9.00 MEDICAID COMPLIANCE PROGRAM POLICY

Clinical Associates of the Finger Lakes (CAFL)'s Medicaid Compliance Program is well integrated in the agency's operations and supported by the highest levels of the organization. The purpose of CAFL's Medicaid Compliance Program is to clearly articulate the agency's commitment and obligation to comply with all applicable federal and state standards, along with implementing policies and procedures that are designed to preserve the integrity and safeguard assets of the Medicaid program and identify internal controls and procedures that promote adherence to statutes and regulations applicable to Federal Healthcare Programs. The subsequent policies, forms and documents provide guidance to all affected individuals regarding the operation of the Medicaid Compliance Program and the available mechanisms through which compliance issues are identified and ways in which they can and should be reported. All CAFL employees have full access to written policies and procedures contained in the Employee Handbook which is found on the share drive in the Agency folder.

For the purpose of this policy, "affected individuals" is defined as all of CAFL's employees, including the Chief Executive Officer (CEO), administrative team and other senior administrators, supervisors, and Board Members. "Appropriate Compliance Personnel" include the compliance officer and compliance staff who report directly to the compliance officer. These appropriate compliance personnel include the controller, department supervisors and coordinators who are members of the Quality Assurance Committee (QAC). The "Compliance Committee" is comprised of the CAFL Administrative team.

CAFL has a designated compliance officer who is vested with responsibility for the day-to-day activities of the compliance program. The compliance officer is also the agency's Program Director, as described by the Bureau of Early Intervention. CAFL is committed and obligated to comply with all applicable federal and state standards. CAFL is committed to meeting all applicable rules and regulations for Social Service Law 363-d and18 NYCRR Part 521-1, preserving the integrity and safeguarding assets of the Medicaid program, providing internal controls and procedures that promote adherence to the regulations, and providing clear guidance to all affected individuals impacted by the Compliance Program. The terms Medicaid Compliance Officer (MCO) and Compliance Officer (CO) may be used interchangeably in this plan.

WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT

STANDARDS OF CONDUCT

Reader is referred to policy 3.09 Standards of Conduct which outlines the expectations, at minimum, of all CAFL employees regarding ethical and safe conduct. CAFL's Medicaid standards of conduct include information on reporting any incident which involves adherence to the Medicaid Compliance Program.

CAFL exercises diligence, care, and integrity when submitting any billing for payment for services rendered. Honest, fair, and accurate billing practices shall be maintained. Employees involved in the provision of services that may be submitted for Federal Medicaid financial compensation or reimbursement for school and preschool supportive health services (SSHSP, PSHSP) and Early Intervention are required to comply with the governing Federal and State statutes and regulations and CAFL policy and procedures. Failure to do so may result in disciplinary action(s).

CAFL only bills for medically reasonable, necessary and/or appropriate healthcare items and services rendered or provided to eligible infants, toddlers, preschoolers and school-age students with a disability. These services are based on the child's individual needs that are identified through the Early Intervention or Preschool/School Supportive Health Services Programs. CAFL must comply with specific billing requirements for government programs (i.e., Medicaid), any third party papers and the State of New York.

Appropriate documentation so that billing entities may submit for Medicaid payment(s) is required. Billings should not be duplicated to create overpayment. Proper and timely documentation of services provided must be maintained. Claims will be considered only when such documentation is maintained and available for review. Compensation for any employee or service provider shall not include any financial incentive to make claims. No employee or service provider will knowingly and willfully offer, pay, solicit or receive any remuneration, directly or indirectly, in return for referrals or to induce referrals, or to arrange for or recommend goods, facilities, services or items for which payment may be made under the Medicaid program.

Any affected individual(s) who becomes aware of any incidents which fit the descriptions below, must immediately contact the compliance officer, who will report to the CEO and the Director of HR. The following, at minimum, are reportable incidents:

1. Violation of CAFL policies, as they relate to the Medicaid Compliance Program;
2. Intentional falsification of any record such as medical information, personnel records, payroll reports, mileage, or client records;
3. Failure to report intentional falsification of any record;
4. Participation in any attempt to intentionally falsify any record;
5. Conduct which violates the Medicaid Compliance Program;
6. Any information indicating that any other person associated with CAFL plans to violate the standards of conduct or any other CAFL policies and procedures;
7. Anyone who is instructed, directed, or requested to engage in conduct prohibited by the Medicaid Compliance Program;
8. Any other issues about which employees believe involve questionable activity;
9. Failure to comply with rules/regulations regarding licensure, certification, and health mandates;
10. Engaging in retaliation or intimidation toward anyone engaging in good faith participation in the Medicaid Compliance Program;
11. Engaging in fraud, waste, or abuse

Refer to Lines of Communication below which provide specifics regarding contacting the MCO and reporting an incident or questionable activity.

Code of Conduct

CAFL will attempt to ensure that all claims for services are accurate, properly documented, and correctly identify the services performed or provided. No billing entry made by a provider may be altered in any way without express, written permission and instruction by the provider. The provider's supervisor must be included in all communications. A copy of the written communication must be kept on file in the client file/correspondence folder.

Services will not be billed unless the provider has certified that the services were provided, and appropriate documentation completed in compliance with Federal and State laws, regulations, and CAFL policy and procedures. When a provider submits such certification, the provider is certifying that there is sufficient documentation to support the claim and that: (1) all services reported were personally provided or personally supervised; (2) such services were necessary and appropriate; and (3) the rendering of such services, the coding or charging for these services, and the documentation of such services have all been performed in accordance with Federal and State laws and regulations and CAFL policy and procedures.

Speech services shall not be billed unless those services are provided by a licensed speech pathologist or provided under the direct supervision of a qualified speech pathologist. Any individuals working under the direction of a qualified speech pathologist must be given contact information to enable them to directly communicate with the supervising speech pathologist as needed during treatment.

Services provided by an occupational therapy assistant (OTA) shall not be billed unless those services are provided under the direct supervision of a qualified occupational therapist. Any individual(s) working under the direction of a qualified occupational therapist must be given contact information to enable them to directly communicate with the supervising occupational therapist as needed during treatment.

CAFL employees have an obligation to ensure that all bills submitted to counties, school districts, and the NYS Fiscal Agent are accurate and complete. All invoices, bills, claims, vouchers, records and reports submitted should be clear and accurate and provide sufficient information and documentation to substantiate:

- The medical necessity of such services provided
- The cost for such services
- The identity of health care professionals involved in rendering such services
- Any other information deemed necessary by the agency to substantiate Medicaid claims or meet program requirements

The Early Intervention and Preschool/School Supportive Health Services Programs each have specific billing rules related to claiming for Medicaid eligible services. There are significant differences in what each program requires to document a Medicaid claim. No claim is submitted to a county for preschool, district for CSE, or the State Fiscal Agent for early intervention claims, until every effort to ensure accuracy in billing has been made. CAFL relies on publications and information from Medicaid in Education, including the Preschool Medicaid Handbook. Early Intervention requirements are identified through sources such as the New York State Bureau of Early Intervention (BEI) and the specific OMIG protocol for Early Intervention. CAFL complies with specific billing documentation methods and invoice requirements as specified by individual school districts related to service provision for school-age children, which may or may not include identification of Medicaid-eligible students.

CAFL requires all billing personnel to be knowledgeable regarding the billing policies and procedures established by Medicaid, relating to services associated with the Early Intervention Program and the Preschool/School Supportive Health Services Program. CAFL is committed to providing and authorizing involvement in training and in-service opportunities for billing personnel to help keep them up to date on billing policies and procedures. This includes, but is not limited to, any training sponsored by the State Education Department for billing personnel, MCO and the CEO.

GENERAL POLICIES

A list of ordering, prescribing, and referring providers eligible to prescribe Medicaid eligible services is maintained through the Employee Navigator and CAFL's database system. Monthly exclusion checks are performed and provided to the MCO. Information on CAFL employee's credentials and necessary information is maintained through CAFL's database system. Credentials are verified and shared with each county and the EI HUB according the specific requirements of each county or organization. CAFL collects and keeps on file the following for all internal staff service providers:

- Current licensure/registration/certification information
- National Provider Identification # (NPI)
- Check of restricted and excluded Medicaid providers through Medicaid Exclusion Lists; this is checked at hire and monthly thereafter for all rendering, prescribing, and ordering providers
- Staff Exclusion List (SEL) under the NYYS Justice Center is checked at hire and subsequently if an employee has a break in their employment of more than 180 days
- All CAFL employees are cleared through the State Central Registry for child abuse prior to hire
- Supervision plans for all CFYs or OTAs who work under the direction of a supervising therapist

Providers whose credential information is not up to date will not be able to submit billing for rendered services until this information is current. The Program Director keeps credentials updated in the EI HUB, the CPSE Portal and with counties per their requirements.

A prescription for every medical service authorized is in place and is obtained from a Medicaid eligible provider. For any change in service, such as frequency and duration or group vs. individual, a new prescription is obtained. All scripts are signed and dated prior to service delivery and are reviewed for accuracy. Per Early Intervention Regulation, the Individual Family Service Plan (IFSP) serves as documentation for medical necessity under the program and is provided to CAFL by the child's county of residence. For Preschool Services and School Age Services, the Individualized Education Plan (IEP) serves as documentation for medical necessity and outlines the frequency, duration and location of services to be

delivered to the child; the IEP is provided to CAFL by the child's home school district. Evaluation results contain an ICD code.

Daily session notes are documented and electronically, contemporaneously signed through CAFL's database system. Each rendering provider has a separate log in and password for entry to the CAFL database system. A daily session verification log is kept for every child. A daily session verification log may be paper or electronic; this log is submitted monthly to the provider's supervisor who checks for accuracy. The daily session verification log is subsequently saved in the client file for each child.

For occupational therapy assistants (OTA) and clinical fellows (CF) daily session notes are cosigned by the supervisor of record; billing cannot take place until the supervisor reviews and signs the session note. Supervisory case notes are kept by the supervisor of record and indicate initial and periodic visits, correspondence and meetings with the provider of service, and documentation of any meetings, changes to the child's plan or testing completed and reviewed.

Make-up sessions are provided according to guidance provided by the Preschool/School of Supported Health Service Program and the Bureau of Early Intervention. In the case of group services, the number of children served in a group cannot exceed five children for preschool; this is indicated in the daily session note. If the child's setting of service changes after the IEP or IFSP has been developed, CAFL contacts the school district or ongoing service coordinator to have the IEP or IFSP amended to reflect the change.

DOCUMENTATION RETENTION

Section 517.3(b) of Title 18 NYCRR regulates audit and record retention for the NYS Medicaid program. As this section indicates, providers must retain records for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.

18 NYCRR 517.3(b) (1) states... All records necessary to disclose the nature and extent of services furnished and the medical necessity therefore, including any prescription or fiscal order for the service or supply, must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.

In addition, student cumulative health records, which include treatment records, are to be kept until the student reaches the age of 27. Individual professions may have other documentation and record retention requirements in addition to the Medicaid program and education requirements noted. Clinicians can access discipline-specific record retention requirements on the Office of Professions website.

COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE:

COMPLIANCE OFFICER:

The compliance officer reports directly to, and is accountable to, the CEO. The compliance officer is a member of the CAFL administrative team as the governing body. The compliance officer and CEO review and assess on an annual basis, at minimum, the time requirements of the compliance program and other duties the compliance officer is assigned in order to ensure the compliance officer has adequate time allotted to carry out the Compliance Program responsibilities.

The CEO and compliance committee receive at minimum quarterly updates from the compliance officer on the progress of adopting, implementing, and maintaining the compliance program. The CAFL administrative team collaborates with the compliance officer on drafting, revising, adopting, implementing, and maintaining CAFL's Compliance Program. The compliance officer works directly with the CEO when any element of the compliance program needs updating; or any element which must be included. The compliance officer and the CAFL administrative team have access to all records, documents, information, facilities and affected individuals that are relevant to carrying out their compliance program responsibilities. Members of the QAC, who conduct chart reviews/audits on a monthly basis, have access to all information as it pertains to a record review.

Responsibilities of the Medicaid Compliance Officer (MCO):

- Overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness;
- Drafting, implementing and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rules, regulations, policies and standards, a compliance work plan which shall outline CAFL's proposed strategy for meeting requirements of the compliance program;
- Reviewing and revising the compliance program, the written policies and procedures and standards of conduct, to incorporate changes based on the required CAFL's organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;
- Reporting directly, on a regular basis, but no less frequently than quarterly, to the administrative team which includes the chief executive and compliance committee members on the progress of adopting, implementing, and maintaining the compliance program;
- Assisting CAFL in establishing methods to improve the CAFL's efficiency, quality of services, and reducing the required CAFL's vulnerability to fraud, waste and abuse;
- Investigating and independently acting on matters related to the compliance program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, and the State; and
- Coordinating the implementation of the fraud, waste, and abuse prevention

COMPLIANCE COMMITTEE:

The compliance committee is comprised of the members of the CAFL administrative team. The compliance committee is responsible for coordinating with the compliance officer to ensure that CAFL is conducting its business in an ethical and responsible manner, consistent with its compliance program and standards of conduct. The compliance committee is comprised of the CEO, Program Director/Compliance Officer, Director of Human Resources, Controller, Coordinator of Intake. The compliance committee meets at minimum, one time per month; the CEO is the designated chairperson. The compliance committee reports directly to the CEO, who reports to the Board of Directors.

The compliance committee's responsibilities shall include:

- coordinating with the compliance officer to ensure that written policies and procedures and standards of conduct are current, accurate and complete and that training topics are completed in a timely manner;
- coordinating with the compliance officer to ensure communication and cooperation by all affected individuals on compliance related issues, internal or external audits, or any other required function or activity;
- advocating for the allocation of sufficient funding, resources and staff for the compliance officer to fully perform their responsibilities;
- ensuring that CAFL has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and
- advocating for adoption and implementation of required modifications to the compliance program

COMPLIANCE PROGRAM TRAINING AND EDUCATION

CAFL has established and effective compliance training and education program for its compliance officer and all affected individuals. Compliance training and education as part of orientation for new hires and new affected individuals occurs within 30 days of their start date. All affected individuals complete compliance training no less frequently than annually. New compliance officers also are required to complete this training as a part of new-hire orientation promptly upon hiring. Compliance training is customized for individual departments and job responsibilities. 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.

Training and education include, at minimum, topics related to:

- CAFL's risk areas;
- written policies and procedures related to Medicaid Compliance;
- the role of the compliance officer and compliance committee;

- how affected individuals can ask questions and report potential compliance-related issues to the compliance officer and senior management; including the obligation of affected individuals to report suspected illegal or improper conduct and procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the compliance program;
- disciplinary standards, with an emphasis on those standards related to CAFL's compliance program and prevention of fraud, waste, and abuse;
- how CAFL responds to compliance issues and implements corrective action plans;
- coding and billing requirements and best practices, if applicable;
- claim development and the submission process, if applicable;
- payments, if applicable;
- School/Preschool Supported Health Services
- Early Intervention;
- how services are ordered; if applicable
- medical necessity; if applicable
- quality of care;
- mandatory reporting;
- credentialing; if applicable

CAFL may use, among other things, pre- and post-tests, and surveys to periodically evaluate the effectiveness of compliance training. Compliance training is tracked through the Employee Navigator and, at times, by the Compliance Officer. If the Compliance Officer determines that written materials are not sufficient to familiarize employees with amendments or changes to applicable laws, interim trainings will be conducted.

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:

- Employee Navigator which tracks 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, Board of Director 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.
- Dated attestations signed by affected individuals that they received and understood such training.
- 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 which ensure confidentiality for all affected individuals. These lines of communication:

- Are accessible to all affected individuals and allow for questions regarding compliance issues to be asked and for compliance issues to be reported.
- Are publicized and made available to all affected individuals and all Medicaid Assistance recipients of service from CAFL.
- Have a method for anonymous reporting of potential fraud, waste and abuse, and compliance issues directly to the compliance officer.
- Ensure the confidentiality of persons reporting compliance issues are maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by, MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under CAFL's policy for non-intimidation and non-retaliation.

- Are made available on CAFL's website and information regarding the compliance program, including standards of conduct, are included.

"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 against non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting a potential compliance issue, participating in an investigation of potential compliance issues, audits, self-evaluations, remedial actions, reporting instances of intimidation and retaliation, and reporting potential fraud, waste or abuse to the appropriate State or Federal entities.

CAFL provides a mailing address and a locked drop box outside the Medicaid Compliance Officer's Victor office. 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 members who have access to inter-office and USPS mail and do not open any mail addressed to the MCO. A confidential voice mail line is also available and publicized. 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.
3. CAFL's website.

Suspected Medicaid fraud or abuse may be directly reported to the Office of the Medicaid Inspector General. The toll-free NYS hotline is conspicuously posted in each office. A copy of "Blow the Whistle on Medicaid Fraud' is included in the Medicaid Compliance information provided in the Agency folder on the share drive.

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 policies Standards of Conduct (Policy 3.09), Non Discrimination/Anti-Harassment/Anti-Bullying (Policy 2.01), and Progressive Discipline (Policy 3.11) are established for the guidance of all employees. These policies establish expectations, disciplinary standards and procedures for the enforcement CAFL's policies and encourage good-faith participation in the compliance program for all affected individuals.

CAFL enforces its disciplinary standards fairly and consistently, and the same disciplinary action applies to all levels of personnel.

AUDITING AND MONITORING OF COMPLIANCE RISK AREAS

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 identification of compliance risks.

CAFL's database system has internal audits built into the system to assure there is no double billing or overlapping visits. The database's internal audit system also ensures correct CPT usage, inclusion of the ICD, time/out for session, progress indicators, IEP/IFSP dates, frequency/duration, date of session, and setting/location for session. Parent/caregiver signatures for the session delivery are also monitored through CAFL's database system. The provider's electronic signature with time stamp is added to the session note once the provider attests that the note is correct. The signature of supervisor of record for OTAs and CFs is also time stamped once the note is reviewed.

Every effort is made to assure that all sessions billed meet specific requirements for each program and include everything necessary for Medicaid billing for the county, the school district, and the EI HUB (State Fiscal Agent). These internal

efforts confirm that our compliance plan is working and may provide opportunity for improvement if concerns or errors are noted. Internal monitoring and auditing is performed by the CAFL billing department, the MCO, supervisory staff, compliance committee, human resources, and the Intake department.

This may include, but is not limited to, the following:

1. Rigorous, ongoing, database checks and balances that identify any billing non-compliance issues;
2. Internal database checks and balances that prohibit 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/audits by the Quality Assurance Committee (QAC); any discovered issues are reported to the Compliance Officer and the CEO;
5. Monthly random record reviews/audits by the Billing Department focused on accuracy of data in an authorization
6. Monthly exclusion checks which are shared with the compliance officer;
7. Ongoing monitoring through the Employee Navigator of all affected individuals and compliance training completion dates.
8. A review of every written referral/order for Medicaid compliance;
9. 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.
10. Any Medicaid Assistance program overpayments identified shall be reported, returned, and explained in accordance with SubPart 521-3.1(a-c) and CAFL shall promptly take corrective action to prevent recurrence.

In addition, a fiscal audit is completed yearly by an external, independent auditing company which reviews our procedures for ethical and accurate billing.

ANNUAL COMPLIANCE PROGRAM REVIEW

The review may be carried out by the compliance officer, compliance committee, external auditors, or other staff designated by CAFL, provided that such other staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the compliance program they are reviewing and are independent from the functions being reviewed.

The reviews may include interviews with affected individuals, review of records, surveys or any other method CAFL deems appropriate, provided that such method does not compromise the independence or integrity of the review. The design, implementation, and results of the review's effectiveness are documented. The results of the annual compliance program reviews shall be shared with the CEO, Administrative Team, and compliance committee.

Excluded providers are determined by accessing State and Federal databases at least every 30 days, including the NYS Office of the Medicaid Inspector General Exclusion List and Health and Human Services Office of the Inspector General's List of Excluded Individuals and Entities. The compliance officer is made aware of these results.

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 promptly responds to compliance issues as they are raised, investigates potential compliance problems as identified, and corrects such problems promptly and thoroughly to reduce the potential for recurrence and ensure ongoing compliance with State and Federal laws, rules and regulations of the MA program.

All interactions with the Medicaid Compliance Officer (MCO) will be logged and a report made on each incident on the Medicaid Complaint Log. The MCO will contact the CEO immediately. The MCO is responsible to ensure appropriate follow-up for each incident and will maintain records to track the nature, topic, and source of calls/concerns expressed. If the identity of the reporter is known, the MCO will contact the reporter within seven days to provide the opportunity to discuss any additional information known by the reporter regarding the subject matter of the incident. All responses to

incidents and follow-up will be documented and maintained by the MCO. CAFL does not permit any retaliation against any employee for reporting compliance issues. As a result of reporting by individuals and subsequent investigations, the MCO will assess the necessity for amendments to the Medicaid Compliance Program, as well as any changes in policy and procedure that may be needed.

Upon detection of a potential compliance risk or issue, whether through reports received or as a result of auditing and monitoring, CAFL will take prompt action to investigate the conduct in question and determine what, if any corrective action is required, and likewise promptly implement such corrective action. CAFL shall document its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of the interview notes, and other documents essential for demonstrating that CAFL completed a thorough investigation of the issue. Where appropriate, CAFL may retain outside experts, auditors, or counsel to assist with the investigation. Any disciplinary action taken is documented, including corrective action implemented.

If CAFL identifies credible evidence or credibly believed that a State or Federal law, rule or regulation has been violated, the required provider shall promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The compliance officer shall receive copies of any reports submitted to the governmental agencies.

CAFL provides

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