


COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

COMPLAINT FORM

Submit to Supervisor within 1 day of assignment. Attach written complaint to this form

1. Name of person submitting the complaint (complainant):

 (Complainant wishes to remain completely anonymous).

2. Name of person whose privacy is involved (if different from the above):

Same as above.

3. Complainant's Contact Information (address, phone and/or e-mail)

Address Unknown.


4. Complaint(s):

Please see a complete listing of allegations under Roman Numeral 1 of the Investigation Plan which is attached.

5. Complaint referred to CPA: Yes no

If yes, name of CPA and date assigned

Bobby Blanks-May 14, 2013

For CPA only:

6. Date contacted complainant: February 26, 2013 (Complainant came into office to meet with the Monitor, Supervisor, and Head Contract Program Auditor).

7. Summary of Actions taken: (to be completed only when no site visit is required)

N/A

8. Date the complaint was resolved: _____

9. Date complainant was advised of the resolution: _____

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
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INVESTIGATION PLAN

I. ALLEGATION/COMPLAINT(S)

Provides general information on what has been done so far related to the complaint/allegation. Specify exactly which allegation(s) you will be focusing on during this investigation.

Los Angeles County Substance Abuse Prevention and Control (SAPC) received a complaint against the agency Pride Health Services, Incorporated. The complaint was received on February 26, 2013, regarding the agency's Inglewood site located at 8619 Crenshaw Boulevard Inglewood, California 90305 and the site located at 8904 South Vermont Avenue Los Angeles, California 90044. The complainant alleges the following:

- ✓ 1. Complainant alleges that the agency has a list of ghost clients at the Inglewood and Los Angeles sites that the agency submits billings for. *NOT TRUE*
- ✓ 2. Complainant alleges that counseling sessions take place at the Inglewood site on three (3) separate days which includes Monday's, Tuesday's and Thursday's. However, the agency submits billing to the County for five (5) days. *FIVE DAYS PER WEEK*
- ✓ 3. Complainant alleges that agency staff falsifies documentation such as signatures on sign-in sheets, and treatment plans. *NOT TRUE*
- ✓ 4. Complainant's last date of employment was January 15, 2013. Any documentation such as treatment plans, six month justifications, etc. signed after January 15, 2013 by complainant would be forged documentation.
- ✓ 5. Complainant alleges that the Executive Director brings individuals into the Inglewood site to sign client sign-in sheets. *NOT TRUE*

II. PLANNED INVESTIGATION ACTIVITIES:

Provide an outline of exactly what information you want to obtain, the specific activities you plan to conduct including if you will conduct interviews, the reasons for the interview and any questions you plan to ask. Include: documents and/or charts you will review, who will join you in the investigation, if anyone, and when you expect to complete the investigation.

- ✓ A. The Monitor will conduct an unannounced entrance conference on Thursday, May 23, 2013, to begin the investigation process. The SAPC staff member conducting the investigation is Contract Program Auditor, Bobby Blanks.
- ✓ B. Review four (4) to six (6) randomly selected client files for Outpatient Drug Free (ODF) and Day Care Habilitative (DCH) from each site.
- ✓ C. Review progress notes, treatment plans, six (6) month justifications, and sign-in sheets for the month of February 2013 for all selected client files to assist in determining if client services are being provided to clients who actually exist and are enrolled in the program .
- ✓ D. The Monitor will request a copy of the ODF and DCH counseling schedules/calendars for the months of February and March 2013. This will help verify if the agency is establishing monthly calendars and if the calendar of activities/topics corresponds to the topic discussions listed on the client's progress notes and/or sign-in sheets.

✓ E. The Monitor will review the personnel files of all counseling staff to verify that each counselor's personnel file includes a current counselor registration or certification, code of conduct, and Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) background clearance.

✓ F. If deemed necessary, the Monitor will request and review the time sheets of each counselor for the month of February 2013 and compare them to the dates and times listed on the progress notes of the group counseling sessions. The purpose is to verify if counseling sessions took place during the time frame when counselors were actually working.

PROGRAM
CLOSED
SESSION
NOTICE
HAPPENED

G. The Monitor will sit-in on two (2) group counseling sessions. One (1) for ODF and one (1) for DCH. The purpose is to verify the effectiveness of each session and to verify that the sessions actually take place.

H. Face-to-Face interviews to be conducted with the following:

1. Program Director/Manager of the Inglewood and Los Angeles sites.

Questions may include, but are not limited to:

- Have you ever been asked to sign a client's name on sign-in sheets or treatment plans? Have you ever asked anyone else on staff to do so?
- Have you ever been asked to sign the doctor's signature on treatment plans, six (6) month justifications, or any other documentation which requires the doctor's signature?
- Are you aware of any activity taking place at the site that you believe violates Title 22 or any other ethical standards?
- Are you aware of the agency using ghost clients (clients that don't exist) for billing purposes?
- Who sets the schedule/calendar for the group sessions at this site each month?

F. HAVE YOU EVER NOTICED OR BEEN AWARE OF PEOPLE BEING BROUGHT IN FROM THE OUTSIDE TO SIGN SIGN-IN SHEETS FOR OTHER CLIENTS.

2. Clients

- How long have you been enrolled in the program?
- What days are you scheduled for group counseling sessions?
- How long is each counseling session?
- How many clients are in your group?
- When you attend your group counseling session, who conducts/facilitates the group discussion? Have you ever attended a session and there was no counselor available to lead the discussion? If yes, when? How often does this happen?

F. HAS THE PROGRAM BEEN OF BENEFIT TO YOU.

3. Employees (Counselors)

- Are you aware of the agency using ghost clients (clients that don't exist) for billing purposes?
- Are you a registered or certified counselor?
- Do clients who sign into group sessions actual attend the full ninety (90) minute or three (3) hour session each time?
- Have you ever been asked by your supervisor or any other employee of the agency to sign sign-in sheets or treatment plans on behalf of a client?

G. WHEN/WHAT TIME DOES PROVIDER PROVIDE GROUP COUNSELING? WHAT DAYS?

F. HAVE YOU EVER NOTICED OR BEEN AWARE OF PEOPLE FROM THE OUTSIDE BEING BROUGHT IN TO SIGN SIGN-IN SHEETS FOR OTHER CLIENTS?

G. WHAT HAPPENED TO OTHER COUNSELOR

I. Review billings for the month of February 2013.

J. Exit Conference June 7, 2013 (Tentatively).

III. SIGNATURES

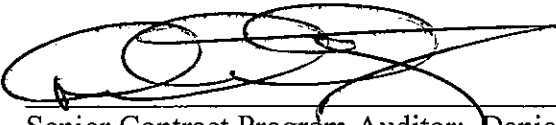
Ensure that you have signed the investigation plan and submit it to your supervisor within three (3) days of receiving the complaint/allegation.

Submitted by:


Contract Program Auditor: Bobby Blanks

5/23/13
Date

Reviewed by:


Senior Contract Program Auditor: Daniel Deniz

5/23/13
Date