MEDICAID COMPLIANCE PROGRAM

Policies and Procedures:

AspireHope NY, Inc (AHNY, Inc.) provides Medicaid billable Waiver services through Department of Health Office for the Office of Addictions Services and Support (OASAS) Office of Mental Health (OMH), Office of People with Developmental Disabilities (OPWDD) and Office of Children and Families (OCFS) and therefore complies with the Medicaid Care Compliance Regulations as defined in Part 521 of the Provider Compliance Program.

Corporate Compliance Program

What is Corporate Compliance?

A set of business practices and principles which allows AHNY, Inc. to be in legal compliance with the State and Federal Government’s Guidelines for Medicaid reimbursement of programs and services. Corporate Compliance is defined as a long term commitment by an organization to conduct business in a manner that promotes self monitoring for compliance with laws and regulations.

The elements of the plan are:

Designation of a Corporate Compliance Officer and a committee
Development of a code of conduct and written policies and procedures
Training and education of all employees
Confidential reporting of non-compliance or violations
Enforcement of the standards
Proof of services for billing
Auditing and monitoring
Corrective Action

Rules of Conduct

* To work cooperatively and respectfully with all employees and members to provide the highest quality of service.
* To place the interests of the agency and members first in all aspects of what we do.
* To represent AHNY, Inc. positively in the community at large.
* To conduct all activities in a fiscally responsible manner.
* To work in accordance with applicable laws, regulations and agency policies.
* To seek training and assistance to avoid conflicts of interest.
* To conserve resources of the agency by not engaging in wasteful behavior.
* To keep confidentiality relating to this agency, members and employees.
* To complete work in a timely manner and meet expectations of quality.
* To document and bill accurately.
* To report any potential violations to the Medicaid Corporate Compliance Officer.
* To not make any false entries.
* To report over payment to government.
* To avoid conflicts of interest including the giving and receiving of gifts.

Reasons to “Hold” or “Void” a bill

1. No documentation of service
2. Daily documentation is not legible
3. Documentation does not match the service plan
4. Any evidence of possible double billing
5. Any documentation that lacks staff signature, date or job title
6. Insufficient hours of attendance
7. Service plan is not current

How are “Fraud” and “Abuse” Defined?

**Fraud:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to individual. Ex.: Falsifying time and attendance reporting and stating a service took place when it did not occur.

**Abuse:** Provider practices that are inconsistent with sound fiscal or business practices and result in an unnecessary cost to the Medicaid Program.

**Misconduct:** Any act or omission by an employee, including the failure to report known noncompliance.

**Medicaid Compliance Officer:**

The Operations/HR Manager for AHNY, Inc. has been appointed Medicaid Compliance Officer to implement, maintain and oversee an effective compliance program for AHNY, Inc.

The Medicaid Compliance Officer is supervised by the Executive Director and regularly attends meetings of the Board of Directors of AHNY, Inc.

**Medicaid Compliance Reporting Policy:**

The administration, staff and members of AHNY, Inc. will adhere to a Code of Conduct as related to Medicaid Compliance within this agency. If staff, a member or agency representative know of a violation of the code, they should immediately report it to the Medicaid Compliance Officer. The Medicaid Compliance Officer will promptly investigate all alleged code violations. Any questions regarding the code, its interpretation or application should be directed to the Medicaid Compliance Officer and in his/her absence, the Executive Director or Board of Directors.

**Reporting Procedure:**

All administrative and Board contact information and the Medicaid Compliance Reporting form are located at [www.AspireHope.org](http://www.AspireHope.org). Concerns regarding Medicaid compliance can be reported anonymously on the Medicaid Compliance Reporting Form. This form is also available through staff or the AHNY, Inc. Business Office.

All reports need to be made directly to the Medicaid Compliance Officer, who will report your concerns to the Executive Director and appropriate action will be taken. Members may complete the Medicaid Compliance Reporting Form #2430
Mandated Reporting:

It is the expectation that an employee or member report a suspicion of Medicaid Non-Compliance. * Reference Rules of Conduct

It is the policy of AHNY, Inc. to investigate all issues of non-compliance thoroughly and promptly. The goal is to correct problems promptly, review procedures and implement improvements as needed to reduce the potential for reoccurrence. Participation and compliance is the objective of AHNY, Inc.

Non Intimidation and Non Retaliation:

AHNY, Inc. forbids retaliation against anyone reporting a non-compliance concern or otherwise assisting in the investigation of a non-compliance complaint.

AHNY, Inc. will, to the greatest extent possible, maintain the confidentiality of those involved in the investigation. If the investigation confirms that Medicaid Compliance has been breached, AHNY, Inc. will take appropriate disciplinary action, up to and including discharge.

Discipline Policy:

If an employee knowingly fails to report suspected problems, participates in non-compliant behavior or is involved by encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior, the following discipline policies shall be enforced.

1. Investigation of non-compliance issues by the Medicaid Compliance Officer and a report to the Executive Director.
2. Plan of correction for the employee which may include corrective action, probationary status or dismissal.
3. If the non-compliance issue involves a member who received services, the Medicaid Compliance Officer will temporarily stop all services, begin investigation, report to the Office of the Medicaid Inspector General (OMIG) and if found to be in non-compliance, overpayments will be refunded
4. If disciplinary action is taken, discipline will be fairly and consistently applied, regardless of the individual’s position or relationship with the Medicaid provider.

Training and Education:

Medicaid Compliance education is provided to staff at the time of hire, to the governing body Board members during orientation, and to members during the intake process. Updated information is mailed or emailed and ongoing training will be provided during support groups, and staff and Board of Director meetings. Training is tracked by participant signature on a verification form. Training includes compliance expectations, Code of Ethics and circumstances of fraud, waste and abuse.

Compliance Risk Areas:

By following the service delivery policies listed below, we established checks and balances to help avoid the potential of Medicaid compliance issues. During our External Audit, all financial records are reviewed, including Medicaid Accounts Payable and Receivable. Self Audits are conducted by the Medicaid Compliance Officer, Financial Services Coordinator and Administration. Audits are reported to the Board of Directors and financial reports are provided to the Finance Committee.
Medicaid Service Delivery Policies

Eligibility:

Before service is provided, eligibility for Medicaid Services is verified through ePaces, Medicaid Eligibility Verification System or referring entity.

Referral:

CFTSS - A Referral is submitted to AHNY, AHNY designee establishes eligibility with Medical Necessity and verifies Insurance. Service start date is based on the waitlist, individual’s need and availability of staff.

HCBS Children’s Waiver - The Care Manager submits the referral and all eligibility documents, AHNY designee submits or collects any additional documentation. The Waiver Services Coordinator determines service start date based on the waitlist, individual’s need and availability of staff.

HCBS /HARP Waiver - The Care Manager submits the referral and all eligibility documents, AHNY designee submits or collects any additional documentation, the Adult Peer Services Coordinator determines service start date based on the waitlist, individual’s need and availability of staff.

OPWDD - The OPWDD designee submits a referral and all eligibility documents, AHNY designee submits DDP1 to Choices, and the Waiver Services Coordinator (WSC) determines service start date based on the waitlist, individual’s need and availability of staff.

Service Request and Delivery Oversight:

CFTSS - The AHNY Designee assigns appropriate matches of workers with individuals, and initiates services with Credentialed Peer Advocates.

The Credentialed Peer Advocate completes a member intake and plan of care. The progress notes and plan of care, approved by the supervisor, are documented in AWARDS. The documentation and/or billing information is reviewed by the AHNY Designee, the Medicaid Compliance Officer, and the Financial Services Coordinator.

HCBS Children’s Waiver – WSC designates appropriate matches of workers with individuals and initiates services with qualified staff. Required information and service updates are sent to the Care Manager as requested. The amount of service is determined by DOH guidelines. All services and goals and any changes to services and goals must be approved by the WSC. There is regular and ongoing communication between the WSC, Care Manager, service staff and the family.

The staff submit a weekly schedule to the WSC. The plan of care, approved by the supervisor, and progress notes is documented in AWARDS. The documentation and/or billing information is reviewed by the AHNY Designee, the Medicaid Compliance Officer, and the Financial Services Coordinator.

Adult HCBS HARP – Upon approval from the MCO, Adult Peer Services Coordinator designates appropriate matches of workers with individuals, and initiates services with qualified staff. Required information and service updates is sent to the Care Manager as requested. AHNY designee submits requests for additional units when needed to the Managed Care Company.

The plan of care is required prior to the start of services and is uploaded into AWARDS in the Consumer Filing Cabinet. Progress notes are documented in AWARDS. The documentation and/or billing information is reviewed by the AHNY Designee(s), the Medicaid Compliance Officer, and the Financial Services Coordinator.
**OPWDD**- The WSC designates appropriate matches of workers with families and initiates respite with trained and cleared Skill builders.

The Skill builder submits a schedule to the WSC monthly to verify respite. Form # 2212 OPWDD Hourly Documentation Record is completed by the Skill builder and reviewed by the AHNY designee(s), the Medicaid Compliance Officer, and the Financial Services Coordinator.

**Payments for Service:**

**CFTSS, HCBS Children’s and Adult HARP Waiver** - All progress notes documented in AWARDS for CFTSS, HCBS Children’s and Adult HARP Waiver are submitted with billing cover sheets to the Medicaid Compliance Officer and AHNY designee to review. After review, the Medicaid Compliance Officer submits to the Financial Services Coordinator who submits to the appropriate Managed Care Agency or ePACES within 90 days of the service date.

All billing records are stored securely in the main and/or satellite office. The Financial Services Coordinator reviews records upon receipt to verify accuracy from Medicaid. Any inaccuracies are reviewed and resolved by the Financial Services Coordinator and AHNY designee.

The Medicaid Compliance Officer reports to Administration as requested or at minimum quarterly. Reports are given to the Board of Directors annually or upon request.

The Financial Coordinator reviews records once payment has been received to verify that there were no overpayments or inaccuracies from Medicaid.

**OPWDD**- Form # 2212 OPWDD Hourly Documentation Records are submitted monthly to the Financial Services Coordinator who creates a report on the OPWDD web site. The WSC reviews the report for accuracy before Financial Services Coordinator bills EMED NY. All billing records are returned to the Medicaid Compliance Officer and stored securely. A copy of service provided is placed in the individual child’s file.

**Core Values**

AHNY, Inc is committed to providing quality services which are:

* **Member Centered**: Tailored to the individual, developmentally appropriate, and built upon the strengths of the individual.
* **Member Focused and Driven**: The individual, their family (biological, adoptive, foster, siblings, grandparents, other relatives and additional support people committed to the individual) is the primary support system and decision maker.
* **Community Based**: Whenever possible services are delivered in the individual’s community, utilizing formal and informal resources.
* **Multi system**: Members, natural supports and service providers involved with the individual will collaborate to set goals, develop, evaluate and implement service plans.
* **Culturally Competent**: Respect the ideas, attitudes, values, benefits, customs, language, rituals, and personal practices of all individuals.
* **Least Restrictive/ Least Intrusive**: Services take place in appropriate settings that meet the individuals needs.
Commitment to Stakeholders: Individuals, Families, Communities, Employees, Contractors and Regulators.

Integrity

A personal and organizational commitment to integrity in all circumstances benefits each individual as well as the organization. We strive to:

* Meet the highest standards of performance, quality, service and achievement in working towards the Mission of AHNY, Inc.
* Communicate honestly and openly and avoid misrepresentation.
* Encourage a culture where individuals feel free to respectfully express their opinions, engage in open, honest debate in the interest of seeking truth and building consensus.
* Commit to professional development of all of our peers and take seriously our responsibility to support, nurture, teach, and inspire each other.
* Exhibit respect and fairness toward all those we engage with.

Accountability

AHNY, Inc. is responsible to stakeholders who have placed faith in AHNY, Inc. To uphold this trust we:

* Promote good stewardship of AHNY, Inc. resources, including grants and other contributions that are used to provide services, pay operating expenses, salaries, and employee benefits.
* Refrain from using AHNY, Inc. resources for non-organizational purposes.
* Observe and comply with all laws and regulations affecting AHNY, Inc.
* Ensure open and transparent reporting and fiscal accountability.
* Disclose fully the state of our organization, recognizing that power comes from a healthy evaluation of both our strengths and weaknesses, and uphold the highest standards of accountability.

Inclusion

AHNY, Inc. is an equal opportunity employer and peer support service provider committed to the principle of inclusion. We therefore:

* Value, encourage and embrace inclusion in all aspects of AHNY, Inc. activities and respect others without regard to race, color, religion, creed, age, sex, national origin or ancestry, marital status, veteran status, sexual orientation, or status as a qualified disabled individual.
* Support affirmative action and equal employment opportunity and service provision.
* Refuse to engage in or tolerate any form of discrimination.

Confidentiality

Confidentiality is a hallmark of professionalism. We therefore strive to safeguard against inappropriate disclosure of confidential, privileged or nonpublic information.

Public Information/Communication

* AHNY, Inc. provides information that reflects, fosters and gives the public truthful, clear, and full disclosure of the organization's programs, activities, finances, operating standards, and practices. AHNY, Inc. strives to inform and educate the general public regarding the strengths and needs of families.
* We respect the privacy rights of all individuals and strive to keep all information confidential.
Our Pledge:

To the individuals: We commit to providing the highest quality of care, in a compassionate manner, being mindful of their individual needs.

To the families and communities: We commit to understanding the unique needs of the individuals we serve and providing quality cost effective services.

To our employees: We commit to equal opportunity employment in a safe work environment. We afford all staff the opportunity to develop professionally and work in a team environment where all ideas are considered.

To our funders: We commit to working in a way that demonstrates our contractual obligations and reflects our shared goals for quality service in an effective manner.

To our regulators: We commit to creating an environment in which compliance with applicable rules, laws and regulations is the expectation of our organization. We accept responsibility to monitor adherence to requirements of regulations, laws and our Code of Ethics.