

9.00 MEDICAID COMPLIANCE PROGRAM POLICY

CAFL's Medicaid Compliance Program is well integrated in the agency's operations and supported by the highest levels of the organization. CAFL has a designated compliance officer who is vested with responsibility for the day-to-day activities of the compliance program.

For the purpose of this policy, "Affected Individuals" is defined as related service providers, related service supervisors, evaluation team members, administrative team members, Intake department members, and Billing department members.

COMPLIANCE OFFICER:

The compliance officer is accountable to the chief executive officer (CEO) or other senior manager(s) designated by the CEO, and has access to the CAFL Administrative Team as the governing body.

The CEO and compliance committee receive quarterly updates from the compliance officer on the progress of adopting, implementing, and maintaining the compliance program.

COMPLIANCE COMMITTEE:

The compliance committee is comprised of the members of the CAFL Administrative Team.

- The compliance committee reports directly to the chief executive officer.
- The compliance committee coordinates with the compliance officer to ensure that all Affected Individuals complete compliance training and education during orientation and annually thereafter.
- The compliance committee benefits from the perspectives of individuals with varying responsibilities in the organization, such as senior managers, supervisors, finance, audit, and human resources.
- The compliance committee meets, at minimum, twice per month.

COMPLIANCE PROGRAM TRAINING AND EDUCATION

CAFL has an established and implemented effective compliance training and education program for all Affected Individuals. Compliance training and education is documented in an annual training plan that is maintained and outlines:

- required subjects or topics,
- timing and frequency of training,
- which Affected Individuals are required to attend,
- how attendance is tracked, and
- how the effectiveness of the training is periodically evaluated.

Compliance program training may be customized for different types of Affected Individuals. Compliance training is provided in a manner that is understandable and accessible to all Affected Individuals. If Affected Individuals include people whose primary language is not English, the training should also be made available in appropriate languages.

Compliance training and education as part of orientation for new Affected Individuals occurs within 30 days of their start date. CAFL may use, among other things, pre- and post-tests, and surveys to periodically evaluate the effectiveness of compliance training.

Examples of documentation CAFL may use to demonstrate that it has compliance training and education program that meets all requirements may include but is not limited to:

1. A list of all Affected Individuals that received, and did not receive, such compliance program training and includes:
 - name of Affected Individual;
 - type of Affected Individual (i.e., provider, supervisor, evaluator, manager, Intake or Billing Department member)
 - type of compliance training(s) received (i.e., annual, orientation, or both);
 - how such training was provided;
 - date(s) of completion; and
 - date of hire for those who received orientation training.
2. Dated attestations signed by Affected Individuals that they received and understood such training.
3. Evidence that all Affected Individuals received compliance program training in a form and format that they understood, consistent with federal and state language and other access laws, rules, or policies.

LINES OF COMMUNICATION

CAFL has established and implemented effective lines of communication for all Affected Individuals. These lines of communication guarantee the confidentiality of reporting persons. “Lines of communication” is interpreted very broadly to include telephone, email, interoffice mail, regular mail, face-to-face interaction, drop box, and any other reasonable means to communicate. Anonymous methods of communication are truly anonymous so reporting persons have assurance that there is no way the compliance function can discover who is reporting a matter.

Persons who report compliance issues, should have a reasonable expectation that their communication will be kept confidential, whether requested or not. Such persons are protected under the CAFL’s non-intimidation and non-retaliation Policies.

CAFL provides a locked drop box outside the Medicaid Compliance Officer’s office and a mailing address. Only the MCO has the key to the lock box. If a complaint was mailed via inter-office mail or USPS, only the MCO opens any mail addressed to the MCO. Office staff who have access to inter-office and USPS mail and do not open any mail addressed to the MCO. Documentation identifying how the various lines of communication to the compliance officer are publicized includes:

1. Employee Navigator assignment and tracking of new-hire Medicaid Training and annual training of all Affected Individuals on CAFL staff.
2. Compliance Posters are posted in all CAFL offices and in the Agency Medicaid Compliance folder on CAFL’s intranet which is available to all CAFL staff members. Posters are footnote dated.

DISCIPLINARY STANDARDS

CAFL has policies in place to address potential violations and encourage good faith participation in the compliance program by all Affected Individuals. CAFL’s Standards of Conduct (Policy 3.09) and Progressive Discipline (Policy 3.11) are established for the guidance of all employees. These policies establish disciplinary standards and procedures for the enforcement CAFL’s policies and encourage good-faith participation in the compliance program for all Affected Individuals.

AUDITING AND MONITORING

CAFL's compliance program is designed and implemented to prevent, detect, and correct non-compliance with Medicaid program requirements, including fraud, waste, and abuse. CAFL's compliance program includes routine auditing and monitoring of compliance risks. This may include, but is not limited to, the following:

1. Rigorous database checks and balances that identify any billing non-compliance issues;
2. An internal database check and balance that does not allow any session provided by a CF or OTA to be billed without supervisory review and signature;
3. Supervisory checks of provider billing and contemporaneous session note entries;
4. Monthly random record reviews by the Quality Assurance Committee (QAC);
5. Monthly exclusion checks which are shared with the compliance officer;
6. Ongoing monitoring through the Employee Navigator of all Affected Individuals and compliance training completion dates.
7. A review of every written referral/order for Medicaid compliance;
8. Completion of an annual review of whether the Medicaid compliance program requirements have been met, to determine the effectiveness of its compliance program, and whether any revision or corrective action is required.

RESPONDING TO COMPLIANCE ISSUES

CAFL's compliance program is designed and implemented to prevent, detect, and correct non-compliance with Medicaid program requirements, including fraud, waste, and abuse. CAFL does this by:

1. Providing counseling/training for any provider who create a deficient a written referral/order;
2. Providing counseling/training for any related service provider who has worked without a written referral/order;
3. Providing counseling/training for any related service provider who has worked under a deficient written referral/order;
4. Responding appropriately to any issues discovered during a client record review;
5. Interviewing relevant personnel if a complaint has been made. Personnel are expected to cooperate in any investigation to assist in resolution;
6. Taking prompt action to review relevant documents, investigate the conduct in question and determine if any corrective action is required;
7. Correcting compliance problems promptly and thoroughly to reduce the potential for recurrence;
8. Monitoring plans of correction to ensure compliance issues do not recur;
9. Ensuring ongoing compliance with state and federal laws, rules, and regulations of the Medicaid Program;
10. Promptly reporting credible evidence that a state or federal law, rule, or regulation has been violated to the appropriate governmental entity.