

SUBJECT: MEDICAID COMPLIANCE PROGRAM POLICY

The District shall comply with New York State and federal laws and regulations related to the District's participation as a provider of care, services or supplies under the Medicaid program.

The District as a provider receiving or submitting Medicaid claims of at least \$500,000 in any consecutive 12-month period, has established and implemented a Medicaid Compliance Program designed to detect and prevent fraud, waste and abuse.

As required by the New York State Office of the Medicaid Inspector General (hereinafter referred to as the OMIG), the District's Medicaid Compliance Program is comprised of the following core elements:

- a) Written policies and procedures that describe compliance expectations as embodied in a code of ethics applicable to all District personnel, including Board members. Such compliance expectations or standards of conduct shall include provisions designed to: implement the operation of the Medicaid Compliance Programs; provide guidance to employees and others on dealing with potential compliance issues; identify how to communicate compliance issues to appropriate personnel; and describe how issues are investigated and resolved;
- b) A designated employee who will be responsible for the day-to-day operation of the Medicaid Compliance Program. This employee's job duties may be exclusively related to Medicaid compliance issues or may be combined with other duties, provided that the Medicaid compliance portions of the employee's duties are satisfactorily fulfilled. The designated employee shall report directly to the District Superintendent or the Superintendent's designee and shall also periodically report directly to the Board on the District's Medicaid Compliance Program activities;
- c) Training and education of all affected District employees and other persons associated with the District's Medicaid Compliance Program, including, but not limited to, members of the District's Board. Such training shall occur periodically and shall be made a part of any required training or orientation for new employees, Board members, volunteers and/or others on dealing with the District's Medicaid Compliance Program;
- d) Communication lines and processes directed to the District's designated employee who will be responsible for the day-to-day operation of the Medicaid Compliance Program. Such communication lines and processes shall be accessible to all District employees, Board members, volunteers and others associated with the District's Medicaid Compliance Program. The communication lines and processes are designed to allow employees to report compliance issues, including the anonymous and confidential good faith reporting of any practice or procedure related to Medicaid reimbursement of school or preschool supportive health services, that an employee believes is inappropriate;

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- e) Disciplinary procedures that encourage good faith and fair dealing in the District's Medicaid Compliance Program by all affected individuals. Such disciplinary procedures shall include procedures that articulate expectations for reporting and assisting with the resolution of compliance issues and also provide sanctions for the failure to report suspected problems and participating (either actively or passively) in non-compliant behavior;
- f) A system for the routine identification of Medicaid compliance risk areas in the District's Medicaid Compliance Program. Self-evaluation of such risk areas may be accomplished by, but not necessarily limited to, internal audits and external audits, as appropriate;
- g) A system for responding to, investigating, correcting and reporting compliance issues as they are raised, including the development of procedures and systems to reduce the potential for recurrence, identifying and reporting compliance issues to the OMIG and refunding overpayments; and
- h) A policy of non-intimidation and non-retaliation against any person for the good faith participation in any aspect of the administration of the District's Medicaid Compliance Program including, but not limited to, the reporting of potential issues, assisting as a witness with any investigation, evaluation, audit, remedial actions or reporting to appropriate officials as provided in Sections 740 and 741 of the New York State Labor Law.

Social Services Law § 363-d
18 NYCRR Part 521
Labor Law §§ 740 and 741

NOTE: Refer also to Policies #5570 -- Financial Accountability
#5571 -- Allegations of Fraud
#5572 -- Audit Committee
#5573 -- Internal Audit Function
#6110 -- Code of Ethics for Board Members and All District
Personnel
District Medicaid Compliance Program

Adopted: 2/3/14
Revised: 4/21/15