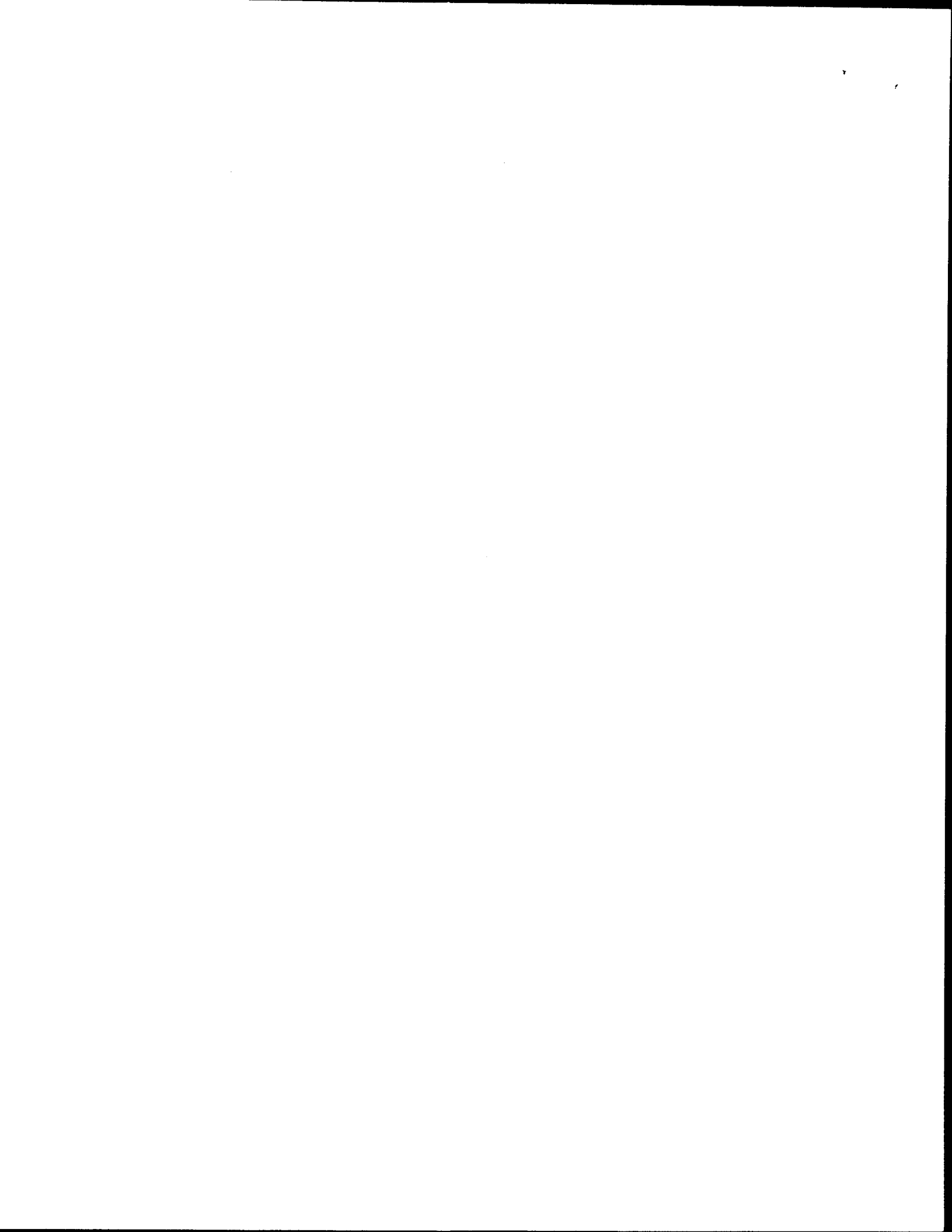




Southern Tier Independence Center

Corporate Compliance Plan and Code of Conduct

Revised October 2019



Corporate Compliance Overview

Southern Tier Independence Center is committed to compliance with all applicable federal, state and local laws and regulations including those that govern participation in the Medical Assistance Program (Medicaid). It is the policy of Southern Tier Independence Center that employees, contractors, volunteers and Board Members comply with all applicable laws and regulations, both civil and criminal, including but not limited to: the Deficit Reduction Act, the Federal False Claims act, all applicable regulations governing participation in the Medicaid program, federal and state anti-kickback laws and all federal and state laws that relate to detection and prevention of fraud and abuse in federal healthcare programs. Appendix A contains a summary of the aforementioned applicable laws.

Additionally, STIC is dedicated to managing and operating its programs in keeping with the highest of business, ethical and moral principals. Each employee, Board Member, contractor, and volunteer contributes to achieving these principals by conducting business activities with integrity and high ethical standards. Supervisors also contribute to achieving these principles by exercising good leadership and being a good example in creating and promoting a workplace environment in which compliance and ethical business conduct are expected. The Corporate Compliance Plan has been established to prevent the occurrence of illegal or unethical behavior, to stop any such behavior as soon as reasonably possible after it has been discovered, to discipline the individuals involved (including those who know of violations but fail to report them), and to recommend and implement changes in policy and procedure necessary to avoid a recurrence of any prior violation.

It is the policy of STIC that:

- All employees are educated about the applicable laws and trained in matters of compliance,
- There is periodic auditing, monitoring and oversight of compliance with those laws,
- There exists an atmosphere that encourages and enables the reporting violations without fear of retribution,
- Responsibility is not delegated to persons with a propensity to act in a non-compliant manner, and
- Mechanisms exist to investigate, discipline and correct violations.

Changes to the Plan

This plan is effective upon approval from STIC's Board of Directors. Additionally, any subsequent changes to the Plan will require Board approval. The Plan will be disseminated whenever a material change is made.

All Other Corporate Compliance Plans Declared Null and Void

All other Corporate Compliance Plans/Codes of Conduct, whether written or oral, are declared null and void, ceasing to have any effect whatsoever by the publication and dissemination of this Plan. This plan supercedes all other Plans.

Corporate Compliance Plan

A Corporate Compliance Plan is a system, which is designed to detect and prevent violations of law, as well as the likelihood of unethical activity by agency employees, volunteers, contractors, and Board Members. Southern Tier Independence Center has established this Corporate Compliance Plan tailored to the agency's principle line of business.

The Plan is intended to provide a framework for individual or departmental compliance efforts and to apply generally to all STIC employees, volunteers, contractors and agents and functions.

In addition to this Compliance Plan, the following documents, policies and procedures govern STIC's operations:

- Code of Conduct (included in the Plan)
- Employee and Agency Policies and Procedures Manual
- HIPAA Policies and Procedures Manual
- Incident Reporting Policies and Procedures
- Criminal Background Check Policies and Procedures
- Abuse Reporting Policy
- Financial Policies
- Various Program Policies and Procedures

Education and Training

Orientation

As a part of orientation all employees and Board Members will receive an accessible copy of STIC's Corporate Compliance Plan, as well as training on this topic appropriate for their position. This will include the nature and scope of the Corporate Compliance Plan, methods to report violations, and disciplinary measures for violating the plan. Employee orientation will also be supplemented by specific regulatory training geared toward the employee's responsibilities within the first three months of employment.

Periodic Training

All employees, Board Members, and contractors will receive periodic training related to compliance issues, expectations and the Compliance Plan as required to perform the essential functions of their positions. This training will be provided on an annual basis at a minimum.

Attendance

All education and training related to the Compliance Plan is mandatory. A signed acknowledgement of training and receipt of the Compliance Plan will verify attendance. Employees that fail to attend Corporate Compliance training through their own accord may be subject to disciplinary action up to and including termination.

Consumer Education

Consumers and/or appropriate family members will be informed of STIC's Corporate Compliance efforts appropriate to the services that they will receive. Consumers acting as Employers in STIC's Consumer Directed Personal Assistance Program will receive additional training in light of their position supervising Personal Assistants. All consumers will be notified of STIC's fraud reporting guidelines and will be encouraged to report fraudulent activity should they become aware of it

Corporate Compliance Officer and Corporate Compliance Committee**Corporate Compliance Officer**

This Plan provides for the existence of a Corporate Compliance Officer (CCO) who has responsibility and accountability for compliance matters. However, each individual employee or agent of STIC remains responsible and accountable for his or her own compliance with applicable laws. At STIC, the Quality Management Specialist assumes the role of Corporate Compliance Officer and is responsible for:

- Development of the Compliance Plan
 - Overseeing and monitoring implementation of the Compliance Plan
 - Providing guidance to management and individual departments regarding policies and procedures, and applicable laws, rules and regulations
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- Coordinating, developing, and participating in the educational training program
 - Ensuring that employees receive a copy of the Compliance Plan
 - Informing employees of changes in the laws or regulations periodically and systematically through written communications and in-service training
 - Receiving reports of violations of the Compliance Plan
 - Assisting the Executive Director with investigations into reported violations.

Compliance Committee

The Corporate Compliance Officer directs the Compliance Plan with the support of the Corporate Compliance Committee. The Corporate Compliance Committee will meet at least quarterly to review the status of the Corporate Compliance Plan, present and discuss potential compliance concerns and issues, and recommend changes regarding programs and departments to the Executive Director.

The Corporate Compliance Committee, will at a minimum, will consist of the Executive Director, Assistant Director, Comptroller, Quality Management Specialist, Human Resources Coordinator, and at least one Program Supervisor.

An Ad-Hoc sub-committee may be created depending on issue or situation that arises. The sub-committee may consist of current Corporate Compliance Committee members as well other appropriate STIC staff. The Executive Director will appoint members to the sub-committee.

Auditing and Monitoring

The Corporate Compliance Officer and Corporate Compliance Committee are responsible for ensuring that internal corporate compliance auditing takes place on a regular basis. Compliance related audits are conducted as a result of an investigation or as a proactive means of monitoring compliance in areas of actual or potential risk.

- The Corporate Compliance Officer is primarily responsible for auditing the Corporate Compliance Plan. This shall include periodic and regularly scheduled reviews of documentation, billing, claims processing and reimbursement procedures as well as practices that are mandated to ensure adherence to federal and state regulations.

Ongoing evaluation is critical in detecting non-compliance in STIC's various programs. STIC's Quality Management Team is responsible for monitoring and auditing the programs and services offered by STIC and reporting issues to the Assistant Director and/or Executive Director. This reduces the risk of non-compliance within the agency and ensures that the agency and staff comply with all regulatory, state and federal requirements and guidelines as well as STIC's mission, values, and philosophy.

STIC's Quality Management Team

STIC's Quality Management Specialist/CCO is responsible for overseeing the Quality Management team. This team is comprised of employees who are responsible for monitoring the quality of our services, conducting satisfaction surveys of consumers, and other activities involved in directly reviewing service, billing and other pertinent records.

The Quality Management Specialist/CCO is responsible for:

- Developing agency and program monitoring/auditing tools and reports, as needed.
- Conducting regularly scheduled program and internal audits

- Collecting and analyzing data and reporting findings, trends and recommendations to the Executive Director.
- Maintaining cooperative working relationships with staff and various departments in order to gather and analyze information, with the overall goal to proactively resolve potential compliance risks.
- Working directly with staff to improve services, provide education regarding quality systems and offer guidance in adhering to the agency's guiding principles.
- Assuring that the agency and the staff comply with all regulatory, state and federal requirements and guidelines as well as STIC's mission, values, and philosophy.
- Evaluating existing policies, procedures and practices and recommending changes to ensure consistency in program operation.
- Ensuring that employees are trained on all policies, procedures and quality system related documents.
- Periodically reporting to the Board of Directors on compliance related activities.

STIC's Quality Management Assistant (QMA) is responsible for:

- Conducting phone satisfaction surveys/interviews of consumers with disabilities and/or their family members or guardians.
- Producing and submitting monthly summary reports of survey responses.
- Assisting with the development of the survey instrument and suggesting changes if needed.
- Advising the Quality Management Specialist of any serious issues identified during phone interviews that warrant immediate attention (such as allegations of abuse, harassment, etc.).

External Audits

STIC's Comptroller arranges for an independent financial audit every year to provide for verification of records, processes or functions in a sufficiently independent manner from the agency, to add its value and improve its operations. The audit is also performed to meet the requirements of outside agencies, including funding sources, which have a fiscal or legal interest in STIC. Specifically, its objectives are:

- To independently identify information which is essential to develop an overall picture of the agency.
- To identify any weaknesses or administrative flaws which otherwise would not be identified.
- To identify strengths and weaknesses of the administrative structures in order to inform decisions on overall strengthening of the agency.

- To provide baselines on which reforms can be assessed.
- To provide the government (other governing bodies) and general public with credible information that result in public faith or trust of the institution and/or pressure for any reforms to address problems identified.
- In addition to the aforementioned monitoring, STIC's various funding sources regularly conduct Fiscal and Programmatic audits.

Reporting a Violation

Any suspected violation of the Plan including the Code of Conduct must be immediately reported to STIC's Corporate Compliance Officer or the Executive Director or Assistant Director in the Corporate Compliance Officer's absence. All employees have the responsibility to comply with applicable laws and regulations and to report any violations. Any employee found to have known of such acts but who failed to report them will be subject to disciplinary action.

The initial report may be made orally. However, the reporter may be asked to provide a written statement (or another documentable format) to the Corporate Compliance Officer, Executive or Assistant Director. Reports can also be made anonymously, via telephone/voicemail, email or regular mail to the Executive Director, Corporate Compliance Officer or Assistant Director at:

Southern Tier Independence Center
135 East Frederick Street
Binghamton, NY 13904
(607) 724-2111

Anonymous Toll Free Hotline-1 (855) 210-8495

It is important to note that providing an identity generally makes investigating reports easier and more effective. Every effort will be made to preserve the confidentiality of reports of violations. All employees must understand, however, that circumstances may arise in which it is necessary or appropriate to disclose information. In such cases disclosures will be on a "need to know" basis only.

Upon receipt of an allegation, the Corporate Compliance Officer will conduct an investigation into the incident in consultation with the Executive and/or Assistant Director. The results of the investigation will be put in writing and will be provided to the Executive Director within 10 business days.

In the event that the Executive Director is suspected of participating in or condoning any type of Plan violation including fraud, the allegations will be reported directly to the Board President who will then work with the Board to investigate the suspicions.

If a violation has occurred a Plan of Corrective Action will be developed and implemented immediately. Additionally, the issue will be reported to all appropriate authorities, as necessary. (See Self-Disclosure below)

Any violation that could potentially result in STIC having to repay over \$5,000 to a funding source will be reported to STIC's Board of Directors by the Executive Director at the next regularly scheduled Board meeting following discovery of the issue. Additionally, the Executive Director may also make an immediate report of an issue to the Board President prior to the next regularly scheduled Board meeting as he/she deems necessary.

A written record of every report received will be kept for a minimum period of six years, or longer as required by law.

Investigation and Audit Findings

The Corporate Compliance Officer will complete and present a quarterly report to the both Corporate Compliance Committee and the Board, which summarizes Corporate Compliance violations and audit findings over the previous three months.

Whistleblower Protection and Non-Retaliation

This Plan is intended to encourage and enable employees and others to raise serious concerns within STIC, prior to seeking resolution outside the organization. It is the responsibility of all STIC staff to prevent and report fraudulent and unlawful activities or suspected fraudulent or unlawful activities in accordance with the Compliance Plan.

Any employee or other complainant reporting suspected or actual fraudulent activity should not contact the suspected individual(s) or discuss the case, facts, suspicions or allegations with anyone unless directed to do so by STIC's legal counsel or the lead investigator (e.g. Executive Director, Board President, Corporate Compliance Officer or Assistant Director). Any inquiries concerning the activity under investigation from the suspected individual, his or her attorney or representative, or any other inquirer should be referred directly to the STIC's legal counsel or the lead investigator.

No employee, who in good faith reports fraudulent or unlawful activities, participates in an investigation or hearing, refuses to follow an unlawful order, or reports service violations will suffer harassment, retaliation, adverse employment consequences or any other manner of discrimination.

Any employee that retaliates against a person who in good faith participates in the reporting of unlawful or fraudulent activity, will be subject to disciplinary action as outlined in STIC's Employee and Agency Policies and Procedures Manual, as well as criminal and civil charges if appropriate. Furthermore, if any employee is aware of retaliation against another employee for the aforementioned reasons, he/she should immediately report it to the Executive Director.

Knowingly making false allegations of fraudulent or unlawful activities is considered an extremely serious offense and will result in the employee's immediate dismissal.

Self-Disclosure

In some cases, upon completion of an investigation of an incident that is determined to be a violation of the Corporate Compliance Plan, a report must be made to the New York State Office of the Medicaid Inspector General's (OMIG) Office. This is known as a Self-Disclosure. In most cases STIC will consult with an attorney to make a determination whether to self-disclose an incident and what type of information is to be included in the disclosure.

Many factors must be taken into account to determine whether an incident warrants a self-disclosure or whether it would be better handled through administrative billing processes. These factors include, but are not limited to:

- The exact issue and circumstances that led to the non-compliance problem,
- The amount involved,
- Any patterns or trends that the problem may demonstrate within STIC's system,
- The period of non-compliance,

Issues appropriate for disclosure may include, but are not limited to:

- Substantial routine errors
- Systematic errors
- Patterns of errors
- Potential violation of fraud and abuse laws

Initial Report

Once STIC makes the determination to disclose a problem, an initial report must be made to OMIG. At a minimum, the following information must be included in the initial report:

- The basis for the initial disclosure, including how it was discovered, the approximate time period covered, and an assessment of the potential financial impact;
 - The Medicaid program rules potentially implicated;
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- Any corrective action taken to address the problem leading to the disclosure, the date the correction occurred and the process for monitoring the issue to prevent reoccurrence; and
 - The name and telephone number(s) of the individual making the report on behalf of the provider. The individual may be a senior official within the organization or an outside consultant or counsel but should, in any event, be in an appropriate position to speak for the organization.

In addition to the initial report, STIC may have to provide further information to OMIG upon request. This may include, but is not limited to:

- A summary of the identified underlying cause of the issue(s) involved and any corrective action taken;
- Detailed list of claims paid that comprise the overpayments (in an electronic medium and preferably in an Excel spreadsheet format), including STIC's provider ID number, consumer name and Medicaid ID, dates of service(s), rates or procedure codes, and the amount(s) paid by Medicaid,
- The names of individuals involved in any suspected improper or illegal conduct.

Overpayments

If a billing or documentation error results in an overpayment to STIC, which does not meet the level of self-disclosure, the amount overpaid will be returned promptly upon discovery in accordance with the payer's required procedures.

Sanctions

Every confirmed violation of the Corporate Compliance Plan including the Code of Conduct, may result in corrective action or discipline. Any employee or contractor who violates or knowingly fails to report any violation of the Plan including the Code of Conduct, any applicable law or regulation, Agency policy, procedure or practice is subject to appropriate disciplinary action, up to and including termination and may also be subject to legal action where indicated.

Medicaid Billing Standards

STIC submits claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons. Information provided in relation to any claim for payment must be true, accurate, and complete. Claims are submitted on officially authorized claim forms in the manner specified in conformance with the standards and procedures for claims submission.

Record Retention

STIC will prepare and maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program, other contracts and fees-for-service. Upon request, STIC will furnish such records and information to the Secretary of the United States Department of Health and Human Services, the Deputy Attorney General for Medicaid Fraud Control, the Medicaid Inspector General and the New York State Department of Health and other authorized personnel. This includes:

- All records necessary to disclose the nature and extent of services furnished and the medical necessity therefore, including any prescription or fiscal order for the service. These records will

be kept for a period of six years from the date services were furnished or billed, whichever is later.

- All fiscal and statistical records and reports which are used for the purpose of establishing rates of payment made in accordance with the medical assistance program and all underlying books, records, documentation and reports which formed the basis for such fiscal and statistical records and reports. These records will be kept and maintained for a period of at least six years from the date of filing of such reports, or the date upon which the fiscal and statistical records were required to be filed, or two years from the end of the last calendar year during any part of which STIC's rate or fee was based on the fiscal or statistical reports, whichever is later.
- Reports and documentation submitted pursuant to an appeal of a provisional rate. These records must be maintained for a period of six years from the submission of material in support of such appeal or two years following certification of any revised rate resulting from such appeal, whichever is later.

STIC will permit audits of all books and records or, in the discretion of the auditing agency, a sample thereof, relating to services furnished and payments received under the medical assistance program, including patient/consumer histories, case files and consumer-specific information. All required fiscal and statistical reports are subject to audit for a period of six years from the date of their filing or from the date when such reports were required to be filed, whichever is later. It is understood that this limitation does not apply to situations in which fraud may be involved or where STIC or an agent thereof prevents or obstructs an audit.

Required Service Documentation

STIC will maintain all records necessary to disclose the nature and extent of services provided and the medical necessity of such services, to support all claims made for reimbursement. These records will be kept for a minimum of six years from the last date services were furnished to or billed for the individual, whichever is later.

Medicaid Service Coordination (MSC)

MSC assists persons with developmental disabilities and mental retardation in gaining access to necessary services and supports appropriate to the needs of the individual. MSC is provided by qualified service coordinators and uses a person centered planning process in developing, ~~implementing, and maintaining an Individualized Service Plan (ISP) with and for a person with~~ developmental disabilities or mental retardation. MSC promotes the concepts of choice, individualized services and supports, and consumer satisfaction. MSC is provided in accordance with state mandates as put forth in the MSC Vendor Manual, the Waiver Key, STIC's consumer rights, Waiver Enrollment, Intake Process, and Internal Review, MSC Intake Manual and Administrative Memoranda, which delineates what STIC may bill. In addition to a prior authorization of service, the following documentation elements are required to support a claim for reimbursement:

- Consumer's name and Medicaid number
- Identification of vendor providing service
- The month and year the service was provided.
- An Individualized Service Plan (ISP), covering the time period of all payment claims.

- Service coordination progress notes that document the service coordination activities that occurred during the month, including, but not limited to, one "A" contact ("Face to Face", LCED update, or ISP review), or two "B" contacts (Phone call or personal contact, e-mail exchange or other correspondence exchange with a qualified for linkage/referral or to maintain benefits)
- If applicable, case notes that substantiate any transition payments billed by the vendor
- For HCBS Waiver enrollees, all required Waiver enrollment documentation
- Consumer response to service
- The monthly service note, including the monthly summary must be completed by the 15th of the month following the month of service.
- Date service was provided and documented, including the day, month and year; these dates must be concurrent.
- Service Location
- The full name, title and signature of the MSC providing service

Appendix B: MSC Chart Review Tool

HCBS (Home and Community Based Services) Waiver Supported Employment

Supported Employment services are planned and designed to assist the recipient to engage in paid work in regular integrated work settings. These services are especially designed for persons with disabilities facing severe impediments to employment irrespective of age or vocational potential. These services are targeted to persons for whom employment without support at or above the minimum wage is unlikely. Services include assessment, counseling, job development and placement, on-the-job training, work skill training, ongoing supervision and monitoring, and ongoing support necessary to assure job retention, including assistance with arranging transportation. Supported Employment services are provided in accordance with state mandates as put forth in the Waiver Key, STIC's consumer rights, Waiver Enrollment and Administrative Memoranda, which delineates what STIC may bill. In addition to a prior authorization of service, the following documentation elements are required to support a claim for reimbursement:

- A. Progress note including the following:
- Consumers' name and Medicaid number (the Medicaid number need not be included in daily documentation, it can appear in the consumer's Supported Employment Plan).
 - Category of waiver service provided
 - Date service was provided.
 - A description of the individualized service provided by Supported Employment staff, which is based on the person's Supported Employment Plan.
 - An indication that the contact with the consumer was delivered "face-to-face".
 - The consumer's response to the service
 - Location of the service provided, including a notation as to whether or not the service was provided at the person's job site.
 - Verification of service provision (The Supported Employment staff person who delivered the service must sign, provide his/her work title, and include the date the service note was written.)
 - The date the note was written must be by the 15th of the month following the month of service.
 - As necessary, documentation verifying that the DDSO has granted a waiver of off-site work visits.

In addition to the above documentation requirements, the file will contain:

- A current ISP, covering the time period of all payment claims, which reflects a service provision for Supported Employment
- A Supported Employment Plan which covers the time period of the payment claim and has the consumer's name and Medicaid Number, the category of waiver service provided (Supported Employment), the agency providing the Supported Employment service, the valued outcomes of the consumer, derived from the ISP, the date the plan was last reviewed (Reviews must be every six months), the anticipated level of support, the locations where the service will be provided, a description of the individualized services, safeguards (as applicable), the signature and title of the staff person writing the plan and the date the plan was written.
- Evidence that a 6 month review was conducted, including the staff person's signature and title who conducted the review, the date of the review and any changes in the Supported Employment Plan.
- Documentation of Consumer's Disability
- Current LCED (Level of Care Eligibility Determination) and LCEDs for previous 6 years, if available

Appendix C: Supported Employment Audit Tool

Community Habilitation

Community Habilitation is a waiver service, which provides assistance to a person in order to acquire, retain, or improve the skills needed to perform daily activities in the home. These activities may include housekeeping, personal care, meal preparation, communication, health care and/or social engagements. Community Habilitation is provided in accordance with state mandates as put forth in the Waiver Key, STIC's consumer rights, Waiver enrollment, and Administrative Memorandums, which delineates what STIC may bill. In addition to a prior authorization of service, the following documentation elements are required:

- Consumer's name and Medicaid number
- Identification of category of service
- A daily description of at least one face-to-face service provided by staff during each "session"
- Documentation of start and stop times
- Documentation of staff to consumer ratio
- Consumer response to service
- The date the service was provided
- The primary service location
- ~~Verification of service provision by the Community Habilitation staff person delivering the service.~~
- Signature and title of the Community Habilitation staff person documenting the service
- The date the service was documented

Additionally, the file will contain:

- A current ISP, covering the time period of all payment claims, which reflects a service provision for Community Habilitation
- A Community Habilitation Service Plan which covers the time period of the payment claim and has the consumer's name and Medicaid Number, the category of waiver service provided (Community Habilitation), the agency providing the Community Habilitation service, the valued outcomes of the consumer, derived from the ISP, the date the plan was last reviewed (Reviews

must be every six months), the anticipated level of support, the locations where the service will be provided, a description of the individualized services, safeguards (as applicable), the signature and title of the staff person writing the plan and the date the plan was written.

- A Notice of Decision
- Documentation of Consumer's Disability
- Current LCED (Level of Care Eligibility Determination) and LCEDs for previous 6 years, if available

Appendix D: Community Habilitation Audit Tool

Community Habilitation, Self-Directed and Family Directed Option

Community Habilitation, Self-Directed and Family Directed Option is a waiver service, which provides assistance to a person in order to acquire, retain, or improve the skills needed to perform daily activities in the home. These activities may include housekeeping, personal care, meal preparation, communication, health care and/or social engagements. Community Habilitation is provided in accordance with state mandates as put forth in the Waiver Key, STIC's consumer rights, Waiver enrollment, and Administrative Memorandums.

The difference between Community Habilitation and Community Habilitation Self-Directed and Family Directed Option is that self-direction provides the ability for individuals and/or the individual's family members to have more flexibility and control over their supports and services by choosing what is done, when the supports and services occur and who delivers them. A Memorandum of Understanding (MOU) is a requirement of the self/family-directed community habilitation option. The MOU describes the responsibilities of the individual or identified adult and STIC. Either party may discontinue the MOU without jeopardizing access to community habilitation services.

In addition to a prior authorization of service, the following documentation elements are required:

- Consumer's name and Medicaid number
- Identification of category of service
- A daily description of at least one face-to-face service provided by staff during each "session"
- Documentation of start and stop times
- Documentation of staff to consumer ratio
- Consumer response to service
- The date the service was provided
- The primary service location
- Verification of service provision by the Community Habilitation staff person delivering the service.
- Signature and title of the Community Habilitation staff person documenting the service
- The date the service was documented

Additionally, the file will contain:

- A current ISP, covering the time period of all payment claims, which reflects a service provision for Community Habilitation. ~~The individual's profile should indicate preference for self-directed and/or family directed option.~~
- A Community Habilitation Service Plan which covers the time period of the payment claim and has the consumer's name and Medicaid Number, the category of waiver service provided (Community Habilitation), the agency providing the Community Habilitation service, the valued outcomes of the consumer, derived from the ISP, the date the plan was last reviewed (Reviews must be every six months), the anticipated level of support, the locations where the service will be provided, a description of the individualized services, safeguards (as applicable), the signature and title of the staff person writing the plan and the date the plan was written.
- A Notice of Decision
- Documentation of Consumer's Disability

- Current LCED (Level of Care Eligibility Determination) and LCEDs for previous 6 years, if available

Appendix D: Community Habilitation Audit Tool (Same Audit tool used for Community Habilitation and Community Habilitation Self-Directed and Family Directed Option.

Intensive Behavioral Services

Intensive Behavioral Services is a service available only to OMRDD HCBS waiver enrolled individuals that provides time-limited funding for up to six months for behavioral supports and services. IB Services are for individuals who live in non-certified settings or Family Care Homes and who present with substantial challenging behaviors that put them at imminent risk of placement into a more restrictive living environment. In addition to a prior authorization of service, the following documentation elements are required to support a claim for reimbursement:

- Consumer's name and Medicaid number
An Individualized Service Plan (ISP)
- Functional Behavioral Assessment with required elements
- Behavior Management Plan with required elements
For HCBS Waiver enrollees, all required Waiver enrollment documentation
- Identification of category of waiver service provided
- A daily description of the services provided by staff
- Documentation of start and stop times for each session
- Consumer response to service
- Date service was provided and documented; these dates must be concurrent
- Primary Service Location
- Verification of service provision by staff delivering service including the name, signature and title of staff providing service

Plan of Care Support Services

Plan of Care Support Services will be provided only to consumers enrolled in the HCBS Waiver who have chosen not to receive Medicaid Service Coordination. These are services needed to review and maintain a current Individualized Service plan (ISP) for the consumer, and to maintain documentation of the consumer's level of care eligibility. In addition to a prior authorization of service, the following documentation elements are required to support a claim for reimbursement:

- Consumer's name and Medicaid number
- ~~Identification of category of waiver service provided~~
An Individualized Service Plan (ISP)
- A description of the minimum number of face-to-face services provided by staff
- Documentation that minimum service duration was met
- Consumer response to service
- Date service was provided and documented; these dates must be concurrent
- Service Location
- Verification of service provision by staff delivering service
- Signature and title of staff providing service

Family Education and Training (FET)

Family Education and Training is training given to the families of consumers enrolled in the Home and Community Based Waiver who are under 18 years of age. The purpose of Family Education and Training is to enhance the decision making capacity of the family unit, provide orientation regarding the nature and impact of developmental disability upon the consumer and his or her family and teach them about service alternatives. Family Education and Training is distinct from service coordination in that the purpose is to support the family unit in understanding and coping with the developmental disability. The information and knowledge imparted in Family Education and Training increases the chances of creating a supportive environment at home and decreases the chances of a premature residential placement outside the home. Family Education and Training is given in a two-hour segment twice a year. Sessions may be in private or groups of families. Any personnel knowledgeable in the topics covered may conduct the sessions. FET is provided in accordance with state mandates as put forth in the Waiver Key, CSEP functional notebook, STIC's consumer rights, Waiver Enrollment, and Administrative Memoranda, which delineates what STIC may bill. In addition to a prior authorization of service, the following documentation elements are required to support a claim for reimbursement:

- Consumer's name and Medicaid number
- Identification of category of waiver service provided
- Required Waiver enrollment documentation
- Topic and description of session
- Date of session
- Duration of session (Must be two hours)
- Whether the training session was provided to a group or individual
- Verification of service provision by staff delivering service

Consumer Directed Personal Assistance

The Consumer Directed Personal Assistance (CDPA) Program is designed to allow eligible consumers who receive personal assistance services to hire, and train, supervise and dismiss their own Personal Assistants. STIC acts as the fiscal intermediary on behalf of eligible consumers for the purposes of payroll and record retention and Medicaid billing. Consumers must be eligible for Medicaid and require personal assistance to receive CDPA. In addition to a prior authorization of service, the following documentation elements are required to support a claim for reimbursement:

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- ~~Consumer's name and Medicaid number~~
 - An approved Care Plan
 - Date of Service Provision
 - Daily start and end times of service provision
 - Verification of service provision by consumer receiving service
 - Verification of service provision by staff delivering service