**TRANSITIONAL SERVICES OF NEW YORK FOR LONG ISLAND, INC.**

**MEDICAID COMPLIANCE PROGRAM**

As per the New York State Office of Mental Health (NYS OMH) and the New York State Office of the Medicaid Inspector General (NYS OMIG) and as noted in Part 521, “Provider Compliance Programs” of Title 18 of the Codes, Rules and Regulations of the State of New York, the following is the Agency Compliance Program. This Program embodies a code of ethics and conduct fitting for the Transitional Services of New York for Long Island, Inc. (TSLI) as a Medicaid provider. The Program is well-integrated into TSLI’s operations and supported by the Agency’s Administration as well as the Board of Directors (“governing body”).

TSLI maintains compliance with all mandated guidelines as set forth by the NYS OMIG.

**COMPLIANCE PROGRAM DEFINITION**

The TSLI Medicaid Compliance Program represents a standard of conduct and written policies/procedures to encourage honest/responsible conduct and to provide compliance guidance to employees, and the Board of Directors. The Program defines appropriate behavior as it relates to the detection and avoidance of Medicaid fraud/abuse. The Program will assist to identify/prevent criminal and/or unethical behavior. Additionally, the Program will serve to improve efficiency and consistency of services to residents and if warranted, will allow for prompt, thorough investigation of any alleged misconduct by corporate offices, management and/or the Board of Directors.

TSLI holds all employees and their Board of Directors to a standard of conduct and ethics appropriate of a Medicaid provider. This is a uniform application of discipline, which is applied consistently across the organization, regardless of title or position. Any violation of this code of conduct will result in appropriate remedial action up to and including legal proceedings and termination of employment. All Medicaid guidelines will be followed as set forth by New York State and the federal government. All Medicaid information is maintained in a confidential and case sensitive manner. Employees directly involved in conducting Agency business related to Medicaid billing and the provision and documentation of Rehabilitative Restorative Services are trained on policy and procedure as outlined by the Agency. Failure of any employee or Board member to adhere to the Compliance Program may result in termination of employment/Board status and/or legal proceedings. [[1]](#footnote-1)

**PROGRAM DESIGNEE**

The Agency has designated the Human Resources Manager as the individual “*in whom the responsibility for the day-to-day operation of the Compliance Program is vested.”*  Hereafter, this designee is termed “Compliance Officer.”

**Compliance Officer Role and Responsibilities:** The purpose of the Compliance Officer’s role is to ensure an integrated and comprehensive strategy for:

1. Identifying, documenting, reporting and investigating reports of non-compliance within the corporation, in the context of a Medicaid provider, to detect and prevent fraud waste and abuse.
2. Reviewing individual compliance issues to identify appropriate preventative or corrective action.
3. Indentifying non-compliance patterns and trends through the compilation and analysis of data, to identify appropriate preventative or corrective action.
4. Implementing preventative and corrective action plans.
5. Monitoring Medicaid Compliance practices.

The Compliance Officer may report directly to the Chief Executive Officer, the Chief Operating Officer, and/or the Director of Operations for any form of compliance issues. The Compliance Officer will report directly to TSLI’s Board of Directors on a quarterly basis for general updates/issues review.

**Compliance Committee:**

TSLI designates the following persons as participants in the Medicaid Compliance Committee:

* Chief Executive Officer
* Chief Operating Officer
* Director of Operations
* Chief Compliance Officer
* Intake/Finance Department Division Manager
* Human Resources Manager/Compliance Officer

Quarterly Meetings are scheduled for the Medicaid Compliance Committee. Any compliance issues are discussed including recommendations for change to ensure service delivery and/or document integrity. The Medicaid Quality Assurance Tool is also revised in conformity with said recommendations so there is an additional check of compliance.

**TRAINING AND EDUCATION**

For the purpose of ensuring compliance, TSLI employees and Board of Directors’ members directly involved in billing, finances and/or resident care are informed, educated and/or trained on the Agency’s protocol of Medicaid Compliance. All applicable executives and governing persons of TSLI are provided with necessary training and education regarding the Compliance Program.

The Compliance Program will be provided in writing to TSLI employees and Board members. Acknowledgement of such provision will be maintained in the employees’ personnel files and in the Board of Directors’ Meeting Minutes.

Minimum training and education standards will include but are not limited to:

**New Employee Orientation Training:** Completed within one week of a new employee hire by the Agency Training Specialist. New employees receive training on the following:

1. An introduction to Medicaid and the Agency’s responsibility as a Medicaid Rehabilitative Service Provider.
2. Agency Medicaid Compliance Protocol overview.
3. An overview of applicable Federal and State laws.
4. A review of employee responsibility, communication, identification, and reporting of Medicaid Compliance issues.
5. An explanation of “Good Faith” participation and the policy of non-intimidation and non-retaliation.
6. Agency response to complaints.
7. “Whistleblower” protections.

**Annual Core Training:** All staff, including the Agency’s Administrative staff receive annual training in those areas listed above via a training module through the Agency’s training software program, Paycom.

All Medicaid Compliance trainings will be recorded for all employees in their Personnel files.

**Board of Directors Training:** Annually the Compliance Officer completes training which will include but is not limited to:

1. An overview of the Agency as a Medicaid provider.
2. The Agency Medicaid Compliance Program and Protocol.
3. Updates in policy and procedure as created in response to entities such as the NYS OMIG.
4. Patterns and trends noted within the reporting year.

**COMPLIANCE COMMUNICATION**

Annually, the Compliance Officer will communicate with the TSLI Board of Directors to provide a summation of the Compliance Program for the entire year. This will include the results of the internal Quality Assurance audit conducted to evaluate all systems related to Agency Medicaid provision.

Quarterly, the Compliance Committee will meet to review any open investigations, changes/updates to the Medicaid Protocol, and/or any other Medicaid related concerns. The Committee will also review any Rehabilitative Restorative Service Reviews which occurred during the related quarter. The status of Medicaid Compliance training for staff, both orientation and annual training is discussed.

Quarterly reports from the Compliance Committee are discussed at the quarterly Board of Directors meetings. In addition, the Compliance Officer will communicate with the Board of Directors as related to reported complaints, changes in policy or related matters.

Updates/changes to the Medicaid Compliance Program will be provided in writing to TSLI employees and Agency Board members. Acknowledgement of receipt of such notification will be completed by Board members/employees and maintained in the Board of Directors’ Meeting Minutes and in the employees’ Human Resource Management Information (HRMIS) files.

TSLI employees and Board members will be encouraged to request a meeting with the Compliance Officer for the purpose of communicating any concerns regarding the Medicaid Compliance Program. All concerns will be kept confidential and can be submitted anonymously in writing.

TSLI staff and Board of Director members may submit concerns in writing to the Agency Compliance Officer anonymously via general US Postal Service delivery methods or via intra-agency mail. All persons who report compliance issues will have a reasonable expectation that their communication will be kept as confidential as possible within the restrictions of an investigation.

TSLI sites and departments demonstrate responsible compliance by posting NYS OMIG flyers in visible areas. See Appendix A.

Once **any form** of correspondence is received by the Compliance Officer, the following investigative measures are initiated by the Compliance Officer in a timely manner to demonstrate due diligence:

1. All original correspondence will be maintained in a central complaint file. If the correspondence is received via electronic mail (Email) it will be printed for the complaint file and filed in the Agency’s computer system.
2. A “Compliance Log” will be maintained by the Compliance Officer to track the response process and to evaluate patterns and trends for remediation of written policies and procedures.
3. The Compliance Officer will notify the Medicaid Compliance Committee upon receipt of correspondence and will confer with the Committee for guidance. If a committee member should be the party submitting correspondence, this person will recuse themselves from committee activities.
4. The Compliance Officer will investigate the complaint within the context of reviewing the issue reported versus the Agency Medicaid Compliance Program and Protocol.
5. The Compliance Officer will report findings to the Committee. If warranted, dependent upon the severity of the issue, outside counsel will be present with the Compliance Officer.
6. If determined that an incident of fraud and/or actions indicative of potential fraud has occurred, general internal disciplinary procedures will be initiated, including but not limited to:
   * + - Administrative Meetings
       - Disciplinary Memos
       - Termination
       - Initiation of Legal Proceedings

The Compliance Officer will update the Compliance Log to indicate the course of action taken and will indicate whether the matter of non-compliance was “founded” or “un-substantiated.”

**GENERAL DISCIPLINARY POLICIES**

To encourage and maintain “good faith” participation in the Compliance Program, TSLI employees and Board members will be held accountable for any deviation from compliance in the Medicaid Compliance Program.

Sanctions will be imposed to employees and/or Board members who commit any of the following:

1. Failure to report suspected compliance violations.
2. Participation in non-compliant behavior.
3. Encouraging, directing, facilitating or permitting (actively or passively) non-compliant behavior.
4. Failure to detect non-compliance and/or related conduct by virtue of their position (Compliance Officer, Chief Executive Officer, Chief Operating Officer, Director of Operations, Chief Compliance Officer, Managers, Coordinators, Supervisors and Bookkeepers).

Internal disciplinary action for violations against the Medicaid Compliance Program will include but are not limited to:

1. Administrative Meetings
2. Disciplinary Memos
3. Termination
4. Initiation of Legal Proceedings

Disciplinary action for employees will be determined by the Chief Executive Officer, Chief Operating Officer, and Director of Operations. The Board’s Personnel Committee will determine disciplinary action for a Board member. All action plans related to disciplinary action will be reviewed with the Compliance Officer to ensure observance of the Compliance Program. The Compliance Officer will document all proceedings to ensure disciplinary action was consistently applied, regardless of the perpetrator’s position with the Medicaid provider.

**AUDITING/MONITORING: COMPLIANCE RISK IDENTIFICATION**

The TSLI Chief Executive Officer, Chief Operating Officer, and Director of Operations will maintain executive oversight of the Medicaid Compliance Program. They will ensure routine system checks are conducted to minimize the potential for compliance risk.

Procedures under review will include:

1. Staff training and education, including New Employee Training and Annual Core Training/Refresher.
2. Board of Directors’ Education
3. File Storage Procedures
4. Systematic File Review/Quality Assurance Audits
5. Confidentiality of Files
6. Systematic review of Medicaid Protocol Procedures conducted by those persons/departments identified throughout the Protocol.

Annually, as part of the Agency’s Quality Assurance Program, members of the Agency’s Management Team review the Medicaid Compliance Program and Protocol to ensure compliance. The Compliance Officer will be one of the reviewers. As indicated by their review, necessary revisions may be implemented. The Medicaid Compliance Quality Assurance Final Report is provided to all members of the Management Team and is reviewed by the Board of Directors.

To ensure appropriate compliance via an internal audit, the Agency has integrated the New York State Office of Medicaid Inspector General (NYS OMIG) Bureau of Compliance Program Assessment Tool-Focused Reviews. The purpose of utilizing this tool is to employ an additional measure to ensure proper execution of the Agency’s Compliance Program.

If requested by the NYS OMIG, the Compliance Officer will complete the tool as directed and return it electronically to [www.compliance@omig.ny.gov](http://www.compliance@omig.ny.gov).

An independent Certified Public Accountant (CPA) reviews adherence to the Medicaid Compliance Program at least annually.

In addition, TSLI will cooperate fully with external auditors in relation to Medicaid Compliance reviews.

**RESPONSE TO COMPLIANCE ISSUES**

In the event of any form of confirmed overpayment to TSLI by the Medicaid Program, such overpayments will be returned in a timely manner. As outlined in Section 6402(d) of the Patient Protection and Affordable Care Act (PPACA), overpayments will be returned within 60 days of the finding of the overpayment. The returned overpayment will be accompanied by a written explanation of the overpayment findings.

As warranted, and specifically in the event of overpayment, the Compliance Officer will report investigations and resolution to the NYS OMIG, the NYS OMH and the New York State Department of Health.

The Compliance Officer will generate dispositions on anonymously submitted concerns and respond in writing. This information will be distributed and published at Agency sites and in the Board of Directors’ meeting minutes. This will allow all parties the opportunity to view dispositions. Dispositions will include a generalization of concern(s)/infractions(s), investigation and corrective action taken.

Compliance risk areas will be minimized through a systematic review of the actions leading up to and/or causing the infraction. In a timely manner, the Chief Executive Officer, Chief Operating Officer, Director of Operations and Compliance Officer will evaluate the results of the review.

Results will be prioritized, identifying those issues which have a high potential for reoccurrence or may have the most severe impact on all Agency and/or Medicaid recipients.

Following review, one or more of the following remediation plans may occur:

* Policy Amendment
* Policy Clarification
* Policy Implementation (e.g., addendums)
* Training
* Employee Disciplinary Action
* Board of Directors’ Disciplinary Action

**NON-INTIMIDATION AND NON-RETAILIATION**

TSLI staff members and Board of Directors’ members may report concerns freely, without concern for retaliatory actions imposed by Agency Administration and/or the Board of Directors in the event of an employee report. TSLI will maintain an atmosphere where all employees may freely report concerns related to the Medicaid Compliance Program. “Good Faith” participation in the Medicaid Compliance Program is encouraged by all staff and Board members of TSLI.

Additionally, Compliance concerns may be reported to:

**New York State Office of the Inspector General (NYS IG)**

http://www.ig.state.ny.us/complaints/filecomplaint.html

Telephone: 1-800-DO-RIGHT (1-800-367-4448)

Fax: 518-486-3745

On-line: An on-line Complaint Form is available on the website

Email: [inspector.general@ig.state.ny.us](mailto:inspector.general@ig.state.ny.us)

Write: New York State Office of the Inspector General

Empire State Plaza

Agency Building 2, 16th Floor

Albany, NY 12223

**New York State Office of the Medicaid Inspector General (NYS OMIG)**

Telephone: 877-873-7283

Fax: 518. 408-0480

On-line: An on-line Complaint Form is available on the website

Write: NYS OMIG Bureau of Medicaid Fraud Allegations

800 North Pearl Street

Albany, New York 12204

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1. Refer to Medicaid Compliance Protocol [↑](#footnote-ref-1)