

Fraud Notice

Misuse of Children’s Long Term Support (CLTS) funding is fraud. Due to being a Medicaid funded program, this would be **Medicaid fraud**, which is a federal offense. The following information is provided with the intent of educating and informing parents and providers regarding the use of these funds, and to ensure understanding and compliance with their intended use.

Please initial the beginning of each paragraph as you read.

EMPLOYEE EMPLOYER

_____ CLTS monies are to be used only for the benefit of the child who has qualified for services. Any use of acceptance of money for anything other than goods or services to the eligible child is considered fraud.

_____ Timesheets for in-home workers should reflect the number of service hours actually provided to the eligible child. Any alteration of the timesheet to inflate or misrepresent the number of hours provided to that child is considered fraud.

_____ Families cannot benefit financially from providers other than by the direct benefit of the service that their eligible child receives. A provider giving a “kickback” to a parent is considered fraud.

_____ CLTS funds can only be used for allowable services that are pre-approved by the child’s Service Coordinator. Misrepresentation of a service that you provide or receive in order to claim reimbursement for non-allowable services is considered fraud.

_____ If you are aware or become aware of a situation involving misuse of CLTS Waiver funds, please immediately contact either the Service Coordinator assigned to the case or Sarah Witte, Youth Treatment Team Supervisor of the Washington County Human Services Department, at 262-335-4592. In the interest of good stewardship of public funds; and to maintain public trust, program continuation, and adherence to program objectives, Washington County will aggressively follow up on any such report if sufficient information is offered. If the initial review suggests intentionality, Washington County would be obligated to report such suspicion to law enforcement for further investigation.

My signature below indicates that I have read and understand the statements made above. If I have any questions about those statements, I know that I can contact my CLTS Service Coordinator directly.

Parent/Employer Signature

Employee Signature

Date

Name of child receiving services