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# COMPLIANCE PLAN

# **ARBOR HOUSING AND DEVELOPMENT**

## **COMPLIANCE PLAN**

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## **PURPOSE OF A COMPLIANCE PROGRAM**

The purpose of the Arbor Housing and Development Compliance Program is to detect and prevent fraud, waste, and abuse in all Medicaid billed programs. Our obligation is to address compliance issues as quickly and efficiently as possible, and to impose systemic checks and balances to prevent future recurrence of such issues.

## **COMPLIANCE PROGRAM OVERVIEW**

### **STRUCTURE**

- Board of Directors
  - To ensure the compliance department is completing all requirements of are responsible to steer the organization towards a sustainable future by adopting comprehensive, ethical, and legal governance and financial management policies, as well as by making sure the nonprofit has adequate resources to advance its mission.
  
- Compliance Committee
  - Designate and appointment members of the Medicaid Compliance Program
  - Coordinate with the Medicaid Compliance Officer to ensure that the written policies and procedures, and standards of conduct required are current, accurate and complete, and that the training topics required are completed in a timely manner
  - Ensure that effective systems and processes are in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues
  
- Medicaid Compliance Officer
  - The primary contact for the daily operations of the Compliance Plan. Also oversees the Compliance Department activities which include:
    - Assessment of organization compliance training needs
    - Serve as a resource for compliance research and guidance
    - Investigating reports of suspected non-compliance and ensuring corrective action is taken (as appropriate)
    - Monitor and manage the compliance hotline

## DEFINITIONS

**Medicaid:** A joint federal and state program that helps cover medical costs for some people with limited income and resources. The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program

**OMIG or Office of the Medicaid Inspector General** means the independent office within the department established pursuant to Title 3 of Article 1 of the New York State Public Health Law.

**The Office of Mental Health (OMH)** operates psychiatric centers across the State. OMH also regulates, certifies and oversees more than 4,500 programs, operated by local governments and nonprofit agencies.

**Compilation of the Rules and Regulations of the State of New York (NYCRR)** This regulation governs the provision of temporary housing assistance to persons who are homeless. It sets forth the requirements with which an individual or family who applies for temporary housing must comply in order to be eligible for temporary housing assistance

## AREAS OF RISK

- Billings
- Payments
- Medical necessity
- Quality of care
- Governance
- Mandatory reporting
- Credentialing
- Contractor, subcontractor, agent, or independent contract oversight
- Other risk areas identified
- Ordered services

## AFFECTED INDIVIDUALS

- Employees working within any Medicaid program
- Chief Executive Officer & Executive Staff
- Directors
- Supervisors & Assistant Supervisors
- Governing body
- Contractors
- Agents
- Subcontractors
- Independent contractors

## ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM

### **1. Written Policies, Procedures and Standards of Conduct**

- Drafting, Revising, Approving and Communicating to all affected individuals. The Medicaid Compliance Officer will review all policy and procedure requirements indicated within the Title 18 NYCRR Part 521. This includes reviewing the Office of the Medicaid Inspector General (OMIG) website as well as the NYS Office of Mental Health (OMH) website

### **2. Compliance Program Oversight**

- A **Medicaid Compliance Officer** is a single employee who is solely responsible for the day-to-day workings of the compliance program and structure.
  - Oversee and monitor that adoption, implementation and maintenance of the compliance program as well as evaluate its effectiveness
- The **Compliance Committee** is a multi-disciplinary committee whose members have various backgrounds and expertise.
  - Coordinate with the Medicaid Compliance Officer to ensure that the written policies and procedures, and standards of conduct required are current, accurate and complete, and that the training topics required are timely completed

### **3. Training and Education**

All employees must be trained to ensure that staff is aware of the expectations and standards. Training needs to effectively communicate the requirements of the compliance program and the company's code of conduct. Annual trainings should be established to update employees on program changes and new developments.

### **4. Lines of Communication**

Creating an effective compliance program includes establishing open lines of communication regarding compliance issues, education, and concerns. All employees must be aware that the compliance staff duties include answering routine questions regarding compliance or ethics issues.

### **5. Disciplinary Standards**

Disciplinary policies must be written that state the appropriate sanctions applied to those who fail to comply with the applicable requirements and written standards of conduct. These offenses include:

- Non-compliance;
- Failure to detect non-compliance when routine observation or due diligence should have provided adequate clues; and
- Failure to report actual or suspected non-compliance

## **6. Auditing and Monitoring**

- **Auditing** includes formal reviews of compliance with a particular set of standards as base measures.
  - Includes regular, periodic evaluations of the compliance program to determine the program's overall effectiveness;
  - is performed at least annually; and,
  - includes written reports containing findings, recommendations, and proposed corrective actions.
- **Monitoring** includes regular reviews performed as a part of normal operations to confirm ongoing compliance.
  - Occurs on a regular basis (e.g., daily, weekly, monthly, quarterly);
  - Ensures procedures are working as intended; and
  - Serves as a means of following up on recommendations and corrective action plans to ensure they are being implemented.

## **7. Responding to Compliance Issues**

Prompt action must be taken to investigate the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action. This action may include partnering with the Human Resources Department to ensure all appropriate actions are met. Examples of corrective action include repayment of overpayments and disciplinary action against responsible employees.

### **COMPLIANCE PROGRAM PLAN AREAS OF FOCUS FOR 2023**

1. Implementation of new compliance requirements
2. Review of OMIG plan from 2022
3. Electronic signatures for staff and consumers to prevent fraud from occurring

### **PRIMARY CONTACTS**

Medicaid Compliance Officer – Stephanie Lapp 607-333-0235  
Medicaid Compliance Specialist – Karen Ballos 607-329-7746  
Compliance Hotline 607-654-7487 ext 2031

### **REFERENCED MATERIAL**

18 NYCRR Part 521 – Compliance Programs

<https://omig.ny.gov/compliance/compliance>