

Western Montana Area VI Agency on Aging

VETERAN DIRECTED CARE PROGRAM

FRAUD & ABUSE STATEMENT

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 Veterans Administration Fraud include, but are not limited to:

- Knowingly and/or purposefully filling out a direct care worker's 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 Aging and Disability Network Provider (ADNA) to bill VA for services that were not provided;
- Knowingly and/or purposefully using the Veteran's case mix budget funds for any other purpose than what has been approved in the Veteran's service plan.
- Knowingly and/or purposefully allowing a direct care worker to document services or hours that were not provided.
- Knowingly and/or purposefully submitting invoices to the Vendor Fiscal Employer Agent (VF/EA) Financial Management Services (FMS) entity and/or ADNA for individual-directed goods and services that were not provided.
- Knowingly and/or purposefully having the VF/EA FMS entity pay a direct care worker 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 direct care worker to split their pay check with the Veteran 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 VF/EA FMS entity pay for an approved individual-directed good included in the participant's Veteran's spending plan, 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 VDC program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the VDC program.

Examples of Abuse include:

- Making errors when filling out the direct care worker’s timesheet and not immediately reporting the error to the VF/EA FMS entity to remedy the situation.
- Documenting the tasks performed by the direct care worker while in the Veteran’s home inaccurately in any *Biweekly Progress Notes* and not immediately reporting the error to the VF/EA FMS entity and the Veteran’s Options Counselor to remedy the situation.
- Being late in handing in Veteran/representative-employer-related paperwork to the VF/EA FMS entity or the Veteran’s Options Counselor.

Fraud and Abuse is both a state and federal offense. All reports or allegations of fraud and abuse within the VDC Program will be referred to the Veterans Health Administration for possible criminal investigation. Veterans or Authorized Representatives suspected of Fraud or Abuse also face termination from the VDC Program.

“I have read this Fraud and Abuse Statement, I understand it and agree to comply with it.”

Signatures

Veteran *Date*

Authorized Representative (when applicable) *Date*

Service Coordinator *Date*