



# NYAEMP NEWS

New York Association of Emerging  
and Multicultural Providers, Inc.

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## Special Interest Articles

- Mystery out of OMIG
- Best Practices of an Executive Director
- Vacancy Management

## From the Desk of the Executive Director

As I write this, NYAEMP is on the move and meeting the needs of its members by providing them with vital tools necessary to sustain themselves in this ever-changing Service System Environment.

Let me give a few examples: training in corporate compliance as referenced in the article by Rosalind Medley included in this newsletter, as well as incident reporting and fiscal compliance. In keeping with our mission and the needs of our membership, the association continues to host executive round table sessions addressing those topics that are relevant to Executive Directors and senior staff of agencies. In June, the Association held its annual membership meeting

and a new member was appointed to the Board of Directors, Ms. Cheryelle Cruickshank from Unique People Services, Inc. In the coming year, the organization plans to host a strategic planning workshop for the Board to ensure that NYAEMP stays on the cutting-edge of industry needs.

Most recently NYAEMP joined ANCOR, a national provider organization. This association's goal is to glean information and understand the policy changes from a federal level, and to disseminate them to our membership.

Finally, I have had the pleasure of visiting a number of our member agencies and their programs, and

I am proud of the unique services being provided to their consumers who are directly represent their communities. The consumer served by the membership of NYAEMP is representative of the "Faces of the People" who reside in New York State. I will continue these visits, at least once a year, because of the vital knowledge that I gathered on the industry including the needs of the staff!

Gratefully Yours, *Yvette Watts*

## From the Desk of the President

Welcome to the first issue of the NYAEMP newsletter! We hope that you find it enjoyable and informative. The purpose of our newsletter is to keep our members and those of you in the D/D community informed of matters that are of general interest. However, we also want you to know about subjects that are very serious and important for our survival.

One of the main reasons that NYAEMP was established was the need for start-up, new, and established multicultural agencies to come together to support one another and receive support with a united voice. Agencies like ours need to take advantage of all that the NYAEMP has to offer to help brand, bolster and promote their businesses. After all, each of us is an individual business incorporated in the State of New York.

Our Board of Directors, the Executive Director and I have diverse business experience and know-how to make our Association an enormous success. We are working very closely with agencies that need our immediate help and those who just want to give us an overview of their needs.

There have been many changes in our field over my 25-year tenure. Whenever we think operating an agency is getting a little easier, things change and we have to adapt to a new set of local, state and federal regulatory compliance issues. As a SINGLE VOICE we will survive!

Gratefully yours, *Ann Hill*

## Vacancy Management

No matter what size your agency is, vacancy management is a very important issue and concern. For smaller agencies it is of particular concern because it affects our bottom line adversely. Any time you have a vacancy in any program you are losing money daily. A higher vacancy rate translates into less money to handle your operations effectively.

We should be doing our best to keep vacant residential bed days to a minimum. Since we are always concerned that the State (OMRDD) will try to force us to take priority consumers who are not a good fit for an open opportunity, we should be doing advanced screening. In this way, if an unplanned vacancy occurs, we have someone to move in quickly.

Of course we continue to need DDSO referrals and approval for the backfills. Delay at the DDSO level continues to be a problem and some boroughs are particularly challenging since they exert a lot of pressure on every agency that has a vacancy to take their priorities rather than people from the agency's own wait list. Agencies certainly do not want to take someone who is not a good match for the opening.

Agencies have historically conducted vacancy appeals at the end of the fiscal year, but this process seems uncertain for the future so agencies must keep this option to a minimum. Even rate appeals don't apply to all agencies. If agencies cannot prove that they have a deficit across all waiver programs, they are not eligible for the rate appeal.

If we are to truly put "People First," agencies must adopt a practical position. Since money is so tight, we understand why OMRDD is taking a harder look at and trying to develop a more official look across the state. But it should not override the individual and his or her needs and the needs of people already living in a certain place. No young person with behavior issues should be in a place with the elderly, fragile, etc. It is a complicated issue and we believe we should call for a Central Office mediator at times, perhaps even someone not employed by the state.

Ann Hill



***"We should be doing our best to keep vacant residential bed days to a minimum."***

## Best Practices of an Executive Director



There are several best practices an Executive Director should follow to ensure the smooth operation of your programs and the agency in general.

In order to be kept informed as to what is going on within the agency, meet with key staff on a daily basis. Only you can identify "key staff". However it is crucial to meet with Human Resource, Fiscal Department and Program Director. The rest of the staff you regularly meet with on a daily basis will depend on your individual organization. Since time is money, the meeting should last between 15 to 20 minutes only, depending on the need and urgency. Discussions should be based on progress reports, pending and outstanding issues and concerns. The staff should give you a precise account of the activities that have been taking place in their departments.

An effective Executive Director leads by example. If the Director expects and demands punctuality and production, she/he should never arrive late to work or meetings and should work very hard to accomplish tasks expected of her/his. In addition, the Director should teach her/his staff how things should be done through demonstration. For an example, if a report should contain X,Y and Z and consist of A, B and C, create a pseudo report containing such elements. If the Executive Director takes a few minutes to do this and teaches it well, not only will this save the agency time and money, but it will also create confidence and

new potential leaders. How can you determine if you have taught them well? - If they can teach another individual - the "show one, teach one" method - you have done a great job. If, by chance, something was done incorrectly redirect them.

The Executive Director should not be beyond administrative/clerical duties. She/he should know where all files, documents and other pertinent agency materials are kept. Having only one employee know where things are can create problems. Leaving yourself in this vulnerable position can force you to lose time and perhaps miss deadlines. It is imperative that the Director, along with a "trusted/key employee" know where everything is. No agency should be at the mercy of any one employee and in danger of being shut down.

When sending out staff to meetings and/or training sessions, make it a requirement for them to write short report with respect to the meeting. This will ensure that they are focusing and bringing back related materials and information. [This will also eliminate the thought of thinking it's a day away from the office. In addition, this will help you identify whether or not they understand things that are happening and may affect the agency or the nature of the business.]

How would you know if they understand what is affecting the agency? A good Executive Director will get the information first, directly from OMRDD and not through word of mouth. She/he also reads everything to know what is

happening. If you are unsure about something, contact the person who wrote it and speak to them directly. Get all necessary information from the source.

Make things as simple for yourself as possible. With regards to fiscal matters, ensure that all members of the agency understand the terminology being used and how it relates to what it does (i.e., the financial impact of units of service). Conduct a meeting where terminology is identified and there is room for Q&As. Once this has been completed implementation can begin. The Fiscal Department should also hold monthly meetings with key staff to convey and share information as to how each program/department is doing.

Furthermore, to boost employee morale and show how the agency appreciates them, announce and celebrate their birthdays by singing "Happy Birthday" and serving their favorite cake. This simple gesture shows that we know and acknowledge their birthday. If you have a big organization, try having a cake per month for those whose birthdays occur in that particular month. Establish a relationship with a local bakery to obtain a discounted rate.

Lastly, provide the employees with a clean and hazard-free working environment. Give them a place they are proud to be a part of.

Ray Knight

***"Furthermore, to boost employee morale and show how the agency appreciates them"***

## Take the Mystery Out of OMIG

Don't spend any significant amount of energy fearing the Office of the Medicaid Inspector General (OMIG)! That doesn't help us pass audits. Eliminating some of the mysteries will help. So, let's understand OMIG a little bit more. OMIG's mission is to eliminate and prevent fraud, waste and abuse in New York's Medicaid program. In doing so, OMIG works closely with regulatory bodies such as OMRDD and the Department of Health (DOH), to seek integrity of the Medicaid program.

The OMIG mission is an honorable one; fraud, waste and abuse in healthcare services in this country adversely affects the people we serve and our loved ones. But, let's go beyond that. Let's steer away from the notion that OMIG is "out to get us." Instead, make it your business to comprehend fully OMRDD regulations and stay on top of what OMIG is focusing on when it comes to the services we provide. Integrity in our programs is an absolute must; there is no question about that! Coupled with that, know what OMIG's goals are for the year. OMIG publishes a Medicaid Work Plan every year. It is used to ensure the integrity and effectiveness of the Medicaid Program.

The Work Plan provides a summary of OMIG's intended areas of audit and investigative emphasis for the year. Also, it serves as a "road map" for the next year and offers all of our agencies an opportunity to see the specific areas the OMIG will concentrate on during the next year as it carries out its mission. The 2009-2010 OMIG Medicaid Work Plan was published on April 24, 2009. In it, our services, the Home and Community-Based Services and Medicaid Service Coordination, are addressed.

I have listed what I consider are the highlights and assertions in the OMIG Medicaid Work Plan that affect us. The list is as follows:

1. Providers covered by 18 NYCRR Part 521 will be required to have in place an effective compliance program. Programs must be in place 90 days after OMIG's adoption of the final regulations. Regulations were adopted July 1, 2009.
2. Compliance Officers serve as the cornerstone of an organization's efforts in establishing, facilitating and coordinating effective compliance programs. A diligent and experienced compliance officer is integral in preventing illegal, unethical or improper conduct on the part of providers and their staffs and preserving the integrity and safeguarding the assets of the Medicaid program.
3. OMIG fully expects that compliance officers will be placed at senior management positions within organizations and be afforded the support and assistance of the governing board, the chief executive officer and fellow senior management, provided adequate resources, and granted access to relevant documents and other information necessary to effective design, implement and monitor the compliance program.
4. Where OMIG identifies a significant compliance or control weakness at a health care provider in the course of an audit or investigation, OMIG will inquire into the board's actions in assuring that compliance processes and systems are in place, whether board members have exercised reasonable oversight over information and reporting systems.
5. In appropriate circumstances, OMIG will consider sanctions, including censure and/or exclusion against individual members of the governing body for significant failures to comply with their duties with respect to compliance and oversight.
6. The OMIG has commenced discussions with the United States Government Accountability Office (GAO) to determine OMIG's oversight responsibilities associated with New York's share of the federal Medicaid stimulus package. After New York determines how and where the Medicaid stimulus funds will be allocated, OMIG will determine its role in monitoring these funds in relation to its core function of conducting and supervising activities to prevent detect and investigate Medicaid fraud, waste and abuse with the goal of ensuring integrity in the Medicaid program.
7. OMIG's Division of Medicaid Audit (DMA) professional staff conducts audits and reviews of Medicaid providers to ensure compliance with program requirements and, where necessary, to recover overpayment. The field staff has a board range of experience in health care programs. This affords DMA the opportunity to organize and coordinate statewide projects to address the spectrum of Medicaid-covered services and the various program initiatives of the Department of Health, Office of Mental Health, OMRDD and the Office of Alcoholism and Substance Abuse.
8. Fee-for service providers, who are paid in accordance with DOH-established rates, fees and schedules, must prepare and maintain contemporaneous records demonstrating their right to receive payment under the Medicaid program. The provider must keep all records necessary to disclose the nature and the extent of services furnished and the medical necessity of the service, including any prescriptions (including our ISPs), for a period of six years from the date of care, services or supplies that were furnished or billed, whichever is later.
9. OMIG's goal is to implement a system of paperless audits for rate-based provider audits. A team of auditors completed a pilot program in fiscal year 2008-09 regarding electronic work papers. This program will be implemented in all rate-based provider audits during 2009-2010.
10. The OMIG uses a variety of analytical and data mining techniques to identify providers for audit purposes. OMIG works closely with the Department of Health, the department of Law and the Comptroller's office in identifying program vulnerabilities. And, OMIG receives recommendations for audits from the Department of Health and Human Services' Office of Inspector General (OIG), OMRDD, newspaper articles and their hotline.
11. An on-site audit begins with an OMIG notification letter to the provider by sending out a project letter. The letter was revised to require providers to submit certain audit documentation to the OMIG within 30 days. The information includes audited financial statements, tax returns, a list of related parties and selected analysis of work. In addition, OMIG directs the provider to notify its outside accountants in writing so that OMIG can gain access to their work papers. Also, OMIG will require a copy of provider tax returns and information on its corporate compliance program. OMIG will also review enrollment records and require copies of current annual certifications for paper and electronic submission of claims.
12. OMIG has incorporated into its audit process a review of medical necessity for services rendered to eligible recipients and billed to the Medicaid program. The purpose of the medical necessity review is to determine if services are reasonable and necessary and, therefore, reimbursable through Medicaid.
13. The OMRDD audit plan for 2009 includes 124 Medicaid field audits to evaluate agencies' compliance with Medicaid documentation requirements and to recover funds when appropriate. These reviews will be in addition to desk reviews. The desk reviews planned for 2009 include reviews which can be performed through analysis of billing data available through the Department of Health's eMedNY system to determine compliance with rules, regulations and policies. During 2009, OMRDD expects to initiate several new desk reviews to determine billing compliance for the Home and Community Based At-Home Residential Habilitation Service.
14. OMIG will work collaboratively with OMRDD in continuing to share audit findings and self-disclosure information between OMIG and OMRDD.
15. OMIG will review providers of case management services to ensure that procedural requirements for the provision of services are met and that those services have been billed correctly and have supporting documentation for the units of service billed. The 18 NYCRR, section 505.16 provides the details of the regulatory requirements for case management services.
16. OMIG's data mining activities identified numerous inaccuracies where claims were submitted after 90 days with invalid exception codes. OMIG will expand the review of Medicaid payments for claims submitted by providers after the date of services utilizing exception codes. Generally, the period will cover July 1, 2003 through December 31, 2005. OMIG will select a sample of claims submitted with the exception codes and request the underlying documentation to support late claim submission.

Granted, this list may seem overwhelming. Don't let it be overwhelming for you. Rather, I suggest that a portion of your Compliance Committee and administrative meetings be devoted to discussing the items listed above, a few at a time, and putting a reasonable plan in place to make sure each item is addressed. It is a proactive approach to know what to expect and to know up front how you will be able to respond to an audit. Being prepared for "when that comes" should help to eliminate some of the fears that come with being audited by OMIG.

Rosalind Henry Medley, LCSW, CCEP



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**NYAEMP's Upcoming Events**

- 12/8/09 Training on Writing a Proposal
- 12/10/09 NYAEMP Board Meeting
- 12/15/09 NYAEMP Membership Meeting
- 12/17/09 Writing a Comprehensive Service Plan (that Includes All the Regulatory Elements)
- 1/8, 9, 19/10 AMAP Training
- 1/21/10 Budget Briefing – Commissioner Ritter
- Winter 2010 Medical 1 day Conference

**Rosalind Henry Medley, CCEP (Certified Compliance & Ethics Professional)**

RHM3 Management & Consulting LLC, specializing in Corporate Compliance, policy development, risk assessments, special investigations, auditing & monitoring, compliance training, research and more.

**A Little Bit About Us...**

**NEW YORK ASSOCIATION OF EMERGING and MULTICULTURAL PROVIDERS, INC.**

...member agencies are required to commit to the prescribed principles and standards of conduct, which apply to the supports, provided in the professional relationship with persons served, parents and guardians of individuals served; with colleagues, related agencies and professionals, other stakeholders and with the community as a whole. In abiding by these standards, it is understood that the member organization views its obligation in as wide a context as the situation requires, taking all the principles into consideration and choosing a course of action consistent with the spirit and purpose by which it was created.

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