For: JR103629 Inspector General

Cover Letter - Smith, Christopher.pdfResume - Smith, Christopher.pdfRIEC 2025 Yearly Financial Statement - Smith, C.pdf

Phone Composite Header Grouping Icon	Phone
Email Composite Header Grouping Icon	Email
Location Header Grouping Icon	Location
Jobs Applied to	1
Documents with Check Header Grouping Icon	Documents with Check

Attachments

Attachments

Resume / Cover Letter

Attachment	
Cover Letter - Smith, Christopher.pdf	
RIEC 2025 Yearly Financial Statement - Smith, C.pdf	
Resume - Smith, Christopher.pdf	

Other Documents

Attachment	Category	

Candidate

Job Application Details Card

Job Application Details

Job Requisition	JR103629 Inspector General (Open)
Location	Providence
Date Applied	08/20/2026 09:24:54 AM
Source	Internal -> Internal Application

Thomas A Verdi
Hiring Manager

Colleen Halloran-Villandr
Recruiter

In Progress

	Step	Awaiting Me	Awaiting
Screen: Christopher Smith (Internal) - JR103629 Inspector General (C122043)	Referred	Screen Candidate	1

Active Job Applications

Active Job Applications (1)

Job Application for Active Job Applications

Task Christopher Smith (Internal) - JR103629 Inspector General (C122043)

Stage Label Referred

Location: Providence | Date Applied: 08/20/2026

Education

Education

none entered

Work History

Work History

Experience

none entered

Credentials

Languages

none entered

Websites

none entered

Skills

none entered

August 21, 2026

Inspector General Independent Advisory Commission
82 Smith Street
Providence, RI 02903

Dear Inspector General Independent Advisory Commission,

This letter is regarding the job posting for the Inspector General for the State of Rhode Island. While I am sure no one on this committee knows my name, that is a good thing. When I joined the Program Integrity Unit at Rhode Island's Executive Office of Health and Human Services (EOHHS), my supervisor advised: 1.) Do your job, and 2.) Do not do anything that will put you or the Unit in the press. I would like to think I was successful at both. It is tough to successfully do your job when people know who from the press before you introduce yourself. So let me introduce myself.

I was born and raised in East Providence, Rhode Island. Even with the Washington Bridge traffic, I still visit my dad in the house where I was raised. I call Pawtucket my second hometown as I spent four great years at Saint Raphael Academy, even catching some day games at McCoy Stadium when the Christian Brothers weren't standing by the gate to catch you playing hooky. I knew in high school that I was interested in accounting so I made sure to go to the best accounting school. After graduating from Bryant University, I moved around the metro portions of Rhode Island, living in the Conimicut Village area of Warwick, the East Side of Providence and Cranston. I, however, did the most un-Rhode Island thing, and moved to Hope Valley in 2014, and with the help of my wife and kids, we restored a 226-year-old house. After spending so much time in northern Rhode Island I never thought I would enjoy living in Hope Valley, but years later I can't imagine myself living anywhere else.

Almost 21 years ago I started my career at the State of Rhode Island in the Insurance Division of the Department of Business Regulation (DBR) as a field auditor. I was reluctant to start working on the auditing side of accounting, as I was never drawn to that aspect, preferring number crunching to reviewing other people's work. At DBR, I discovered the importance of auditing and compliance.

In 2013, I was promoted to a new position overseeing the Electronic Health Records (EHR) Incentive Program that was part of the 2009 HITECH Act. Along with another colleague, and subject to the Centers for Medicare and Medicaid Systems (CMS) approval, we were able to implement our own audit strategy, internal controls and audit schedules. As the program evolved, we were able to implement changes and remain compliant with the program standards. My colleague and I were invited to present at our national conferences on how we navigated several annual program changes and were able to implement internal controls to mitigate issuing improper incentive payments.

In 2014, my career pivoted. Several units from DHS, including mine, were merged to form the Program Integrity Unit at EOHHS. My new supervisor recognized my excel, data analytic and auditing skills, and invited me to participate in my first investigation. Every day was a new challenge and a learning opportunity. My supervisor was a former member of law enforcement and previously worked at the Attorney General's (AG) Medicaid Fraud Control Unit (MFCU), I learned as much as I could from him; how he approached interviewing a Medicaid provider, the questions he would ask, the order of his questions and his overall demeanor. As our unit diminished with retirements and departures for promotions, I took on the National Background Check Program (NBCP), the Local Education Agency (LEA) audits and bigger roles in investigations. With each new investigation, I learned different Medicaid programs, such as the Personal Choice Program, Electronic Visit Verification (EVV) and different Medicaid provider types.

In 2021, I was promoted to the Director of Program Integrity at EOHHS. I was honored to head the Program Integrity Unit, and this opportunity also came with a learning curve. Not only did I manage the staff and investigations, but I also had to learn the Units administrative work. Fortunately, I had great coworkers and we managed that hurdle together. As the Director of Program Integrity, I oversaw the

unit as we investigated Medicaid providers for fraud, waste and abuse (FWA). In cases of fraud, we made referrals to MFCU, while in cases of waste and abuse we would issue recoupments. As my supervisor once said, and I use as my daily mantra, "Nothing gets you out of bed in the morning better than knowing today you are going after the bad guy today!". While the work performed in Program Integrity did not always result in criminal prosecution, the issuance of payment recoupments put the provider community on notice that we were indeed looking into FWA in Medicaid.

In closing I would thank you for considering me for the position of Inspector General. Since age 18, I have been registered as unaffiliated voter. I do not donate to any political parties, work on political campaigns, or advocate for specific candidates. I have always tried to remain neutral and unbiased in my career. If selected as the first Inspector General for the State of Rhode Island, I will do my best to represent the Rhode Island taxpayer well and keep them as my primary focus. Not all reports issued by the Office of Inspector General will result in prosecution or findings, but the Rhode Island taxpayer should respect that the investigations were performed fair and without prejudice regardless of the report findings, and I hope to give them that respect.

Thank you,

Christopher M. Smith

[redacted] Rhode Island

[redacted]
[redacted] RI [redacted]

[redacted]
Christopher.smith@ohhs.ri.gov

Christopher M. Smith

Experience

2025 – Current **State of Rhode Island** **Cranston, RI**

Executive Office of Health and Human Services
Medicaid Finance & Policy Division
Implementation Director Policy and Programs

- Oversee the implementation of Standard Operating Procedures throughout the Finance & Policy Unit and other units that have overlapping duties.
- Assist on quarterly financial reporting to the Centers of Medicare and Medicaid Services on the CMS-64 and CMS-37.
- Train staff on the importance of identifying risks and implementing internal controls.

2021 – 2025 **State of Rhode Island** **Cranston, RI**

Executive Office of Health and Human Services
Office of Program Integrity
Director of Program Integrity

- Coordinate fraud, waste and abuse cases of Medicaid providers from the Special Investigation Units (SIU) of the Managed Care Organizations (MCOs) and Surveillance and Utilization Review Subsystem (SURS) and determine if the case is a fraud referral to the Attorney General's Medicaid Fraud Control Unit (MFCU) or if a Medicaid recoupment is warranted.
- Review RI Gen. Laws and Medicaid policies to determine if Medicaid providers are appropriately administrating and/or following applicable laws and policies.
- Performed data analytical reviews on Medicaid claims to identify potential providers to investigate for fraud, waste and abuse.
- Conducted in person medical records reviews on Medicaid providers suspected of fraud, waste and abuse.
- Issued memos, letters and reports of investigation findings to Medicaid providers, Medicaid Director and MFCU.

2013 –2021 **State of Rhode Island** **Warwick, RI**

Executive Office of Health and Human Services
Office of Program Integrity – EHR Incentive Program
Principal Rate Analyst

- Developed, implemented and maintained the audit strategy and procedures for the Medicaid Electronic Health Records (EHR) Incentive Program.
- Worked in a consortium with 14 other states to provide guidance and assistance on the MAPIR repository, while updating to program changes throughout the 11-year program.

- Maintained the audit schedule for over 400 providers eligible for the Rhode Island Medicaid EHR Incentive Program.
- Performed various levels of audits on providers and medical practices participating in the Rhode Island Medicaid EHR Incentive Program.
- Provided supervision, training and assistance to subordinates as necessary.

2018 –2021 **State of Rhode Island** **Cranston, RI**
Executive Office of Health and Human Services
Office of Program Integrity
Local Education Agency (LEA)

- Created and maintained the bi-annual review schedule for 58 school districts and charter schools in the LEA program.
- Communicated review objectives, schedules and random samples to all Special Education Directors and supporting staff.
- Adhered to the governance of RI Gen. Laws and Federal guidance.

2018 –2021 **State of Rhode Island** **Warwick, RI**
Executive Office of Health and Human Services
Office of Program Integrity
National Background Check Program (NBCP)

- Worked closely with the Bureau of Criminal Identification and Investigation unit of the Attorney General's Office.
- Performed quarterly compliance audits and communicated results to LTC providers.
- Troubleshoot problems LTC providers develop and implement corrective solutions.

2010 –2013 **State of Rhode Island** **Cranston, RI**
Executive Office of Health and Human Services
Rate Setting Unit
Senior Rate Analyst

- Audited annual Medicaid expense reports for nursing facilities.
- Worked on various interdepartmental tasks as advised by the Unit Chief.
- Provided supervision to subordinates as necessary.

2005 –2010 **State of Rhode Island** **Providence, RI**
Department of Business Regulation
Insurance Division
Insurance Examiner

- Audited Annual Statements for insurance companies domiciled in the state of Rhode Island.
- Conducted audits exclusively in the field on a self-dependent audit team.
- Adhered to the governance of the National Association of Insurance

Commissioners (NAIC) and Statutory Accounting Principles (SAP).

2004 –2008 **City of East Providence** **East Providence, RI**

Member of the Zoning Board

- Served as Secretary of the board from 2005-2008.
- Resolved variance disputes between the City ordinances and the Citizens of the city on a case-by-case basis.

2003–2005 **Armory Management Company** **Providence, RI**

Staff Accountant

- Maintained company payroll for medium sized Real Estate Development Company.
- Oversaw the accounting duties for several ongoing company projects.
- Directed the day-to-day activities of the accounting office.

2000-2004 **Gatehouse Restaurant** **Providence, RI**

Staff Accountant

- Maintained the accounts payable records for several businesses under the same ownership.
- Worked independently of the accountant and the company owner.
- Maintained the organization of the office.

Certifications

Certified Program Integrity Professional (CPIP) issued by the Medicaid Integrity Institute (MII).

Education

1996–2001 Bryant University Smithfield, RI

- BS in Business Administration (Accounting concentration, minor in Psychology)

References

References available upon request.

RHODE ISLAND ETHICS COMMISSION

40 Fountain Street
Providence, RI 02903
(401) 222-3790

2025 YEARLY FINANCIAL STATEMENT

To complete and file online visit: https://www.ri.gov/ethics

ALL QUESTIONS REFER TO THE 2025 CALENDAR YEAR UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. WE WILL NOT ACCEPT A STATEMENT IF ANY QUESTIONS ARE LEFT BLANK.

ANSWERS SHOULD BE PRINTED OR TYPED. Additional sheets may be used if more space is needed. For clarification of any question, refer to the Instruction Sheet or contact the Ethics Commission.

Note: If you are a state, municipal or regional official or employee, or a candidate for elected office, who is required to file a Yearly Financial Statement, failure to file accurately and on time may subject you to a substantial monetary fine. If you dispute your status as a required filer, you must contact the Ethics Commission prior to the filing deadline. **Upon filing of this form, it will become a public document available for review.**

1. Smith | Christopher | M. | | |
   LAST NAME | FIRST NAME | MIDDLE INITIAL | SUFFIX

2. [redacted] | [redacted] | RI | [redacted]
   CURRENT MAILING ADDRESS: (STREET OR PO BOX) | (CITY/TOWN) | (STATE) | (ZIP CODE)

3. List any Public Position(s) you held for any length of time in calendar years 2025 or 2026.

PUBLIC POSITION	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE ELECTED, APPOINTED OR HIRED	TERMINATION OR RESIGNATION DATE (IF APPLICABLE)
NONE			
PUBLIC POSITION	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE ELECTED, APPOINTED OR HIRED	TERMINATION OR RESIGNATION DATE (IF APPLICABLE)

4. List any elected office (state, municipal or regional) for which you were/are a candidate in either calendar year 2025 or 2026.

ELECTED OFFICE	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE CANDIDACY DECLARED
NONE		

5. List full name of spouse if you were married or were a party to a civil union for any part of 2025.

Lela Cloer Smith

6. This question has **two parts**, each referring to occupational income received during calendar year 2025.

PART I: Provide a separate answer for each instance in which you, your spouse or dependent child received either $1,000 or more gross income from an employer during 2025; or $1,000 or more gross income through self-employment. Income received from public employment or service, incuding any stipend received for serving as an elected or appointed official, must be disclosed. List the following:

PERSON WHO RECEIVED INCOME	NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYMENT ENTITY	DATES AND NATURE OF OCCUPATION OR PROFESSION
Chris	State of Rhode Island - EOHHS	2025 - Current Employer
Lela (Spouse)	Bloom	2025 - Current Employer
Lela (Spouse)	Positive Aspired Learning	2025 - Current Employer

PART II: If you, your spouse or dependent child were self-employed and received more than $250 in gross income for services rendered to a state or municipal agency, list the following:

PERSON WHO RECEIVED INCOME	NAME & ADDRESS OF AGENCY RECEIVING SERVICES	DATES AND NATURE OF SERVICES RENDERED
NONE		

7. List any real estate, wherever located, other than real estate that is used **exclusively** (see instructions) as your principal residence, in which you, your spouse or dependent child had a financial interest during any part of calendar year 2025. If no street address exists, use legal description.

PERSON WITH INTEREST	NATURE OF INTEREST	ADDRESS OR LEGAL DESCRIPTION
NONE		

8. If you, your spouse or dependent child received **any** income as a beneficiary of any trust, list the following:

NAME OF PERSON RECEIVING TRUST INCOME: NONE

NAME OF TRUST: _____

TRUSTEE NAME AND ADDRESS: _____

LIST EACH TRUST ASSET, IF KNOWN, FROM WHICH MORE THAN $1,000 IN GROSS INCOME WAS RECEIVED (ASSET VALUE NEED NOT BE DISCLOSED): _____

9. If you, your spouse or dependent child held a management position or were a director, officer, partner, or trustee of any business, organization or other entity (for profit or non-profit), whether paid or unpaid for such service, list the following:

NAME OF FAMILY MEMBER	NAME & ADDRESS OF ENTITY	POSITION
NONE		

10. If during the 2025 calendar year any person or entity provided you with out-of-state travel valued at over $250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below. Attach additional sheets if necessary.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the $250 limit has been reached.
Exceptions: You do not have to disclose out-of-state travel that is provided to you either by your regular private employer or by the state or municipal agency of which you are a member or by which you are employed.

NAME AND ADDRESS OF TRAVEL PROVIDER	TRAVEL PURPOSE AND DESTINATION	DESCRIPTION AND COST OR FAIR MARKET VALUE OF EXPENSE (TRANSPORTATION, LODGING, MEALS & ENTERTAINMENT)
NONE		

11. If at any point during calendar year 2025, you, your spouse, or dependent child individually or collectively held a 10% or greater ownership interest, or a $5,000 or greater ownership or investment interest in any business (including holding publicly traded stock in a company), you must list the following (attaching additional sheets if necessary):

NAME OF FAMILY MEMBER	NATURE OF INTEREST	NAME & ADDRESS OF BUSINESS (NO ADDRESS NEEDED FOR PUBLICLY TRADED STOCK HOLDINGS)
NONE		

12. If, during calendar year 2025, any business you listed in Question #11 had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded $250, list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
NONE			

13. If, during calendar year 2025, any business listed in Question #11 was subject to direct regulation by a Rhode Island state or municipal agency (see instructions for examples of direct regulation), list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
NONE			

14. This question relates to business interests, acquired or divested AFTER calendar year 2025, **that are regulated by a public agency.** Answer below regarding any businesses in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% or greater ownership interest or a $5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2026 but prior to filing this statement, IF said business was subject to direct regulation by a Rhode Island state or municipal agency. (See instructions for examples of direct regulation.)

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
NONE			

15. This question relates to business interests, acquired or divested AFTER calendar year 2025, **that did business with a public agency.** Answer below regarding any business in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% or greater ownership interest or a $5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2026 but prior to filing this statement, IF said business had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded $250.

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
NONE			

16. If you, your spouse, or dependent child were indebted in an amount exceeding $1,000 to any person, business, financial institution, or other organization, list the name and address of the lender or creditor. This does NOT include, and you should not list, the following types of debt: (a) debt owed to a family member within the third degree of consanguinity or affinity (see instructions); (b) debt that is secured solely by a mortgage of record on real property that is used exclusively as a principal residence, if the debt is held by a financial institution regulated by any state or by the United States; or (c) debt owed to a credit card company, unless the collection of such credit card debt resulted in court proceedings and the issuance of a default judgment that was not fully satisfied/paid by the start of the relevant filing year.

NAME OF DEBTOR	NAME AND ADDRESS OF LENDER OR CREDITOR
NONE. House And vehicles owned	

I certify under penalty of perjury that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests of myself, my spouse, and my dependent children. I understand that a failure to provide complete and accurate responses to each question is a violation of the law that may result in the imposition of substantial penalties, including fines. I understand that I am subject to the statutory and regulatory provisions of the Rhode Island Code of Ethics (available at https://ethics.ri.gov or by contacting the Ethics Commission) and that I may seek assistance and guidance from the Ethics Commission as to any issues or questions I have relative to my conduct under the Code of Ethics or as to the information that must be disclosed on this Financial Statement.

MARGARET A CARPINELLI
Notary Public-State of Rhode Island
ID# 56790
My Commission Expires
November 25, 2026

[signature]
SIGNATURE

State of Rhode Island County of Providence

Subscribed and sworn to before me at 10:30am this 19 day of August 2026.

My Commission expires 11/25/26 ID # 56790 [signature] Margaret Carpinelli
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED OR IF ANY QUESTION IS NOT ANSWERED. (USE "N/A" OR "NONE" WHERE APPROPRIATE.)