

Policies and Procedures Manual

Chapter 19C

Corporate Compliance Plan

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I. Introduction

Astor Services for Children & Families' mission is to provide behavioral and educational services in a caring environment where children and their families find strength, healing, hope and trust. Sponsored by Catholic Charities of the Archdiocese of New York, Astor Services for Children & Families is an expression of the church's concern for the poor and vulnerable. Astor services are provided to all for whom they are appropriate without regard to race, creed, national origin, or gender.

Astor Services for Children & Families is dedicated and committed to meeting high ethical standards and compliance with all applicable laws in all activities regarding the delivery of health care through its licensed and certified facilities. It is our goal that our established Compliance Program will assist the Agency in fulfilling its fundamental vision, mission, and values.

Our organization has adopted this Corporate Compliance Plan to comply with the provisions of the Deficit Reduction Act of 2005, NYS Office of Medicaid Inspector General Work Plan, Social Services Law 363-d, and the Office of Inspector General of the Department of Health and Human Services. Specifically, Appendix A to this Policy includes detailed information concerning the Federal and State False Claims Acts along with Federal and State laws protecting whistleblowers and providing for criminal and administrative penalties and sanctions in the health care arena. This Policy describes our procedures for detecting and preventing fraud, waste and abuse.

As is detailed within this Compliance Plan, it is the duty of all of our employees, contractors, vendors and agents to comply with the policies as applicable to their individual areas of employment or contracts.

This Compliance Plan also advises all of our employees, contractors, vendors and agents of the procedures to be used in reporting non-compliance with such Federal and State laws.

It is the purpose of this plan to organize our resources to resolve payment discrepancies and detect inaccurate billings as quickly and efficiently as possible, and to impose systemic checks and balances to prevent future recurrences of any such findings.

A. Benefits to our Compliance Program

Benefits to our Compliance Program include, but are not limited to the following:

- Demonstrates to the employees and community at large our strong commitment to honesty, responsibility and appropriate conduct.
- Develops a system to encourage employees to report potential problems that may be detrimental to the client and the Agency.
- Develops procedures that allow for a thorough investigation of alleged misconduct.
- Develops procedures for promptly and effectively conducting internal monitoring and auditing which may prevent non-compliance.
- Through early detection and reporting, minimizes the risk to the Agency and, thereby, reduces our exposure to any civil damages or penalties, criminal sanctions or administrative remedies.

II. Corporate Compliance Code of Conduct

In addition to the Agency's general policies and procedures as found in documents such as the Agency Policies and Procedures Manual and the Employee Handbook, the following *Corporate Compliance Code of Conduct* are addressed specifically for the guidance of the Agency's staff. They are not intended to prescribe a specific response to every conceivable situation, but they are intended to assist staff in determining an appropriate response as salient situations arise. Whenever a staff person has a question about an appropriate response in a given situation, (s)he should consult his/her supervisor and/or administrator.

- 1) Astor Services for Children & Families will bill only for services actually rendered and shall seek the amount to which it is entitled.
- 2) Astor Services for Children & Families does not tolerate billing practices that misrepresent the services actually rendered.
- 3) Supporting documentation must be prepared for all services rendered.
- 4) Astor staff shall bill private insurance and Medicaid by the principle that if the appropriate and required documentation has not been provided, then the service has not been rendered.
- 5) All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws and contracts and Astor Policies and Procedures.
- 6) An accurate and timely billing and documentation structure is critical to ensure that Astor staff can effectively implement and comply with required policies and procedures.
- 7) Demonstrated lapses in the documentation and billing systems infrastructure should be remedied in a timely manner at the program level with input from the Medicaid Quality Improvement Team (a.k.a. Compliance Committee) whenever possible. Corporate Compliance Analyst must approve all proposed remedies.
- 8) Astor staff are not to falsify documentation for the purposes of billing.
- 9) Never assume a service has been provided. Always verify services by referring to clinical and medical records for documentation.
- 10) If you personally did not provide a service, never sign/initial that the service has been provided.
- 11) Never pre or post date documentation.
- 12) Astor staff are not to use white-out in clinical or medical records, or erase any official documentation – always cross off; initial and then re-write.
- 13) Whenever in doubt if a service is being provided, check the Astor Policies and Procedures governing regulations for that service area, or your direct supervisor and/or administrator.

III. Compliance Officer

Astor Services for Children & Families has designated a Compliance Officer who oversees the development and implementation of Astor's Compliance Program and ensures appropriate handling of instances of suspected or known illegal or unethical conduct. We have identified the Corporate Compliance Analyst as our compliance officer. However, in the event that the Corporate Compliance Analyst is not available, we have designated an alternate contact. The following responsible individuals will receive and coordinate complaints or concerns involving its health care operations:

<u>Name:</u>	<u>Title:</u>	<u>Email Address:</u>	<u>Telephone Number:</u>
Yvette Bairan	Corporate Compliance Analyst	ybairan@astorservices.org	845-871-1097
Suzanne Button	Director of Program Improvement, Outcomes Management and Research	sbutton@astorservices.org	845-871-1111

A. Duties of the Compliance Officer

- Oversee and monitor the implementation of the Compliance Program;
- Maintain the effectiveness of the Compliance Program;
- Establish methods such as conducting periodic audits, developing effective lines of communication on compliance issues and preparing written standards and procedures that reduce Astor's vulnerability to fraud and abuse;
- Periodically revise the Program in light of changes in the needs of the organization, in the law, policies, and procedures of the government;
- Develop, coordinate and participate in a training program that focuses on the components of the Compliance Program and seeks to ensure that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and state standards; and that independent contractors, consultants and volunteers who furnish mental health services to Astor Services for Children & Families' clients are aware of the requirements of the Compliance Program;
- Ensure that the List of Excluded Individuals and Entities have been checked with respect to all employees, medical staff and independent contractors.
- Report on a regular basis to the Executive Cabinet, Board, CQI/A Committee, and Compliance Committee on the progress of implementation, any investigations and corrective actions.

IV. Communication and Changes in Compliance Manual

The Corporate Compliance Analyst will distribute in writing and/or post in conspicuous places, any modifications of, or amendments to, this Compliance Plan. The Corporate Compliance Analyst will also provide employees, contractors, vendors, agents of the Agency and professional staff members with written explanations of any substantial changes in these policies. If the Corporate Compliance Analyst determines that written materials are insufficient, in-service will be conducted (please refer to section on Education and Training below).

Employees, contractors, vendors, agents of the agency and professional staff will be provided periodic information about our Corporate Compliance Program, changes in applicable laws or ethical standards that may affect an employee's responsibilities through written memoranda, newsletters, periodic training sessions or other appropriate forms of communication, including the posting of such information on our website or secure server.

V. Education and Training

The proper education and training of employees is a significant element of an effective compliance program. As such, staff will be expected to participate in appropriate training.

A. Compliance Plan

- All current employees will be provided a copy of the Compliance Plan. They will be expected to sign a certification stating that they have read and understood the Plan. We will expect all staff to annually certify receipt and review of the Plan.
- For new employees, the Compliance Plan will be provided during the orientation process and an educational session will occur at that time. All new employees will be expected to sign a certification stating that they understand and will comply with the Plan.
- For vendors, consultants, contractors and other agents who provide any service where Medicaid dollars are used; the Compliance Plan and any updates will be on our Astor website. If they cannot access internet or email, we will provide a hard copy. If they want to continue to do business with us, we will expect them to email the Corporate Compliance Analyst certifying that they have read and understand the Plan, or send a signed hard copy certification. This will be an annual certification (see attached sample in Appendix B).
- For clinical consultants, the Medical Director will be responsible for ensuring that the Plan is sent to all current and new clinical consultants. For new consultants it will be sent at the same time that the rules and regulations of the professional clinical staff are distributed.

B. Federal and State False Claims Act and Whistleblower Protection

All Astor employees will be trained annually on the Federal and NYS False Claims Act and Whistleblower Protection. These trainings are a requirement of the Compliance Plan and will be conducted by the Corporate Compliance Analyst. Trainings will occur in various formats:

- Web-based training – Employees will have an opportunity to log into a training session with a username and ID. Only employees who complete all slides will be able to get to the final slide where five questions will need to be answered in order to demonstrate successful participation in the training. The web-based training will be available at least four times during the year;
- Face-to-Face (on-site training) – Employees who do not have access to a computer or prefer on-site training will be given that opportunity at least twice in a given year. Attendance will be taken as proof of participation.

The Human Resources Department will maintain a database that shows all employees who have completed training for the year. If any staff member is non-compliant, the supervisor will be informed and further non-compliance may result in disciplinary action.

VI. Reporting Requirements

Astor believes that it is our employees who best know where organizational policy or regulation is not being followed. Therefore, the effectiveness of our Compliance Program depends on the willingness of employees in all parts and at all levels of the organization to step forward, in good faith, with questions and concerns.

We believe strongly that in all of these cases, resolution of the problem behaviors or actions will

result in better care for our consumers. Therefore, each person reporting problems or concerns will be contributing positively to the overall quality of the services at Astor.

If there is suspicion of possible fraud, waste and abuse or other matter related to the Compliance Program, it is the responsibility of the staff who suspects such action to inform a person in senior level authority who they feel may assist in directing the issue/concern to resolution. Astor expects that the first person informed be the direct supervisor; however, if staff want to keep anonymity they can call our Hotline and/or call or email the Corporate Compliance Analyst. (See procedures for reporting possible non-compliance below.)

All reports of possible fraud, waste and abuse, or other matters related to Medicaid compliance must be reported to the Corporate Compliance Analyst who will implement the necessary steps as set forth in the Compliance Program for investigating the matter. As part of the investigation, the Officer will maintain a Compliance Investigation Log (see Appendix C).

Examples of provider fraud or abuse

- Billing for services that were not provided.
- Duplicate billing, which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient.
- Upcoding – billing for a comprehensive visit at a higher rate, when a lower rate visit was actually provided.
- Having an unlicensed person perform services that only a licensed professional should render, and bills as if the professional provided the service.
- Billing for more time than actually provided.
- Billing for an office visit when there was none, or adding additional family members' names to bills.

Example of provider waste

- Referring the recipient for more office visits when another appointment is not necessary.

A. Policy

- 1) Every employee is responsible for doing his/her job in a manner that is ethical and complies with the laws and regulations that govern our work.
- 2) Every employee is responsible for seeking supervisory assistance if he or she has doubts or is unclear about what the right action is to stay compliant. If the employee does not believe their supervisor is correct in their advice, they can go to the service area Assistant Executive Director or directly to the Corporate Compliance Analyst with the question and he/she will investigate and answer the question.
- 3) Every employee has a duty to Astor and to our consumers to report actions or behaviors they feel violate the code of conduct, procedure, law or regulation. Any employee that fails to report misconduct or illegal behavior may be subject to disciplinary procedures up to and including, termination.
- 4) Astor will encourage employee questions and/or reports by:
 - a) taking each report seriously;
 - b) investigating each report; and where there is enough information, to determine the extent of the problem and corrective action(s) needed;
 - c) making sure that employees who do report:

- Do not suffer any retaliation by their peers or supervisors for their good faith reports or questions.
- Have more than one way to report questionable behavior or for asking questions about compliance. This includes giving employees the option of reporting directly to their supervisor or directly to the Corporate Compliance Analyst.
- Have the choice of keeping their name confidential in regard to a specific report for as long as the organization can reasonably do so.
- Have an agreed upon method for determining the status of their report and any subsequent investigation where possible.

B. Procedures

HOW TO REPORT

Employees may report at any time to:

- 1) **CORPORATE COMPLIANCE ANALYST:** Directly to the Corporate Compliance Analyst through the hotline number at 1-866-293-0031. This line will be answered only by the Corporate Compliance Analyst (or his or her designee during vacations and other prolonged absences).
- 2) **VOICE MAIL OR FACE-TO-FACE REPORTS:** Voice mail or face-to-face reports to the Corporate Compliance Analyst or any manager or supervisor.
- 3) **MAIL AND EMAIL:** Employees may use mail or email to report problems or concerns. Mail and email can be directed to the Corporate Compliance Analyst or to any manager or supervisor.

In all cases, the Assistant Executive Director will be given information regarding the possible non-compliance.

In all cases, supervisors who get employee reports will be required to discuss the report with the Corporate Compliance Analyst and the service area Assistant Executive Director.

VII. Enforcement and Discipline

In the event of an investigation or through monitoring and auditing it is determined that fraud, waste or abuse has occurred, or that a staff person or program is violating policies and procedures set forth in the Compliance Plan, there may need to be disciplinary action.

A. Discipline Policy and Actions

All employees are expected to report any breaches of laws, regulations, policies and standards that govern our work as well as the organization's Code of Conduct. Upon receipt of such reports, the matter will be investigated by Astor Services for Children & Families. Additionally, the Agency, through its ongoing monitoring, may determine a breach(es) may have occurred. In either instance, where a breach is confirmed, appropriate actions will be taken by the Agency.

As a result, in order to correct or improve employee performance, Astor encourages employee counseling as an initial step. However, there may be times where more severe action is appropriate. In these cases, formal disciplinary actions will range from verbal warnings to termination. When disciplinary action other than a verbal warning is proposed, the Human Resources Office will be contacted and they will coordinate such action.

B. Non-retaliation Policy

To the extent possible, all employee reports will be handled in a manner that protects the confidentiality of the reporter if they request it. However, there may be circumstances in which confidentiality cannot be maintained. Some examples of this include situations where the problem is known to only a very few people or situations in which the government or one of our other payers or funders must be involved. In most cases, they will require the name of the individual who first brought the problem to the attention of the organization. In all cases, however, Astor is determined that the reporting employee will not suffer from any retaliation for their good faith actions.

It is the responsibility of the Corporate Compliance Analyst to ensure that those reporting in good faith do not suffer any retaliation for doing so. As such, the following will occur:

- 1) The Corporate Compliance Analyst will explain the Agency's Non-retaliation Policy to each caller or reporter.
- 2) The Corporate Compliance Analyst will give the reporter a means for contacting them confidentially to report any actions the reporter believes is retaliatory.
- 3) The Corporate Compliance Analyst will investigate any reports of retaliation and will make recommendations through management regarding disciplinary and other corrective actions that should take place, if there is a positive finding.

The Corporate Compliance Analyst will confidentially contact reporters on a regular basis to inquire about any perceived retaliation.

C. List of Excluded Individuals or Entities

To be in compliance with HIPAA, providers must check the OIG List of Excluded Individuals and Entities on the OIG website <http://www.oig.hhs.gov/fraud/exclusions.html> prior to hiring or contracting with individuals or entities. Persons and entities who are listed on the Federal OIG Exclusion Database must receive reinstatement through the OIG to be eligible for reimbursement through Medicaid. In addition, the NYS Office of the Medicaid Inspector General has a list of excluded individuals and entities which can be visited at <http://www.omig.state.ny.us/data.html> and click on the "disqualified individuals" link.

Astor Services for Children & Families has implemented the following policy

- 1) Prior to hiring an employee, the Human Resources Department will check the OIG website;
- 2) For current employees, at least twice a year, the OIG database will be downloaded and compared against our payroll database to see if any names match. If names do match we will get further information about address, license number, etc to ensure if, in fact, it is the same person that works for Astor;
- 3) In order to determine if existing contractors or vendors might be on the list of excluded entities, the Corporate Compliance Analyst will check the list twice a year.
- 4) For any new vendors, the finance staff setting up the account will inform the Corporate Compliance Analyst who will then check the OIG and NYS OMIG websites.
- 5) For clinical consultants that do not show up on our payroll database; the Medical Director will be responsible for designating someone who can check the OIG website at the time of hire and at least once a year for current clinical consultants.

VIII. Monitoring and Auditing

The Agency's Monitoring and Auditing Procedures will uncover activities that could potentially constitute violations of the Compliance Plan or failure to comply with federal and state law or other types of misconduct. We understand our obligation to investigate any incidents uncovered to determine:

- that a violation has, in fact, occurred;
- that disciplinary action must be taken; and
- corrective actions are put into place as required.

All issues reported to the Corporate Compliance Analyst will be handled in a consistent fashion so that the integrity of the Plan is maintained, and so employees will have confidence in the workings of compliance investigations.

The Agency has a management hierarchy that is designed to deal with employee misconduct through the normal avenues of supervision. Most day-to-day issues should be handled through this hierarchy. Action from the Corporate Compliance Analyst is required when systemic problems give rise to misconduct and require system-wide changes to prevent misconduct from occurring in the same fashion in the future.

As part of our effort to implement an effective Compliance Program, Astor will periodically conduct routine self-audits of its operations including its billing practices, its written standards, policies and procedures to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Program. (Please see Appendices D - J for Self-Assessment Tools.)

All Astor service areas, where Medicaid billable services are provided, are expected to designate a Medicaid Compliance Analyst. It is expected that the Medicaid Compliance Analyst will inform, via written form to the Corporate Compliance Analyst, the frequency of audits, outcomes and corrective action plans. All program area audits not being conducted by the Corporate Compliance Analyst should follow the same Corporate Compliance Plan Guidelines for Auditing.

Procedures for auditing clinical, medical and billing records:

A. Periodic Audit of Coding and Billing Practices

A periodic audit of coding and billing practices to identify whether

- bills are accurately coded and accurately reflect the services provided (as documented in the clinical and medical records);
- documentation is being completed correctly;
- services provided are reasonable and necessary; and
- any incentives for unnecessary services exist.

The above will be accomplished through the use of existing tools and systems such as; Accumedics (our billing software), manual billing records, Medicaid Audit Checklists (see below), daily session logs, progress notes and medical records.

Review of billing records with progress notes

At least once a year for every service area where Medicaid billing occurs, the Corporate Compliance Analyst will generate reports from Accumedics. Using the methodology for audits listed below, they will take a sample of services that have been billed to Medicaid and check the medical records to determine if there is an appropriate progress note for the billed service.

Medicaid Compliance Analysts at the various service areas will have a process for checking billing records with progress notes. This process may be the same as that of the Corporate Compliance Analyst or can differ depending on the needs of the program. These differences will be delineated in the service areas written policies and procedures on compliance.

Review of billing practice against Medicaid regulations

Due to changes in Medicaid regulations, rate changes and operational changes within the agency, it is important for the organization to periodically review its billing practices to ensure that it remains compliant. At least once a year the Corporate Compliance Analyst will review written billing procedures and/or meet with billing staff on how billing occurs and what process is being used to ensure compliance. She/he will also address if there has been any changes in billing practice since the last review. The Corporate Compliance Analyst will provide any resources to billing staff that may assist in understanding the Medicaid Regulations that apply to their billing practice.

B. Medicaid Audit Checklist

All Astor program areas where Medicaid billing occurs will have a Medicaid Audit Checklist that will be used by the program's designated Medicaid Compliance Analyst, as well as the Corporate Compliance Analyst. The Medicaid Audit Checklists (see Appendix K) will include the necessary Medicaid requirement questions associated with the particular service area. As a result, we expect to have a Medicaid Audit Checklist for the following areas: outpatient programs (clinic and day treatment); residential programs (RTF and RTC); foster care programs (family-based treatment and therapeutic foster boarding home) and case management programs (Intensive Case Management, Supportive Case Management and Waiver).

The Medicaid Audit Checklist will only be revised with the approval of the Corporate Compliance Analyst. Revisions may occur for the following reasons:

- New Medicaid Regulations associated with the designated program area;
- To ensure clarity and consistency of the tool.

C. Methodology for Audits

The Corporate Compliance Analyst will use various methods for monitoring and auditing. She/he will use the Medicaid billing list from Accumedics or for programs where manual billing occurs, the client roster will be used. In addition, the designated Medicaid Compliance Analyst for each area will have a roster/list of Medicaid billable services which the Corporate Compliance Analyst will use to conduct audits. This is critical to ensuring a system of checks and balances and for providing further objectivity to the monitoring and auditing process.

In addition to the Corporate Compliance Analyst, every designated Medicaid Compliance Analyst will have a method for auditing which will include a review of medical and billing records. These procedures will be part of the program areas written Policies and Procedures on Monitoring and Auditing.

Timeframe

The Corporate Compliance Analyst will conduct audits via the Medicaid Audit Checklist for every program area at least twice a year. (Appendix L - Auditing Calendar). In addition to the review of medical records, the Corporate Compliance Analyst, as noted in Section VIII – A above, will conduct audits of billed services against progress notes; and billing practices against Medicaid Regulations. The latter audits will be conducted at least once a year. The timeframe might be altered depending on any reports of fraud, waste, or abuse that may

require investigation. It can change if we get an unexpected Medicaid audit from the federal or state government. Finally, it can change depending on risk area, which will be determined through analysis of audits that have been completed or through senior management concerns about specific vulnerabilities.

Sample size

Sample size will depend on the following factors:

- The number of billable activities for a given period of time;
- Risks and vulnerabilities in any given program area;
- Number of errors from previous audits.

Record retention

Through compliance activities, the Corporate Compliance Analyst will receive and generate hard copy, electronic records and information. Certain records will be kept for given periods of time because of law, regulation or contract obligations. Other records maintained or created will be retained or destroyed pursuant to a standard policy.

This policy will help the Corporate Compliance Analyst manage the records of the Compliance Program in a manner that will promote the organization and integrity of the program. In addition, the policy will help protect the anonymity or confidentiality of consumers, employees or others who report problems or concerns to the Corporate Compliance Analyst or to other staff of the program.

Policy

- 1) Compliance records management is the responsibility of the Corporate Compliance Analyst. Records will be kept in a secure location and the confidentiality of consumers, employees and business operations and activities will be protected. Records that are no longer needed, are no longer required to be kept or are duplicative of other records maintained will be destroyed on a routine basis using the standard procedures outlined below.
- 2) Records relating to a specific incident or report should be retained at least during the period the review or the investigation is on going. Otherwise, all records (with the exception of a summary of activities, findings and corrective actions) related to a specific incident that has been resolved should be destroyed on a periodic basis unless otherwise required by applicable state or federal law or the organization is advised to retain the records by corporate counsel.
- 3) Records relating to the Compliance Program including memoranda, meeting minutes and reports will be retained indefinitely in order to maintain a record of Compliance Program activities. These documents can be used by the organization to prove the existence of an active and effective Compliance Program.

Procedures

- 1) All records of the Corporate Compliance Analyst will be kept in secure locations. File cabinets will be locked when not in use and any electronic data or records will be protected by passwords or other security features.
- 2) Any information received via the hotline or any report of a potential problem and the records developed during the investigation of the potential problem will be maintained, at a minimum, until the matter is resolved.

- All records relating to a particular incident or report will be kept together in a locked file cabinet or if in electronic form, secured through the Corporate Compliance Analyst's password.
 - All records related to information received by the Corporate Compliance Analyst or the hotline relating to an incident or potential problem (in either paper or electronic form) will be reviewed every 180 days. The Corporate Compliance Analyst will make the decision to destroy any records or set of records during this review only after all issues relating to a specific incident or problem have been resolved. Resolution includes the completion of any investigation or inquiry, implementation of any disciplinary actions, implementation of any corrective action and evaluation of the efficacy of the corrective action plan
 - Before destroying records of an investigation, the Corporate Compliance Analyst will prepare a summary of all material activities, lists of interviewees, findings and actions taken in light of findings.
- 3) In addition to records relating to reports, incidents or potential problems, during each review period the Corporate Compliance Analyst will also assess the need to retain other records (in both paper and electronic form) including correspondence, calendars, diaries, notepads, personal files, telephone message pads, chronological correspondence files and other similar materials.
- 4) If the Corporate Compliance Analyst should receive notice of any kind that an investigation is underway, she/he will take immediate steps to secure all relevant documents and/or to cease their destruction until notice that the investigation or any related litigation has concluded.

D. Medicaid Quality Improvement Team (a.k.a. Compliance Committee)

The Agency is committed to developing and operating an "effective" Compliance Program. The organization has, therefore, established the Medicaid Quality Improvement Team to assist the Corporate Compliance Analyst in the development, implementation, oversight and evaluation of the Compliance Program. The Medicaid QIT will be chaired by the Corporate Compliance Analyst and will meet monthly or bi-monthly.

The role of the Medicaid QIT includes, but is not limited to:

- assessing the impact of current and future Medicaid Regulations on Astor's day to day operations;
- working with the Corporate Compliance Analyst to develop any necessary changes for compliance;
- ensuring that Medicaid compliance is occurring throughout the agency;
- recommending solutions to barriers that may exist in the successful implementation of compliance activities;
- addressing issues regarding billing (private and Medicaid) that impact our ability to maximize our revenue and make recommendations on how to improve them;
- assessing the success of the Compliance Plan by reviewing compliance-related activities and recommending any needed updates to the Plan;
- addressing any compliance and billing issues that may present a risk to Astor and make recommendations on how to correct and prevent them from occurring;
- establishing and maintaining an open line of communication with the Central Quality Improvement Committee in order to ensure that recommendations and feedback are implemented in a timely manner.

The Corporate Compliance Analyst will inform the Medicaid QIT of any allegations and

investigations of Medicaid fraud or abuse. However, prior to making a decision to share such information, the Corporate Compliance Analyst will consult the Director of Program Improvement, Outcomes Management and Research; the Executive Director/CEO; and the Chief Financial Officer. The Medicaid QIT is expected to work with the highest level of confidentiality and members may be sought to provide information that can assist in making a determination on any pending investigations. The Corporate Compliance Analyst will also provide the Medicaid QIT with reports of any monitoring and auditing findings as necessary. As an advisory committee, the Medicaid QIT may provide feedback on the findings and make recommendations for corrective actions.

IX. Response and Prevention

The goal of our Compliance Program is to prevent and reduce the likelihood of improper conduct. Astor's response to information concerning possible violations of law or the requirements of the Compliance Program is an essential component of its commitment to compliance.

A. Investigations

Upon receiving a report or other reasonable indication of suspected non-compliance, the Corporate Compliance Analyst will initiate prompt steps to investigate the conduct in question and determine whether a material violation of applicable law or the requirements of the Program has occurred. An investigation will be conducted with one or several of the following:

- In conjunction with the programs/areas senior staff, Medicaid compliance staff, billing staff, and/or other appropriate staff who may have information about what might have occurred;
- Interviewing of individuals with potential knowledge of the matter;
- Review of the relevant documents;
- Engaging legal counsel, outside auditors or other experts to assist in the investigation.

Upon receipt of information concerning alleged misconduct, the Corporate Compliance Analyst will, at a minimum, take the following actions:

- 1) Complete a Compliance Report Form (see Appendix M).
- 2) Notify the Executive Director/CEO; Chief Financial Officer; Director of Program Improvement, Outcomes Management & Research; and service area Assistant Executive Director.
- 3) Ensure that the investigation is initiated as soon as reasonably possible but in any event not more than three business days following receipt of the information. The investigation shall include, as applicable, but need not be limited to:
 - a) Interviews of all persons who may have knowledge of the alleged conduct and a review of the applicable laws, regulations and standards to determine whether or not a violation has occurred.
 - b) Identification and review of relevant documentation including, where applicable, representative bills or claims submitted to the Medicaid Program, to determine the specific nature and scope of the violation and its frequency, duration and potential financial magnitude.
 - c) Interviews of persons who appear to play a role in the suspected activity or conduct. The purpose of the interviews is to determine the facts surrounding the conduct, and may include, but shall not be limited to:
 - The person's understanding of the applicable laws rules and standards;
 - Identification of relevant supervisors or managers;

- Training that the person received;
 - The extent to which the person may have acted knowingly or with reckless disregard or intentional indifference of applicable laws
- d) Preparation of a summary reports that (1) defines the nature of the alleged misconduct, (2) summarizes the investigation process, (3) identifies any person who is believed to have acted deliberately or with reckless disregard or intentional indifference of applicable laws, (4) assesses the nature and extent of potential civil or canal liability and (5) where applicable, estimates the extent of any resulting overpayment by the government.
- 4) Establish a due date for summary report or otherwise ensure that the investigation is completed in a reasonable and timely fashion and the appropriate disciplinary or corrective action is taken if warranted.

B. Corrective Action Plans and Implementation Reviews

Investigations

In the event the investigation identifies employee misconduct or suspected criminal activity, Astor Services for Children & Families will undertake the following steps:

- 1) Immediately cease the offending practice. If the conduct involves the improper submission of claims for payment, we will immediately cease all billing potentially affected by the offending practice.
- 2) Consult with legal counsel to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authority is warranted.
- 3) If applicable, calculate and repay any duplicate or improper payments made by a federal or state government program as a result of the misconduct.
- 4) When appropriate, handle any over payments through the administrative billing process by informing the billing staff and making appropriate adjustments via software used for billing.
- 5) We will initiate disciplinary action as noted in “Section VII – Enforcement and Discipline” of this Compliance Plan.
- 6) Promptly undertake appropriate training and education to prevent a recurrence of the misconduct.
- 7) Conduct a review of applicable Astor Policies and Procedures to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.
- 8) Conduct, as appropriate, follow-up monitoring an audit to ensure effective resolution of the offending practice.

Audit Findings

We will use the Medicaid Audit Checklist and reviews of billed services against progress notes as our primary tools for determining compliance. The following will be the process for reporting audit findings:

- 1) The Corporate Compliance Analyst will provide a report to Executive Director/CEO, CQI Committee, Medicaid QIT and the appropriate Assistant Executive Director, that includes charts and narrative to show level of compliance in billing versus progress notes, treatment plans and treatment plan reviews, as well as utilization reviews;
- 2) The Corporate Compliance Analyst will provide to the Assistant Executive Director of each service area specific details from the Medicaid Audit Checklist, and reviews of billed services against progress notes so that the appropriate staff have the opportunity to correct errors. This will provide billing staff the opportunity to make adjustments where errors in billing occurred. Errors may only be corrected as long as

- they are in compliance with Astor's Compliance Plan Code of Conduct and within the allowable federal and state regulations;
- 3) If applicable, Astor Services for Children & Families will calculate and repay any duplicate or improper payments made by a federal or state government program as a result of the non-compliance;
 - 4) The Corporate Compliance Analyst will complete a "Corrective Action Plan Form" that details steps the program/service area can take in preventing similar non-compliance activities from occurring in the future (see Appendix N);
 - 5) In the event that the non-compliance occurs in Astor's billing practice, the Corporate Compliance Analyst will create a report that explains the current practice, why it is non-compliant and what the practice should be moving forward. Such report will be provided to the Chief Financial Officer, appropriate billing staff and Medicaid QIT.
 - 6) Conduct, as appropriate, follow-up monitoring an audit to ensure effective resolution of non-compliance findings;
 - 7) It will be the responsibility of the Assistant Executive Director of each service area, through prompting by the Corporate Compliance Analyst, to address implementation of correction action activities and/or other implemented changes that minimize risk and address non-compliance. This will be done as part of the CQI meetings.

C. Central Quality Improvement Team

The Central Quality Assessment and Improvement Committee is responsible to develop, implement and evaluate a plan for quality assessment and improvement activities throughout the Agency. The CQA&I Committee meets on a monthly basis to review reports from Program Quality Assessment and Improvement Committees including the Medicaid Quality Improvement Team. The Corporate Compliance Analyst is a member of this committee and will provide information not only on Medicaid QIT meetings and activities, but on findings and corrective actions from audits and investigations.

The Central Quality Assessment and Improvement Committee has the authority to require further information from and/or remedial action by a Program Quality Assessment and Improvement Committee or from the administrator responsible for the program in question, and it is authorized to institute surveillance, preventive, control measures or studies when there is reason to believe that client or personnel welfare may be in danger.

D. Reporting to the Executive Director/CEO and Board of Directors

The Corporate Compliance Analyst will report investigations to the Executive Director/CEO within 1 – 2 days of having received a possible fraud, waste or abuse allegation. The Executive Director/CEO along with the Director of Program Improvement, Outcomes Management and Research and the Corporate Compliance Analyst will determine how to report it to the Board of Directors.

Through verbal reporting, the Executive Director/CEO will immediately be aware of the outcome of any investigations. However, a formal report, as noted previously, will also be provided to the Executive Director/CEO.

At least twice a year the Corporate Compliance Analyst will provide a report to the Board of Directors through the Performance Oversight & Monitoring Committee of the Board, which includes all investigations and their status. She/he will also provide to them the audit findings from any reviews that have taken place throughout the year, as well as corrective actions that have been implemented. The Corporate Compliance Analyst will provide investigation and

auditing finding updates to the Board's Performance Oversight and Monitoring Committee during their bi-monthly meetings.

In the event the Corporate Compliance Analyst believes the Executive Director/CEO and/or the Chief Financial Officer are involved in non-compliant activities, the Corporate Compliance Analyst can directly report to the Chair of the Board of Directors his/her concerns.

X. Outside Legal Counsel

Outside legal counsel is available to assist the Executive Director/CEO, Board of Directors, Chief Financial Officer and Corporate Compliance Analyst as needed to identify and interpret federal and state laws and regulations in the Corporate Compliance Plan.

Outside legal counsel may be notified at the discretion of the Executive Director/ CEO of incidents that have a reasonable cause to support the assertion of non-compliance at which time the Corporate Compliance Analyst will be responsible for facilitating an investigation. The results of the investigation will be used by legal counsel to provide legal advice to the Corporate Compliance Analyst and Astor Services for Children & Families.

XI. Conclusion

The Corporate Compliance Plan has been prepared to outline the broad principles of legal and ethical business conduct embraced by Astor Services for Children & Families. It is not a complete list of legal or ethical questions you might face in the course of business. Therefore, this plan must be used together with your common sense and good judgment.

If you are in doubt or have a specific question, you should contact your supervisor or the Agency Corporate Compliance Analyst.

Appendix A – Summary of State & Federal Fraud and Abuse Laws

I. Federal and State “False Claims” Laws

A. Federal False Claims Act

The Federal False Claims Act (“Act”) applies to nursing homes and other health care providers that receive Medicare and/or Medicaid payments for services provided to residents/patients. Generally, the Act makes it unlawful for any person (individual or entity) to knowingly file or submit a false claim or statement in connection with or relating to payment or reimbursement made, in whole or in part, with federal funds. A claim includes any request or demand, whether under contract or otherwise, for money or property made by a person if the federal government provides any portion of the money or property which is requested or demanded, or if the federal government will reimburse such person for any portion of the money or property which is requested or demanded. For purposes of the Act, knowingly or knowing means:

- 1) To have actual knowledge of the false or fraudulent information;
- 2) To act in deliberate ignorance of the truth or falsity of the information; or
- 3) To act in reckless disregard of the truth or falsity of the information,

No proof of a specific intent to defraud the federal government is required for a violation of the Act. A violation of the Act can result in civil monetary penalties of not less than \$5,000.00 and not more than \$10,000.00 plus three times the amount of damages which the federal government sustains because of the unlawful act.

A civil action under the Act may be brought by the United States Attorney General or by a private individual. If a civil action is brought by a private individual, the proceeding is commonly known as a “Qui Tam” proceeding. When a private individual commences a civil proceeding under the Act, the private individual must provide a copy of the complaint and certain written disclosures to the federal government. The federal government has up to sixty days to determine whether to take over and conduct the action commenced by the private individual or permit the private individual to proceed with the action. During this sixty day period, the complaint cannot be served upon the defendants and the complaint will be held under seal (in confidence and not subject to disclosure) for such sixty days. If the civil action is successful or results in a favorable settlement to the federal government, the private individual initiating the civil action may, depending upon the circumstances, receive a recovery of between 15% and 30% of the proceeds of the action or settlement. In addition to any such award, a private individual may also receive an amount for reasonable expenses which the court finds to have been necessarily incurred, plus reasonable attorneys’ fees and costs. However, if the court deems the action to be clearly frivolous, clearly vexatious or brought primarily for the purpose of harassment, the court may award to the defendant(s) its/their reasonable attorneys’ fees and expenses.

A civil action under the Act must be brought within six years of the date of the violation or within three years after the date when facts material to the right of action are known or reasonably should have been known by officials of the federal government charged with responsibility to act in such circumstances (but in no event more than ten years after the date in which the violation is committed).

More information regarding the Act can be found in the complete Astor Corporate Compliance Plan which can be found in Astor’s Public Folder.

B. Administrative Remedies for False Claims and Statements (31 USC §3801 et. seq.)

31 USC §3801 et. seq. imposes additional civil penalties for the filing of false claims or statements with the federal government. Pursuant to this federal law, civil monetary penalties of not more than \$5,000 for each false claim or statement may be imposed and an assessment of not more than twice the amount of such claim(s) may also be imposed in lieu of damages sustained by the federal

government.

More information regarding 31 USC §3801 et. seq. can be found in the complete Astor Corporate Compliance Plan which can be found in Astor's Public Folder.

C. Federal Civil Monetary Penalties/Exclusion/Criminal Penalties

In addition to the Act and 31 USC §3801 et. seq., an individual or entity submitting or making a false claim to the federal government may, depending upon the circumstances, be assessed civil monetary penalties under 42 U.S.C. §1320a-7a, be subject to mandatory or permissive exclusion from the Medicare and Medicaid Programs under 42 U.S.C. §1320a-7, or be subject to criminal penalties under 42 U.S.C. §1320a-7b.

More information regarding civil monetary penalties, mandatory and permissive exclusion and criminal penalties can be found in the complete Astor Corporate Compliance Plan which can be found in Astor's Public Folder.

D. State Laws

New York State also has laws which make it unlawful to file a false claim or false statement in connection with or relating to payments or reimbursement under the Medicaid program. The NY False Claims Act closely tracts the Federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000-\$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit or 15-25% if the government did participate in the suit.

Section 366-b of the New York Social Services Law makes it a class A misdemeanor for any person, with intent to defraud:

- 1) To present for allowance or payment any false or fraudulent claim for furnishing services;
- 2) To knowingly submit false information for the purpose of obtaining greater compensation than that to which the person is legally entitled for furnishing services; or
- 3) To knowingly submit false information for the purpose of obtaining authorization for furnishing services.

Article 177 of the New York Penal Law establishes the crime of health care fraud. A person is guilty of health care fraud when, with intent to defraud a health plan (including the Medicaid program), he or she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment from a health plan or for a health care item or service, and, as a result of such information or omission, he or she or another person receives payment in an amount that he, she or such other person is not entitled to under. the circumstances Health care fraud crimes range from a class A misdemeanor to a class B felony, depending upon the amount of impermissible payment or reimbursement received in a one year period.

In addition, it is an unacceptable practice under the State Medicaid program to submit or file a false claim or statement in connection with or relating to payment or reimbursement under the Medicaid program. The Department of Health can impose one or more of the following sanctions for an unacceptable practice under the Medicaid program:

- 1) Exclusion from the program for a reasonable time;
- 2) Censure;
- 3) Conditional or limited participation, such as requiring pre-audit or prior authorization of claims for all medical care, services or supplies, prior authorization of specific medical care, services or supplies, or other similar conditions or limitations.

In addition, the Department of Health may require the repayment of any overpayments determined to have been made as a result of the unacceptable practice.

More detailed information regarding Federal and NYS State False Claims Acts may be found in Astor's Public Folder.

II. Whistle Blower Protection

Both state and federal law prohibit retaliatory action by an employer against an employee for disclosing or threatening to disclose violations of federal or state law or for participating in an investigation or action under applicable federal or state law. Prohibited retaliatory action includes, but is not limited to, discharge, demotion, suspension or other adverse employment action taken against an employee in the terms and conditions of employment. Employees subject to a prohibited retaliatory action may, under both state and federal law, commence a civil action for relief from the prohibited retaliatory action, including, but not limited to, reinstatement and recovery of lost wages and benefits.

More detailed information regarding Whistleblower Protection may be found in Astor's Public Folder under Federal and NYS False Claims Acts.

Appendix B – Acknowledgement Receipt

**Acknowledgment of Receipt
Astor Services for Children & Families Corporate Compliance Plan**

Name of Employee, Organization, or vendor: _____

SSN, Employee ID (if Astor staff), or Tax ID: _____

This is to certify that _____ (organization/person name)
has received and understands my/our responsibility to ensuring compliance with Astor Services for
Children & Families' Corporate Compliance Plan.

Signature of Employee/Vendor / Organization

Date

Appendix C – Compliance Investigation Log

Compliance Investigation Log

File #	Date Rec'd	Date Investigation Began	Date Reported To CEO	Date Reported To Board	Date Investigation Closed

Appendix D – Self-Assessment Questions

Ethical Base, Code of Conduct Written Policies

Ethical Base, Code of Conduct Written Policies	Status D – done F – follow up	Action	Responsible Person
Does the organization have a written code of conduct?			
Does the code of conduct apply to all employees and independent contractors?			
Does the code of conduct include statements that clearly express the commitment to compliance by the Board, senior management, other managers, supervisors and all employees of the organization?			
Does the code of conduct articulate your organization’s commitment to comply with all federal and state standards, laws and regulations?			
Does it emphasize the prevention of fraud and abuse?			
Does the code of conduct state your organization’s mission or vision, the goals of the compliance plan and an ethical foundation on which your Compliance Program is based?			
Is the code of conduct clear and accessible about the expectations the organization has for its board members, managers, employees, physicians, contractors and agents? Does it inform employees about the expectations they can have in the organization?			
Is there a process being followed to distribute the code of conduct to all employees? Is a signature acknowledging receipt required?			
Is the code of conduct comprehensible for all employees? Is it written in plain language? Have you considered the need to produce it in other languages?			
Is the code of conduct reviewed and revised as new laws and regulations are passed, and current law and regulation is modified?			

Ethical Base, Code of Conduct Written Policies (con't)	Status D – done F – follow up	Action	Responsible Person
Does the organization have written policies and procedures that reaffirm the key points in the code of conduct?			
Are these policies and procedures accessible to all employees and independent contractors?			
Are these policies and procedures reviewed and revised as new laws are passed or current law and regulation is modified?			

Appendix E – Self-Assessment Questions

Effective Training and Documentation

Effective Training and Documentation	Status D – done F – follow up	Action	Responsible Person
Does the organization require employees and independent contractors to attend training in federal and state statutes, regulations and guidelines? Is this required periodically?			
Does the organization provide training on its Compliance Program?			
Does the organization provide training on fraud and abuse laws and other health care law that impacts the organization?			
Does the organization provide training on reimbursement requirements including coding and documentation?			
Does the organization provide training for all employees involved in the billing process on claims and on the development and submission processes?			
Is there an Orientation Program? Does it include an overview and explanation of the Compliance Program? If not, how are new employees targeted for compliance training early in their employment?			
Are attendance lists, evaluation of trainers and other relevant documentation of each training program retained by the Corporate Compliance Analyst?			
Does the Corporate Compliance Analyst provide coordination and supervision of the training process for the Plan within the organization?			
Do training programs target all levels of employees within organization?			
Does failure to comply with training result in disciplinary action?			

Appendix F – Self-Assessment Questions

Disciplinary Policy and Actions

Disciplinary Policy and Actions	Status D – done F – follow up	Action	Responsible Person
Does the Compliance Program include a written policy statement regarding the degrees of disciplinary action that may be imposed on employees at all levels of the organization for failure to comply with the standards of conduct, and the organization’s policies; and state and federal laws and regulations?			
If the organization has a progressive disciplinary policy, can it be suspended so that employees who engage in intentional or reckless noncompliance are subject to significant sanctions?			
Do the standards of conduct or organizational policy describe more fully the procedures for handling disciplinary problems as well as those who will be responsible for taking appropriate action?			
Are the consequences of noncompliance consistently applied and enforced at all levels of personnel?			
Are managers and supervisors aware that they are responsible for appropriate discipline and will be held accountable for the foreseeable failure of their subordinates to adhere to standards, policies, regulations and laws?			
Does the organization require that those responsible for hiring new employees conduct a reasonable and prudent background investigation, including a reference check?			
Does the employment application specifically ask applicants to disclose any criminal conviction of any prior current exclusion from the federal health care programs?			

Disciplinary Policy and Actions (con't)	Status D – done F – follow up	Action	Responsible Person
Does the organization prohibit the employment of individuals who have been recently convicted of a criminal health-care-related offense?			
Does the organization prohibit the employment of individuals who are listed as debarred, excluded or otherwise ineligible for participation in federal health care programs?			
If a criminal charge or exclusion is pending, do organizational policies require the removal of individual from direct responsibility for, or involvement in, any federal health care program?			
If an existing employee or contractor is convicted of a crime or debarred or excluded from any federal health care program, does the organization terminate the employment or contract?			
Does the organization have a written Employee Disciplinary Policy?			
Is it clear who in the organization is responsible for imposing discipline? Have they been trained in the disciplinary policy and the correct procedures for imposing it?			
Does the Compliance Program include a policy that managers and supervisors will be sanctioned for failure to report noncompliance, lack of due diligence and appropriate supervision that resulted in noncompliance?			
Do all compliance-related disciplinary actions get reported to the Corporate Compliance Analyst or does the Human Resources Department maintain these records?			

Appendix G – Self-Assessment Questions

Compliance as an Element of the Performance/Evaluation Plan

Compliance as an Element of the Performance/Evaluation Plan	Status D – done F – follow up	Action	Responsible Person
Does the annual performance evaluation of managers and supervisors include an assessment of their promotion, adherence to and participation in the Compliance Program?			
Does the annual performance review evaluate managers and supervisors adherence to participation in the Compliance Program by the employees, contractors and agents they are responsible for managing?			

Appendix H – Self-Assessment Questions

Auditing and Monitoring

Auditing and Monitoring	Status D – done F – follow up	Action	Responsible Person
Are regular, periodic compliance audits performed by the organization using either internal or external auditors?			
Do the audits focus on the organization’s programs as well as its administrative departments, and include any external relationship with third party contractors?			
In areas subject to internal audit, does the organization use sampling protocols that permit the identification and review of variations from an established baseline?			
Do significant variations from the baseline cause a reasonable inquiry as to the cause of the deviations?			
Are corrective action plans developed to change procedures that created the deviations?			
Are any overpayments discovered as a result of such deviation promptly returned to the payer with appropriate documentation and an explanation of the reason for the refund?			
Is the audit process conducted by personnel that are free from conflict of interest and with sufficient skills to perform a reliable audit procedure?			
Are audit personnel given access to sufficient resources, personnel and expertise to perform their roles competently?			
Do the Board, the CEO and the Compliance Committee receive written reports of audit findings at least annually?			
Are corrective action plans followed up to assure that real changes have occurred?			
Does the organization maintain a log or record of inquiries made by third parties who have provided advice and direction in developing procedures?			

Appendix I – Self-Assessment Questions

Investigation of Reports of Noncompliance

Investigation of Reports of Non-compliance	Status D – done F – follow up	Action	Responsible Person
Are reports of incidents of non-compliance received from any source subject to a reasonable inquiry that is undertaken promptly?			
If a violation of law or the requirements of the Compliance Program has occurred, does the organization take steps to correct the problem – 1. immediate referral to criminal and/or civil law, 2. a corrective action plan, a report to the government and/or 3. submission of any overpayments?			
In non-criminal, non-pervasive events of non-compliance, does the organization have procedures for returning overpayments to the payer as quickly as the overpayments are discovered?			
Are all overpayments required to be reported to the Corporate Compliance Analyst for analysis and determination of the existence of a systemic problem that needs correction?			
Does the organization have records policies that require the retention of documents related to investigations, such as: 1. description of investigative process 2. copies of interview notes 3. key documents 4. log of witnesses 5. results of investigation 6. corrective actions implemented.			
Does the organization have a policy about the removal of employee(s) who are under investigation from their current work activity until the investigation is complete if the presence of the employee(s) compromise the integrity of the investigation?			

Appendix J – Self-Assessment Questions

Duty to Report Noncompliance

Duty to Report Noncompliance	Status D – done F – follow up	Action	Responsible Person
Does the organization have a culture that encourages employees to report incidents of potential fraud and noncompliance?			
Is this corporate culture supported by employee training and orientation programs that describe the organization’s expectation for employee reporting of noncompliance?			
Is this corporate culture backed up by written policies on confidentiality and non-retaliation that are distributed to employees to encourage communication and the reporting of potential fraud?			
Do employees have several options for how they report problem activities or behaviors so that reports cannot be diverted by supervisors or other personnel?			
Is there a procedure for employees to ask for clarification from the Corporate Compliance Analyst if they are confused or have questions about policy and procedure?			
Does the Corporate Compliance Analyst seek input from employees in developing their communication and reporting system?			
If the organization has a hotline, is the telephone number well displayed and available to all employees and independent contractors?			
Can reporting be done on an anonymous basis?			
Are incidents that are reported through the hotline or any other internal reporting mechanism documented and investigated promptly?			
Does the Corporate Compliance Analyst maintain a log that records any incidents reported, describes the nature of the investigation and the results of the investigation?			

Appendix K – Sample Medicaid Audit Checklist

Follow up needed: **Client:** _____
 Therapist Therapist: _____
 MD Doctor: _____
 Case Manager Case Manager: _____
 Billing Admission #: _____
 Site: _____ Admission Date: _____ Closed: _____

Was admission date w/in the first three visits? Y N
 (3rd visit must be no later than the end of the calendar month following the month of the 1st pre-admission visit)

Follow up due by ___/___/___ Is SMI form in chart? Yes No Is client SMI? Yes No

	Date billed Medicaid	Type of service billed*	Service should be	PN signed and/or co-signed by supervisor if SWI or psych intern	Treatment Plan Goal / Objective is on Progress Note	Time spent in session	Date of Progress Note missing
Compliant							
Yes No	___-___-__	_____	_____	_____	_____	_____	___-___-__
Yes No	___-___-__	_____	_____	_____	_____	_____	___-___-__
Yes No	___-___-__	_____	_____	_____	_____	_____	___-___-__

* If type of service collateral or group, please make sure it meets definition.

Compliant:

Yes No Is there a screening and admission note?
 Yes No Intake/TP Sign by MD Co-signed by supervisor if SWI or Psych intern Yes No
 Yes No Parent or client signature on Intake/TP (if no, is reason indicated)
 Yes No Treatment Plan review due ___/___/___ #of sessions billed after TPR due _____
 Yes No All TPR's signed by MD Co-signed by supervisor if SWI or Psych intern Yes No
 Yes No Parent or client signature on TPR
 Yes No Treatment Plan completed prior to 4th visit after admission or 30 days of admission
 Yes No Are TP or TPR services consistent with goals and objectives
 Yes No UR done within 30 days of admission
 Yes No 6-month continued stay done on time; due: ___/___/___

NOTES: _____

Signed: _____ Date: _____

Medicaid Compliance Analyst

Sign and return when compliant.

Signature: _____ Date: _____

Appendix L – Audit Calendar

AUDITING CALENDAR

	Jan 10'	Feb 09	Mar 09	Apr 09	May 09	June 09	Jul 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09
DC clinics		X	X							X	X	
Bronx clinics				X							X	
DC – Day Txt								X				
Bx – Day Txt								X	X			
ICM/SCM/WAIVER	X			X	X							X
RTF	X				X	X						
RTC	X				X	X						
FBT							X					
TFBH							X					

Appendix M – Compliance Report Form

**Compliance Report Form
CONFIDENTIAL**

To be completed by the Corporate Compliance Analyst during or immediately following each call or report of suspected or known non-compliance.

Date: _____ Name of Reporter (if revealed): _____

Tel # of reporter: _____ Position: _____

Supervisor: _____ Site of suspected non-compliance: _____

1. Concise Description of Concern: _____

2. Did you witness the possible non-compliance? Yes No

3. Was this matter brought to you by a subordinate? Yes No; If yes who? _____

4. Did you bring this matter to your supervisor? Yes No
If yes, what did your supervisor tell you to do? _____

5. How long have you suspected non-compliance? _____

6. Is there any other information you would like to mention that may be helpful in our review?

Name of person completing the form: _____
Signature: _____ Date: _____

Appendix N – Corrective Action Plan Form

Corrective Action Plan Form

To be completed by the Corporate Compliance Analyst:

Reported Event/Conduct: _____

Name of Reporter (if known): _____

Position/Department (If known): _____

Date Report Was Made: _____

Recommended Corrective Actions	Responsible Party/ Department	Target Date	Date Completed