



General Assembly

Amendment

February Session, 2008

LCO No. 5489

HB0590605489HDO

Offered by:

REP. VILLANO, 91st Dist.

SEN. HARRIS, 5th Dist.

To: House Bill No. 5906

File No. 351

Cal. No. 217

"AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN SERVICES STATUTES."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Subsection (d) of section 17b-99 of the 2008 supplement to
4 the general statutes is repealed and the following is substituted in lieu
5 thereof (*Effective July 1, 2008*):

6 (d) The Commissioner of Social Services, or any entity with whom
7 the commissioner contracts, for the purpose of conducting an audit of
8 a service provider that participates as provider of services in a
9 program operated or administered by the department pursuant to this
10 chapter or chapter 319t, 319v, 319y or 319ff, shall conduct any such
11 audit in accordance with the provisions of this subsection. For
12 purposes of this subsection "provider" means a person, public agency,
13 private agency or proprietary agency that is licensed, certified or

14 otherwise approved by the commissioner to supply services
15 authorized by the programs set forth in said chapters.

16 (1) Not less than thirty days prior to the commencement of any such
17 audit, the commissioner, or any entity with whom the commissioner
18 contracts to conduct an audit of a participating provider, shall provide
19 written notification of the audit to such provider, unless the
20 commissioner, or any entity with whom the commissioner contracts to
21 conduct an audit of a participating provider makes a good faith
22 determination that (A) the health or safety of a recipient of services is
23 at risk; or (B) the provider is engaging in vendor fraud.

24 (2) Any clerical error, including, but not limited to, recordkeeping,
25 typographical, scrivener's or computer error, discovered in a record or
26 document produced for any such audit, shall not of itself constitute a
27 wilful violation of program rules unless proof of intent to commit
28 fraud or otherwise violate program rules is established.

29 (3) A finding of overpayment or underpayment to a provider in a
30 program operated or administered by the department pursuant to this
31 chapter or chapter 319t, 319v, 319y or 319ff, shall not be based on
32 extrapolated projections unless (A) there is a sustained or high level of
33 payment error involving the provider, (B) documented educational
34 intervention has failed to correct the level of payment error, or (C) the
35 value of the claims in aggregate exceeds one hundred fifty thousand
36 dollars on an annual basis.

37 (4) A provider, in complying with the requirements of any such
38 audit, shall be allowed not less than thirty days to provide
39 documentation in connection with any discrepancy discovered and
40 brought to the attention of such provider in the course of any such
41 audit.

42 (5) The commissioner, or any entity with whom the commissioner
43 contracts, for the purpose of conducting an audit of a provider of any
44 of the programs operated or administered by the department pursuant
45 to this chapter or chapter 319t, 319v, 319y or 319ff, shall produce a

46 preliminary written report concerning any audit conducted pursuant
47 to this subsection, and such preliminary report shall be provided to the
48 provider that was the subject of the audit, not more than sixty days
49 after the conclusion of such audit.

50 (6) The commissioner, or any entity with whom the commissioner
51 contracts, for the purpose of conducting an audit of a provider of any
52 of the programs operated or administered by the department pursuant
53 to this chapter or chapter 319t, 319v, 319y or 319ff, shall, following the
54 issuance of the preliminary report pursuant to subdivision (5) of this
55 subsection, hold an exit conference with any provider that was the
56 subject of any audit pursuant to this subsection for the purpose of
57 discussing the preliminary report.

58 (7) The commissioner, or any entity with which the commissioner
59 contracts, for the purpose of conducting an audit of a service provider,
60 shall produce a final written report concerning any audit conducted
61 pursuant to this subsection. Such final written report shall be provided
62 to the provider that was the subject of the audit not more than sixty
63 days after the date of the exit conference conducted pursuant to
64 subdivision (6) of this subsection, unless the commissioner, or any
65 entity with which the commissioner contracts, for the purpose of
66 conducting an audit of a service provider, agrees to a later date or
67 there are other referrals or investigations pending concerning the
68 provider.

69 (8) Any provider aggrieved by a decision contained in a final
70 written report issued pursuant to subdivision (7) of this subsection,
71 may, not later than thirty days after the receipt of the final report,
72 request, in writing, a review on all items of aggrievement. Such request
73 shall contain a detailed written description of each specific item of
74 aggrievement. The [designee of] person designated by the
75 commissioner [who presides] to preside over the review shall, prior to
76 such review, conduct a hearing on the merits of the provider's request
77 for review. The designee of the commissioner shall be impartial and
78 shall not be an employee of the Department of Social Services Office of

79 Quality Assurance or an employee of an entity with whom the
80 commissioner contracts for the purpose of conducting an audit of a
81 service provider. The designee of the commissioner shall issue a
82 decision not later than thirty days after the conclusion of the hearing.
83 Any provider aggrieved by a decision of the commissioner's designee
84 who has been subject to an audit based on extrapolated projections
85 under subparagraph (C) of subdivision (3) of this subsection may
86 appeal such decision to the Superior Court in accordance with the
87 provisions of chapter 54.

88 (9) The provisions of this subsection shall not apply to any audit
89 conducted by the Medicaid Fraud Control Unit established within the
90 Office of the Chief State's Attorney."