that her physical limitations remained unremedied by medication, treatment and functional restoration programs. Surveillance video, however, captured Khalik performing the very activities she reported being unable to perform. Khalik's fraudulent misrepresentations resulted in approximately \$100,000 loss to the UCSF Medical Center.

In August 2022, ADA Stephanie Zudekoff and ADA Rebecca Friedemann Zhong joined forces and filed multiple felony charges against Denis Cullinane (*People v. Denis Cullinane, arrest warrant no. 2250081*), Jeremiah, "Jerry", Cullinane (*People v. Jeremiah Cullinane, arrest warrant no. 2250080*) and Gemma Maher (*People v. Maher, court no 22008596*) for workers compensation premium fraud and tax fraud. This criminal filing was the result of over 2 years of investigation which revealed that the charged individuals engaged in a yearslong scheme to defraud SCIF and EDD.

The alleged fraud was discovered after a Cullinane Plastering employee was seriously injured while working on a job site on May 8, 2019. Instead of informing the injured worker of his right to workers compensation benefits, Denis Cullinane, Jerry Cullinane and Gemma Maher, allegedly concealed the employee's existence and injury from SCIF for almost an entire year. When Maher finally disclosed the injury to SCIF, she made multiple alleged misrepresentations about the workers employment history and injury to further the fraud.

When SFDA received this referral in May 2020, it appeared to be a standard complexity premium fraud case. Program Senior Inspector Jennifer Kennedy developed the case, working in close collaboration with investigators from the SFDA's Office, CDI, SCIF, and EDD. Through this additional investigation, Inspector Kennedy discovered the scope of the fraud was much more complex and the amount of loss was much greater than initially estimated.

More specifically, Inspector Kennedy's investigation revealed that the defendants utilized Jerry Cullinane's company, Cullinane Construction to conceal the injured workers' wages from SCIF and EDD. Additionally the review of hundreds of pages of financial records revealed that Jerry Cullinane was the sole owner of Cullinane Construction, and that this company is actually a fictitious shadow company used to hide Cullinane Plastering payroll. The investigation also uncovered that Denis and Jerry Cullinane and Gemma Maher submitted allegedly fraudulent employee payroll reports to SCIF from 2018 through 2020 and to EDD from 2017 to 2020. These reports artificially lowered their workers

compensation insurance premiums and tax contributions- both of which are determined in part by employee payroll.

Our investigation consisted of the evaluation of multiple recorded interviews conducted by SIUs, as well as conducting many of our own interviews, evaluating medical records, authoring and serving multiple search warrants on financial institutions, and analyzing hundreds of pages of banking records. Ultimately, Program Senior Inspector Jennifer Kennedy discovered approximately \$5.8 million in unreported payroll between 2016 and 2020.

Our program's investigation revealed this case to be an extremely complex premium fraud case involving premium fraud, tax fraud, and cash payments to workers to minimize, avoid, and circumvent workers' compensation insurance requirements. Program Senior Inspector Jennifer Kennedy determined that this fraud scheme resulted in an estimated loss to SCIF of over \$270,000 in unpaid premiums and an estimated loss to EDD of over \$300,000 in unpaid payroll taxes (and over \$1.5 million in unpaid taxes and penalties).

In August 2022, arrest warrants were issued for Denis Cullinane, Jerry Cullinane, and Gemma Maher. On August 10, 2022, our office arrested Defendant Gemma Maher, the Office Administrator of Cullinane Plastering and Cullinane Construction, and ADAs Zudekoff and Zhong are prosecuting the criminal case against her. Denis and Jerry Cullinane have not been located and remain fugitives as of the submission of this application. Also on August 10, 2022, Program Senior Inspector Jennifer Kennedy led a multi-agency search warrant operation that was conducted in collaboration with investigators from the SFDA's Office, CDI, CSLB, and EDD's TRUE Task Force. Location search warrants were executed at five locations, including a home and an office. Additionally, six more search warrants were executed for business records, phone records, banking records, and email records. Lastly, CDI's forensics team seized 12 electronic devices at multiple locations. CDI continues to assist the SFDA in analyzing the multiple terabytes of data seized.

This case represents a good example of the collaboration between SFDA and other agencies, resulting in filing and prosecution of complex premium fraud which is a major cost driver in workers compensation insurance. We also issued a press release after defendant Maher was arraigned. The release was picked up by newspapers in the Bay Area and even in Ireland. The press release was also posted on social media sites where it received additional views.

In March 2023, ADA Alex Fasteau secured felony convictions against defendant Gina Gregori and her various janitorial companies for premium fraud (IC 11880(a) and 11760(a)). The guilty pleas marked the end of protracted litigation. In this case ADA Fasteau used a receiver to secure financial resources for the extensive restitution owed to multiple carriers and to ensure that the employees in the company continued to be paid. Gregori was sentenced to a six-year split sentence and she and the corporate defendants were ordered to pay a combined \$8,382,788.45 to SCIF and other carriers. Over a six-year period, the defendant and her companies which had contracts throughout California, grossly underreported payroll to SCIF, and over the course of an additional year, to another private insurance carrier. In addition, she submitted falsified EDD documents and claimed far lower numbers of employees and wages paid than were stated in the records she filed. Defendant maintained two separate ledgers for payroll, each with a different set of numerical data. On several occasions, she changed the company name and registration with the Secretary of State, substituted a family member for herself, as the listed owner and opened new company bank accounts, making hers appear to be a newly established company to obtain lower premiums. Part of the negotiated disposition included \$300,000 paid into restitution at the time of sentencing. A press release was issued with details of this conviction, and it was picked up by local media. SFDA firmly believes that educating the public about insurance fraud and the consequences to those who engage in this crime is instrumental in deterring future fraud. We also posted the press release on social media sites garnering additional views.

Program Prosecutor Alex Feigen Fasteau is also working with District Attorney Inspector Michael Morse to close in on a medical provider (2020-072-002) and their businesses. Eventually the suspect and their businesses will be charged with and arrested for violations of Penal Code Sections 550(a)(5), 550(a)(7) and 550(a)(8) for fraudulent lien billing and double billing. We believe that search warrants, which we plan to execute at the time of arrests and summonses, will produce the final piece of evidence necessary to charge the defendants with engaging in a kickback scheme. This complex resource-intensive investigation, involving four FD-1's and three different kinds of fraud, has been ongoing since March of 2020 and implicates other businesses and business associates. Some of the work has involved a detailed, line-item review of hundreds of thousands of pages of reporting and billing documentation. Our program prosecutor and investigator have worked with the Department of Industrial Relations (DIR), State Board of Pharmacy, and district attorneys' offices in Southern California, to obtain relevant evidence. We anticipate the need to work with both a forensic accountant and a computer forensics expert, once we execute the search warrants at four locations, at each of which we intend to secure the presence of a special master. The suspect provider presented to three different insurers, including the self-insured City and

County of San Francisco, multiple claims for payment, by filing liens, failing to disclose that the attached bills had already been paid, and altering billing forms to conceal the identity of the original billing provider. The provider also billed three different insurers for services not rendered, writing letters appealing treatment denials after utilization review and billing them as Med Legal reports at \$625.00 each, when they were not billable as such. As a Qualified Medical Examiner (QME), the suspect knows what can and cannot be billed at the higher "Med-Legal" rate. Finally, this provider is suspected of having prescribed six compound medications in exchange for kickbacks, and the program investigator is finalizing the search warrants to uncover additional evidence of the provider's financial gain from this scheme. We expect to file charges and execute search warrants before the end of the current fiscal year.

On March 24, 2022, our program arrested Chiropractor Marijan Mateus Pevec for violating Insurance Code § 1871.4(a)(l), Penal Code § 470(b), Penal Code § 530.5(a), Penal Code § 550(b)(2), and Penal Code § 664/487(a), because he forged a settlement conference letter stating that the carrier, Sedgwick, agreed to pay him \$10,000. Our investigation revealed that on October 2, 2020, Dr. Pevec filed a lien seeking payment for medical services he allegedly provided, which Sedgwick had previously denied. Sedgwick's attorney scheduled a Workers' Compensation Appeals Board (WCAB) lien conference. Interrupting the February 23, 2021, conference that was not going his way, Dr. Pevec told the defense attorney and the judge, "oh, wait a minute." He went on to state that the insurer had offered to settle the claim for \$10,000, he had accepted, and he had the documents to prove it. Within minutes, he emailed Sedgwick's defense attorney the documents which include a letter that appears to be on Sedgwick's letterhead, addressed to him, stating that Sedgwick agreed to settle the claim for \$10,000. Dr. Pevec impersonated Sedgwick by utilizing its logo, business name, and address on the fraudulent letter. The letter Dr. Pevec emailed the lawyer for the insurance company is a forgery through which he attempted to defraud the insurer of \$10,000. The program prosecutor will put on a preliminary hearing on August 14, 2023, at which time Dr. Pevec will attempt to present an affirmative defense and the testimony of two witnesses.

These cases are evidence that SFDA is handling more and more complex cases of premium fraud and provider fraud. These types of cases are the largest cost drivers in workers compensation insurance premiums. In order to make a significant difference in the levels of fraud and to level the playing field for all businesses, we must not shy away from prosecuting these complex cases. These cases require a great deal of time and resources, both of which are limited. SFDA has shown our commitment to reducing workers compensation insurance fraud and by publicizing prosecutions, we are deterring future fraudulent behavior.

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## **2. Applicant Question:** Task Forces and Agencies

**List the governmental agencies and task forces you have worked with to develop potential workers' compensation insurance fraud cases.**



### **Applicant Response:**

California Department of Insurance (CDI)  
California State Licensing Board (CSLB)  
California Department of Industrial Relations (DIR)  
California Employment Development Department (EDD)  
California Department of Motor Vehicles (DMV)  
California Department of Justice (DOJ)  
California Franchise Tax Board (FTB)  
California Secretary of State (SOS)  
State Compensation Insurance Fund (SCIF)  
San Francisco Police Department (SFPD)  
San Francisco Sheriff's Office (SFSO)  
San Francisco Department of Building Inspection (SFDBI)  
San Francisco Office of the Assessor-Recorder  
San Francisco Treasurer & Tax Collector  
San Francisco Department of Human Resources (SFDHR)  
San Francisco Medical Examiner's Office (SFME)  
San Francisco City Attorney's Office  
San Francisco District Attorney Special Prosecutions Unit  
Federal Bureau of Investigations (FBI)  
Department of Homeland Security (DHS)  
Tax Recovery in the Underground Economy (TRUE) Task Force  
Captain Mike Whittington's Workers Exploitation Task Force  
Golden Gate Worker's Compensation Fraud Consortium

We also anticipate working with the Medical Board of California and the California Department of Pharmacy in the coming year.

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### **3. Applicant Question:** Unfunded Contributions

**Specify any unfunded contributions and support (i.e., financial, equipment, personnel, and technology) your county provided in Fiscal Year 22-23 to the workers' compensation insurance fraud program.**

## Applicant Response:

The SFDA's office is committed to the effective prosecution of Workers Compensation Insurance fraud. Our commitment is evidenced by our extensive unfunded contributions to our program which promote the successes we have seen over the last fiscal year.

The program manager, Managing Assistant District Attorney, Tina Nunes Ober's salary is not funded by any grant. Ms. Nunes Ober devotes 100% of her time to managing the insurance fraud grant programs at SFDA. That includes supervising the attorneys on the team, assigning cases, reviewing all FD-1's referred to SFDA, providing training and outreach and acting as the primary liaison with our partner agencies. She is a career prosecutor with 29 years of experience that span three different District Attorneys' Offices in California. Ms. Nunes Ober conducts the initial review of all referrals received. This allows us to efficiently close out any referrals which are not provable, early in the process, thereby freeing up our ADA's, who are funded by the grant. Ms. Nunes Ober also reviews all search and arrest warrant affidavits and press releases.

In addition, our supervising investigator, Lieutenant Molly Braun's salary is unfunded. Lt. Braun also reviews FD-1's when they come into the office. Again, this frees up the funded investigators to spend time investigating viable cases. Lt. Braun supervises all of our investigators. She assists with writing and executing search and arrest warrants. Lt. Braun also trains the assigned investigators and acts as the main liaison with other investigators at our partner agencies.

Valerie Blasi, our program paralegal, is also unfunded. Ms. Blasi spends a great portion of her work week on grant cases. While she is also assigned to work with other attorneys in SFDA's White Collar Crime Division, she devotes much of her time to assisting the program ADA's. Ms. Blasi logs in all the FD-1's, follows up with any claims file requests from SIU's, and she compiles all of our statistics. Ms. Blasi is responsible for inputting much of our statistics and for assisting us in keeping track of our cases. She monitors our insurance fraud e-mail inbox through which we receive our referrals. She also assists with our communications with partner agencies and in answering many of their questions.

SFDA also has three other paralegals who provide support to our grant attorneys, as needed. Those paralegals are also unfunded. Additionally, the SFDA's office employs law clerks and undergraduate interns throughout the year. These clerks and interns are motivated and eager students who volunteer their time. Generally, our team has at least one intern, sometimes more, assigned to assist our attorneys. Currently, we have a second-year law student who has been assigned to our team for the spring semester. This law student had previous experience in the area of Workers Compensation. She has contributed many hours to a complex premium fraud case (*People v. Cullinane and Maher*). We also have a University of California, Berkeley, undergraduate student who has spent numerous hours on a large medical provider case (2020-072-002).

SFDA also has a team of technology experts who assist us with all our technology needs. None of our technology staff is grant funded. Our communications team assists us with drafting and issuing press releases as well as, responding to media questions. The communications team is also unfunded.

We have also received assistance from Jack Hinson, a program analyst. Mr. Hinson has provided many hours of his time to the Cullinane prosecution by assisting in reviewing and analyzing the evidence obtained in the search warrant executions last year. We hope to obtain further training for Mr. Hinson so that he can assist investigators and attorneys in efficiently analyzing vast amounts of evidence obtained in complex cases.

Overall, SFDA contributes many unfunded staff hours to the prosecution of Worker's Compensation Insurance fraud. The efficient use of unfunded staff hours allows the funded staff to spend their time working on their cases, instead of reviewing cases which are not provable and cannot move forward successfully. Funded staff can use their time investigating and prosecuting cases and not spend time on administrative or other types of tasks, as those tasks are handled by unfunded staff.

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#### 4. Applicant Question: Personnel Continuity

**Detail and explain the turnover or continuity of personnel assigned to your workers' compensation insurance fraud program. Include any rotational policies your county may have.**

#### **Applicant Response:**

The SFDA's office understands the importance of personnel continuity in the area of Workers Compensation Insurance fraud. In our effort to meet the goals of both the Fraud assessment Commission and the Insurance Commissioner, we have maintained our attorney and investigator staffing levels in our unit, despite the growing challenge that we and many other employers have faced in hiring and retaining personnel in this post-covid era. We have three attorneys and two investigators, grant funded, who work on Workers Compensation Insurance Fraud cases. Our two investigators are assigned solely to work on Workers Compensation Fraud cases. We have one attorney who is working on one large case and is partially assigned to Workers Compensation fraud (.15 FTE).

Our most experienced attorney, Alex Fasteau has been on the team for 7 years. They have more than 20 years of prosecutorial experience, in both Solano and San Francisco Counties. One of our greatest successes this past fiscal year was the disposition of the GMG Janitorial case (discussed above in the successes section). ADA Fasteau spent many hours, weeks, months and years on this complex premium fraud case. The disposition included a custodial sentence, which is rare in today's criminal justice landscape. We issued a press release with the terms of the disposition. It is an important deterrent to other employers who may consider committing such fraud. ADA Fasteau's diligence in this case brought it to a successful conclusion. Additionally, they were able to obtain \$300,000 in restitution, paid at the time of sentencing. There was over \$8 million in restitution, owed and ordered, in this case. The defendant will be required to make payments and will be on probation for 5 years where the payments will be monitored by the San Francisco Adult Probation Department. ADA Fasteau secured a judgment for the victim insurance carriers as part of the settlement. ADA Fasteau has handled some of the more complex Workers Compensation cases. They are currently handling a complex large medical provider case also (see discussion in successes section, 2020-072-002). ADA Fasteau litigated numerous issues in court regarding the assets and the receivership and how assets would be distributed.

ADA Fasteau has handled some of the most serious felony cases, including sexual assault and human trafficking. They have also provided training to the Golden Gate Workers Compensation Consortium this last fiscal year, on the topic of receiverships and the pros and cons of using one in complex cases.

Assistant District Attorney Stephanie Zudekoff has been assigned to the insurance fraud program since August 2018. Ms. Zudekoff joined the SFDA's Office in 2014 where she handled misdemeanor cases and then general felonies, ranging from vehicular manslaughter to attempt murder. Prior to joining SFDA, Ms. Zudekoff practiced law in Georgia for 5 years, including with the Georgia Attorney General's Office. She received her BA from the University of Georgia and her law degree from Georgia State University. She came to the team after completing many general felony trials while at SFDA. As Ms. Zudekoff has gained more experience in Workers Compensation fraud, she has been instrumental in training our newest attorney on the team. Moreover, Ms. Zudekoff is prosecuting a complex premium fraud case (see Cullinane case, described in successes section). She also works with our partner agencies and attends task force meetings in order to network with our colleagues and to gain and share knowledge.

In 2022, we added a new attorney to our team, Rebecca Friedemann Zhong. Ms. Friedemann Zhong joined SFDA in January 2022 and spent several months working on our general felonies team. She gained valuable courtroom experience in that assignment. In summer 2022, she joined the Economic Crimes Unit and has rapidly learned about insurance fraud prosecutions. Ms. Friedemann Zhong is jointly prosecuting a premium fraud case with Ms. Zudekoff. Having two prosecutors work jointly on a case is not the norm for our office but we believed it would be mutually beneficial to the attorneys and it shows our commitment to these complex cases which require a great deal of resources. Additionally, Ms. Friedemann Zhong joined us after a stint in private practice where she represented white collar

defendants. It has been a good fit for Ms. Friedemann Zhong, as she brought a different perspective to our work which has been educational for the team. Ms. Friedemann Zhong has been a member of the California Bar since December 2018 after she graduated from University of California, Davis, School of Law.

In March 2022, ADA Tina Nunes Ober was appointed Managing Attorney of the Economic Crimes Unit. Ms. Nunes Ober joined SFDA in April 2019. She has been a prosecutor for over 29 years and served as a Deputy District Attorney in Ventura and Santa Clara Counties before joining SFDA. Ms. Nunes Ober has extensive jury trial experience, having handled every aspect of criminal and civil prosecutions and almost every type of crime. She spent over 7 years prosecuting white collar environmental and consumer protection cases, most notably handling large complex civil prosecutions against national corporate defendants who were represented by prestigious private law firms. Ms. Nunes Ober brings a wealth of knowledge and experience to her role.

In prior years, the managing attorney was the only attorney trained in writing the grants for SFDA. This year we instituted a new approach. In order to have continuity in writing the grant and understanding the grant process, SFDA decided to train every attorney on the team in grant writing and grant administration process. This creates expertise and a well-rounded team of attorneys who are able to step in at any time to run the program.

SFDA is overcoming challenges in hiring and retaining investigators. Unfortunately, last year we lost our most experienced workers compensation fraud investigator to retirement. However, prior to her departure, Inspector Jennifer Kennedy completed her investigation and coordinated a large team of investigators from SFDA, CDI and EDD in executing multiple search warrants in a large premium fraud case (Cullinane Plastering).

In 2022, we welcomed Inspector Ted Martin to our unit. Inspector Martin joined the SFDA's Office in November 2017. Prior to joining the Workers' Compensation Fraud team, Inspector Martin was assigned to the Trial Preparation Unit where he assisted prosecutors with trial preparation, such as, but not limited to the following: serving subpoenas, and writing and serving search and arrest warrants. He also located victims, witnesses, obtained and recovered evidence, and conducted victim/witness interviews. Prior to working with the District Attorney's Office, Inspector Martin was a Police Officer with the California Highway Patrol for 20 years. He attended the CHP Academy where he received instruction in the investigation of crimes against persons. Inspector Martin's education consists of, but is not limited to, the CHP Academy, a Bachelor of Science Degree in Political Science from San Francisco State University and an Associative Arts degree from City College of San Francisco.

We also added Inspector Perla Ortiz who joined SFDA after 6 years with the Oakland Police Department. Inspector Ortiz graduated from UC Berkeley and began her law enforcement career in 2016. She was a Police Officer on patrol for the Oakland Police Department (OPD). Inspector Ortiz became an Investigator for the OPD Criminal Investigations Division in 2019. Inspector Ortiz was an Investigator in the Felony Assault Unit (PC 245(a)(2) & PC 664/187 PC) and lastly in the Robbery Unit. She has written over 100 Ramey warrants and search warrants at OPD. Additionally, she has interviewed several suspects, victims, and witnesses and has completed multiple trainings including cell phone investigations, search warrants, wiretapping, undercover operations, leadership, etc. Inspector Ortiz is also fluent in Spanish. Having the Spanish language capability is very helpful in conducting interviews with workers, many of whom are mono-lingual Spanish speakers.

Lt. Molly Braun has been the supervising inspector for our team since August of 2020. The SFDA does not have a rotational policy with regard to the Economic Crimes Unit. However, SFDA recognizes the complexity and steep learning curve for attorneys and investigators assigned to investigate and prosecute Workers Compensation Insurance fraud and maintains its staffing levels and strives for longevity in the assignment.

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## 5. Applicant Question: Frozen Assets Distribution

**Were any frozen assets distributed in the current reporting period?**

If yes, please describe. Assets may have been frozen in previous years.

**Applicant Response:**

Yes

**Applicant Comment:**

Assets were frozen in a receivership in the case of Gina Gregori (GMG Janitorial). Some assets were distributed in fiscal year 22-23 to pay the receiver. The distribution of any remaining assets is still being litigated.

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**Sub Section Name:** Staffing

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**1. Applicant Question:** Staffing List

**Complete the chart and list the individuals working the program. Include prosecutor(s), investigator(s), support staff, and any vacant positions to be filled.**

All staff listed in your application budget must be included in the chart.

For each person, list the percentage of time dedicated to the program and the start and end dates the individual is in the program. The entry in the "% Time" field must be a whole number, i.e. an employee who dedicates 80% of their time to the program but is only billed 20% to the program, would be entered as "80" in the "% time Dedicated to the Program".

**Applicant Response:**

Name	Role	Start Date	End Date (leave blank if N/A)	% Time Dedicated to the Program
Alex Fasteau	Assistant District Attorney	03/01/2016		45
Stephanie Zudekoff	Assistant District Attorney	08/01/2018		45
Rebecca Friedemann	Assistant District Attorney	07/01/2022		60
Conrad Del Rosario	Assistant District Attorney	03/02/2011		15
Ted Martin	Investigator	08/01/2022		100
Perla Ortiz	Investigator	09/19/2022		100

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**2. Applicant Question:** FTE and Position Count

**The staff and FTE included in the chart below MUST MATCH the staff and FTE listed in your application budget. Do not include unfunded personnel.**

The “# of Positions” field represents people and must be entered in whole numbers. The “FTE” field must be entered as a decimal and represents the Full Time Equivalent (FTE) for all budgeted personnel in that position.

E.g. Two Attorneys who are billed to the program at 80% each would be entered as “2” in the # of Positions field and “1.60” in the FTE field.

*Reminder: This chart MUST match your application budget.*

**Applicant Response:**

Salary by Position	# of Positions (whole numbers)	FTE (1.00 = 2080 hours/year)
Supervising Attorneys		
Attorneys	4	1.65
Supervising Investigators		
Investigators (Sworn)	2	2.00
Investigators (Non-Sworn)		
Investigative Assistants		
Forensic Accountant/Auditor		
Support Staff Supervisor		
Paralegal/Analyst/Legal Assistant/etc.		
Clerical Staff		
Student Assistants		
Over Time: Investigators		
Over Time: Other Staff		
Salary by Position, other		
	<b>Total: 6.00</b>	<b>Total: 3.65</b>

**3. Applicant Question:** Organizational Chart

**Upload and attach to this question an Organizational Chart; label it "23-24 WC (county name) Org Chart".**

*The organizational chart should outline:*

- 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 program responsibility.*

**Applicant Response:**

[23-24.WC.SF.ORG Chart.docx](#) - WORD DOCUMENT

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**Sub Section Name:** Problem Statement & Program Strategy

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**1. Applicant Question:** Problem Statement

**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.**

*Use local data or other evidence to support your description.*

**Applicant Response:**

The San Francisco District Attorney's Office has identified certain issues that are specific to workers' compensation insurance fraud in San Francisco. Consistent with the concerns of the insurance commissioner and the Fraud Assessment Commission, the SFDA truly recognizes that medical provider fraud and premium fraud are the major cost drivers in workers compensation insurance fraud. San Francisco has an underground economy that impacts many sectors and businesses, in particular construction. The City of San Francisco (CCSF) is the largest employer in the city and is self-insured for all workers' compensation claims. Fraudulent claims by city employees can drain the budget for the employer department which can result in fewer resources to fund vital services to the public.

Medical provider fraud is a major cost driver for the workers compensation insurance industry. According to the California Department of Industrial Relations (DIR), as of September 29, 2022, 178 medical providers were suspended from the workers compensation system. Since 2017, 649 providers have been suspended. DWC initiated new lien consolidation cases estimated at \$75 million for providers who were convicted of fraud-related offenses in 2022.

SFDA has prioritized these complex cases. Last fiscal year, we filed a case against a chiropractor, Dr. Marijian Pevec. In this case, the defendant filed a fraudulent document with the Workers Compensation Appeals Board where he attempted to obtain \$10,000 which the insurance company had previously denied. We are also working on a large medical provider case (2020-072-002) involving kickback schemes, upcoding, double billing, billing for services not rendered, and charging in excess of official medical fee schedules. In this case which we intend to file, prior to the end of the current fiscal year, the SFDA investigator worked with DIR data analysts, CCSF, and three SIU's to search and obtain data to prove this provider had double billed and committed other types of billing fraud. The large medical provider case (2020-072-002) which we intend to file prior to the end of the current fiscal year, was referred to SFDA by CCSF. The provider is in the CCSF provider network. CCSF discovered numerous potentially fraudulent liens, submitted by this medical provider. This is an example of how public taxpayer funds can be stolen by a provider to the detriment of all of San Francisco's residents. The funds which are intended to be used for public benefit can be taken by a greedy and self-serving provider. CCSF, like many cities, is facing budget shortfalls in the next fiscal year. It is therefore imperative that fraud be rooted out and that we deter future bad actors from defrauding the public and stealing tax dollars meant for the treatment and protection of CCSF workers injured at their work sites.

The second problem that we are seeing more of in San Francisco is premium fraud. Data from the Coalition Against Insurance Fraud, estimated in August, 2022, that Workers Compensation premium fraud amounted to \$3 billion. This was a baseline estimate by Frank Neuhauser of the University of California, Berkeley. SFDA has also received many referrals for premium fraud this last fiscal year. A yearlong investigation into premium fraud at Cullinane Plastering resulted in a very complex case which SFDA is currently litigating with assistance from multiple partner agencies. The case was much

more complex than it appeared at the outset and has required a great deal of resources to execute the warrants and to litigate legal issues.

Premium fraud causes tremendous losses to the insurance carriers and puts honest employers at a disadvantage when competing with dishonest employers. Additionally, along with premium fraud, we are finding injured workers being further harmed as they are not receiving proper care or medical treatment for what can amount to very serious and long-term injuries. In the case of Cullinane Plastering, the premium and payroll tax fraud came to light when an injured employee was not offered medical care through the Workers Compensation System. The employee was seriously injured and the defendants offered to pay for chiropractic treatments. After a year the injury was still not resolved and only then did the defendants report the injury to their Workers Compensation insurance carrier. The defendants used an injury date that was over a year old. And it was discovered that they used a shell corporation to hide their payroll, thereby reducing their premiums.

San Francisco is a city of 808,437 residents, per the United States Census data from July 2022. According to the census, 34.2% of San Francisco residents are foreign born. The Legislative Analysts Office reported in 2021 that 19.5 % of San Francisco residents identify as limited English proficiency. The report found further that 43.1% of San Francisco residents over the age of 5, speak a language other than English in their homes. Workers with limited English proficiency are more vulnerable to being preyed upon by dishonest employers. Not only can these workers be paid less than minimum wage due to their language differences, but they can also be preyed upon by unscrupulous medical providers or employers who do not give them care for work-related injuries through the Workers Compensation system. This is a public safety concern. Workers may suffer long term or permanent disabilities when the proper care is not provided at the outset. Alternatively, they could also be given substandard or unnecessary treatments from a medical provider.

San Francisco is also home to underground economies. Underground economy refers to businesses and employers using various schemes to avoid paying workers compensation insurance, payroll taxes and other labor related expenses mandated by federal, state and local regulations. Employers engaging in the underground economy will do the following:

1. pay employees in cash to avoid payroll taxes;
2. underreporting the number of employees working for the business and wages paid to employees;
3. declaring to a regulatory agency that the employer has the required workers' compensation policy when there is no policy or alternatively, when the employer has a policy that misrepresents the employee's' wages and/or the activity of the business;
4. misclassifying employees as independent contractors to pay lower premiums for workers compensation insurance;
5. committing wage theft.

The underground economy is prevalent in San Francisco for several reasons including the minimum wage in San Francisco being \$7 over the federal minimum wage; the real estate values fuel the construction industry as a major contributor to the local economy and many people in the city's labor supply are recent immigrants and/or speak a language other than English as their first or only language, as previously mentioned.

San Francisco's previous economic boom resulted in a massive impact on the real estate market which increased construction in the city. Much of that construction is ongoing despite the economic slowdown and the decrease in San Francisco's population. Underground economy rears its head very often in the construction industry. Employees may be misclassified or paid in cash to reduce premiums and/or payroll taxes.

According to data from LinkedIn.com, CCSF employees 32,000 people. CCSF is self-insured. SFDA works with CCSF's Human Resources Workers Compensation Division to prosecute claimant fraud cases, The cost of a Workers' Compensation claim is charged back to annual budget of the department where the employee worked at the time of the injury. So it is very important that fraudulent claims be detected, not only because of staffing shortages created when someone is placed on disability but due to potential budget shortfalls. Departments are forced to reallocate limited public dollars that could otherwise have been used for public services, city projects and programs.



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## **2. Applicant Question:** Problem Resolution Plan

**Explain how your county plans to resolve the problem described in your problem statement. Include improvements in your program.**

*Information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).*

**Specify how the district attorney will address the Workers' Compensation insurance fraud 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.**

**The response 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, CDI, self-insured employers, public agencies such as the Department of Industrial Relations, Employment Development Department, and local law enforcement agencies.

### **Applicant Response:**

The SFDA will resolve the concerns identified in our problem statement by continuing our commitment to personnel continuity, personnel training, collaborating with partner agencies and focusing on building our caseloads so that we can target the major cost drivers in the Workers Compensation System. We will also continue to collaborate with partner agencies and provide outreach and training, particularly to SIU's.

Recognizing that this area of law can be complex and requires a great deal of expertise and time to acquire knowledge, SFDA intends to maintain a minimum of two full-time investigators assigned to Workers Compensation fraud cases. We would like to eventually add a third investigator. However, at the present moment, we are experiencing staffing and hiring difficulties, like many of our colleagues across the state. Therefore, we are focusing on training the two investigators currently assigned to our team. We will use some of our grant funds for training so that we can more quickly train our investigators. Going to training also builds a network of colleagues who can assist us and whom we can assist. Our investigators will benefit from any and all collaborations with other investigators and with SIU staff, as well as analysts and forensic accountants at partner agencies. We would like to have our investigators learn more about digital evidence and how to retrieve it. Because we have to do more with less right now, it is vital that we train our investigators to become experts in workers compensation fraud investigations so that we can increase efficiency which will allow us to investigate and prosecute more cases.

We also hope to add another ADA to the team in the future, as resources become available. Premium and provider fraud cases can be massive in the scale of discovery and evidence organization. We have focused on these two types of cases, while still prosecuting claimant cases. However, we would like to assign two ADA's to these complex cases, as we have done with Cullinane Plastering. This allows for smoother and more efficient litigation as the attorneys are able to help each other, cover for each other and divide the work.

We will also focus on more training for our attorneys. Again, we have to do more with less, so we have to build our expertise and maintain our staffing levels and our personnel for long periods of time. It is not efficient or effective to have frequent turn over on our team. We have found a successful formula and we plan to stay with it for the long term. As our

attorneys grow in expertise and experience, they will become experts in workers compensation fraud and can train other attorneys across California. ADA's will also attend more training events across the state. We attended the CDAA Fraud Symposium and AFA's Annual Anti-Fraud Conference. We will attend the NICB training in Vacaville in October. The Program Director will attend the NICB national training for prosecutors in Chicago in October. Training and conferences enable us to network and take advantage of the vast knowledge and expertise that exists across our state as well as nationally.

In order to build our caseload, we will continue to collaborate and meet regularly with CDI. CDI Golden Gate Regional Office has been very helpful in executing search warrants in the Cullinane Plastering case and also in analyzing the evidence that was seized in that case, particularly the digital evidence. We will maintain our regular case review meetings. ADA's work closely with the CDI investigators assigned to joint cases. The ADA's will assist with case investigation plans. Building and strengthening those relationships is mutually beneficial. Much of our 22-23 successes can be attributed to our collaboration with CDI.

We will also continue to meet regularly with SCIF. Our case review meetings have been very helpful for SFDA. SCIF has many experienced analysts and SIU staff who have helped us to develop cases. They have played a big role in our 22-23 fiscal year successes. They will also be instrumental in the filing of a large medical provider case (2020-072-002) in which they were one of the victims. We look forward to learning more about how to use data analytics and data experts in proving our cases. SCIF staff is very knowledgeable, and we have learned a lot from their experts.

We have collaborated with DIR and EDD on cases in the last year. We will work to strengthen those relationships. DIR provided us with very useful data analytics for a medical provider case (2020-072-002). EDD assisted in execution of search warrants and interviewing employees in Cullinane Plastering. It is vital to continue these collaborative efforts. We will also be working closely with NICB to understand and utilize their extensive data bases and to assist us in training our funded and our unfunded staff. We will also provide NICB with any training that may be useful for them to assist NICB in carrying out its mission.

In the next fiscal year, we will send out more 3700.5 letters to San Francisco businesses to ensure they have Workers Compensation Insurance. We plan to use unfunded resources to accomplish this goal. And investigators will contact any employers who fail to provide proof of insurance. We also intend to do site checks with CSLB, any time they request our assistance. Construction site checks also assists in reducing the amount of underground labor tactics used in that industry.

We will continue to participate in the Golden Gate Workers Compensation Fraud Consortium and will fill in any leadership gaps in the group. Having a group of knowledgeable prosecutors, investigators and other staff with whom we can discuss cases and legal issues has really been key to our team's development. We also have a good working relationship with District Attorneys' offices outside of the Golden Gate region. We have received assistance on various issues from the Santa Clara County District Attorney, the Orange County District Attorney and the Ventura County District Attorney.

In the next fiscal year, we will reach out to the CCSF Human Resources Workers Compensation Department to have regular meetings with representatives of that department. Since CCSF is self-insured, losses due to fraud impact our entire community in various ways as we discussed previously. We will also reach out to our partners at San Francisco Police Department to learn more about how we can work together to enforce the law in this area.

Over this last fiscal year, our team has developed and learned a great deal. We look forward to continuing to improve and build upon our successes so that we can tackle the major cost drivers in Workers Compensation.

### 3. Applicant Question: Plans to Meet IC and FAC Goals

#### **What are your plans to meet the announced goals of the Insurance Commissioner and the Fraud Assessment Commission?**

If these goals are not realistic for your county, please state why they are not, and what goals you can achieve. Include your strategic plan to accomplish these goals. *Copies of the Goals can be found in the Announcement Attachments, 4g and 4h.*

#### **Applicant Response:**

##### IC/CDI GOALS:

##### 1. Investigating and Prosecuting Medical Provider Fraud (IC #1 & FAC#6)

In line with the Insurance Commissioner's stated objectives our office recognizes the importance of combating the harm caused by fraudulent medical providers. SFDA has prioritized the investigation and prosecution of medical provider fraud recognizing the danger this type of fraud poses, not only in terms of economic loss, but also to innocent injured worker claimants. In March of 2020, SFDA and CDI initiated a new investigation of a medical provider that is suspected of engaging in double-billing, fraudulent lien billing, billing for services not rendered and accepting kickbacks. This medical provider engages in business in various Bay Area counties, and have business interests beyond his medical practice that are connected to, and support, the fraudulent billing activity. This has been one of the most complex investigations our unit has conducted; however, our program prosecutor and investigator have not shied away from the complexity and have utilized significant resources in order to complete this complex investigation, including collaborating with multiple partner agencies. We anticipate filing this medical provider fraud case in the current fiscal year. (2020-072-002.)

In March 2022, the SFDA filed forgery and attempted fraud charges against medical provider Chiropractor Marijan Mateus Pevec.

##### 2. Performance and Continuity with the Program (IC GOAL #2 & FAC GOAL #4)

We continue to be aware of the need to ensure that the grant money we receive is used wisely. The SFDA continues to assign experienced prosecutors and investigators to the grant-funded positions. Managing Attorney Tina Nunes Ober has led our program prosecutors for over a year. ADA Fasteau has been a program prosecutor for 7 years. ADA Zudekoff has been a program prosecutor for almost 5 years. ADA Friedemann Zhong has been a program prosecutor for almost 1 year. ADA Del Rosario and investigators in other units continue to assist our team. Lieutenant Molly Braun has led our workers' compensation fraud investigators for almost 3 years. Unfortunately, our unit has experienced some turnover from our program investigators due to retirement and reassignment. However, our currently assigned investigators have a strong background in complex and standard criminal investigations and are eagerly learning the intricacies of how to investigate workers' compensation insurance fraud. As a result of this collective experience, we can evaluate referrals and conduct investigations efficiently. And with additional training and experience, we can only increase our efficiency and effectiveness.

##### 3. OUTREACH (IC#3 & FAC#5)

The SFDA fully understands the deterrent effect of a coordinated and aggressive outreach strategy. We work closely with our office's director of communications to ensure that our workers' compensation fraud arrests are publicized via press releases and on social media.

The SFDA has also found that our Employer Compliance Program continues to be a useful form of outreach. Now in its fourth year, we continue to bring employers into compliance with California's insurance requirements. During this process, we receive tips from both employers in compliance and employers out of compliance regarding other businesses in their area that are not properly insured.

In 2023-2024, we plan to expand our Employer Compliance Program into other San Francisco industries where the underground economy thrives. Two such industries include the tree-trimming industry and the home care/assisted living industry.

This past year, we accomplished our 2022-2023 program goal with our "One Lie-We All Pay" outreach campaign, distributing pamphlets in Spanish, English, and Chinese. In the 2023-2024 fiscal year, we will continue to collaborate with the SFDA Neighborhood Prosecutions Team as well as our Consumer Mediation Team to educate community members, including vulnerable, monolingual workers on how to

identify and report workers' compensation fraud, and thus increase awareness throughout San Francisco.

We have seen an alarming pattern of San Francisco employers cheating vulnerable (often monolingual and undocumented) workers in numerous ways. To address this problem, our program prosecutors and investigators will continue to work with ADA Scott Stillman, the head of our Workers Rights Unit, to identify and investigate cases involving both wage theft and workers' compensation fraud.

In the 2023-2024 fiscal year, our program prosecutors will expand our training efforts by sharing our knowledge and experiences with our agency partners and colleagues. We will continue to collaborate with and educate Special Investigations Units (SIUs) on investigating workers' compensation fraud and the evidence needed for successful prosecution. We will also continue our active participation in the Golden Gate Workers' Compensation Consortium (GGWCC)—a collaborative association of Bay Area District Attorney's Offices and justice partners. Together with GGWCC, we will plan and execute our annual training for SIUs and other investigators on issues that arise in workers' compensation fraud cases. Most importantly, we will continue our one-on-one training and outreach to individual SIUs who submit FD-1s to our Office. We have a long-standing practice of contacting these SIUs to educate them on how to improve their investigations and submissions. The SFDA knows that the sharing of experiences and best practices with our peers in the Bay Area increases the effectiveness and efficiency of our investigations.

One goal for the coming year is to increase the efficiency of our investigation using data analytics and metrics. We will continue to work with our agency partners at CDI, DIR, EDD and NICB who have assisted us in our investigations in the past to evaluate data that they are able to compile and distribute regarding workers' compensation fraud actors in our county.

#### 4. Balanced Caseloads (IC#4)

The SFDA strives to maintain a balanced caseload and has been successful in so doing. We are investigating several cases in which restaurants, construction companies, and other businesses are operating in the underground economy while committing premium fraud, as well as defrauding employees through various means, including wage theft and denial of benefits.

The SFDA is prosecuting claimant fraud by employees of private businesses as well as by employees working for the CCSF. In so doing, we are not only taking on a problem that causes a negative fiscal impact on the workers' compensation system, but we are also combatting the misuse of public funds. The SFDA is making impactful, low-cost efforts to discover and bring into compliance willfully uninsured employers within the underground economy through our continued Employer Compliance Program.

SFDA has taken on the prosecution of complex premium and provider fraud cases. These cases are resource intensive. However, we do not shy away from complex cases. We are committed to tackling all types of fraud on the workers compensation system and we hope to increase our caseloads in the coming fiscal year. We also hope to increase our staffing when we are able.

#### FAC GOALS

##### 1. FUNDING OF AND PERFORMANCE WITHIN THE PROGRAM (FAC#1)

The SFDA understands the importance of holding those who commit fraud accountable for their actions. The SFDA will continue to evaluate the value of each case independently and decide the disposition that balances all our legal and ethical obligations, which include our obligations under California's Victims' Bill of Rights, otherwise known as "Marsy's Law".

##### 2. Joint Plans and Memorandum of Understanding (FAC#2)

SFDA annually executes a Memorandum of Understanding with the Department of Insurance, Fraud Division, entitled "Joint Investigative Plan". The stated goals of the Joint Investigative Plan are to ensure that our offices "operate in a cooperative effort to achieve successful fraud prosecutions in the County of San Francisco, to "avoid duplicating efforts," and "maximize the use of limited resources." By following the Joint Investigative Plan, we have achieved these goals. This year, the SFDA and the Department of Insurance, Fraud Division met to discuss changes to our Joint Investigative Plan. Changes were adopted that will streamline the investigative process for all parties as well as facilitate the sharing of information related to dispositions. We will continue to meet annually to execute a Joint Investigative Plan as it ensures the Plan always meets the investigative needs of all parties.

SFDA has also joined in a Memorandum of Understanding with the Golden Gate Workers' Compensation Fraud Consortium which has grown to include the Counties of Alameda, Contra Costa, Humboldt, Marin, Napa, San Francisco, Solano, and Sonoma, as well as the Department of Insurance.

The Consortium emphasizes identifying complex workers' compensation fraud cases that may be multi-jurisdictional to more effectively investigate and prosecute these cases. Furthermore, the Consortium works to educate and share information about current trends and patterns related to complex fraud cases in the region with SIUs, regulatory agencies, public entities, and other law enforcement agencies.

In March 2018, the SFDA entered into a Joint Plan of Action on Combating Workers' Compensation Fraud and a Data Sharing Agreement with DIR to share designated information to combat workers' compensation fraud. The purpose of the Joint Plan of Action was to formalize the process of identifying the information to be shared between the SFDA and DIR and coordinating the effort of identifying suspected workers' compensation fraud.

The SFDA plans to explore the potential for entering into an agreement with EDD that would streamline our ability to obtain evidence related to premium fraud investigations. The SFDA collaborated with EDD's TRUE Task force to execute location search warrants during a large operation that included CDI. The SFDA continues to work with EDD's TRUE Task Force investigators to confirm when unemployment tax fraud is suspected to have occurred in conjunction with workers' compensation premium fraud. We continue to partner with EDD, federal law enforcement, and various local district attorneys' offices to combat unemployment insurance fraud and workers' compensation premium fraud. We strive to build on this relationship and continue to partner with EDD to obtain information that will allow us to build successful workers' compensation premium fraud investigations.

### 3. Statutes and Regulations (FAC #3)

The SFDA is fully aware of the applicable statutes that relate to workers' compensation fraud. We are constantly evaluating these statutes and discussing their merits when evaluating our investigations and making charging decisions. Additionally, we continue to educate ourselves on the applicable rules and regulations as they are essential in understanding the obligations of our suspects. Should the SFDA identify deficits in the statutes, rules or regulations, the SFDA will bring this to the attention of the Fraud Assessment Commission and CDAA. CDAA may be able to assist in lobbying for any legislative changes that prosecutors need in order to successfully combat insurance fraud.

### 4. Strategic Targeting Effort Against Significant Contributors of Workers' Compensation Fraud (FAC #6)

In line with the Fraud Assessment Commission's stated objectives of targeting significant contributors of workers' compensation fraud, the SFDA continues to use program funds to focus on investigating the fraudulent activities that have the greatest negative consequence on the workers' compensation system; specifically, medical provider fraud, claimant fraud, and employer premium fraud.

Our investigations resulted in the filing of a very complex premium fraud case against three suspects involved in the ownership, operation and management of local construction company Cullinane Plastering. They are alleged to have engaged in a yearslong scheme to defraud their victims by concealing approximately \$5.8 million in unreported payroll to avoid paying insurance premiums and payroll taxes.

The alleged fraud was discovered after a Cullinane Plastering employee was seriously injured while working on a job site on May 8, 2019. Instead of informing the injured worker that he was entitled to workers' compensation benefits, the three suspects (Denis Cullinane, Jerry Cullinane, and Gemma Maher) allegedly concealed the employee's existence and injury from their workers' compensation insurance carrier, SCIF, for almost a year. When Maher finally disclosed the injury to SCIF on March 12, 2020, she made multiple alleged misrepresentations about the worker's employment history and injury to further the fraud.

The resulting investigation revealed that Denis Cullinane, Jerry Cullinane, and Maher utilized Jerry Cullinane's Cullinane Construction company to conceal the injured worker's wages from SCIF and the Employment Development Department (EDD) in violation of California law. In addition, the investigation uncovered that Denis Cullinane, Jerry Cullinane, and Maher submitted allegedly fraudulent employee payroll information to SCIF from 2018 through 2020 and to EDD from 2017 through 2020. These fraudulent reports artificially lowered their workers' compensation insurance premiums and tax contributions—both of which are determined in part by employee payroll. This resulted in an estimated \$270,000 loss to SCIF in unpaid premiums and an estimated loss to EDD of over \$300,000 in unpaid payroll taxes (and over \$1.5 million in unpaid taxes and penalties).

This case was developed through a multi-agency operation led by the SFDA and conducted in collaboration with investigators from the SFDA, CDI, and EDD. The SFDA successfully petitioned the Court to grant an ex parte order freezing all the defendants' identifiable monetary assets to prevent them from dissipating those assets and to preserve the funds for victim restitution pursuant to Penal Code section 186.11. The SFDA continues to work with CDI's forensic accountants to analyze the multiple terabytes of electronic data seized pursuant to location search warrants executed at business and home locations. The SFDA continues to work with EDD's TRUE Task force to analyze the evidence seized to investigate allegations of unemployment insurance fraud. Also, referring to our provider fraud investigations addressed earlier in this answer, the SFDA reiterate, that we have prioritized the investigation and prosecution of medical provider fraud recognizing the danger this type of fraud poses, not only in terms of economic loss, but also to innocent injured worker claimants. In March of 2020, SFDA and CDI initiated a new investigation of a medical provider that is suspected of engaging in double-billing, fraudulent lien billing, billing for services not rendered and accepting kickbacks. This medical provider engages in business in various Bay Area counties and they have business interests beyond his medical practice that are connected to, and support, the fraudulent billing activity. We anticipate filing this medical provider fraud case prior to the end of this fiscal year (2020-072-002.)

The SFDA will continue to evaluate all referrals we receive, as well as collaborate with our agency partners, to identify and pursue violators of these high impact activities.

The SFDA understands that the use of electronic data systems can assist in the identification of repeat violators and the detection of patterns of workers' compensation fraud abuses. While the SFDA does not have data analytics available to use for workers compensation fraud, we continue to utilize the data analytics resources offered to us through our agency partners at DIR and CDI. We have committed to working in partnership with NICB. NICB has extensive and varied databases which can assist in proving cases.

Additionally, the SFDA continues to make a concerted effort to meet with SIUs to discuss workers' compensation fraud and their referrals to our agency. The SFDA recognizes that these meetings held pursuant to Section 1879.1 of the Insurance Code are an important part of assisting our office in identifying, investigating and prosecuting contributors to workers compensation fraud.

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#### **4. Applicant Question:** Multi-Year Goals

**What specific goals do you have that require more than a single year to accomplish?**

### **Applicant Response:**

As discussed in other sections of the application, SFDA has been seeing more and more complex premium and provider fraud cases versus simpler claimant fraud cases. We currently have a relatively small team and we are stretching our limited resources to maximum potential so that we can successfully investigate and prosecute all provable cases of workers compensation insurance fraud.

This fiscal year we have successfully filed and are litigating *People v. Cullinane* by assigning two ADA's to work on this case as a team. We have not done this in the past but we have now found that it works quite well. It allows for coverage of the case at all times and helps the ADA's to learn from one another. Should a complex case go to trial, it is much easier to divide the work between the two assigned ADA's and assist us in holding these cost drivers accountable for their fraud. It also allows for consistency, should we experience a staffing change. A long term goal is to have 4 ADA's and to assign two to each complex premium and provider fraud case so that we have this successful formula at work in all our large cases.

We would like to increase our ADA and investigator staff to five ADA's, 4 of whom will carry a full insurance fraud caseload, and 3 investigators assigned fully to workers compensation fraud investigations. Unfortunately, hiring and retaining personnel has been quite challenging recently as San Francisco has experienced a loss of population and projected budget shortfalls for the next fiscal year. Adding to our staff is a long-term goal.

Another goal that will take time is building up our caseloads. As we build stronger relationships with our partner agencies and SIU's, we should see an increase in cases. Increasing our caseloads will take some time as we are still experiencing some of the collateral effects of the pandemic lockdowns.

San Francisco is home to many substance abuse treatment facilities and care homes. We plan to get investigators out into the field to look into any potential workers compensation insurance fraud in these facilities. We also would like to expand our employer insurance program so that we can ensure that all businesses have the legally mandated coverage for their employees.

We plan to expand the outreach to the community by going to fairs and festivals where our community liaisons will be present and have materials available to educate the public about insurance fraud. We plan to conduct annual trainings for SIU's. We also plan to have SFDA ADA's and investigators present at statewide training events in order to share their knowledge and expertise.

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### **5. Applicant Question:** Restitution and Fines

**Describe the county's efforts and the district attorney's plan to obtain restitution and fines imposed by the court to the Workers' Compensation Fraud Account pursuant to California Insurance Code Section 1872.83(b) (4).**

**Applicant Response:**

The SFDA seeks restitution in every prosecution in which a victim suffers a loss. Restitution is a California constitutional right. Moreover, we recognize that justice is not served until a victim is made whole and compensated for financial loss. We always make victim restitution a priority, but where there is no victim restitution, we negotiate more substantial fines to be paid to the Workers' Compensation Fraud Account.

With an eye toward preserving the defendant's assets and preventing their dissipation and secretion, so that the assets may ultimately be levied upon to pay fines and restitution, in cases where we are able to file a Penal Code Section 186.11(a) enhancement, for a taking of over \$100,000 or \$500,000, we seek a temporary restraining order, preliminary injunction, the freezing and seizing of assets, and/or the appointment of a receiver.

The SFDA Program attorneys seek the payment of full restitution at the time a defendant enters a guilty plea or at the time of sentencing. If a defendant has not been able to pay the full amount of restitution owed, at the time of sentencing, the defendant will be ordered by the court to pay the remainder. It is then that we ask the court to endorse and file orders specifying the amount of restitution the defendant owes, which may then be enforced by the victim as a civil judgment. Rather than relying on the Probation Department to do this important work for us, we strive to ascertain the exact amount of restitution owed to the victim, require payment of all or a substantial amount before or at sentencing, and file the paperwork necessary for the court to order the money owed. This paperwork includes a declaration by the defendant of all their assets, which can be useful to a victim pursuing collections. The defendant is warned on this declaration that dishonesty is punishable as a misdemeanor. If the defendant has not paid the full amount owed 90 days before the probation expires or the conditional sentence terminates, the defendant files an updated declaration of assets. In a case wherein the defendant is placed on probation, we can also ask the court to order the defendant to pay restitution and fines as a condition of probation.

**6. Applicant Question:** Restitution Numbers

**Provide the amount of restitution ordered and collected for the past five fiscal years.**

If this information is not available, provide an explanation.

**Applicant Response:**

Fiscal Year	Restitution Ordered	Restitution Collected
2022-23	\$8,382,788.45	\$300,000.00
2021-22	\$50,110.00	\$50,110.00
2020-21	\$80,000.00	\$83,695.00
2019-20	\$1,200.00	\$1,200.00
2018-19	\$471,093.00	\$156,320.00
	<b>Total: \$8,985,191.45</b>	<b>Total: \$591,325.00</b>

**7. Applicant Question:** Utilization Plan

**Your budget provides the amount of funds requested for Fiscal Year 23-24.**

**Provide a brief narrative description of your utilization plan for the Fiscal Year 23-24 requested funds.**

*If an increase is being requested, please provide a justification. Any information regarding investigations should be given a reference number and details provided only in the Confidential Section, question 1 (County Plan Confidential Investigation Details).*



### **Applicant Response:**

For fiscal year 23-24, we are requesting an award equal to the funding formula for our county. The requested increase is due to realized and upcoming increases in operating expenses, Attorney salaries will have increased by approximately 11% by July 2023.

The proposed budget anticipates two investigators who are 100% dedicated to Workers Compensation fraud investigations. The increase will fund a portion of each of the four assigned attorneys' salaries. We will also use the grant funds to obtain training for investigators and attorneys. We are seeing more and more complex cases which require a great deal of resources and are time intensive for both investigators and attorneys. We would like to be able to assign two attorneys to jointly litigate the most complex cases. In the future, we might be able to add another attorney, once we can overcome the current hiring challenges. We would like to expand our caseloads and do more outreach and training to SIU's. along with reaching out to businesses and unions to educate and inform the public about the societal costs of worker's compensation fraud. Medical provider fraud and premium fraud are large cost drivers in the workers compensation system. It drives up costs for honest businesses who then have to increase costs to their customers. Additionally, workers are harmed by providers who give unnecessary treatments.

Our grant funds are used primarily for salaries. The cost of living in California is very high and San Francisco, in particular is especially high as compared to other cities across the country. And we have all experienced excessively high inflation over the last two years which have driven costs of living higher. The funds are also used to pay for training for the staff. Last year, staff members were able to attend the AFA conference in Monterey. This year, staff members were able to attend the CDAA Fraud Symposium in February. And we attended the AFA conference again this year. Without the grant funds, it would not be possible for any of us to attend these vital training programs. Not only do these programs provide training, they give us the opportunity to meet and network with our colleagues statewide. Having those in-person interactions are so important to our work.

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### **8. Applicant Question:** Uninsured Employers

#### **Describe the county's efforts to address the problem of uninsured employers.**

*Local district attorneys have been authorized to utilize Workers' Compensation Insurance Fraud funds for the investigation and prosecution of an employer's willful failure to secure payment of workers' compensation as of January 2003.*

**Applicant Response:**

Last year we utilized unfunded law clerk resources to send out letters to San Francisco businesses to inquire if they had Workers Compensation Insurance, We sent out a number of letters and received confirmation of insurance from all the contacted businesses.

We will continue to utilize unfunded intern hours and resources to contact businesses in writing. When a business fails to respond to a letter, an Inspector will then make contact with the business. We will attempt to make contact at that point, either in person or over the phone.

Additionally, Inspector Ted Martin assisted our partners at Contractors State Licensing Board (CSLB) by doing site checks at construction sites. Inspector Martin accompanied CSLB for two days and verified that employers at various construction projects had workers compensation insurance. SFDA plans to continue to build on this relationship with CSLB and to collaborate with them to ensure that all construction contractors in CCSF have insurance. Again, this levels the playing field for all honest contractors who must bid against dishonest contractors for projects in San Francisco. It also protects workers. San Francisco has many workers who are not primarily English speaking. We must make it difficult for dishonest employers to take advantage of vulnerable individuals in our community.

San Francisco is also home to many care facilities and drug treatment programs. We will begin sending inspectors into those facilities to ensure they are insured and to prevent any underground economy activity.

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**Sub Section Name:** Training and Outreach

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**1. Applicant Question:** Training Received

**List the insurance fraud training received by each county staff member in the workers' compensation fraud unit during Fiscal Year 2022-2023.**

If it is a multiple day training/conference (e.g. CDAA, AFA, etc.), only one entry is required; enter the first day for the "Training Date" field.

For the "Hours Credit" field, enter the combined total hours of credit for all attendees.

**Applicant Response:**

Number of Personnel	Training Date	Provider	Location	Topic	Hours Credit (combined total)
5	07/26/2022	CDAA	Virtual	Workers Compensation Fraud	2
2	09/15/2022	Santa Clara County DA	Sacramento	Worker Exploitation	2
2	11/08/2022	Republic Indemnity	Virtual	Basics for SIU's/insurance personnel	2
5	11/17/2022	Golden Gate WC Fraud Consortium	Virtual	Workers Comp Fraud	2
3	02/07/2023	CDAA Fraud Consortium	Orange County	Insurance fraud/multiple topics	18.5
5	04/19/2023	AFA Fraud Conference	Monterey	Insurance Fraud/Multiple Topics	19

**2. Applicant Question:** Training and Outreach Provided

**Upload and attach the Training and Outreach Provided form in Excel; label it "23-24 WC (county name) Training and Outreach Provided".** Do not include training *received*; **only list training and outreach provided in FY 22-23** as outlined in the outreach definition below.

For the purposes of the insurance fraud grant programs, "outreach" is defined as:

Any activity undertaken by a grant awardee to inform and educate the public on the nature and consequences of insurance fraud and the training and sharing of best practices with industry stakeholders and allied law enforcement agencies. The results will be crime prevention, the generation of quality referrals from the public, business community, insurance industry, and law enforcement, and improved strategies for the investigation and prosecution of insurance fraud.

*If, in the form, you listed any "Other, Specify" provide a brief explanation here; other additional comments are optional. The blank form is located in the Announcement Attachments, 1a.*

**Applicant Response:**

Label attachment "23-24 WC (County) Training and Outreach"

**Attachment:**

[23-24 WC SF Training and Outreach Provided.xlsx](#) - EXCEL DOCUMENT

**3. Applicant Question:** Future Training and Outreach

**Describe what kind of training/outreach you plan to provide in Fiscal Year 23-24.**

**Applicant Response:**

In the upcoming 2023–2024 fiscal year, our workers’ compensation prosecution and investigations team will expand our outreach and training efforts by building on prior campaigns to increase public awareness of workers’ compensation fraud and by fostering relationships with our justice partners through consortiums, trainings, and collaborative investigations.

This past year, we accomplished our 2022-2023 program goal with our “One Lie-We All Pay” outreach campaign, distributing pamphlets in Spanish, English, and Chinese. In the 2023-2024 fiscal year, we will continue to collaborate with the SFDA Neighborhood Prosecutions Team as well as our Consumer Mediation Team to educate community members, including vulnerable, monolingual workers on how to identify and report workers’ compensation fraud, and thus increase awareness throughout San Francisco.

We have seen an alarming pattern of San Francisco employers cheating vulnerable (often monolingual and undocumented) workers in numerous ways. To address this problem, our program prosecutors and investigators will continue to work with ADA Scott Stillman, the head of our Workers Rights Unit, to identify and investigate cases involving both wage theft and workers’ compensation fraud.

In the 2023-2024 fiscal year, our program prosecutors will expand our training efforts by sharing our knowledge with our agency partners and colleagues. We will continue to collaborate with and educate Special Investigations Units (SIUs) on investigating workers’ compensation fraud and the evidence needed for successful prosecution. We will also continue our active participation in the Golden Gate Workers’ Compensation Consortium (GGWCC)—a collaborative association of Bay Area District Attorney’s Offices and justice partners. Together with GGWCC, we will plan and execute our annual training for SIUs and other investigators on issues that arise in workers’ compensation fraud cases.

Most importantly, we will continue our one-on-one training and outreach to individual SIUs who submit FD-1s to our Office. We have a long-standing practice of contacting these SIUs to educate them on how to improve their investigations and submissions.

And because the City and County of San Francisco (CCSF) is self-insured, we will also seek an opportunity to provide specialized training to CCSF and their workers’ compensation administrative entities by providing training on issues particular to their self-administered system.

We will continue to attend the fraud conferences hosted by the Anti-Fraud Alliance, California District Attorneys Association, NICB, Coalition Against Insurance Fraud, and Republic Indemnity, which provide invaluable training on investigating and prosecuting workers’ compensation fraud. One goal for the coming year is for our program prosecutors to increase involvement at these conferences. To educate our colleagues across the State, one of our experienced program prosecutors—who has handled multiple complex cases—is seeking to present a case study on a multi-million-dollar premium fraud case that was sentenced this past March. Another one of our similarly experienced program prosecutors will be presenting a “how to” training on claimant fraud investigations for our consortium partners. Additionally, our Office has investigated and prosecuted multiple complex premium and provider fraud cases in the past year, some of which involved the freezing and/or seizing of assets pursuant to Penal Code section 186.11. We believe sharing the valuable insights gained through this work with our cohorts in other counties will improve the prosecution of workers’ compensation fraud statewide.

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**Sub Section Name:** Joint Plan

**1. Applicant Question:** Joint Plan

**Upload your WC Joint Plan and label it “23-24 WC (county name) Joint Plan”.**

*Each County is required to develop a Joint Plan with their CDI Regional Office, to be signed and dated by the Regional Office Captain and the Prosecutor in Charge of the Grant Program. Additional information is in the Announcement Attachments, 3c, and also copied into the attached instructions to this question.*

**Applicant Response:**

Confirm signed and dated by all parties.

**Attachment:**

[23-24.Jointplan.CDI.pdf](#) - PDF FILE

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**Section Name:** Investigation Case Reporting

**Sub Section Name:** Investigation Case Information Relating to Questions

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**1. Applicant Question:** County Plan Confidential Investigation Details

**If you discussed any confidential cases throughout the County Plan section and provided a reference number, please include additional confidential details on an attachment uploaded here.**

*The reference number/citation used in the County Plan narrative responses should be repeated in your document upload. Task Force cases should specifically name the task force and your county personnel's specific involvement / role in the case.*

*Upload your own attachment and label it "**23-24 WC (county name) County Plan Confidential Investigation Details**" **upload and mark confidential**, then attach to this question. If no investigation information was referenced, mark the N/A response.*

**Applicant Response:**

[1bii 23-24 WC SF Investigation Case Activity Report \(ICAR\).docx](#) - WORD DOCUMENT

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**Sub Section Name:** Reporting on All Investigations

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**1. Applicant Question:** Investigation Case Activity Report (ICAR)

**Upload, mark Confidential, and attach the completed 23-24 WC (county name) ICAR.**

*This document requires information regarding each investigation case that was reported in the DAR, Section III C (Investigations). Two of the three reporting components ask for case counts only. The total of the case counts in Part 1 and Part 2, along with the number of case entries in Part 3, should equal your total investigation case count reported in the DAR section III (Investigations). The blank form is located in the Announcement Attachments, 1bii. **Do NOT substitute descriptions in Part 3 in lieu of case counts for Part 1 and Part 2.***

**Reminders:**

1. The total of the case counts in the ICAR Parts 1, 2, and 3, should equal your total investigation case count reported in the DAR Section III.
2. Vertical Prosecutions should not be counted as an Investigation or a Joint Investigation.

**Click the "SHOW INSTRUCTIONS" link above to view directions on how to properly complete the report.**

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**Applicant Response:**

1bii 23-24 WC SF Investigation Case Activity Report (ICAR).docx - WORD DOCUMENT

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**Sub Section Name:** New Investigation Information for Cases in Court

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**1. Applicant Question:** Cases in Court Investigation Case Activity

**Do you have NEW Investigation Information for cases that started the year in prosecution that you want to include? This section is optional.**

*If you do have cases to report, download Announcement Attachment 1c, label it "23-24 WC (county name) Cases in Court Investigation Case Activity" **upload and mark confidential**, then attach to this question.*

*Provide only investigation information for case(s) that started the fiscal year in prosecution, but required additional investigation during the reporting period. **Other than current status, no prosecution case information should be included.***

**Applicant Response:**

Not Applicable

**Applicant Comment:**

Not Applicable

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