STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Stephen E. Knezek, L.C.S.W. Petition No. 2009-0327-058-005

CONSENT ORDER

WHEREAS, Stephen E. Knezek of New Haven (hereinafter "respondent") has been issued license number ~~E46475~~ 004495 to practice as a licensed clinical social worker by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. At all relevant times respondent practiced licensed clinical social work as a solo practitioner in New Haven, Connecticut. From October 2001 through September 2007 respondent submitted false claims to insurance companies for treatment he did not provide to a patient on the dates claimed on insurance reimbursement documents. Also, respondent submitted false claims to insurance companies for multiple patients that stated treatment had been provided in individual sessions, when the treatment had been provided as part of group sessions.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, including, but not limited to §20-195p.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Department (hereinafter "the Department"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-195p of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-195p of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.

2. Respondent's license number ~~E46475~~ 004495 to practice as a licensed clinical social worker in the State of Connecticut is hereby reprimanded.

3. Respondent shall pay a civil penalty of one-thousand dollars ($1,000.00) by certified or cashier's checks payable to "Treasurer, State of Connecticut." The checks shall reference the Petition Number on the face of the checks. A certified or cashier's check in the amount of $500.00 shall be paid on or prior to December 3, 2010 and a certified or cashiers check for the remaining $500.00 shall be paid on or prior to February 3, 2011.

4. Respondent's license shall be placed on probation for a period of one (1) year under the following terms and conditions:

   a. Respondent shall obtain at his own expense, the services of a licensed clinical social worker, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) or twenty (20) of respondent's patient records, whichever is the larger number. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records.

      (1) Respondent shall provide a copy of this Consent Order to his practice supervisor. Respondent's supervisor shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

      (2) Respondent's supervisor shall conduct such review and meet with him not less than once every month for the duration of his probationary period.

(3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.

(4) Respondent shall be responsible for providing written supervisor reports directly to the Department quarterly for the duration of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that respondent is practicing with reasonable skill and safety.

5. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.

7. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.

8. Respondent shall pay all costs necessary to comply with this Consent Order.

9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:

a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.

b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.

c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.

d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Department which shall make a final determination of the disciplinary action to be taken.

e. Evidence presented to the Department by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.

10. In the event respondent is not employed as a licensed clinical social worker for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes practice as a licensed clinical social worker, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practice as a licensed clinical social worker without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent understands that any return to practice as a licensed clinical

social worker without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Department.

12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.

13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Department.

14. Respondent agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Department in which his compliance with this Consent Order or with §20-195p of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order, except where discipline solely consists of a civil penalty, shall be reported to the National Practitioner Data Bank.

15. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed clinical social worker, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Department and shall, as a matter of law, constitute a clear and immediate danger as

required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Department has complete and final discretion as to whether a summary suspension is ordered.

16. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.

17. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

18. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

19. Respondent permits a representative of the Legal Office of the Healthcare Systems Branch to present this Consent Order and the factual basis for this Consent Order to the Department. Respondent understands that the Department has complete and final discretion as to whether this executed Consent Order is approved or accepted.

20. Respondent has the right to consult with an attorney prior to signing this document.

21. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

22. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Stephen E. Knezek, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Stephen E. Knezek, LCSW

Stephen E. Knezek, L.C.S.W.

Subscribed and sworn to before me this 4 day of October 2010.

CHRISTINA M. POOLE
NOTARY PUBLIC
MY COMMISSION EXPIRES 7/31/2011

Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 12th day of October 2010, it is hereby accepted and ordered.

Jennifer Filippone

Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

November 10, 2011

Stephen E. Knezek, L.C.S.W
151 West Rock Avenue
New Haven, CT 06515-2222

Re: Consent Order
Petition No. 2009-0327-058-005
License No. 004495

Dear Mr. Knezek:

Please accept this letter as notice that you have satisfied the terms of your license effective November 9, 2011.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your clinical social worker license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Best of luck in the future,

Olive Tronchin, HPA
Practitioner Licensing and Investigations Section

c: Jennifer Filippone

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
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P.O. Box 340308 Hartford, CT 06134
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