

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No: II.A.PR.002
Subject: False Claims Act Dissemination
Section: Administration

Issue Date: June 23, 2008
Effective Date: Upon release
Revised: June 9, 2009

A. Purpose

This procedure serves to provide guidance to the Department of Developmental Services (DDS) on informing all employees, contractors and agents about the DDS False Claims Policy, DDSII.A.PO002.

B. Applicability

This procedure applies to all Department of Developmental Services staff, as well as officers and employees of contractors, agents, financial intermediaries, qualified providers, and consumers and families who directly hire staff funded by the department.

C. Definitions

Knowing and Knowingly: means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth of such information.

Claim: means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Entity: means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually

Employee: means any officer or employee of the entity, contractor, agent or qualified provider.

Contractor or Agent: means any contractor, subcontractor, agent, qualified vendor, consumer or family member who acts as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

D. Implementation

1. Dissemination to DDS New Employees

- a. DDS Human Resources staff will present all new DDS hires with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
- b. Each new DDS employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing and dating the policy. The acknowledgement shall be maintained in their personnel file.
- c. The Human Resources representative will make a copy of the signed policy and give the copy to the employee.

2. Dissemination to DDS Existing Employees

- a. Each existing DDS employee will receive a copy of the DDS False Claims Act Policy and Procedure, and sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.
3. Dissemination to Contractors, Qualified Providers and Fiscal Intermediaries
 - a. The Operations Center will insure that contractors, qualified providers and fiscal intermediaries are notified about the DDS' False Claims Act Policy and Procedure
 - b. Contractors, qualified providers and fiscal intermediaries shall acknowledge receipt of these documents and will inform all employees of the policy and procedure.
 - c. Fiscal intermediaries also will inform staff directly hired by families and paid by the fiscal intermediary.
 4. Dissemination to Consumers and Families Who Self-Direct
 - a. The Commissioner of DDS will distribute the DDS False Claims Act Policy and Procedure to all consumers and families who now hire their own staff
 - b. Fiscal intermediaries will inform new consumers and families who hire their own staff and are paid by the fiscal intermediary.
 5. Documentation
 - a. The signed original acknowledgement from new and existing DDS employees of receipt of the False Claims Policy and Procedure will be kept in their human resources files.
 - b. The signed original acknowledgement from contractors of receipt of the DDS False Claims Policy and Procedure will be kept in the appropriate contract files.
 6. Reporting Abuse or suspicion of inappropriate use of state or DDS client personal funds

All DDS employees, contractors and agents, qualified vendors, or consumers or family members who act as employers are required to report fraud, waste and abuse on the DDS 4-33a Report Form to: DDS Legal and Government Affairs or DDS Medicaid Operations, 460 Capitol Avenue, Hartford, CT 06106.

Reports of abuse or suspicion of inappropriate use of state funds or DDS clients personal funds, should be sent to: the Chief Financial Officer and the Director of Audit, 460 Capitol Avenue, Hartford, CT 06106.. Details on the allegations should be documented on the DDS 4-33a Report Form. If insufficient data is supplied with the allegations, the CFO and Director of Audit will make requests for more information as needed. Once data has been sufficiently submitted, they will determine the manner in which the allegations will be handled and ensure that they are sufficiently reviewed through completion.

E. References

Section 6032 of the Deficit Reduction Act of 2005
 31 U.S.C. Sections 3729-3733
 C.G.S. Section 53a-290 Vendor Fraud
 C.G.S. Section 4-61dd Whistleblower
 C.G.S. Section 31-51m Blacklisting
 C.G.S. Section 17b-127 General Assistance
 C.G.S. Section 4-33a Illegal, irregular or unsafe handling of state or quasi-public agency funds
 Memo, Commissioner O'Meara, "Loss Reporting Requirements Under CGS 4-33a"; June 12, 1998

F. Attachments

Attachment A: Frequently Asked Questions

Attachment B: DDS False Claims Act and 4-33a Report Form

False Claims Act Policy Frequently Asked Questions

1. What is the False Claims Act?

The False Claims Act is a federal law that prohibits individuals or companies from making false claims or statements to a federally funded program. The act refers to people acting with “deliberate ignorance of or with reckless disregard of the truth or falsity of information”.

2. Why are we doing this now?

A new federal law, The Deficit Reduction Act of 2005, requires all employers with Medicaid billing of more than \$5,000,000 to inform all employees, contractors, and families and consumers who directly hire their own staff of the False Claims Act.

3. Is this a new DDS requirement?

Providing accurate program information is not a new requirement

4. What are examples of DDS information used to make Medicaid claims?

Information provided in individual plans, attendance forms or employee time sheets, mileage logs, equipment and supplies are examples of Medicaid reimbursable services.

5. What if I make a mistake?

Mistakes happen at times. If an error is made on attendance forms, employee time sheets or mileage logs related to Medicaid billing you should notify your fiscal intermediary and the Central Office Medicaid Operations Unit. The Medicaid Operations Unit and the Fiscal Intermediary will work with you to correct the error and make any necessary billing corrections.

6. What should I do if I suspect someone is knowingly falsifying information?

If you believe someone is providing false information which may affect Medicaid billing you should notify the Central Office Medicaid Operations Unit.

7. Who can I contact if I have further questions?

If you have further questions you can contact:

- 1) Central Office Legal and Governmental Affairs Unit at 860-418-6059 or.
- 2) DDS Central Office Medicaid Operations Unit
 - Andrew Wagner 860-418-6027
 - Kurt Hildenbrandt 860-418-6033
 - Diane Libbey 860-418-6019

Note: This FAQ sheet is provided as a supplement to the DDS False Claims Act Policy. You are required to review the complete False Claims Act Policy.