



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

July 6, 2006

Allen Levy, Ph.D., LCSW
54 Lee Drive
Fairfield, CT 06824

Re: Consent Order
Petition No. 2004-0414-058-003
License No. 005009

Dear Dr. Levy:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 1, 2006.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your 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.

Respectfully,

Olive Tronchin, HPA
Office of Practitioner Licensing and Investigations Section

cc: Jennifer Filippone



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Allen Levy, LCSW

Petition No. 2004-0414-058-003

CONSENT ORDER

WHEREAS, Allen Levy of Fairfield (hereinafter "respondent") has been issued license number 005009 to practice clinical social work 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. Respondent has been issued license number R-31114-1 by the State of New York to practice as a social worker.
2. Between approximately June 1999 and August 2001, respondent submitted bills in excess of \$3000.00 to Oxford Health Plans for services he did not actually render.
3. Respondent was indicted for Grand Larceny, 3rd Degree; Insurance Fraud, 4th Degree; Insurance Fraud, 5th Degree; and Falsifying Business Records; 1st Degree.
4. On March 18, 2003, respondent pleaded guilty to and was convicted of Grand Larceny 3rd Degree, a class "D" felony, in the Supreme Court of New York, Rockland County. He was sentenced to five years of probation and ordered to pay restitution in the amount of \$4622.28.
5. 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, 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 005009 to practice clinical social work in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation for a period of 1 year under the following terms and conditions:
 - a. Respondent shall obtain at his own expense, the services of a consultant, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20 %) of respondent's patient records including billing 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's supervisor shall conduct such review and meet with him not less than once every month for the entire probationary period.
 - (2) 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.
 - (3) Respondent shall be responsible for providing quarterly written supervisor reports directly to the Department for the entire 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 billing records reviewed, additional monitoring techniques utilized, and a statement that respondent is practicing with reasonable skill and safety.

- b. Within the first six months of the probationary period, respondent shall attend and successfully complete 8 hours of continuing education in ethics, and 8 hours of continuing education in documentation standards, both pre-approved by the Department. Within two weeks of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such courses.

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

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

5. 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.
6. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. 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 8.a. 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 by the limited fifteen (15) day date certain contained 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.
9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a 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 constitute an admission that

his conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).

10. 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.
11. In the event respondent is not employed as a clinical social worker for periods of thirty (30) consecutive days or longer, or is employed as a clinical social worker fewer than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department, and to respondent's attorney Craig A. Fontaine, Esq., Cramer, Alissi & Fontaine P.C., 750 Main Street, Suite 1600, Hartford, CT, 06103.
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.
15. 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.
16. 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.

17. 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.
18. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems 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.
19. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.
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.

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I, Allen Levy, 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.

Allen Levy, LCSW
Allen Levy, LCSW

Subscribed and sworn to before me this 27th day of MAY 2005.

[Signature]
Notary Public or person authorized
by law to administer an oath or affirmation
MY COMMISSION EXPIRES 8/31/09

The above Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 12 day of
June 2005, it is hereby accepted.

Marianne Horn
Marianne Horn, Director
Division of Health Systems Regulation
Bureau of Healthcare Systems