

RETURN DATE: MAY 22, 2018

STATE OF CONNECTICUT, Plaintiff	:	SUPERIOR COURT
	:	
v.	:	JUDICIAL DISTRICT OF HARTFORD
	:	
THE CENTER OF ATTENTION, LLC: NO ONE LEFT BEHIND, and SELINA CHRISTIAN, Defendants	:	APRIL 10, 2018

COMPLAINT

Plaintiff STATE OF CONNECTICUT alleges the following against Defendant THE CENTER OF ATTENTION, LLC: NO ONE LEFT BEHIND, and Defendant SELINA CHRISTIAN (collectively, "Defendants").

SUMMARY

1. This action seeks treble damages, civil penalties, and other relief for the Defendants' knowing submission of false claims for reimbursement for behavioral health services allegedly provided to indigent and/or disabled Connecticut citizens who receive health care goods and services through the State of Connecticut's Medicaid program, administered by the Connecticut Department of Social Services ("DSS" or "Department") as part of the Connecticut Medical Assistance Program ("CMAP"). Defendants' conduct, as detailed herein, violated the Connecticut False Claims Act, Connecticut General Statutes §§ 4-274 through 4-289.

PARTIES

2. The Plaintiff is the STATE OF CONNECTICUT ("State"), represented by GEORGE JEPSEN, ATTORNEY GENERAL ("Attorney General"). This action is brought by virtue of the authority of the Attorney General, pursuant to Connecticut General Statutes § 4-276.

3. Defendant SELINA CHRISTIAN ("CHRISTIAN") is a clinical social worker licensed by the State's Department of Public Health. She is a resident of Palmer, Massachusetts. At all times relevant to this Complaint, Defendant CHRISTIAN was enrolled in the CMAP as a behavioral health performing provider.

4. Defendant THE CENTER OF ATTENTION, LLC: NO ONE LEFT BEHIND ("CENTER OF ATTENTION") is a Connecticut corporation. From approximately January 2013 until April 2017, CENTER OF ATTENTION maintained an office located at 49 Connecticut Boulevard, Suite 8, East Hartford, Connecticut (hereafter, "the Connecticut Boulevard Office"). In approximately April 2017, CENTER OF ATTENTION closed its Connecticut Boulevard Office and relocated to 141 Prestige Park Road, Suite C, East Hartford, Connecticut (hereafter, "the Prestige Park Office"). From December 30, 2013, onward, Defendant CENTER OF ATTENTION was enrolled in the CMAP as a behavioral health group provider.

5. At all times relevant to this Complaint, Defendant CHRISTIAN was an owner/member of Defendant CENTER OF ATTENTION and exercised all management authority and control over the operations of Defendant CENTER OF ATTENTION, including exercising all authority and control over the submission of claims to the DSS for reimbursement on behalf of Defendant CENTER OF ATTENTION for behavioral health services allegedly rendered to CMAP recipients.

GENERAL LEGAL AND REGULATORY BACKGROUND

6. Medicaid is a joint federal-state program that provides health care benefits for certain eligible persons, including the indigent and disabled. The federal Medicaid statutes set forth the minimum requirements for state Medicaid programs to qualify for federal funding. 42 U.S.C. § 1396a. The federal share of each state's Medicaid payments is based on the state's per capita income compared to the national average. 42 U.S.C. § 1396d(b). State Medicaid programs pay the balance, which is referred to as the "state share." At all times relevant to this Complaint, the "state share" for the State's Medicaid program was approximately fifty percent (50%).

7. The State, through the DSS, administers the CMAP, which includes the Connecticut Medicaid program. The DSS Commissioner is authorized to promulgate regulations as necessary to administer the CMAP. Regs., Conn. State Agencies § 17b-262-523(13). The DSS reimburses participating providers for healthcare services provided to CMAP recipients.

8. The federal False Claims Act ("FCA") provides, in relevant part, that any person who: (a) knowingly presents or causes to be presented a false or fraudulent claim for payment or approval; (b) knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim; (c) knowingly makes, uses or causes to be made or used, a false record or statement material to an obligation to pay or transmit money to the federal government; or (d) knowingly conceals, or knowingly and improperly avoids or decreases an obligation to pay or transmit money to the federal government, is liable to the United States for relief including civil penalties and treble damages. 31 U.S.C. § 3729(a)(1)(A) & (B).

9. The Connecticut False Claims Act ("the Act") is modeled after the FCA. As enacted in 2009, the Act provided, in relevant part, that any person who: (a) knowingly presents

or causes to be presented a false or fraudulent claim for payment or approval under a medical assistance program administered by the DSS; (b) knowingly makes, uses or causes to be made or used, a false record or statement material to secure the payment or approval by the State of a false or fraudulent claim under a medical assistance program administered by the DSS; or (c) knowingly makes, uses or causes to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the State under a medical assistance program administered by the DSS, is liable to the State for relief including civil penalties and treble damages. Conn. Gen. Stat. §§ 17b-301b(a)(1), (2), (3), (7) and (b) (2009) (current version at §§ 4-275(a)(1), (2), (3), (7) and (b) (2014)).

10. Effective June 13, 2011, the Act was amended to provide, in relevant part, that any person who: (a) knowingly presents or causes to be presented a false or fraudulent claim for payment or approval under a medical assistance program administered by the DSS; (b) knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim under a medical assistance program administered by the DSS; (c) knowingly makes, uses or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the State under a medical assistance program administered by the DSS; (d) knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the State under a medical assistance program administered by the DSS, is liable to the State for relief including civil penalties, treble damages, and the costs of investigation and prosecution of this action. Conn. Gen. Stat. §§ 17b-301b(a)(1), (2), (3), (7), (8) and (b) (2011) (current version at §§ 4-275(a)(1), (2), (3), (7), (8) and (b) (2014)).

11. Effective June 13, 2014, the Act was expanded to prohibit false and fraudulent claims made to "a state-administered health or human services program" and re-codified. Conn. Gen. Stat. §§ 4-274(7) and 4-275(a)(1), (2), (7), and (8) (2014).

12. For the purposes of the Act, "knowing" and "knowingly" means that a person, with respect to information: (a) has actual knowledge of the information; (b) acts in deliberate ignorance of the truth or falsity of the information; or (c) acts in reckless disregard of the truth or falsity of the information, without regard to whether the person intends to defraud. Conn. Gen. Stat. § 4-274(1).

CMAP PROVIDER ENROLLMENT AND PARTICIPATION

13. A provider of goods and services to CMAP recipients is obligated to adhere to CMAP requirements in order to both participate in, and receive payment from, the CMAP through the DSS. Regs., Conn. State Agencies § 17b-262-522.

14. Every person, organization, and entity that wishes to voluntarily participate as a provider in the CMAP is required to enter into a CMAP Provider Enrollment Agreement ("Provider Agreement").

15. A CMAP provider agrees in the Provider Agreement "[t]o continually adhere to professional standards governing medical care and services and to continually meet state and federal licensure, accreditation, certification or other regulatory requirements, including all applicable provisions of the Connecticut General Statutes and any rule, regulation, or DSS policy promulgated pursuant thereto and certification in the Medicare program, if applicable." Provider Agreement, ¶ 3.

16. A CMAP provider further agrees to "abide by DSS' Medical Assistance Program Provider Manual(s), as amended from time to time, as well as all bulletins, policy transmittals, notices, and amendments" Provider Agreement, ¶ 10.

17. A CMAP provider also agrees in the Provider Agreement to "submit only those claims for goods and services that are covered by the Connecticut Medical Assistance Program and documented by Provider as being . . . for compensation that Provider is legally entitled to receive" Provider Agreement, ¶ 15.

18. By executing the Provider Agreement, the CMAP provider, or the provider's authorized representative, acknowledges to "**HAVING READ THIS AGREEMENT AND UNDERSTANDING IT IN ITS ENTIRETY**" (Emphasis in original). Provider Agreement, page 7.

19. A Provider Agreement was executed on behalf of Defendant CENTER OF ATTENTION, a behavioral health group provider, in December 2013.

20. Defendant CHRISTIAN executed a Provider Agreement for herself—as a behavioral health clinician, clinical social worker—in January 2011. In May 2013, Defendant Christian re-enrolled as a CMAP provider, and a Provider Agreement was executed on her behalf.

DSS REQUIREMENTS FOR PAYMENT OF LICENSED BEHAVIORAL HEALTH CLINICIANS

21. Regulations of Connecticut State Agencies § 17b-262–912 through § 17b-262-925 set forth the requirements for payment by the CMAP of claims for services of licensed behavioral health clinicians in independent practice who are enrolled in the CMAP as providers.

22. "Licensed behavioral health clinician" means a "licensed alcohol and drug counselor, licensed marital and family therapist, licensed clinical social worker or licensed professional counselor." Regs., Conn. State Agencies § 17b-262-913 (15).

23. "Behavioral health clinician services" means "preventative, diagnostic therapeutic rehabilitative or palliative services provided by a licensed behavioral health clinician within the licensed behavioral health clinician's scope of practice under state law." Regs., Conn. State Agencies § 17b- 262-913 (2).

24. The DSS "shall pay *only* for behavioral clinician services that are (1) Within the licensed behavioral health clinician's scope of practice . . . and, (2) medically necessary to treat the recipient's condition." (Emphasis added.) Regs., Conn. State Agencies § 17b-262-916.

25. The DSS *shall not* pay for "services provided by anyone other than the provider", and "provider" is defined under the relevant CMAP regulations as a "licensed behavioral health clinician enrolled in Medicaid pursuant to a valid provider agreement." Regs., Conn. State Agencies § 17b-262-918 (9); Regs., Conn. State Agencies § 17b- 262-913 (25).

26. Further, the DSS *shall not* pay for "cancelled office visits or appointments not kept." Regs., Conn. State Agencies § 17b-262-913 (5).

27. Licensed behavioral health clinicians enrolled in the CMAP are required to maintain the following documentation: "(1) a specific record for all services provided to each client including, but not limited to: name, address, birth date, Medicaid identification number, pertinent diagnostic information, a current treatment plan signed by the licensed behavioral health clinician and (2) documentation of services provided, including, types of service or modalities, date of service, location of the service and the start and stop time of the service." Regs., Conn. State Agencies § 17b-262-925(a). In addition, for treatment services, licensed

behavioral health clinicians must also document "the treatment intervention and progress with respect to the client's goals as identified in the treatment plan." Regs., Conn. State Agencies § 17b-262-925(b).

28. The DSS, therefore, will pay a CMAP behavioral health services provider for a behavioral health service rendered to a CMAP recipient *only* when: (a) the service was "medically necessary" as defined by Conn. Gen. Stat. § 17b-259b; (b) if an enrolled, licensed behavioral health clinician *directly* performed the service within the enrolled, licensed behavioral health clinician's scope of practice; and (c) the proper documentation was maintained pursuant to Regs., Conn. State Agencies § 17b-262-925.

DSS' REIMBURSEMENT OF CLAIMS TO CMAP PROVIDERS

29. The amount of reimbursement that the DSS pays enrolled providers for providing services to CMAP recipients is based upon the rates established by the DSS Commissioner ("Fee Schedule"). Regs., Conn. State Agencies §§ 17b-262-461; 17b-262-530 (a).

30. The Fee Schedule is based upon the American Medical Association's Current Procedural Terminology ("CPT") codes that correspond to the type and level of service provided.¹

31. CPT code 90834 corresponds with providing individual psychotherapy,² for a period of 38–52 minutes in length.³

¹ The CPT codes in effect during the time period alleged in this Complaint are reflected in the 2013 CPT code manual (effective January 1, 2013), as well as in the 2017 CPT code manual (effective January 1, 2017).

² The 2013 CPT code manual provides, in relevant part: "Psychotherapy is the treatment of mental illness and behavioral disturbances in which the physician or other qualified health care professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality

32. At all times relevant to this Complaint, the DSS reimbursed CMAP providers \$63.12 for a behavioral health service billed as a CPT Code 90834 (individual psychotherapy, 38–52 minutes).

THE SUBMISSION OF FALSE CLAIMS TO THE CMAP

33. From approximately January 2, 2013, through at least December 16, 2017, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION violated the Act by knowingly: (a) submitting claims for services that were not rendered; and (b) making false records and statements to conceal and retain overpayments.

34. The relevant time period for the conduct and causes of action set forth below is the time period including January 2, 2013, through at least December 16, 2017.

35. Defendant CHRISTIAN and Defendant CENTER OF ATTENTION submitted claims for reimbursement to the DSS for services, and received payment of over \$1,840,000, for psychotherapy services allegedly provided to CMAP recipients during the relevant time period.

36. During the time period January 2, 2013 through April 3, 2017, Hewlett Packard Enterprise ("HPE") was the fiscal agent with which the DSS contracted to process and issue (a) reimbursement to enrolled CMAP providers in accordance with DSS's Fee Schedule, and (b) remittance advices for claims submitted by CMAP providers for reimbursement for services rendered to CMAP recipients.

growth and development. The psychotherapy service codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions . . . Psychotherapy times are for face-to-face services with patient and/or family member. The patient must be present for all or some of the service."

³ As of January 2017, CPT code 90834 was revised to replace the phrase "with patient and/or family member" to simply "with patient." Further, the 2017 CPT code manual requires that a patient be present for all or a majority of the service, and that a CPT code's stated time (e.g., 45 minutes) is relevant only for face-to-face time with the patient.

37. On April 3, 2017, HPE merged with Computer Sciences Corporation to form a new company, DXC Technology ("DXC"), the DSS' current fiscal agent for processing CMAP claims for reimbursement.

THE SCHEME — A PERVASIVE PATTERN OF FRAUD

38. From approximately January 2, 2013, through at least December 16, 2017, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION engaged in a systematic and persistent pattern of knowingly submitting, or causing to be submitted, false and fraudulent claims to the DSS for psychotherapy services that were never rendered to CMAP recipients.

39. Billing for services not rendered occurs when a provider submits a claim for a specific service to the DSS that was never provided to the CMAP recipient.

40. Defendant CHRISTIAN and Defendant CENTER OF ATTENTION routinely engaged in a pattern of knowingly submitting, or causing to be submitted, claims for reimbursement to the DSS for rendering 38–52 minutes of individual psychotherapy (CPT code 90834) for CMAP recipients who did not receive the services identified on the claim for reimbursement; namely, 38–52 minutes of individual psychotherapy (CPT code 90834).

41. Defendant CHRISTIAN organized and offered a children's group meeting held at Defendant CENTER OF ATTENTION's office on Tuesday evenings from approximately 6 p.m. to 7 p.m., for children between the ages of 6 and 11 years old. This group was referred to as the "Kids' Group" or the "Adolescent Group" (hereafter referred to as the "Kids' Group"). The Kids' Group consisted of group-based activities focused on, among other things, developing social skills. Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly and routinely submitted, or caused to be submitted, claims for reimbursement to the DSS for 38–52 minutes of individual psychotherapy (CPT code 90834) for each CMAP recipient who participated in the

respective weekly Kids' Group, despite the fact that those CMAP recipients did not receive individual psychotherapy while participating in the Kids' Group.

42. Defendant CHRISTIAN organized and offered a children's group meeting held at Defendant CENTER OF ATTENTION's office on Wednesday evenings from approximately 5 p.m. to 7 p.m., for children between the ages of 18 months and 5 years old. This group was referred to as "Chrisper Tytes" or the "Toddler Group" (hereafter referred to as the "Toddler Group"). The Toddler Group consisted of group-based activities focused on, among other things, developing acceptable social behavior and manners. The types of activities performed in the Toddler Group included arts and crafts, playing, eating snacks, and working on problem-solving exercises derived from a book. The activities provided at the Toddler Group were not services covered under the CMAP. In order to conceal the true nature of the services provided at the Toddler Group, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly submitted, or caused to be submitted, claims for reimbursement to the DSS for allegedly rendering 38–52 minutes of individual psychotherapy (CPT code 90834) for each CMAP recipient who attended the Toddler Group, when in fact they were seeking reimbursement for non-covered activities provided at the Toddler Group.

43. Defendant CHRISTIAN organized and offered a children's group meeting at Defendant CENTER OF ATTENTION's office on Thursday evenings from approximately 5 p.m. to 6 p.m., for children between the ages of 12 and 17 years old. This group was referred to as "Pre-Teen Group." The Pre-Teen Group consisted of group-based activities focused on, among other things, developing social skills. Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly and routinely submitted, or caused to be submitted, claims for reimbursement to the DSS for rendering 38–52 minutes of individual psychotherapy (CPT code 90834) for each

CMAP recipient who participated in the respective weekly Pre-Teen Group, despite the fact that those CMAP recipients did not receive individual psychotherapy while participating in the Pre-Teen Group.

44. From approximately January 2013 through March 2017, Defendant CHRISTIAN organized and offered a children's group meeting at Defendant CENTER OF ATTENTION's Connecticut Boulevard Office on Friday evenings. This group was referred to as "Pajama Jam" or "Jammy Jam" (hereafter referred to as the "Pajama Jam"). The purpose of Pajama Jam was to give a respite to parents, and children at Pajama Jam would participate in activities such as playing games, watching movies and eating pizza. The activities provided at Pajama Jam were not services covered under the CMAP. The individuals who conducted the Pajama Jam on behalf of Defendant CENTER OF ATTENTION were not licensed behavioral health clinicians, nor were they enrolled in the CMAP as providers. In order to conceal the true nature of the services provided at Pajama Jam, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly submitted, or caused to be submitted, claims for reimbursement to the DSS for allegedly rendering 38–52 minutes of individual psychotherapy (CPT code 90834) for each CMAP recipient who attended Pajama Jam, when in fact they were seeking reimbursement for non-covered activities provided at Pajama Jam.

45. From approximately April 2017 through June 2017, and from September 2017 through December 2017, Defendant CHRISTIAN organized and offered a children's group at Defendant CENTER OF ATTENTION's Prestige Park Office on Friday evenings. This group was referred to as "Peer to Peer." The purpose of the Peer to Peer Group was to give a respite to parents and teach children social skills, and children participated in activities similar to those offered at Pajama Jam. The activities provided at the Peer to Peer Group were not services

covered under the CMAP. The individuals who conducted the Peer to Peer Group on behalf of Defendant CENTER OF ATTENTION were not licensed behavioral health clinicians, nor were they enrolled in the CMAP as providers. In order to conceal the true nature of the services provided at the Peer to Peer Group, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly submitted, or caused to be submitted, claims for reimbursement to the DSS for allegedly rendering 38–52 minutes of individual psychotherapy (CPT code 90834) for each CMAP recipient who attended the Peer to Peer Group, when in fact they were seeking reimbursement for non-covered activities provided at the Peer to Peer Group.

46. Defendant CENTER OF ATTENTION offered academic tutoring to CMAP patients. Academic tutoring is not a covered service under the CMAP. In order to conceal the true nature of the tutoring services, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly submitted, or caused to be submitted, claims for reimbursement to the DSS for allegedly rendering 38–52 minutes of individual psychotherapy (CPT code 90834), when in fact they were seeking reimbursement for tutoring services.

47. Defendant CENTER OF ATTENTION offered and provided transportation services for its CMAP patients.⁴ Transportation services delivered by a behavioral health provider, such as Defendant CENTER OF ATTENTION, are not covered services reimbursable under the CMAP. Although not a covered service under the CMAP, Defendant CENTER OF ATTENTION hired drivers, as independent contractors, to provide the transportation for its CMAP patients, and the drivers routinely used their personal vehicles when providing transportation to and/or from Defendant CENTER OF ATTENTION's offices. In order to conceal the true nature of the

⁴ From approximately January 2013 through March 2017, CMAP recipients were transported to and/or from Defendant CENTER OF ATTENTION's Connecticut Boulevard Office. From approximately April 2017 through December 2017, CMAP recipients were transported to and/or from Defendant CENTER OF ATTENTION's Prestige Park Office.

transportation services provided, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly submitted, or caused to be submitted, claims for reimbursement to the DSS for allegedly rendering 38–52 minutes of individual psychotherapy (CPT code 90834), when in fact they were seeking reimbursement for transportation services.

48. From approximately July 2017 through August 2017, Defendant CENTER OF ATTENTION offered and provided what was referred to as an "Enrichment Program" for its CMAP patients ranging from 2 to 16 years of age. The Enrichment Program was conducted three (3) days per week, from approximately 10 a.m. through 5 p.m. The Enrichment Program consisted of Defendant CHRISTIAN, and other employees or independent contractors of Defendant CENTER OF ATTENTION, taking children on day trips to various educational or recreational locations, including parks, museums, and water parks. The services provided through the Enrichment Program are not covered services under the CMAP. In order to conceal the true nature of the services provided through the Enrichment Program, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION submitted, or caused to be submitted, claims for reimbursement to the DSS using CPT code 90834 (38–52 minutes of individual psychotherapy), when in fact they were seeking reimbursement for non-covered activities provided through the Enrichment Program.

49. In addition to the services outlined in ¶¶ 38–48 above, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION routinely submitted, or caused to be submitted, claims for reimbursement to the DSS for CPT code 90834 (38–52 minutes of individual psychotherapy) when Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION provided no services whatsoever to its CMAP patients.

50. The DSS believed that the specific services identified in the claims for reimbursement that Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, to the DSS for individual psychotherapy allegedly rendered to CMAP recipients—services that were, in fact, never provided to CMAP recipients—were accurate, truthful and medically necessary, and therefore, the DSS relied on this information in making its decision to reimburse Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION for those claims.

51. Had the DSS known that the individual psychotherapy services were (a) services not covered or reimbursable by the CMAP, or (b) services that were never in fact provided to CMAP recipients, the DSS would not have reimbursed Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION for those claims.

FALSE CLAIMS FOR SERVICES NOT PROVIDED TO SPECIFIC CMAP RECIPIENTS

52. The scheme outlined in ¶¶ 38 through 51, above, resulted in myriad false claims—for a multitude of different CMAP recipients—that Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, to the DSS for individual psychotherapy services that were never provided. The claims identified below are a representative sample of psychotherapy services that were never rendered to specific CMAP recipients.

53. From approximately January 2013 through January 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately fifty-one (51) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52

minutes of individual psychotherapy) to Client # 1,⁵ when, in fact, Client # 1 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$3,219 for the foregoing psychotherapy services that were never provided to Client # 1.

54. From approximately November 2013 through June 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred sixty-eight (168) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 2, when, in fact, Client # 2 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$10,604 for the foregoing psychotherapy services that were never provided to Client # 2.

55. From approximately September 2013 through June 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately sixty-nine (69) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 3, when, in fact, Client # 3 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$4,355 for the foregoing psychotherapy services that were never provided to Client # 3.

56. From approximately September 2013 through June 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred twenty-four (124) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 4, when, in fact, Client # 4 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF

⁵ A pseudonym is used for this client, as well as for the others identified below, in order to protect the privacy of their health information. Following the return of this Complaint to court, the State will seek an order permitting an appendix to the Complaint to be filed with the court under seal, and copied to counsel for the Defendants, listing the clients' names.

ATTENTION over \$7,826 for the foregoing psychotherapy services that were never provided to Client # 4.

57. From approximately May 2014 through October 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred seventy-one (171) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 5, when, in fact, Client # 5 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$10,793 for the foregoing psychotherapy services that were never provided to Client # 5.

58. From approximately May 2014 through February 2017, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred sixty (160) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 6, when, in fact, Client # 6 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$10,099 for the foregoing psychotherapy services that were never provided to Client # 6.

59. From approximately September 2013 through October 2014, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred and one (101) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 7, when, in fact, Client # 7 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$6,375 for the foregoing psychotherapy services that were never provided to Client # 7.

60. From approximately April 2013 through October 2014, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred twenty-seven (127) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 8, when, in fact, Client # 8 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$8,016 for the foregoing psychotherapy services that were never provided to Client # 8.

61. From approximately June 2014 through September 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred twenty-six (126) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 9, when, in fact, Client # 9 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$7,953 for the foregoing psychotherapy services that were never provided to Client # 9.

62. From approximately June 2014 through September 2016, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately one hundred thirty-three (133) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 10, when, in fact, Client # 10 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$8,394 for the foregoing psychotherapy services that were never provided to Client # 10.

63. From approximately October 2014 through April 2015, Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, approximately

forty-eight (48) claims to the DSS for reimbursement identifying service CPT code 90834 (38–52 minutes of individual psychotherapy) to Client # 11, when, in fact, Client # 11 never received those services. The DSS paid Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION over \$3,029 for the foregoing psychotherapy services that were never provided to Client # 11.

64. The DSS believed that the information contained in the claims for reimbursement that Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION submitted, or caused to be submitted, to the DSS for individual psychotherapy allegedly rendered to the CMAP recipients identified above—services that were, in fact, never provided to those CMAP recipients—were accurate, truthful and medically necessary, and therefore, the DSS relied on this information in making its decision to reimburse Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION for those claims.

65. Had the DSS known that the individual psychotherapy services were (a) not covered under the CMAP, and/or (b) services that were never provided to these CMAP recipients, the DSS would not have reimbursed Defendant CHRISTIAN and/or Defendant CENTER OF ATTENTION for those claims.

DEFENDANTS' KNOWING AND IMPROPER RETENTION OF OVERPAYMENTS

66. Licensed behavioral health clinicians enrolled in the CMAP are required—pursuant to Regulations of Connecticut State Agencies §17b-262-925—to maintain a specific record of all services provided to each client that includes, but is not limited to: (a) documentation of the service provided, including the type of service; (b) the date of service; and (c) the start and stop time of the service. For treatment services such as individual psychotherapy, licensed behavioral health clinicians are also required to document "the treatment

intervention and progress with respect to the client's goals as identified in the treatment plan." Regs., Conn. State Agencies §17b-262-925(b).

67. Defendant CHRISTIAN, and/or other employees or independent contractors at Defendant CENTER OF ATTENTION, entered information on documents referred to as "Progress Notes" for patients who purportedly received psychotherapy at Defendant CENTER OF ATTENTION. The Progress Notes did not contain narrative treatment notes regarding the patient's psychotherapy session, or information pertaining to the patient's progress towards achieving goals identified in the patient's treatment plan. Rather, the Progress Notes contained: (a) Defendant CENTER OF ATTENTION's letterhead and contact information; (b) the name and date of birth of the individual purportedly receiving services; and (c) a series of check mark boxes wherein applicable information would be manually checked concerning things such as the individual's mood, communication, and appearance. All of the Progress Notes bear the signature of Defendant CHRISTIAN, consisting of a photocopied signature stamp in the majority of Progress Notes, and an alleged date of service.

68. On or about May 10, 2017, the Attorney General's Office issued a subpoena to Defendant CENTER OF ATTENTION ("May 2017 Subpoena"), pursuant to which Defendant CENTER OF ATTENTION was legally required to produce documents including, but not limited to, patient records for CMAP recipients who purportedly received services from Defendant CHRISTIAN and/or at Defendant CENTER OF ATTENTION.

69. In response to the May 2017 Subpoena, Defendant CENTER OF ATTENTION produced documents—including but not limited to photocopied Progress Notes—for CMAP recipients who purportedly received services from Defendant CHRISTIAN and/or at Defendant CENTER OF ATTENTION.

70. In the course of preparing to respond to the May 2017 Subpoena, Defendant CHRISTIAN took steps to create or alter Progress Notes, and input false information therein, and/or instructed her employees, interns, or volunteer staff to do the same.

71. The fabricated and/or altered Progress Notes made it appear as if Defendant CHRISTIAN and/or at Defendant CENTER OF ATTENTION's CMAP patients received 38–52 minutes of individual psychotherapy (CPT Code 90834), when in fact such patients were not provided this service.

72. Accordingly, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly made false statements and false records in order to conceal their fraudulent scheme and illegally retain overpayments made by the DSS for services not rendered to CMAP recipients.

CAUSES OF ACTION

COUNT 1

Connecticut State False Claims Act

Conn. Gen. Stat. § 4-275 (a) (1)

PRESENTATION OF FALSE OR FRAUDULENT CLAIMS

73. The allegations of ¶¶ 1–72 of this Complaint are incorporated herein as allegations of Count 1 as if fully set forth herein. The State further alleges as follows:

74. The Connecticut False Claims Act (the "Act") provides that any person, corporation or limited liability company who knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval under a State-administered health or human services program, or who knowingly makes, uses or causes to be made or used, a false record or statement to secure the payment or approval by the State of a false or fraudulent claim under a State administered health or human services program, shall be liable to the State for relief

including civil penalties, treble damages, and the costs of investigation and prosecution of the action. Conn. Gen. Stat. § 4-275(a) and (b). Liability under the Act shall be joint and several for any violation pursuant to Conn. Gen. Stat. § 4-275 that is committed by two or more persons. Conn. Gen. Stat. § 4-275(b).

75. Specifically, Conn. Gen. Stat. § 4-275(a)(1) of the Act prohibits the knowing presentation of a false or fraudulent claim to the State under a State-administered health or human services program, including the CMAP.

76. For the purposes of the Act, “knowing” and “knowingly” means that a person, with respect to information: (a) has actual knowledge of the information; (b) acts in deliberate ignorance of the truth or falsity of the information; or (c) acts in reckless disregard of the truth or falsity of the information, without regard to whether the person intends to defraud. Conn. Gen. Stat. § 4-274(1).

77. Between January 2, 2013, and December 16, 2017, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly presented, or caused to be presented, false claims for payment or approval under the CMAP, a State-administered health and human services program.

78. Between January 2, 2013, and December 16, 2017, Defendant CHRISTIAN and Defendant CENTER OF ATTENTION knowingly engaged in conduct that would, and did, result in a long-term pattern and practice of submitting false claims to the DSS, including services that were not rendered.

79. By virtue of the false claims made or caused to be made by the Defendants, the State has suffered damages.

80. Defendants are jointly and severally liable to the State for treble damages under the Act, in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000, or as adjusted from time to time by the Federal Civil Penalties Inflation Adjustment Act of 1990, 28 U.S.C. § 2461, for each false claim presented or caused to be presented by Defendants.

COUNT 2
Connecticut State False Claims Act
Conn. Gen. Stat. § 4-275 (a) (2)
FALSE RECORDS OR STATEMENTS

81. The allegations of ¶¶ 1–80 of this Complaint are incorporated herein as allegations of Count 2 as if fully set forth herein. The State further alleges as follows:

82. The provisions of the Act prohibit the knowing use of false records or statements material to false or fraudulent claims to the State under a State-administered health or human services program, such as the CMAP.

83. Compliance with all laws, regulations, and the DSS enrollment requirements is an express condition of payment for providing services under the Connecticut Medicaid program. Regs., Conn. State Agencies §§ 17b-262-524 and 17b-262-526.

84. Between January 2, 2013, and December 16, 2017, Defendants CHRISTIAN and CENTER OF ATTENTION engaged in a long-term pattern and practice of submitting psychotherapy claims to DSS for services that were not rendered.

85. The records or statements made, used, or caused to be made or used, by Defendants CHRISTIAN and/or CENTER OF ATTENTION were material in that they had a natural tendency to influence or were capable of influencing the DSS in its decision to remit payment for

the false or fraudulent claims Defendants CHRISTIAN and/or CENTER OF ATTENTION submitted to the DSS.

86. Between January 2, 2013, and December 16, 2017, Defendants CHRISTIAN and CENTER OF ATTENTION knowingly made, used or caused to be made or used, false records or statements to get false or fraudulent claims paid or approved by the DSS.

87. By virtue of the false records or false statements made or caused to be made by Defendants CHRISTIAN and CENTER OF ATTENTION, the State has suffered damages.

88. Defendants are jointly and severally liable to the State for treble damages under the Act, in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000, or as adjusted from time to time by the Federal Civil Penalties Inflation Adjustment Act of 1990, 28 U.S.C. § 2461, for each false record or statement presented or caused to be presented by Defendants.

COUNT 3
Connecticut State False Claims Act
Conn. Gen. Stat. § 4-275 (a) (7)
KNOWINGLY MAKING FALSE RECORDS OR STATEMENTS MATERIAL TO
AN OBLIGATION TO PAY THE STATE

89. The allegations of ¶¶ 1–88 of this Complaint are incorporated herein as allegations of Count 3 as if fully set forth herein. The State further alleges as follows:

90. The provisions of the Act prohibit the knowing use of false records or statements to conceal, avoid or decrease an obligation to pay or transmit money or property to the State under a State-administered health or human services program, such as the CMAP.

91. Between January 2, 2013, and December 16, 2017, Defendants CHRISTIAN and CENTER OF ATTENTION knowingly made, used, or caused to be made or used, false records or

statements to conceal, avoid or decrease an obligation to pay or transmit money or property to the State under the CMAP, a State-administered health or human services program.

92. By virtue of the false records or statements made or caused to be made by Defendants CHRISTIAN and CENTER OF ATTENTION, the State has suffered damages.

93. Defendants are jointly and severally liable to the State for treble damages under the Act, in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000, or as adjusted from time to time by the Federal Civil Penalties Inflation Adjustment Act of 1990, 28 U.S.C. § 2461, for each false record or statement that was knowingly made, used, or caused to be made or used, by Defendants.

COUNT 4
Connecticut State False Claims Act
Conn. Gen. Stat. § 4-275 (a) (8)
CONCEALMENT TO AVOID AN OBLIGATION TO PAY THE STATE

94. The allegations of ¶¶ 1–93 of this Complaint are incorporated herein as allegations of Count 4 as if fully set forth herein. The State further alleges as follows:

95. The provisions of the Act prohibit the knowing concealment and/or knowing improper avoidance or decrease of an obligation to pay or transmit money or property to the State under a State-administered health or human services program, such as the CMAP.

96. Between January 2, 2013, and December 16, 2017, Defendants CHRISTIAN and CENTER OF ATTENTION knowingly concealed and/or knowingly and improperly avoided or decreased an obligation to pay or transmit money or property to the State under the CMAP, a State-administered health or human services program.

97. By virtue of their knowingly concealing and/or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money or property, Defendants CHRISTIAN and CENTER OF ATTENTION have caused the State to suffer damages.

98. Defendants are jointly and severally liable to the State for treble damages under the Act, in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000, or as adjusted from time to time by the Federal Civil Penalties Inflation Adjustment Act of 1990, 28 U.S.C. § 2461, for each instance of Defendants knowingly concealing and/or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money or property to the CMAP.

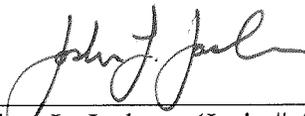
PRAYER FOR RELIEF

WHEREFORE, pursuant to Connecticut General Statutes § 4-275(b), the STATE OF CONNECTICUT requests the following relief for Counts 1, 2, 3, and 4:

1. A civil penalty of not less than five thousand five hundred dollars (\$5,500) or more than eleven thousand dollars (\$11,000), or as adjusted from time to time by the Federal Civil Penalties Inflation Adjustment Act of 1990, 28 U.S.C. § 2461, for each violation of the Act;
2. Three times the amount of damages that the STATE OF CONNECTICUT sustained because of the acts of the Defendants;
3. Costs of investigation and prosecution of this action.

**PLAINTIFF
STATE OF CONNECTICUT**

BY: GEORGE JEPSEN
ATTORNEY GENERAL



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RETURN DATE: MAY 22, 2018

STATE OF CONNECTICUT,
Plaintiff,

v.

THE CENTER OF ATTENTION, LLC:
NO ONE LEFT BEHIND, and
SELINA CHRISTIAN,
Defendants

:
:

SUPERIOR COURT

:

JUDICIAL DISTRICT OF HARTFORD

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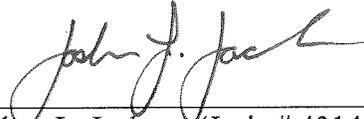
APRIL 10, 2018

AMOUNT IN DEMAND

The amount, legal interest, or property in demand is \$15,000.00 or more, exclusive of interests or costs.

**PLAINTIFF
STATE OF CONNECTICUT**

BY: GEORGE JEPSEN
ATTORNEY GENERAL



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