|  |
| --- |
| **VII. ATTACHMENTS** |

 **A. APPLICATION FORMS:** *The information and forms included in this section are required for submission of a proposal. The included forms must be completed and included in the proposal submission as applicable. All other required forms are completed as part of the registration process with the State of CT contracting portal at:*

[*https://portal.ct.gov/DAS/CTSource/Registration*](https://portal.ct.gov/DAS/CTSource/Registration)

1. Cover Sheet . . . . . . . . . . . . . . . 1
2. Applicant Information Form . . . . . . . . . . . 2
3. Instructions . . . . . . . . . . . . . . . 3
4. Budget (Estimated) Summary Form. . . . . . . . . . 24
5. Budget (Estimated) Justification Schedule B Form . . . . . . . 25
6. Position Schedule #2a Form . . . . . . . . . . . 26
7. Subcontractor Schedule A Detail Form . . . . . . . . . 27

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#### COVER SHEET

**REQUEST FOR PROPOSAL**

**RFP DPH Log# 20##-####**

##### Healthcare Coalition Coordinator

##### CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

**Applicant Information**

Applicant Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legal Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/Town State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone No. FAX No. Email Address

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROGRAM COST:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Authorizing Official: Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Typed Name and Title

-----------------------------------------------------------------------------------------------------------------------------------------------

The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

1. Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
2. Mailing address
3. Main telephone number
4. Fax number, and email address, if any
5. Principal contact person for the application (person responsible for developing application)
6. Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

**Applicant Information Form (continuation)**

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

**Contract and Legal Documents/Forms:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Name |  Title |  Tel. No. |
|  |  |  |
|  Street |  Town |  Zip Code |
|  |  |
|  Email |  Fax No. |

**Program Progress Reports:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Name |  Title |  Tel. No. |
|  |  |  |
|  Street |  Town |  Zip Code |
|  |  |
|  Email |  Fax No. |

**Financial Expenditure Reporting Forms:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Name |  Title |  Tel. No. |
|  |  |  |
|  Street |  Town |  Zip Code |
|  |  |
|  Email |  Fax No, |
| **Incorporated:** [ ] YES [ ] NO | **Agency Fiscal Year:** |  |
|  |
| **Type of Agency: [ ]** Public **[ ]** Private  **[ ]** Other, Explain: |  |
|  |  |
|  **[ ]** Profit  **[ ]** Non-Profit |  |
| **Federal Employer I.D. Number:** |  | **Town Code No:** |       |
| **Medicaid Provider Status:** [ ] YES[ ] NO | **Medicaid Number:** |  |
| **Minority Business Enterprise (MBE): [ ]** YES **[ ]** NO |
| **Women Business Enterprise (WBE): [ ]** YES **[ ]** NO  |

1. **Budget (Estimated) Summary Instructions**
	1. **Personnel** (lines #1 - #2)
		1. Line #1 **Salary and Wages:** Enter the total salary charged, as listed on Position Schedule 2a.
		2. Line #2 **Fringe Benefits Line:** Enter the total fringe benefits charged, as listed on Position Schedule 2a.
	2. Line #3 **Contractual (Subcontracts):**  Provide the total of all subcontracts and complete Subcontractor Schedule.
	3. Lines #4 - #7: Complete categories as appropriate,
	4. Line #8: Other Expenses are any other types of expense that do not fit into the categories listed.

**Multiple Funding Period Contracts:** Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.

1. **Budget (Estimated) Justification Schedule B**

Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

|  |  |  |
| --- | --- | --- |
| **Line Item (Description)** | **Amount** | **Justification - Breakdown of Costs** |
| **Travel** | $730 | 1,659 miles @ .44 = $730.00 outreach workers going to meetings and site visits. |

1. **Position Schedule #2a**
	1. Complete the schedule for all positions to be funded even if currently vacant.
2. **Subcontractor Schedule A--Detail**

All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided.

* 1. Detail of each subcontractor
	2. Choose a category below for each subcontract using the basis by which it is paid:
		1. Budget Basis
		2. Fee for Service
		3. Hourly Rate.
	3. Choose whether the subcontractor is a minority (MBE) or woman (WBE) owned business:
	4. Provide the detail for each subcontract just as for the primary contract budget. Detail must be provided for each subcontractor listed in the Summary.

**Estimated Budget Summary**

**Funding Period: 07/01/2022 to 06/30/2027**

**Year 1**

(complete an Estimated Budget Summary for each year of Funding Period)

|  |  |
| --- | --- |
| **Line Item** | **Total** |
| **1. Salaries & Wages** |       |
| **2. Fringe Benefits** |       |
| **3. Contractual (Sub-Contracts)\*\*** |       |
| **4. Transportation** |       |
| **5. Materials & Supplies** |       |
| **6. Training and Exercises** |       |
| **7. Communications (telephones, information sharing and collaboration platforms** |       |
| **8. Other Expenses (list)** |       |
| **a.**  |       |
| **b.** |       |
| **c.** |       |
| **d.** |       |
| **e.** |       |
| **f.** |       |
| **g.** |       |
| **h.** |       |
| **i.** |       |
| **Total** |  |

\*\*Complete Sub-contractor Schedule A

**Budget Justification Schedule B**

**Funding Period: 07/01/2022 to 06/30/2027**

(add pages if needed; subcontractor costs should be included on Subcontractor Schedule A)

|  |  |  |
| --- | --- | --- |
| **Line Item (Description)** | **Amount** | **Justification including Breakdown of Costs** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |
|       |       |       |

**Position Schedule #2a**

**Funding Period: 7/1/2022 to 6/30/2027**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Description and Staff Person Assigned** | **Hours wk/ wks per year** | **Hourly Rate** | **Total Salary Charged** | **Fringe Benefit Rate %** | **Total Fringe Benefits** |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |  |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| 1. Position:

Name:       |      /      |       |       |      % |       |
| **Totals** |  |  |       |  |       |

**Subcontractor Schedule A--Detail**

**Funding Period: 7/1/2022 to 6/30/2027**

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

Select One: **A \_\_\_\_\_** Budget Basis **B \_\_\_\_\_** Fee-for-Service **C \_\_\_\_\_** Hourly Rate

Indicate One: \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ Neither

|  |  |
| --- | --- |
| **Activity Description(s):** | **Total** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Subcontract Amount:** |  |

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

Select One: **A \_\_\_\_\_** Budget Basis **B \_\_\_\_\_** Fee-for-Service **C \_\_\_\_\_** Hourly Rate

Indicate One: \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ Neither

|  |  |
| --- | --- |
| **Activity Description(s):** | **Total** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Subcontract Amount:** |  |

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

Select One: **A \_\_\_\_\_** Budget Basis **B \_\_\_\_\_** Fee-for-Service **C \_\_\_\_\_** Hourly Rate

Indicate One: \_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ Neither

|  |  |
| --- | --- |
| **Activity Description(s):** | **Total** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Subcontract Amount:** |  |

** B. INFORMATIONAL ATTACHMENTS:** *The information and forms in this section are for your reference only. The information contained herein will be required of applicants awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically.* **Do not include any of the forms included here with your proposal**.

1. Nondiscrimination Certification Instructions . . . . . . . . . 10
2. Nondiscrimination Certification . . . . . . . . . . . 11
3. False Claims Act Notification . . . . . . . . . . . . 12
4. False Claims Act Policy . . . . . . . . . . . . . 13
5. False Claims Act Procedure . . . . . . . . . . . . 16
6. SEEC Form 11 . . . . . . . . . . . . . . . 43

The remainder of this page is intentionally blank

|  |
| --- |
| Nondiscrimination Certification Instructions |
| The governing body of your **corporation, company, or entity** must adopt policies **and/or** pass a resolution adopting and supporting nondiscrimination agreements and warrantees as indicated in the *attached* Certification form. If an **individual**, you must certify that you will adhere to the required nondiscrimination agreements and warrantees, as indicated in the *attached* Certification form. |
|

|  |  |
| --- | --- |
| IndividualUse FORM A | **Corporation, Company or Entity***Use FORM B (under $50,000) or FORM C ( $50,000 or more)* |
| **For an individual, enter your full legal name and address of residence.** | **Enter the legal Name and Title of the Authorized Signatory if not already included on the form. This is the person *named* in the Secretarial Certification as authorized to sign.**Alternately, the person authorized to certify the authorized signatory may sign this certification. If this option is chosen, the individual signing the secretarial certification and the nondiscrimination certification should be the same individual. |
| **This does not apply for contracts with individuals.** | Enter Corporation / Contractor Name with **no** abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation.  |
| **This does not apply for contracts with individuals.** | Enter State or Commonwealth of Incorporation where required if not already included on the form |
| Enter the Day, Month, Year on which the certification is signed. This date must be the same or later than the date the Contract is signed | Enter the Day, Month, Year on which the certification is signed. This date must be the same or later than the date the Contract is signed |
| Enter the Signer’s Signature. | Enter the Signer’s Signature. |

 |
| IMPORTANT |
| Name of Signer must be typed **exactly** the same at the beginning of Document as at the end of the Document. Signature must match typed name **exactly.** |
| It is **not** necessary to have the form notarized unless an area for such appears on the form. Notarization is required, however, if so indicated on the form. The requirement for notarization exists for contracts including funding in excess of $50,000 per year. The enclosed form is an official document approved by the Connecticut Office of Attorney General. Substitute documents are not acceptable. |
| **Any type of correction fluid or tape is not acceptable! \*\*\*** |
|  |
| **\*\*\*** We can supply additional forms if necessary. |
| cert.instr. 7/10/09 |

*Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at $50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am |  | of  |  | , an entity  |  |
|  | Signatory’s Title |  | Name of Entity |  |

|  |  |
| --- | --- |
| duly formed and existing under the laws of |  |
|  | Name of State or Commonwealth |

I certify that I am authorized to execute and deliver this affidavit on behalf of

|  |  |  |
| --- | --- | --- |
|  |  and that |  |
| Name of Entity |  | Name of Entity |

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut

General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Authorized Signature |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Printed Name |  |  |  |
|  |  |  |  |

**Sworn and subscribed to before me on this** \_\_\_\_\_\_ **day of** \_\_\_\_\_\_\_\_\_\_\_\_**, \_\_\_\_\_\_\_\_\_\_\_.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commissioner of the Superior Court/ Commission Expiration Date**

**Notary Public**

**FALSE CLAIMS ACT**

**COMPLIANCE NOTIFICATION**

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

1. Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
2. Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.

**Do not return the False Claims Policy or False Claims Procedure to the Department.** Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.

|  |  |  |
| --- | --- | --- |
|  | **False Claims Act (Policy)** | **PL-CGMS C-001****Revision: 1.0****Effective Date:****05/21/2010** |

|  |  |
| --- | --- |
| **APPROVAL SIGNATURES** | **DATE** |
| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |
|  |  |  |

| **REVISION HISTORY** |
| --- |
| Revision | Description of Change | Author | Effective Date |
| Basic | Initial Release | Bruce Wallen | 05/21/2010 |
|  |  |  |  |

|  |
| --- |
| **REFERENCE DOCUMENTS** |
| Document  | Title |
| The Deficit Reduction Act (“Act”) of 2005 | Section 6032 |
| United States Code (U.S.C.) | Sections 3729-3733 |
| Connecticut General Statutes (C.G.S.) | Section 53a-290 Vendor Fraud |
| Connecticut General Statutes (C.G.S.) | Section 4-61dd Whistleblower |
| Connecticut General Statutes (C.G.S.) | Section 31-51m Blacklisting |
| Connecticut General Statutes (C.G.S.) | Section 17b-127 General Assistance |

|  |  |  |
| --- | --- | --- |
|  | **False Claims Act (Policy)** | **PL-CGMS C-001****Revision: 1.0****Effective Date:****05/21/2010** |

1. **Purpose**

The Deficit Reduction Act (“Act”) of 2005 is the federal government’s legislative effort to control spending for entitlement programs, such as Medicaid. The Act seeks to control spending by reducing federal overpayments for prescription drugs and medical services, thereby improving the integrity of federally funded entitlement programs.

1. **Scope**

Section 6032 of the Act states that any entity, such as the Department of Public Health (Department), which receives or makes payments under a state plan approved under Title XIX or under a waiver of such plan, totaling at least $5,000,000 annually, is required to establish written policies providing detailed information about the False Claims Act (“FCA”) and any state false claims laws to all Department employees, contractors and agents. The Department is also required to establish and inform all employees, contractors, qualified providers and agents about the Department’s policies and procedures for the detection and prevention of fraud, waste and abuse, the protection afforded to any person who reports an incident of a false claim to a regulatory body (e.g., Whistleblower Protection) and any civil or criminal penalties for false claims.

1. **Definitions and Acronyms**

Specialized acronyms and definitions identified in this contract procedure are defined below.

* 1. **Acronyms**

“CGMS” The Connecticut Department of Public Health, Contracts & Grants Management Section

“Department” The State of Connecticut Department of Public Health

“FCA” False Claims Act

“PFCRA” Program Fraud Civil Remedies Act

* 1. **Definitions**

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.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act 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.

Employee - means any officer or employee of the entity, contractor, or agent.

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.

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 or falseness of the information.

|  |  |  |
| --- | --- | --- |
|  | **False Claims Act (Policy)** | **PL-CGMS C-001****Revision: 1.0****Effective Date:****05/21/2010** |

1. **Compliance**
	1. **False Claim Act**

The FCA prohibits any person, firm, corporation or entity from knowingly presenting, or causing to be presented, a false claim or statement to a federally funded program, including Medicaid, or conspiring to defraud the federal government. Any person, company or entity that acts in deliberate ignorance of or with reckless disregard of the truth of such information is considered to have acted knowingly.

The civil penalty for violating the FCA is a fine of not less than $5,000 and not more than $10,000 per violation. The person, company or entity may also be fined an additional three times the amount of damages sustained by the federal government. The PFCRA also provides that any person or company that commits fraud by making a false statement or claim can be assessed a penalty of $5,000 per false claim or statement in addition to the penalties available under the FCA.

A person may bring a civil action for violating the FCA on behalf of said person and the United States government. If the federal government proceeds with an action brought by such person then that person shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement. If the federal government does not proceed with the action and the person initiating the action proceeds, then the person bringing the action shall receive a reasonable amount, to be determined by the court, but not less than 25% and not more than 30% of the proceeds of the action or settlement.

The FCA prohibits retaliation by an employer against an employee for bringing a false claim action or participating in such action (Whistleblower Protection). Any employee subject to retaliation by an entity, contractor or agent shall be entitled to all relief necessary to make the employee whole, including but not limited to reinstatement, two times the amount of back pay, interest on back pay and special damages.

* 1. **State False Claim Related Acts**

Under Connecticut’s Vendor Fraud statute it is illegal for a person on his own behalf or on the behalf of an entity, with intent, to fraudulently provide goods or services to a beneficiary or recipient under Title XIX or to fraudulently receive goods or services. Connecticut law also prohibits any vendor from fraudulently providing services or goods for any recipient of General Assistance. The State Whistleblower law provides any employee who reports a suspected violation of state or federal law with protection against retaliation by the employer. State law also prohibits any person, corporation, state or political subdivision from blacklisting any employee.

# Compliance Reporting

# All DPH employees, contractors and agents, are required to report fraud, waste and abuse to: The Department of Public Health, Contracts & Grants Management Section, 410 Capitol Avenue, MS#13GCT, P.O. Box 340308, Hartford, CT 06134-0308.

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|  | **False Claims Act (Procedure)** | **PR-CGMS C-001****Revision: 1.0****Effective Date:****05/21/2010** |

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| **APPROVAL SIGNATURES** | **DATE** |
| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |
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| **REVISION HISTORY** |
| --- |
| Revision | Description of Change | Author | Effective Date |
| Basic | Initial Release | Bruce Wallen | 05/21/2010 |
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| **REFERENCE DOCUMENTS** |
| Document  | Title |
| The Deficit Reduction Act (“Act”) of 2005 | Section 6032 |
| United States Code (U.S.C.) | Sections 3729-3733 |
| Connecticut General Statutes (C.G.S.) | Section 53a-290 Vendor Fraud |
| Connecticut General Statutes (C.G.S.) | Section 4-61dd Whistleblower |
| Connecticut General Statutes (C.G.S.) | Section 31-51m Blacklisting |
| Connecticut General Statutes (C.G.S.) | Section 17b-127 General Assistance |

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|  | **False Claims Act (Procedure)** | **PR-CGMS C-001****Revision: 1.0****Effective Date:****05/21/2010** |

1. **Purpose**

This procedure provides guidance to the Department of Public Health on informing all employees, contractors and agents about the Department of Public Health False Claims Policy, PL-CGMS C-001.

1. **Scope**

This procedure applies to all Department of Public Health staff, and officers and employees of contractors, agents, qualified providers and subcontractors funded by the department.

1. **Definitions and Acronyms**

Specialized acronyms and definitions identified in this contract procedure are defined below.

* 1. **Acronyms**

“CGMS” The Connecticut Department of Public Health, Contracts & Grants Management Section

“Department” The State of Connecticut Department of Public Health

“FCA” False Claims Act

“PFCRA” Program Fraud Civil Remedies Act

“POS” Purchase of Service Contract

* 1. **Definitions**

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.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act 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.

Employee - means any officer or employee of the entity, contractor or agent.

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.

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 or falseness of the information.

Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See “Contractor or Agent” above.

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|  | **False Claims Act (Procedure)** | **PR-CGMS C-001****Revision: 1.0****Effective Date:****05/21/2010** |

1. **Process**
	1. **Dissemination to the Department’s New Employees**
		1. The Department’s Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
		2. Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.
	2. **Dissemination to the Department’s Existing Employees**

Each existing Department employee shall receive a copy of the Department’s False Claims Act Policy and Procedure and must sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.

* 1. **Dissemination to Contractors and Qualified Providers**
		1. CGMS shall include the Department’s False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
		2. Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
		3. Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department’s False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
		4. Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.
1. **Records**
	1. The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

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| **Record Name** | **Responsible** | **Retention Req.** | **Location** |
| Employee acknowledgement of receipt of False Claims Policy and Procedure | Human Resources Office | Until employee termination | Employee File |
| Fully Executed Contract Document | CGMS | 3 Yrs. From end date of contract(s) | CGMS Contract File |

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| **Notice to Executive Branch State Contractors and Prospective State** **Contractors of Campaign Contribution and Solicitation Limitations** |
| This notice is provided under the authority of Connecticut General Statutes §9-612(g)(2), as amended by P.A. 10-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on the reverse side of this page). |
| **CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS** |
| No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract* or *state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee (which includes town committees).In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or aquasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall **knowingly** *solicit* contributions from the state contractor's or prospective state contractor's employees or from a *subcontractor* or *principals of the subcontractor* on behalf of (i)an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee. |
| **DUTY TO INFORM** |
| State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof. |
| **PENALTIES FOR VIOLATIONS** |
| Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:**Civil penalties**—Up to $2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to $2,000 or twice the amount of the prohibited contributions made by their principals.**Criminal penalties**—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than $5,000 in fines, or both. |
| **CONTRACT CONSEQUENCES** |
| In the case of a state contractor, contributions made or solicited in violation of the above prohibitions may resulting the contract being voided.In the case of a prospective state contractor, contributions made or solicited in violation of the above prohibitions shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.Additional information may be found on the website of the State Elections Enforcement Commission, [www.ct.gov/seec.](http://www.ct.gov/seec) Click on the link to “Lobbyist/Contractor Limitations.” |

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| **DEFINITIONS** |
| “State contractor” means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. “State contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.“Prospective state contractor” means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. “Prospective state contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.“Principal of a state contractor or prospective state contractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization**,** (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has *managerial or discretionary responsibilities with respect to a state contract,* (v) the spouse or a *dependent child* who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.“State contract” means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. “State contract” does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan, a loan to an individual for other than commercial purposes or any agreement or contract between the state or any state agency and the United States Department of the Navy or the United States Department of Defense.“State contract solicitation” means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.“Dependent child” means a child residing in an individual’s household who may legally be claimed as a dependent on the federal income tax of such individual.“Solicit” means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.“Subcontractor” means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor's state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. “Subcontractor” does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.“Principal of a subcontractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor. |