

## **Catholic Charities of the Diocese of Albany System-Wide Standard & Procedure**

<b>Standard Category:</b>	Administrative
<b>Standard Title:</b>	Medicaid Compliance Plan
<b>Distribution:</b>	S&P Manual
<b>Person Responsible for this Policy:</b>	Compliance Officer
<b>Original Issue Date:</b>	2/28/2023
<b>Latest Revision Date:</b>	N/A
<b>Number of Pages:</b>	3
<b>Approved by:</b> Sister Betsy Van Deusen, CSJ, CEO	<i>Sister Betsy Van Deusen, CSJ</i>

### **Standard**

Catholic Charities of the Roman Catholic Diocese of Albany (CCRCDA) remains committed to meeting high ethical standards and compliance with all applicable laws in all programs and services provided by our agencies. Compliance and ethical practices are fundamental to the CCRCDA Mission with regard to how we provide services to the many people we serve. CCRCDA Corporate Compliance Plan and Code of Conduct identify the elements of the CCRCDA Compliance Program and provide guidance for employees and members regarding ethical and compliance responsibilities.

The New York State Office of Medicaid Inspector General (NYS OMIG) has implemented additional regulatory requirements as of January 2023 that apply to certain Medicaid providers. This standard and procedure outlines CCRCDA Compliance Plan to meet these NYS OMIG regulations. This standard is intended to be implemented in conjunction with the CCRCDA System-wide Compliance Plan and Code of Conduct and the Standard & Procedure contained in the compliance plan.

CCRCDA Agencies that meet the NYS OMIG regulatory definition of a “required provider” are required to implement and comply with this Standard & Procedure. CCRCDA and its required providers will comply with the directive of the NYS OMIG. Other CCRCDA Agencies may choose to implement this Standard & Procedure to enhance their Agency’s compliance efforts.

### **System-Wide Procedure**

#### **Determining Required Provider Status**

- The Compliance Officer is responsible for developing a compliance assessment for each CCRCDA Agency to complete annually, to determine which agencies and programs are required providers, as defined by the NYS OMIG regulation. CCRCDA Agency Executive Directors, or designee, are responsible for providing accurate, timely and complete response to the compliance assessment. The Executive Office and Support Services (EOSS) Compliance Committee will review compliance assessment results including obtaining additional information if needed, and determine which CCRCDA agencies and programs meet the required provider definition. The Compliance Officer is responsible for informing the Executive Directors of their required provider status.

#### **Required Provider Responsibilities**

- Agency Executive Director and the Compliance Officer will designate Agency Compliance Committee membership. The Compliance Officer, or designee, will be a member of each Agency Compliance Committee.
- Provide the Compliance Officer, or designee, with prompt notification and copies of reports of any violation of law or regulation.
- Report to Agency Compliance Committee quarterly on topics that address identified compliance risks and requirements, including policy/procedure updates, internal and external auditing and monitoring, changes in law or regulation and training status.
- Provide the Compliance Officer, or designee, with access to all records, documentation, information, facilities, and affected individuals as needed for purposes of carrying out compliance responsibilities.
- Maintain written policy and procedure and standards of conduct to include a process for drafting, revising, and approving policies that articulate the required provider's commitment and obligation to comply with all Federal and State standards including:
  - Identify the governing laws and regulations that are applicable to provider risk areas including any Medicaid program policies and procedures applicable to the Agency's specific risk areas and Medicaid-funded programs and services including those that apply to billing, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, contractor and agent oversight.
  - Ensure these policies and procedures are available to all affected individuals and that training on the policies and procedures is provided to affected individuals as outlined in the training plan.
  - Complete an annual review of policies and procedures to determine if they have been implemented, whether affected individuals are following the policies and procedures, whether the policies and procedures are effective and whether any updates are needed.
- Use a documented training plan as described in 18NYCRR521-1.4(d) to include compliance-related training for all affected individuals. This training plan will be developed and monitored as part of the compliance workplan and will document the subjects, topics, frequency and timeframes, as well as tracking attendees, missed sessions and effectiveness evaluations. The training plan will include training requirements based on the compliance topics relevant to affected individual's specific roles. The training plan will address need for training in a form/format that is accessible and understandable to all affected individuals, consistent with Federal, State language and other access laws.
- Include compliance requirements in new contracts and independent contractor/sub-contractor agreements by 3/28/2023. For existing contracts and agreements, an addendum or amendment with these requirements will be completed by 3/28/2024. These requirements include adherence to CCRCDA Compliance Plan, Code of Conduct, this Standard & Procedure, completion of training requirements, exclusion monitoring, reporting compliance concerns and violations and a termination clause for non-compliance.
- Complete annual compliance certification to Medicaid, in accordance with 18NYCRR521-1.3(f).
- All records related to this Standard & Procedure and the Compliance Program will be maintained for at least six (6) years.

### **Agency Compliance Committee Responsibilities**

- Committee members, in conjunction with the Compliance Officer, will develop a Committee Charter listing Committee membership and outlining the Committee's responsibilities, meeting schedules and record keeping in accordance with 18NYCRR521-1.4(6).
- Committee members will complete an annual self-assessment of the Compliance Program including review of the Committee Charter.
- Committee is responsible to develop and maintain an annual workplan to address, at a minimum, the strategies and tasks necessary to meet 18NYCRR521-1.4. The workplan will detail a prioritized list of compliance actions needed including compliance reporting/response to issues, training plans for affected persons, policy/procedure oversight, auditing and monitoring, identifying governing laws and regulations and risk areas. This plan will be developed annually and periodically reviewed/updated by the Agency Compliance Committee.
- Committee will meet at least quarterly, using the workplan and Committee Charter as a guide, to address compliance responsibilities and maintain an effective compliance program that meets the requirements of 18NYCRR521-1.4(c).
- Agency Compliance Committee will develop and maintain a record retention plan to determine which records need to be reported/filed as part of these compliance records.
- Agency Compliance Committee activities will be reported at least quarterly to the CCRCDA Management Compliance Committee and periodically to the Agency Board of Directors.

### **Definitions from 18NYCRR 521.1(b) and 521-1.2(b)**

**Required Provider:** any person subject to the provisions of Article 28 or 36 of the Public Health Law; any person subject to the provisions of Articles 16 and 31 of the Mental Hygiene Law; any managed care provider or managed long-term care plan; and any other person for whom the Medicaid program is, or is reasonably expected to be, a substantial portion of their business operations.

**Affected Individual:** all persons who are affected by the required provider's risk areas including employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

**Effective Compliance Program:** a compliance program adopted and implemented by the required provider that, at a minimum, satisfies the requirements of 18NYCRR521, and that is designed to be compatible with provider's characteristics (size, complexity, resources, and culture), which shall mean that it:

- Is well integrated into the organization's operations and supported by the highest levels of the organization including the chief executive, senior management and the governing body;
- Promotes adherence to the required provider's legal and ethical obligations; and
- Is reasonably designed and implemented to prevent, detect, and correct non-compliance with Medicaid Program requirements including fraud, waste and abuse most likely to occur for the required provider's risk areas and organizational experience.