



Worker Fraud in the Children's Long-Term Support (CLTS) Program

This information was developed by the Wisconsin Department of Health Services (DHS) – Office of the Inspector General (OIG) to help educate providers on federal and state program requirements. Featured topics include the rules and regulations that providers must follow, as well as program guidance, best practices, and helpful resources to support program participation efforts.

Overview

The OIG is responsible for preventing, identifying, investigating, and addressing fraud, waste, and abuse in DHS administered programs, including CLTS. To help protect the integrity of this vital program and its valued members, the OIG offers this fact sheet to help explain how CLTS direct care worker fraud occurs and may be addressed.

Program Requirements

According to [42 CFR § 433.304](#) and [42 CFR § 455.2](#), fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an ineligible benefit to themselves or others. It includes any act that constitutes fraud under applicable federal or state laws.

Worker Fraud Examples

- Billed for hours when services were not delivered.
- Submitted time sheets while the worker or child was in the hospital, institution, rehabilitation facility, or other ineligible setting, like being incarcerated or deceased.
- Submitted time sheets to a personal care agency and the CLTS Program for the same time period. Workers cannot get paid twice for the same work.
- Forged the guardian's signature on a time sheet.
- Altered a time sheet after it was signed by guardians.
- Submitted false personal information to bill under another person's identity to avoid background check requirements.
- Engaged in kickback schemes with guardians.
- Assisted guardians in overstating the child's needs during the CLTS Functional Screen or while using the Personal Care Screening Tool or conducting other assessment activities.

Addressing Fraud

- The OIG reviews fraud allegations in collaboration with the DHS Division of Medicaid Services' Bureau of Children's Services, counties, providers, agencies, or fiscal agents.
- The OIG sends credible allegations of fraud referrals as appropriate to the Wisconsin Department of Justice (DOJ) for investigation and potential prosecution. When this happens, the OIG suspends payments to the worker.
- In some cases, the OIG sends a letter to the worker requesting that they return the overpayment. If the money is not returned, the case may be referred to a collections agency.
- Workers who are convicted of fraud can no longer provide services for CLTS, Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly (PACE), Include, Respect, I Self-Direct (IRIS), or any Medicaid programs.

Did you know?

CLTS direct care workers must only submit timesheets for the hours they actually worked.

Fraud and Abuse Referrals

Under [42 CFR § 455.15](#), the OIG is required to report all credible allegations of fraud and abuse to DOJ for investigation and possible civil or criminal action. The OIG also sends notices to DOJ when guardians and workers of CLTS members are suspected of fraud and additional investigation is needed.

Contact Us

If CLTS direct care workers receive and have questions about an OIG warning letter, please contact the staff person listed on your letter for assistance.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Report Fraud

To help protect CLTS and other DHS programs, the OIG encourages everyone to report suspected fraud at 877-865-3432 or www.reportfraud.wisconsin.gov.