

## Corporate Compliance & DRA Training Test

- 1) The Medicaid Integrity Program encompasses:
  - a) Reviewing
  - b) Auditing
  - c) Identifying
  - d) All of the above
  - e) A and D
  
- 2) Does Michigan have a False Claims Act?
  - a) Yes
  - b) No
  
- 3) What does the Deficit Reduction Act (DRA) require of employees?
  - a) To provide education to employees
  - b) Have written policies for detecting and/or preventing fraud, abuse and waste.
  - c) Employee handbook to include fraud and abuse laws.
  - d) All of the above
  - e) None of the above
  
- 4) Does the Federal False Claims Act apply when a person or company knowingly presents (or causes to be presented) a false or fraudulent claim for payment to the Federal Government.
  - a) Yes
  - b) No
  
- 5) When money is recovered under the False Claims Act, does the reporting person share in the recovery dollars?
  - a) Yes
  - b) No
  
- 6) Does the Compliance Plan identify how to report any “fraud, abuse, or waste” to the organization?
  - a) Yes
  - b) No
  
- 7) The False Claims Act protects you when you report fraud, abuse, or waste?
  - a) Yes
  - b) No



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- 8) According to the Michigan False Claims Act, "Claim" is defined as:
- a) Proper documentation completed and provided to the Recipient Rights Dept. within 7 days of the occurrence.
  - b) Compiled evidence that a fraud to collect inappropriate benefits has occurred.
  - c) Any attempt to cause the DCH to pay out sums of money under the social welfare act.
  - d) All of the above
- 9) According to the Michigan False Claims Act, "False" is defined as:
- a) Wholly or partially untrue or deceptive
  - b) Inconsistence, evasive, and unscrupulous
  - c) Foul, hypocritical and malevolent
  - d) None of the above
- 10) If the court finds that the person bringing the action planned, initiate, or participated in the conduct (false claim) upon which the action is brought, the court may then reduce or eliminate the share of the proceeds?
- a) Yes
  - b) No
- 11) Who does the Whistleblower's Protection Act protect?
- a) Piccolo players in the marching band
  - b) Representatives of the Human Resources dept. fulfilling the reporting requirements of the designated job duties.
  - c) Any CMHA-CEI consumer who participates in investigation and legislative inquiries.
  - d) Employees who report a violation or suspected violation of state, local, or federal law.
- 12) I have received, read, and understand the CMHA-CEI Compliance Plan, Standards of Conduct, and related policies and procedures.
- a) Yes
  - b) No
- 13) I pledge to act in compliance with abide by the Standards of conduct and the Compliance Plan during the entire term of my employment and/or contract
- a) Yes
  - b) No



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- 14) I acknowledge that I have a duty to report to the CMHA-CEI Compliance Officer any alleged or suspected violation of the Standards of Conduct, agency policy, or applicable laws and regulations.
- a) Yes
  - b) No
- 15) I will seek advice from my supervisor or the CMHA-CEI Compliance Officer concerning appropriate actions that I may need to take in order to comply with Standards of Conduct or the Compliance Plan.
- a) Yes
  - b) No
- 16) I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Standards of Conduct or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.
- a) Yes
  - b) No
- 17) I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/contract.
- a) Yes
  - b) No
- 18) I agree to disclose the existence and nature of any actual or potential conflict or interest to the Compliance Officer. Further, I certify that I am not aware of any conflicts of interest.
- a) Yes
  - b) No
- 19) I certify that I have received a copy of the Compliance Plan, have reviewed the information, and will comply with all requirements as set forth in the Plan.
- a) Yes
  - b) No



Training Unit  
**Answer Sheet**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Work Location: \_\_\_\_\_

Date: \_\_\_\_\_

- Course (Circle one):**
- |   |                                 |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security                | Environmental Safety            |
| Person Centered Planning                | De-Escalation Skills            |
| Corporate Compliance                    | Limited English Proficiency     |
| Recipient Rights                        | Trauma Informed Care            |
|   | Appeals and Grievances          |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

**Once you have completed the test, turn into your manager.**

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- |    |   |   |   |   |   |    |   |   |   |   |   |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1  | A | B | C | D | E | 14 | A | B | C | D | E |
| 2  | A | B | C | D | E | 15 | A | B | C | D | E |
| 3  | A | B | C | D | E | 16 | A | B | C | D | E |
| 4  | A | B | C | D | E | 17 | A | B | C | D | E |
| 5  | A | B | C | D | E | 18 | A | B | C | D | E |
| 6  | A | B | C | D | E | 19 | A | B | C | D | E |
| 7  | A | B | C | D | E | 20 | A | B | C | D | E |
| 8  | A | B | C | D | E | 21 | A | B | C | D | E |
| 9  | A | B | C | D | E | 22 | A | B | C | D | E |
| 10 | A | B | C | D | E | 23 | A | B | C | D | E |
| 11 | A | B | C | D | E | 24 | A | B | C | D | E |
| 12 | A | B | C | D | E | 25 | A | B | C | D | E |
| 13 | A | B | C | D | E |    |   |   |   |   |   |

**Instruction for Manager:** If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

**Grade\*:** \_\_\_\_\_ out of \_\_\_\_\_ \*must equal 80% or above to pass **Manager Initials** \_\_\_\_\_