Challenge Policy and Procedures on Assuring Provision, Documentation and Billing of OMRDD HCBS and Mirrored (Non-Waiver) Services

GENERAL EXPECTATIONS AND GUIDELINES

All staff, interns/volunteers, managers, and administrators involved with any aspect of Medicaid Services and all Board Members are expected to be knowledgeable and comply with Challenge's policies and produces regarding provision, documentation and billing of Medicaid funded services.

Such staff, interns/volunteers, managers, administrators and all Board Members will receive orientation and periodic training on Challenge's policies and procedures on Medicaid compliance including, but not limited to, state and federal regulations regarding provision of services, required documentation and timelines, definitions and consequences of fraudulent documentation, and Challenge's policies and procedures for reporting, investigating and resolving compliance issues.

Such staff, interns/volunteers, managers, administrators and Board Members are required to report suspected Medicaid or other fraud or other compliance problems. Failure to report suspected problems, assisting or participating in fraud or other non-compliant behavior, and/or encouraging, directing, permitting or facilitating such activities (whether actively or passively) will result in disciplinary action, up to and including termination. Suspected fraud or other compliance problems should be reported to his or her immediate supervisor, unless the immediate supervisor is suspected of being involved in the wrong-doing. In that case, the report should be made to the next higher level supervisor not suspected of being involved. If the supervisor is not available, the report should be made to the next higher-level supervisor. If the suspected violation is on an organization-wide level or by top management, the report of wrong doing should be made to the President of the Board of Directors. Report of suspected fraud or other compliance problems can also be made anonymously to the Director of Program Development and Quality Assurance or Challenge President by mail or placed in a sealed envelope in their respective mailbox.

SERVICE SPECIFIC EXPECTATIONS AND GUIDELINES

I. Supported Employment

A. Minimum Fiscal Requirements for Supported Employment Service Provision

In accordance with OMRDD Administrative Memorandum #2002-02, Supported Employment (SE) Services will, at minimum, include: two face-to-face services at the worksite provided per month for participants who are employed or four distinct services (two of which are face-to-face) if the participant is unemployed.

B. Supported Employment Documentation

In accordance with OMRDD Administrative Memorandum #2002-02, The Employment Advisor develops the supported employment plan which includes the valued outcome, frequency and duration of services, an individualized range of service frequency, locations where services will be provided, description of individualized services to be provided, and safeguards to ensure health and safety, The plan must be signed and dated. Plans must be reviewed every six months.

The Employment Advisor completes a contact note for each service provided that includes a description of the service provided, whether there was face-to-face contact with the participant, the date and location of the service, signature and title of the staff, and the date the note was written for each contact recorded. Participant response to services is recorded for each face-to-face contact note. At the beginning of each month the Employment Advisor completes the HCBS Services Documentation Record (Attendance Sheet) for the previous month.

In addition, Challenge's Quality Assurance Associate reviews the participant's ISP to ensure that the ISP reflects the provision of supported employment services, that the valued outcome is accurately stated, that it is a monthly, ongoing service, and that the participant is enrolled prior to billing.

C. Supported Employment Services Documentation Assurance Process

The Employment Advisor completes the Employment Advisor Monthly Checklist for each participant in supported employment, indicating if there is an accurate and active ISP that accurately reflects the SE service in the file, that required contact notes are complete and in the file, that there is an up-to-date SE plan in place and in the file, and that the attendance sheet is complete. The Employment Advisor signs and dates both the checklist and attendance sheet, confirming the information is complete and accurate.

The Employment Advisor hands in the checklist, attendance sheet and contact notes for that month to the Manager of Employment Planning. The manager reviews the checklist to ensure that all required items on the checklist are complete, reviews the contact notes for completeness, accuracy, presence of dates and signatures, and reviews the attendance sheet to ensure that there are adequate numbers and types of contacts that support billing. The Manager of Employment Planning signs/initials and dates both the checklist and attendance sheet, confirming the information is complete and accurate.

If any of the required items (ISP, monthly notes, and required signatures) are missing, the Manager of Employment Planning follows up with the Employment Advisor to complete the missing items, making sure that any additions or corrections are initialed and dated accurately as to when the change(s) was made. If the additions/changes are made within timetable for contemporaneous documentation, no alteration is made to the billing. If the changes/additions are made beyond the timelines for contemporaneous documentation, the Manager of Employment Planning notifies the Director of Finances of the problem, and the affected claim(s) is voided.

When an individual's new supported plan is developed and every six months after when the plan is reviewed and updated, the Employment Advisor hands in the plan to the Manager of Employment Planning who reviews and signs the plan, confirming that the plan meets supported employment standards.

D. Supported Employment Billing

Once the above services and documentation assurance process is completed, substantiating that all required services and documentation are in place, billing is done by the Manager of Employment Planning using the Attendance Sheet.

If at a later date, required documentation is found to be incorrect or missing (beyond the timetable for contemporaneous documentation), the Director of Finance is notified and the billing for that affected claim(s) is voided.

E. Internal Audits

All files are reviewed every six months by Challenge's Quality Assurance staff prior to or in conjunction with the timing of annual and semi-annual reviews. If any errors are found, these are reported to the Manager of Employment Planning and the Director of Finance and necessary changes to billing are made through the on-line billing system.

II. Prevocational Services

A. Minimum Fiscal Requirements for Prevocational Service Provision

In accordance with OMRDD Administrative Memorandum #2003-05 and Memorandum of 1/4/06 re. Regulations on Units of Service, a full day of Prevocational Services will include a minimum of a program day of four hours or more (excluding lunch time) and two face-to-face services delivered in accordance with the participant's prevocational plan and ISP. A half-day of Prevocational Services will include a minimum of a program day of two hours or more (excluding lunch time) and one face-to-face service.

B. Prevocational Documentation

In accordance with OMRDD Administrative Memorandum #2003-05, The Life Options Advisor develops the prevocational plan which includes the valued outcomes, description of the services and supports to be provided, frequency and duration of services, a and safeguards to ensure health and safety. The plan must be signed and dated. Plans must be reviewed every six months.

A daily documentation record listing the services identified in the prevocational services plan is developed to record delivery of daily services. Staff providing the service initials the daily documentation record signifying what services were provided during each program day and sign, initial, and print their name on the bottom of the Daily Documentation Record. Separate Daily Documentation Records and Production Sheets/Time Cards are maintained for the Work Center and supervised community worksites and other Challenge businesses.

Challenge supervisors ensure that all participants punch in and out of work using the time clock which records the program hours for the day. If a participant forgets to punch in or out or makes an error in using the time clock, the supervisor writes in the time on the time card. The supervisor uses the hours from the time card to fill out a production sheet (production sheets are used in the work center and in some, but not all Challenge-operated community worksites and business operations). The supervisor notes on the production sheet if a participant takes a half hour for lunch (if no production sheet is used, the supervisor subtracts a half hour for lunch and notes this directly on the time card).

The finance office calculates the number of hours in program services, based on the hours recorded on the participant's time card and production sheet(s). If a participant is present for lunch during the time program services are provided, a half hour will be subtracted for lunch.

The Life Options Advisor completes monthly summary notes that describe the services and supports provided, participant progress, participant response to services, and any issues or concerns.

Challenge's Quality Assurance Associate reviews the participant's ISP to ensure that the ISP reflects the provision of prevocational services, that the prevocational valued outcome is accurately stated in the ISP, that it is a daily, ongoing service, and that the participant is enrolled prior to billing.

C. Prevocational Services Documentation Assurance Process

The Life Options Advisor completes the Advisor Monthly Checklist for each participant in prevocational services, indicating if there is an accurate and active ISP in the file that accurately reflects the prevocational services, that the required monthly summary notes is complete and in the file, and that there is an up-to-date prevocational plan in place and in the file. The Life Options Advisor signs and dates the checklist, confirming the information is complete and accurate.

The supervisors double check the hours recorded on the time card and production sheets to ensure time is recorded accurately and consistently on all documentation (prior to sending the information to the finance office).

The Life Options Advisor hands in the Daily Documentation Checklist weekly to the finance office. Finance office staff review and compare the production sheet and daily documentation record, ensuring that there are hours recorded on the production sheet for days services are provided and that there are adequate services for billing. Finance office staff also check to ensure that all staff that initialed the Checklist also signed the checklist, and that this was done in pen If there is a discrepancy, finance office staff give the production sheet and daily documentation record to the Life Options Advisor or Coordinator to check and make any necessary corrections to missing or conflicting information. Any changes /additions on documentation are noted with a signature or initial and date as to when the correction is made, assuring transparency of the change process. The Life Options Advisor returns the corrected daily documentation record and production sheet to the finance office. Finance office staff put a line through the participant's name on the Roster Sheet if no billing should occur for the entire week.

After any corrections are made, finance office staff review the production sheet and daily documentation checklist to determine what level of billing should occur for each day, using the billing requirements listed above:

a. If there is adequate services and hours for full day, circle F
b. If there are 2 countable hours (but less than 4) and minimum one service, circle H
c. If there is less than 2 hours of service, circle L2 and put a line through the checklist for that day, further identifying that billing should not occur for that day

Note: the finance office will use this as a guide, but will double check the production sheet and time card to confirm adequate hours prior to finalizing billing.

Once all discrepancies are corrected and billing level determined for each day, finance office staff sign and date the Documentation Checklist indicating that the review is complete.. The finance office uses this information to make any needed changes in the Medicaid Billing Data Base prior to submission to ensure that all claims billed have both the required hours and services.

A final check of the time recorded on the time sheets and production sheets is completed by the finance office after billing has been completed, but prior to documents being placed in the file room. If inaccuracies are found, they are reviewed to determine if changes need to be made in payroll, attendance and/or the Medicaid billing system and changes are made to payroll (only in underpayment situations) and to Medicaid billing if the change in hours affects the billing unit.

The Life Options Advisor hands in the checklist for that month to the Life Options Coordinator. The manager reviews the checklist to ensure that all required items on the checklist are complete and spot checks contact notes for completeness, accuracy, presence of dates and signatures. The Manager of Employment Planning signs/initials and dates the checklist, confirming the information is complete and accurate.

If any of the required items (ISP, monthly notes, and required signatures) are missing, the Life Options Coordinator follows up with the Life Options Advisor to complete the missing items, making sure that any additions or corrections are initialed and dated accurately as to when the change(s) was made. If the additions/changes are made within funding timetable for contemporaneous documentation, no alteration is made to billing. If the changes/additions are made beyond the timelines for contemporaneous documentation, the Life Options Coordinator notifies the Director of Finances of the problem, and the affected claim(s) is voided.

When an individual's new prevocational plan is developed and every six months after when the plan is reviewed and updated, the Life Options Advisor hands in the plan to the Life Options Coordinator who reviews and signs the plan, confirming that the plan meets prevocational standards.

D. Determination of Eligibility for Prevocational Services

In order to be eligible for Prevocational Services, a participant must be working at less than 50% productivity.

For participants working full or part-time in the work center, productivity is determined by calculating their average wages for work performed in the work center (all current jobs are paid on a piece rate basis). Average wages are reviewed quarterly and a statement of the average wage and productivity is placed in the participant's file.

On a quarterly basis, the Life Options Coordinator, the Compliance Officer and the Director of Finance review all average wages for participants working in the work center. If the quarterly review indicates the participant's productivity is greater than 50%, a note is made on the Quarterly Review of Productivity Sheet (completed by the Compliance Officer) as to whether this is an accurate representation of productivity. If there are no special circumstances that warrant continued eligibility for prevocational services, billing is discontinued at the end of the month. If the average productivity does not accurately reflect expected future productivity (for example, the increase in productivity occurred as a result of a one time job and productivity is expected to decrease to below 50%), billing is continued and the participant(s) productivity is reviewed at the next quarterly review. If the productivity is now under 50%, no further action is needed, and billing for services is continued. If the participant's productivity continues to be greater than 50%, billing is discontinued at the end of the month. Productivity will continue to be assessed on a monthly basis, and, if the participant's productivity falls below 50%, billing will be resumed. This review process is documented on the Quarterly Review of Productivity for Pre-Vocational Services Recipients sheet, completed by the Compliance Officer. If billing is to be stopped, the Compliance Officer will contact the finance office to discontinue billing effective the last day of the month. Likewise, if pre-vocational billing is to resume, the Compliance Officer will contact the finance office to resume billing effective the first day of the following month.

For participants working in one of Challenge's supervised community enclaves or businesses, productivity is determined by comparing the amount of work performed by the participant (day rate) to the time it takes three non-disabled workers to perform those job tasks (calculated through a time study). Day rates are done after the participant has worked in the setting for the equivalent of no more than two weeks, than re-done every six months. The day rate for assessing productivity may differ from the actual wages received by the participant**.** Some community worksites pay minimum wage as an agency policy regardless of productivity. Also, the wages paid at some worksites includes a day rate determination (per U.S. Department of Labor Standards) that reimburses participants at 100% for job tasks not performed by the participant, but are performed by other participants or workers working in the same worksite.

The results of the initial assessment of productivity (within 2 weeks) and then every six months will reviewed by the Life Options Coordinator, the Compliance Officer and the Director of Finance. If the assessed productivity is found to be greater than 50%, a second assessment of productivity will be completed prior to the end of the month to confirm productivity. If both assessments are over 50%, billing will be discontinued at the end of the month. If the second assessment is less than 50%, billing will continue. All participants enrolled in pre-vocational services (and those for whom billing has been discontinued) will continue to be assessed for productivity every six months (or more often) to determine eligibility for pre-vocational funding. If billing is to be stopped, the Compliance Officer will contact the finance office to discontinue billing effective the last day of the month. Likewise, if pre-vocational billing is to resume, the Compliance Officer will contact the finance office to resume billing effective the first day of the following month.

Note: this eligibility process is used for both participants enrolled in pre-vocational services only and participants enrolled in OPTS Pilot Projects that include prevocational services as part of a blended service.

E. Prevocational Services Billing

The finance office enters any corrections in hours or services received from the Life Options Advisor. The finance office staff then enter in hours from the time card and production sheet into the Medicaid billing data base on a bi-weekly basis (excluding lunchtime as appropriate from billable hours), referencing the Documentation Checklist for confirmation of adequate services and time in program services. If the finance office staff find any discrepancies with the billing unit recorded on the Documentation Checklist, the finance office staff makes a note on the checklist indicating the change in billing and initials and dates the note. The billing is then processed based on adequate hours and services for half day (minimum two hours excluding lunch as appropriate and at least one service); full day (four hours excluding lunchtime as appropriate and at least two services); or no billing if either of the standards for hours or services is not met.

If at a later date, required documentation is found to be incorrect or missing (beyond the timetable for contemporaneous documentation), the Director of Finance is notified and the billing for that affected claim(s) is voided.

F. Internal Audits

Mid- week, the Job Supports Coordinator and/or Life Options Coordinators review Daily Documentation Records to make sure they are being completed accurately and contemporaneously in accordance with Challenge policies. Coordinators will follow up with any staff member who is not following policies, provide additional training and disciplinary action if necessary (see Service Documentation Procedure).

On a monthly basis, 2 weeks of billing for half of the participants is selected and daily documentation records, production and time sheets are reviewed and compared to billing to ensure accuracy. Any errors are corrected on the Documentation Checklist, initialed and dated, and errors that result in changes in billing units are reported to the Finance staff to make adjustments in billing.

III. OPTS Pilot Projects – Blended Services DP & DPS

A. Minimum Fiscal Requirements for OPTS Blended Service Provision

In accordance with Appendix B re. Documentation Requirements for OPTS Blended DP & DPS, a full day of OPTS Blended Services will include a minimum of a program day of four hours or more (excluding lunch time as appropriate) and two face-to-face services delivered in accordance with the participant’s habilitation plan and ISP. A half-day of OPTS Blended Services will include a minimum of a program day of two hours or more (excluding lunch time as appropriate) and one face-to-face service.

B. OPTS Blended Services Documentation

In accordance with OMRDD OPTS Contract Appendix B, the Life Options Advisor develops the OPTS DP or DPS Plan. This plan includes valued outcomes, description of the services and supports to be provided for day habilitation, pre-vocational and supported employment services, frequency and duration of services, and safeguards to ensure health and safety. The plan must be signed and dated. Plans are reviewed every six months.

A daily documentation record listing the services identified in the OPTS DP or DPS is developed to record delivery of daily services. Staff providing the service initial the Daily Documentation Record signifying what services were provided during each program day and sign, initial, and print their name on the bottom of the Daily Documentation Record. Staff also complete the Attendance Sheet attached to the back of the Daily Documentation Record for time spent providing services to participants that is not captured on the participant's production sheet or time card. Separate Daily Documentation Records, Production Sheets and Time Cards are maintained for the Work Center and supervised community worksites and other Challenge-run businesses.

Challenge supervisors ensure that all participants punch in and out of work using the time clock which records the paid program hours for the day (other unpaid program hours are recorded on the attendance sheet). If a participant forgets to punch in or out or makes an error in using the time clock, the supervisor writes in the time on the time card. The supervisor uses the hours from the time card to fill out a production sheet (production sheets are used in the work center and in some, but not all Challenge-operated community worksites and business operations). The supervisor notes on the production sheet if a participant takes a half hour for lunch (if no production sheet is used, the supervisor subtracts a half hour for lunch and notes this directly on the time card).

OPTS Project Staff record the participant hours in program on the Daily Documentation Record on a weekly basis, based on adding the number of hours worked from the production sheet(s) and/or time card (less half an hour for lunch if lunch is recorded on the production sheet or time card, or the participant is present for lunch during the time program services are provided) with the time initialed on the attendance sheet (attached to the Daily Services Record) for staff time spent with participants during non-paid activities or job support in unsupervised worksites. An additional half hour is added to the program time for each participant who works and is transported to and from the hydroponics greenhouse and for participants who work at the Ithaca College Dish rooms to support their transition time before the work shift begins (this service is listed in the OPTS DPS plan and on the Daily Documentation Record as a SE service and is initialed daily for days worked at the greenhouse or Ithaca College). This total is entered on the Daily Documentation Checklist. Hours in which a participant works or receives services on week-end hours, starts work or services after 3 pm, or whose work is unsupervised (unless staff are present providing services) are disregarded and marked as 0 on the Daily Documentation Checklist (there may be services that are provided and initialed during these non-billable hours). To ensure that billing does not occur, project staff put a line through that day on the Daily Documentation Checklist.

The Life Options Advisor completes a monthly summary notes that describes the services and supports provided, participant progress, participant response to services, and any issues or concerns.

Challenge's Quality Assurance Associate reviews the participant's ISP to ensure that the ISP reflects the provision of prevocational services, that the prevocational valued outcome is accurately stated in the ISP, that it is a daily, ongoing service, and that the participant is enrolled prior to billing.

C. OPTS Blended Services Documentation Assurance Process

The Training Specialist assigned to each participant reviews the Daily Documentation Record and Attendance Sheet on a daily basis to ensure that both services have been initialed on the Daily Documentation Record and service time outside of paid employment time and services provided at unsupervised worksites has been initialed on the Attendance Sheet. If the Training Specialist is absent, another Training Specialist, the Life Options Advisor or Life Options Coordinator completes this review. If there are omissions, the Training Specialist (or other staff) notifies project staff to complete the Daily Documentation Record and/or Attendance Sheet.

The supervisors double check the hours recorded on the time card and production sheets to ensure time is recorded accurately and consistently on all documentation (prior to sending the information to the finance office).

The Life Options Advisor completes the Advisor Monthly Checklist for each participant in OPTS Blended DP or DPS services, indicating if there is an accurate and active ISP in the file that accurately reflects the OPTS Blended DP or DPS services, that the required monthly summary note is complete and in the file, and that there is an up-to-date OPTS Blended DP or DPS services plan in place and in the file. The Advisor signs and dates the checklist, confirming the information is complete and accurate.

The Training Specialist assigned to each participant on a weekly basis first fills in the program hours for each day (as described above in section ***B. OPTS Blended Services Documentation).*** The Training Specialist then totals the number of services for DH, PV and SE provided for each day from the Daily Documentation Record(s), making sure to count a particular service only once for each day, even if it has been provided by more than one staff that day. The total number of DH, PV and SE Services provided for each day are recorded on the Daily Documentation Record.

The Training Specialist compares the production sheet and daily documentation record, ensuring that there are hours recorded on the production sheet for days services are provided and that there are adequate services for billing. If there is a discrepancy, the Training Specialist e-mails Life Options staff and/or consults with supervisors to resolve omissions or conflicts when possible. If there are inadequate hours or services to support billing, the Training Specialist puts a line through that day on the Daily Documentation Record, signifying that no billing should occur. The Training Specialist pays extra attention to put a line through (to exclude from billing) all days where the participant worked or received services on the week-end, worked in an unsupervised setting (unless staff provided direct services at that site evidenced by services initialed on the Daily Documentation Record and time initialed on the attendance sheet), or worked or received services starting after 3:00 pm. The Training Specialist initials and dates the Daily Documentation Record in the upper right hand corner, signifying that the information is accurate and complete and there are both program hours and services to support billing.

If correction of an error result in change of attendance or participant may be due extra pay, the Training Specialist e-mails the finance department about needed changes in payroll or attendance.

The completed and reviewed Daily Documentation Records are given to the Job Supports Coordinator who reviews the accuracy and completeness of the information prior to entering the data for billing. The Training Specialist and Job Supports Coordinator initial and date when each step is completed for each participant, and completed check sheets are turned in to the Director of Program Development and QA for review.

A final check of the time recorded on the time sheets and production sheets is completed by the finance office after billing has been completed, but prior to documents being placed in the file room. If inaccuracies are found, they are reviewed to determine if changes need to be made to payroll and changes are made to payroll (only in underpayment situations). The finance office contacts the Job Supports Coordinator with any change in hours in program services. The Coordinator notes the inaccuracy on the Documentation Checklist, initials and dates the note, then makes the change in the online billing system.

The Life Options Advisor hands in the checklist for that month to the Life Options Coordinator. The Coordinator reviews the checklist to ensure that all required items on the checklist are complete and spot checks contact notes for completeness, accuracy, presence of dates and signatures. The Coordinator signs/initials and dates the checklist and, confirming the information is complete and accurate.

If any of the required items (ISP, monthly notes, and required signatures) are missing, the Life Options Coordinator follows up with the Life Options Advisor to complete the missing items, making sure that any additions or corrections are initialed and dated accurately as to when the change(s) was made. If the additions/changes are made within funding timetable for contemporaneous documentation, no alteration is made to billing. If the changes/additions are made beyond the timelines for contemporaneous documentation, the Coordinator notifies the Job Supports Coordinator and the Director of Finances of the problem, and the affected billing is voided.

Every six months when a new OPTS Blended DP or DPS plan is developed, the Life Options Advisor hands in the plan to the OPTS Coordinator who reviews and signs the plan, confirming that the plan meets OPTS Blended DP or DPS service standards.

D. Determination of Eligibility for Prevocational Services

The same procedure identified on pages 4-5 is used for determining Prevocational Services eligibility for participants enrolled in Blended DP or DPS services. However, if a participant is determined to be ineligible for Prevocational Services, the Compliance Officer or Life Options Coordinator will contact the OMRDD to notify them of this change in eligibility. Likewise, if a previously ineligible participant is assessed to now be eligible for Pre-Vocational Services, the Compliance Officer or OPTS coordinator will contact the OMRDD to notify them of this change in eligibility.

E. Determination of Eligibility for Supported Employment Services

In order to be eligible for Supported Employment Services, a participant must have completed VESID Intensive Supported Employment Services or VESID must have declined to provide services to the participant. Prior to or at the time of enrollment, a letter is requested from VESID indicating that the participant is not a candidate for VESID services at this time (based on information provided regarding their current vocational skills and support needs). A copy of this letter is filed in the participant's file. OMRDD is then notified that the participant is eligible for OMRDD-funded Supported Employment Services. If the status changes (i.e. a participant is referred and is accepted and starts receiving VESID Intensive Supported Employment Services to assist the participant to find more independent employment in the community), OMRDD will be notified.

F. OPTS Blended Services Billing

Once the above services and documentation assurance process is completed, substantiating that all required services and documentation are in place, billing is done by the Job Supports Coordinator using the completed Daily Documentation Record.

If at a later date, required documentation is found to be incorrect or missing (beyond the timetable for contemporaneous documentation), the Job Supports Coordinator and Director of Finance is notified and the billing for that affected claim(s) is voided.

G. Internal Audits

Mid- week, the Job Supports Coordinator and/or Life Options Coordinators review Daily Documentation Records to make sure they are being completed accurately and contemporaneously in accordance with Challenge policies. Coordinators will follow up with any staff member who is not following policies, provide additional training and disciplinary action if necessary (see Service Documentation Procedure).

On a monthly basis, 2 weeks of billing for half of the participants is selected and daily documentation records, production and time sheets are reviewed and compared to billing to ensure accuracy. Any errors (whether or not they result in changes in billing units) are reported to the Job Supports Coordinator to make adjustments in the web-based billing system.

INVESTIGATION OF SUSPECTED MEDICAID FRAUD

All reports of suspected Medicaid fraud or other major non-compliance activities will be investigated by the Director of Program Development and Quality Assurance who serves as Challenge's Compliance Officer. The results of the investigation will be reviewed by the Senior Management Group consisting of the President, Vice President/Director of Finances, and Director of Services who will jointly determine what follow-up actions are required including personnel action, voiding billing and returning overpayments, and reporting to the New York State Office of the Medicaid Inspector General, Office of Mental Retardation and Developmental Disabilities, and other state or federal agencies. This group will also discuss and recommend changes in policies and procedures to reduce the potential for reoccurrences of this or other compliance issues. The President will also keep the Board of Directors informed of reports and investigations of suspected Medicaid fraud or other major non-compliance activities.