House of Representatives



File No. 468

January Session, 2025

House Bill No. 7105

House of Representatives, April 2, 2025

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING FORENSIC AUDITS CONDUCTED BY THE DEPARTMENT OF SOCIAL SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 17b-99a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
- (a) (1) For purposes of this section, (A) "extrapolation" means the 3 4 determination of an unknown value by projecting the results of the 5 review of a sample to the universe from which the sample was drawn, (B) "facility" means any facility described in this subsection and for 6 which rates are established pursuant to section 17b-340 [, and] or 17b-8 340d, (C) "universe" means a defined population of claims submitted by 9 a facility during a specific time period, and (D) "forensic audit" means an examination of financial records for information or evidence that 10 11 may be used to determine compliance with applicable law.
 - (2) The Commissioner of Social Services shall conduct any audit, including a forensic audit, of a licensed chronic and convalescent

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nursing home, chronic disease hospital associated with a chronic and convalescent nursing home, a rest home with nursing supervision, a licensed residential care home, as defined in section 19a-490, and a residential facility for persons with intellectual disability which is licensed pursuant to section 17a-227 and certified to participate in the Medicaid program as an intermediate care facility for individuals with intellectual disabilities in accordance with the provisions of this section.

- (b) Not less than thirty days prior to the commencement of any such audit, the commissioner shall provide written notification of the audit to such facility, unless the commissioner makes a good-faith determination that (1) the health or safety of a recipient of services is at risk; or (2) the facility is engaging in vendor fraud under sections 53a-290 to 53a-296, inclusive.
- (c) Any clerical error, including, but not limited to, recordkeeping, typographical, scrivener's or computer error, discovered in a record or document produced for any such audit, shall not of itself constitute a wilful violation of the rules of a medical assistance program administered by the Department of Social Services unless proof of intent to commit fraud or otherwise violate program rules is established. In determining which facilities shall be subject to audits, the Commissioner of Social Services may give consideration to the history of a facility's compliance in addition to other criteria used to select a facility for an audit.
- (d) A finding of overpayment or underpayment to such facility shall not be based on extrapolation unless (1) there is a determination of sustained or high level of payment error involving the facility, (2) documented educational intervention has failed to correct the level of payment error, or (3) the value of the claims in aggregate exceeds two hundred thousand dollars on an annual basis.
- (e) A facility, in complying with the requirements of any such audit, shall be allowed not less than thirty days to provide documentation in connection with any discrepancy discovered and brought to the attention of such facility in the course of any such audit.

(f) The commissioner shall produce a preliminary written report concerning any audit conducted pursuant to this section and such preliminary report shall be provided to the facility that was the subject of the audit not later than sixty days after the conclusion of such audit.

- (g) The commissioner shall, following the issuance of the preliminary report pursuant to subsection (f) of this section, hold an exit conference with any facility that was the subject of any audit pursuant to this subsection for the purpose of discussing the preliminary report. Such facility may present evidence at such exit conference refuting findings in the preliminary report.
- (h) The commissioner shall produce a final written report concerning any audit conducted pursuant to this subsection. Such final written report shall be provided to the facility that was the subject of the audit not later than sixty days after the date of the exit conference conducted pursuant to subsection (g) of this section, unless the commissioner and the facility agree to a later date or there are other referrals or investigations pending concerning the facility.
- (i) Any facility aggrieved by a final report issued pursuant to subsection (h) of this section may request a rehearing. A rehearing shall be held by the commissioner or the commissioner's designee, provided a detailed written description of all items of aggrievement in the final report is filed by the facility not later than ninety days following the date of written notice of the commissioner's decision. The rehearing shall be held not later than thirty days following the date of filing of the detailed written description of each specific item of aggrievement. The commissioner shall issue a final decision not later than sixty days following the close of evidence or the date on which final briefs are filed, whichever occurs later. Any items not resolved at such rehearing to the satisfaction of the facility or the commissioner shall be submitted to binding arbitration by an arbitration board consisting of one member appointed by the facility, one member appointed by the commissioner and one member appointed by the Chief Court Administrator from among the retired judges of the Superior Court, which retired judge

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shall be compensated for his services on such board in the same manner as a state referee is compensated for his services under section 52-434. The proceedings of the arbitration board and any decisions rendered by such board shall be conducted in accordance with the provisions of the Social Security Act, 42 USC 1396, as amended from time to time, and chapter 54.

- (j) The submission of any false or misleading fiscal information or data to the commissioner shall be grounds for suspension of payments by the state under sections 17b-239 to 17b-246, inclusive, and sections 17b-340 and 17b-343, in accordance with regulations adopted by the commissioner. In addition, any person, including any corporation, who knowingly makes or causes to be made any false or misleading statement or who knowingly submits false or misleading fiscal information or data on the forms approved by the commissioner shall be guilty of a class D felony.
- (k) The commissioner, or any agent authorized by the commissioner to conduct any inquiry, investigation or hearing under the provisions of this section, shall have power to administer oaths and take testimony under oath relative to the matter of inquiry or investigation. At any hearing ordered by the commissioner, the commissioner or such agent having authority by law to issue such process may subpoena witnesses and require the production of records, papers and documents pertinent to such inquiry. If any person disobeys such process or, having appeared in obedience thereto, refuses to answer any pertinent question put to the person by the commissioner or the commissioner's authorized agent or to produce any records and papers pursuant thereto, the commissioner or the commissioner's agent may apply to the superior court for the judicial district of Hartford or for the judicial district wherein the person resides or wherein the business has been conducted, or to any judge of such court if the same is not in session, setting forth such disobedience to process or refusal to answer, and such court or judge shall cite such person to appear before such court or judge to answer such question or to produce such records and papers.

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(l) The commissioner shall provide free training to facilities on the preparation of cost reports to avoid clerical errors and shall post information on the department's Internet web site concerning the auditing process and methods to avoid clerical errors. Not later than April 1, 2015, the commissioner shall establish audit protocols to assist facilities subject to audit pursuant to this section in developing programs to improve compliance with Medicaid requirements under state and federal laws and regulations, provided audit protocols may not be relied upon to create a substantive or procedural right or benefit enforceable at law or in equity by any person, including a corporation. The commissioner shall establish and publish on the department's Internet web site audit protocols for: (1) Licensed chronic and convalescent nursing homes, (2) chronic disease hospitals associated with chronic and convalescent nursing homes, (3) rest homes with nursing supervision, (4) licensed residential care homes, as defined in section 19a-490, and (5) residential facilities for persons with intellectual disability that are licensed pursuant to section 17a-227 and certified to participate in the Medicaid program as intermediate care facilities for individuals with intellectual disabilities. The commissioner shall ensure that the Department of Social Services, or any entity with which the commissioner contracts to conduct an audit pursuant to this section, has on staff or consults with, as needed, licensed health professionals with experience in treatment, billing and coding procedures used by the facilities being audited pursuant to this section.

- (m) (1) Notwithstanding the provisions of this section, the commissioner shall not conduct a forensic audit of a facility unless the commissioner (A) provides the facility with an opportunity to meet with Department of Social Services representatives and respond to any financial concerns identified by the commissioner, and (B) makes a good faith determination that a forensic audit of such facility is necessary to evaluate such financial concerns.
- (2) If a facility receives a written request by the department to cooperate and assist with a forensic audit, such facility shall provide the cooperation and assistance requested by the department not more than

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ten business days after the date the facility receives such request and shall ensure that all facility personnel, financial consultants and accountants fully cooperate and assist with a forensic audit as may be necessary, except no facility shall be required to divert facility personnel from residential care duties and responsibilities to cooperate and assist with such forensic audit. Any facility that fails to provide such cooperation and assistance shall be subject to a civil monetary penalty not to exceed one thousand dollars per business day for each business day that the facility fails to comply with such written request. A facility may request a fair hearing on the assessment of any such civil monetary penalty as an aggrieved person pursuant to section 17b-60.

- (3) A facility may be liable to the Department of Social Services for the costs of a forensic audit of a facility identified by the department as experiencing a serious financial loss, including, but not limited to, any reports or subsequent testimony related thereto, provided liability for such costs shall not exceed one hundred thousand dollars. Such costs, not to exceed one hundred thousand dollars, may be assessed against any single facility or in the aggregate if more than one facility is subject to a particular forensic audit.
- (n) The Department of Social Services may recover (1) subject to the provisions of subdivision (3) of subsection (m) of this section, the costs of any forensic audit conducted pursuant to the provisions of this section from a facility if such forensic audit identifies material issues with a facility's internal financial management or the integrity of a facility's financial statements, or (2) civil monetary penalties assessed against a facility in accordance with subdivision (2) of subsection (m) of this section through recoupment of such forensic audit costs or civil monetary penalties against funds that would otherwise be paid to such facility for services rendered to recipients of assistance under the Medicaid program.

This act shall take effect as follows and shall amend the following	,
sections:	

Section 1	from passage	17b-99a

HS Joint Favorable

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Social Services, Dept.	GF - Potential	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill may result in a fiscal impact to the Department of Social Services (DSS) associated with forensic audits and related potential civil monetary penalties on certain facilities. The bill specifies that audited facilities would be liable for forensic audit costs, up to \$100,000 under certain circumstances. The bill also subjects facilities to civil penalties of up to \$1,000 for each day a facility fails to comply with a DSS request related to a forensic audit. DSS may (1) recover such costs and penalties through reduced Medicaid payments otherwise due to impacted facilities, or (2) receive reimbursement for audit costs and collect civil penalties and reflect an associated revenue gain.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to forensic audits and any monetary penalties imposed.

OLR Bill Analysis
HB 7105

AN ACT CONCERNING FORENSIC AUDITS CONDUCTED BY THE DEPARTMENT OF SOCIAL SERVICES.

SUMMARY

This bill explicitly allows the Department of Social Services (DSS) commissioner to conduct forensic audits of certain facilities and outlines procedures for doing so. The bill requires facilities to assist with forensic audits and subjects them to a civil monetary penalty for failing to do so. In certain situations, the bill holds facilities liable for the costs of forensic audits and allows DSS to withhold Medicaid funds to recoup these costs along with the civil penalties. Under the bill, "forensic audit" means an examination of financial records for information or evidence used to determine compliance with applicable law.

The bill also makes a technical and conforming change.

EFFECTIVE DATE: Upon passage

AUTHORIZATION TO CONDUCT FORENSIC AUDITS

Under the bill, the DSS commissioner may conduct a forensic audit of licensed chronic and convalescent nursing homes and their associated chronic disease hospitals, rest homes with nursing supervision, licensed residential care homes, and Medicaid-certified intermediate care residential facilities for people with intellectual disabilities. The bill requires the commissioner, before conducting a forensic audit of any facility, to (1) give the facility an opportunity to meet with DSS representatives and respond to any of the commissioner's financial concerns and (2) make a good faith determination that a forensic audit is necessary to evaluate these financial concerns.

FACILITIES' REQUIRED COOPERATION

The bill requires a facility that receives a written request from DSS to cooperate with a forensic audit and give the department any assistance it requests within 10 business days. A facility generally must ensure that all personnel, financial consultants, and accountants fully cooperate and assist with the forensic audit, but is not required to divert personnel from residential care duties and responsibilities to do so.

Penalties

The bill subjects any facility that fails to cooperate with a forensic audit to a civil penalty of up to \$1,000 per business day that it does not give DSS the assistance it requested in writing. The bill allows DSS to withhold Medicaid funds from a facility to recoup these penalties. Under the bill, a facility may request a fair hearing on any penalty assessed.

FORENSIC AUDIT COSTS

Under the bill, a facility DSS identifies as experiencing a serious financial loss may be liable to the department for the costs of a forensic audit, including any reports or related testimony, of up to \$100,000. These costs may be assessed against any single facility or in the aggregate if more than one facility is subject to a single forensic audit.

The bill allows DSS to recover costs of a forensic audit if, through the forensic audit, DSS identifies material issues with the (1) facility's internal financial management or (2) integrity of the facility's financial statements. It lets DSS withhold a facility's Medicaid funds to recoup these costs.

COMMITTEE ACTION

Human Services Committee

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Joint Favorable
Yea 15 Nay 7 (03/18/2025)
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