

## FRAUD AND ABUSE STATEMENT

**Participant Name:** \_\_\_\_\_

**Fraud** is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person. In other words, fraud includes obtaining something of value through misrepresentation or concealment of facts. Fraud is committed when a person or business deceives or distorts facts or information to get something they would not be otherwise entitled to. Fraud can range from a solo act to a broad-based operation by an institution or a group. Anyone can commit fraud.

**Examples of Medicaid Fraud include, but are not limited to:**

- Knowingly and/or purposefully filling out a participant-directed worker (PDW) timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- Knowingly and/or purposefully allowing the Vendor Fiscal/Employer Agent (F/EA) Financial Management Service (FMS)-Support Broker entity to bill Medicaid for services that were not provided;
- Knowingly and/or purposefully using the PDS budget for any other purpose than what has been approved in the participant's individual service plan.
- Knowingly and/or purposefully allowing a PDW to document services or hours that were not provided.
- Knowingly and/or purposefully submitting invoices to the Vendor F/EA FMS-Support Broker entity for individual-directed goods and services that were not provided.
- Knowingly and/or purposefully having the Vendor F/EA FMS-Support Broker entity pay a PDW or individual-directed goods and services vendor for goods and/or services actually provided by someone else. (This is also tax fraud).
- Knowingly and/or purposefully making a "side deal" with a PDW to split their pay check with the participant or his/her representative. (This is also tax fraud).
- Knowingly or purposefully withholding information from authorities during an investigation.
- Knowingly and/or purposely having the Vendor F/EA FMS-Support Broker entity pay for an approved individual-directed good included in the participant's PDS budget, and then return the approved individual-directed good to get the cash or use it for something else that has not been approved.

**Abuse** is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also



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includes recipient practices that result in unnecessary costs to the Medicaid program.

### Examples of Medicaid Abuse include:

- Making errors when filling out the PDW's timesheet and not immediately reporting the error to the Vendor F/EA FMS-Support Broker entity to remedy the situation.
- Documenting the tasks performed by the PDW while in the participant's home inaccurately in the *Biweekly Progress Notes* and not immediately reporting the error to the Vendor F/EA FMS-Support Broker entity and the participant's Support Broker to remedy the situation.
- Being late in handing in participant/representative-employer related paperwork to the Vendor F/EA FMS-Support Broker entity or the participant's Support Broker.

**Medicaid Fraud and Abuse** are crimes against all taxpayers and is both a state and federal offense. All reports or allegations of fraud and abuse within the PDS Program will be referred to the District of Columbia's Office of the Inspector General Medicaid Fraud Control Unit for possible criminal investigation. Participants suspected of Medicaid Fraud or Abuse also face termination from the PDS Program.

**Reporting:** Suspected cases of Medicaid Fraud and Abuse can be reported to the District's Department of Health Care Finance **by phone at 877-632-2873 OR online at <https://www.dc-medicaid.com/dcwebportal/nonsecure/reportFraud>**.

I have read the DHCF Fraud and Abuse Statement. I understand it and agree to comply with it.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Authorized Representative (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Support Broker*

\_\_\_\_\_  
*Date*

