

# EMPLOYEE MEDICAID DISCLOSURE

Version Date: 2020

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## Instructions

An employer must have all employees fill out and sign a disclosure. All disclosures must be retained for the employer's records.

If an employee answers 'yes' to any of the questions, the employer must submit the form to the DHS/DSPD Home and Community Supports Waver Manager.

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Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly or willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the state agency or the Secretary, as appropriate.

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## 1. Identifying Information

Name of Provider Agency:

Name of Employee:

Employee Signature:

Date:

## 2. Disciplinary, Civil, and Criminal Actions

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|---------------------------------------------------------------------------------------------------------------------------|-----|----|
| a. Have you ever had an Assessment taken against you?                                                                     | Yes | No |
| b. Have you ever had an Administrative Sanction taken against you?                                                        | Yes | No |
| c. Have you ever had a Suspension of Payment taken against you?                                                           | Yes | No |
| d. Have you ever had a Restitution Order taken against you?                                                               | Yes | No |
| e. Have you ever had a Program Exclusion taken against you?                                                               | Yes | No |
| f. Have you ever had a Program Debarment taken against you?                                                               | Yes | No |
| g. Have you ever had a Pending Criminal Judgment taken against you?                                                       | Yes | No |
| h. Have you ever had a Pending Civil Judgment taken against you?                                                          | Yes | No |
| i. Have you ever had a Judgment Pending Under False Claims Act taken against you?                                         | Yes | No |
| j. Have you ever had a Criminal Fine taken against you?                                                                   | Yes | No |
| k. Have you ever had a Civil Monetary Penalty taken against you?                                                          | Yes | No |
| l. Have you ever been placed on the MED, LEIE, or similar database?                                                       | Yes | No |
| m. Have you ever been charged with or convicted of any theft or fraud type crime(s)?                                      | Yes | No |
| n. Has any State or Federal health care program ever taken any type of administrative action against you?                 | Yes | No |
| o. Have you ever been charged with or convicted of any health-related crimes?                                             | Yes | No |
| p. Have you ever been charged with or convicted of a crime involving the abuse of a child or an elderly/vulnerable adult? | Yes | No |

## 2.1 Managing Employees Only

Do NOT complete this section unless you are a managing employee.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a. Have you been convicted of a healthcare related felony or any other criminal offense, State or Federal, under this name or any other name in any state or U.S. Territory, regardless of a post-trial motion, a plea of guilty or nolo contendere or participation in a First Offense pardon program?                                                                                                                                                                                                         | Yes | No |
| b. Have you had any disciplinary action taken against any professional license or certification held in any state or U.S. Territory, including disciplinary action, board consent order, suspension, revocation, or voluntary surrender of a license or certification?                                                                                                                                                                                                                                          | Yes | No |
| c. Have you been denied enrollment, suspended, terminated from participation, excluded, or voluntarily withdrawn to avoid disciplinary action from Medicaid or other healthcare program(s) in any state or U.S. Territory, or employed by a corporation, entity/business, or professional association that has ever been denied enrollment, suspended, terminated, excluded, or voluntarily withdrawn to avoid disciplinary action from Medicaid or other healthcare program(s) in any state or U.S. Territory? | Yes | No |
| d. Are you currently or have you ever been terminated from Medicare?                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |

## 3. Comments

If you answered 'yes' to any of the above questions, please include comments below: