

SELF-DIRECTED SERVICES: Participants



OBJECTIVES

- Understanding fraud and the possible risks
- Assuring compliance with Federal and State laws
- Preventing fraudulent activities

FRAUD PREVENTION PROGRAM

UNDERSTANDING FRAUD

Because you receive home-based health services, it is important to know what fraud means. Professionals, friends, and even family members can commit fraud. It is **your responsibility to recognize the signs of fraud** so fraudulent behavior can be avoided.

DEFINING FRAUD

The Centers for Medicare & Medicaid Services (CMS) defines fraud as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or some other person. It includes any act that constitutes fraud under applicable State and Federal law.

EXAMPLES OF FRAUD

- Using programs to receive unnecessary services and supplies
- Billing for services that were never provided
- Billing for services that pay at a higher rate than those provided
- Submitting hours on a timesheet that employees did not work
- Failing to keep required records or failing to make them available to authorities
- Abusing a program or behaving unethically

POTENTIAL CONSEQUENCES OF COMMITTING FRAUD

Intentional or reckless fraud results in significant sanctions ranging from oral warnings to suspension, termination, or financial penalties. There will be consequences for fraudulent conduct. Any Participant or Representative participating in fraudulent acts will be reported to Medicaid Fraud units and subject to possible program discharge. If a Participant or Representative provides false information or knows of false information and fails to report it, they may be convicted of a crime. It may also result in large fines or jail time.



TAKING ACTIONS TO PREVENT FRAUD

Practices to help prevent fraud:

- All employers sign a waiver services agreement where they agree to utilize funds responsibly and pay only those services actually rendered.
- All employees are required to pass a criminal and Office of Inspector General (OIG) background check.
- Acknowledgement and anti-fraud statements are included on every time sheet and vendor payment request form. Payment request documents are audited weekly.

Components are in line with the employer's goals:

- Promoting integrity and ethical behavior
- Assuring compliance with all governmental laws, rules and regulations
- Supporting ethical standards, standards of conduct and zero tolerance for fraud and abuse

REPORTING FRAUD—IT'S THE LAW

As an approved provider or contracted agency with public health and human services departments, employers must comply with all applicable Federal, State, and local laws. Therefore, employers are charged by Federal and State law with the responsibility of identifying, investigating, and referring to law enforcement officials, cases of suspected fraud or abuse.



Fraud is a State and Federal crime against all taxpayers. Participants are mandatory reporters of any suspected fraud.

To report suspected Medicaid fraud, please call the Maryland Department of Health OIG Fraud Hotline at 1-866-770-7175.

It is also recommend that you notify your Coordinator of Community Service.