

Aging and People with Disabilities

Marie Cervantes

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Number: APD-IM-15-044

Issue date: 6/10/2015

Topic: Adult Protective Services

Subject: Screening Cases in Which Home Care Workers are Falsifying Hours

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children’s Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

Message: APS frequently receives reports regarding state paid home care workers who are alleged to be falsifying their pay records, i.e. charging for services/hours that have not been provided. (It is understood that a consumer receiving HCW services may choose or instruct their HCW to not work their full hours or complete some of their duties. While this is an acceptable option for the consumer to exercise, it remains inappropriate for the HCW to charge for services or hours they did not perform.)

Because state paid home care workers are primarily paid using Medicaid dollars, these cases are frequently and appropriately referred to Medicaid Fraud. However, there are considerations that may result in the case being investigated by APS as well. The attached decision making tree may be used to assist you in screening such cases.

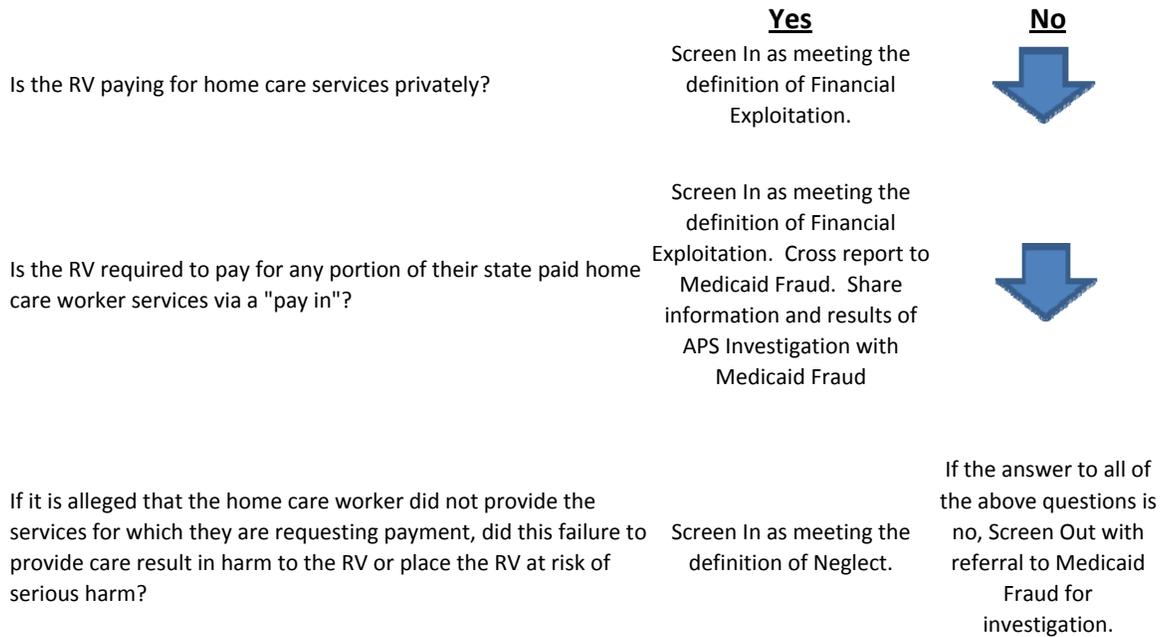
- 1) Does the consumer pay toward their services? If so, they are also being financially exploited and the case should be screened in for investigation as such. Documentation within the report should reflect that this is the reason for 1) APS investigation and 2) cross referral to Medicaid Fraud.
- 2) If the consumer was assessed to need a certain level of care and the home care worker is not providing these services, does the failure to do so rise to the level of a Neglect allegation. If so, the case should be screened in for Neglect and cross reported to Medicaid Fraud for the financial portion of the case.

It is understood that not all such cases will be able to be accurately screened using this tool and discretion is allowed, however this tool is being provided as a resources and as an indication of best practice.

If you have any questions about this information, contact:

Contact(s):	APS Technical Assistance		
Phone:		Fax:	
Email:	OAAPI.APSTechAssistance@dhsosha.state.or.us		

The following decision making tree should be utilized when the allegation being screened is that a paid home care worker is submitting vouchers or charging the RV for payment of work that has not actually been performed.



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