



DRA Declaration

Provider Entity Information

Name: Federal Employer Identification Number:

NPI(s): Service Location ID(s):

Address:

City: State: Zip Code:

Declarant Information

Name: Title:

Phone Number: Email Address:

Declaration

I hereby declare that, as a condition for the above-identified Provider Entity to receive payments under the Colorado Medical Assistance Program, I have read Section 6032 of the Deficit Reduction Act of 2005 and confirm that:

The Provider Entity's written policies and procedures:

1. Establish, disseminate and maintain written policies for all of your employees, including management and the employees of any of your contractors or agents, that include detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs (as defined in section 1128B(f)).
2. Include in those written policies detailed information about your policies and procedures for detecting and preventing waste, fraud, and abuse.



- 3 Include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of your policies and procedures for detecting and preventing fraud, waste, and abuse. *You do not need to create an employee handbook if one does not already exist.*

The Provider Entity provides copies of its written policies to:

- Its employees (including management); and
- Any of its contractors and agents.

The Provider Entity's written policies and procedures are included in any employee handbook maintained by the Provider Entity.

I possess all necessary powers and authority to execute and make the representations contained in the DRA Declaration on behalf of the Provider Entity and have attached the required documents for Federal Fiscal Year FFY2025.

I understand the statements made in this DRA Declaration are subject to scrutiny and may be subject to civil and criminal penalties under Colorado and/or Federal laws.

Signature:

Date:

