

ACW/DCW FRAUD PREVENTION QUIZ

| | Τ | EST YOURSELF True or False | Score | | _] |
|---|---|--------------------------------------|-------|---|-----|
| 1. | . If a member goes out of town, it is considered fraud for his worker to submit timesheets as if the worker is providing services like normal – even if the member says it's okay. | | | Т | F |
| 2. | If a member is hospitalized for few days and her worker stops by to visit, brings her mail and magazines, stops by her house and feeds her dog and waters plants, it is okay for the worker to submit this time on a timesheet | | | Τ | F |
| 3. | It is considered Medicaid Fraud for a worker to call the office, pretending to be a member, and attempt to verify and approve timesheets the worker has submitted. | | | | F |
| 4. | 4. Fraud is easy to detect and it is easy to prosecute those who commit fraud. | | | | F |
| 5. | 5. If a member is approved only for meal preparation for 1 hour a day, it is okay for a worker to cook for ½ hour and vacuum for another ½ hour in order to get in the correct amount of time. | | | | F |
| 6. | . Medicaid Fraud is a serious offense that can result in prosecution, loss of jobs, loss of Medicaid benefits, fines, and jail time. | | | | F |
| 7. | Reporting Medicaid Fraud is mandatory. You must report Medicaid Fraud to Consumer Direct, the state, or the Federal Medicaid Fraud unit. | | | | F |
| 8. | . Every timesheet you sign includes a statement acknowledging that the member you are providing service for cannot be in a nursing home, hospital, institution or anywhere other than his/her own home when receiving services. | | | | F |
| 9. | . It is okay to record a different in or out time on your timesheet than you actually worked. | | | Т | F |
| 10. The first time you commit fraud, Consumer Direct will not report your actions to the state or federal government. | | | | Т | F |
| A | CW/DCW's Name: Please Print | ACW/DCW Signature | Date | | |
| Member's Name: Please Print | | Member/Representative Signature | Date | | |
| Coordinator's Name: Please Print | | Coordinator Signature | Date | | |
| Rev. 11/ | 28/2016 | | | | |