



2025 Corporate Compliance Work Plan

High Risk Areas:

- Self-Direction (SD)
- Consumer Directed Personal Services (CDPS)
- Cleveland IRA
- Community Habilitation (CH)
- Joslyn Court IRA
- Valentine IRA

The Quality Enhancement Department sent the risk assessment tool to the Management of all AccessCNY programs in November 2024. The results were tabulated with data through October 2024 and are attached. The risk assessment tool measures various types of risk for each program including: staff and management turnover, growth of program, supervision levels, documentation, accidents and injuries, program budget totals, abuse and compliance investigations, internal and external audit issues, HIPAA concerns, availability of current department standards, high risk needs of participants, security and IT concerns and quality of care and training requirements. The scoring of the assessment changed slightly this year putting the start value at four points less. Four questions had a base score of zero whereas in previous years the starting score was one.

Over the past year Supported Employment (SEMP) was successful in lowering their risk score and is no longer identified as a high-risk program for 2025. SEMP reduced their score by 10 points! They have spent a lot of time focusing on compliance and it has made a difference. One example is that compliance is a standing agenda item for their staff meetings. Commane IRA's risk score remained steady, however, they reduced the number of reportable investigations and have decreased their staff turnover taking them off of the high risk list as other programs had a higher score.

Although no risk assessment is conducted by support departments, Human Resources was placed in the high risk category last year because of compliance issues identified related to background checks and health assessment. It was removed as a high-risk program going forward because they now have had strong leadership that developed policies to ensure consistency and accountability throughout the organization to include required employment checks.

For a second year in a row, Community Habilitation remains on the high-risk list. However, they continue to show improvement and lowered their score by 3 points. They are able to identify their



compliance issues early preventing lost billing and have had steady leadership. It is also one of the larger programs in the agency.

Community Habilitation, Self-Direction and Consumer Directed continue to have higher risk in their programs due to the volume of participants they support and the nature of unsupervised work. CH and SD programs also require staff to document on personal devices, which keeps them at an increased risk to the agency. The Director of the Self Direction program is leaving in January which will also add risk that wasn't accounted for in the assessment.

The CDPS program implemented a new Electronic Health Record (MITC) in 2023 that continues to cause frustration and concerns. Throughout most of 2024, the agency was working with the Department of Health and MITC to try and understand why the DOH was not receiving the electronic visit verification data. This continues to be an ongoing issue. CDPS supports the most participants and had a change in leadership in 2023. All of these things played a part in CDPS remaining a high-risk program. The program will be transitioning this year to one state-wide fiscal intermediary and it's unknown the true impact of this on the agency's compliance requirements.

Cleveland IRA once again experienced a change in leadership in 2024. Their score was lowered by one point but continued to have deficiencies and a few significant reportable incidents. Joslyn Court's score went up by 6 points, directly related to increased incidents associated with one participant. As a result, a false allegation plan was developed and implemented in the 4th quarter.

Despite its assessment score, a decision was made to include Valentine IRA as a high-risk program as they received two statements of deficiencies in 2024 which resulted in the need to submit a formal plan of corrective action to OPWDD.

Staffing vacancies and an increase in challenging participants is a common them for all programs.

AccessCNY is opening several new programs in 2025 which will need to be monitored carefully, although some of them will be funded through state grants rather than Medicaid.

The Corporate Compliance Committee will continue its quarterly review of the findings of all departmental internal and external audits as well as monitor the progress of each of the high-risk category programs.

The agency's compliance plan will be reviewed by the Board during the first quarter of 2025.

Update on Action Steps from 2024 Work plan and additional compliance activities:

- Continued quarterly IT trainings and testing to address risk areas.
- Continued work on process for periodically updating Business Associate Agreements.
- Finished implementing Billing Builder for Day Hab and began implementation for SEMP.



- Implemented FSS in eVero.
- Implemented billing audits for ABA and CORE.
- Completed a review of all compliance policies and procedures as needed per requirements.
- Ensured all CDPS staff were compliant with required trainings and suspended when out of compliance.
- Implemented monthly insurance verifications in HCBS services and CDPS.
- High-risk programs created a workplan specific to their risk areas.
- Completed annual Board training per requirements.
- Held quarterly compliance committee meetings per requirements.
- Provided the Board of Directors with quarterly compliance reports.
- Updated all applicable contracts with required compliance language.
- Continued with regular department compliance meetings to address trends, concerns and updated regulations.

Strategies and Action Steps for 2025:

- Continue from 2024 work plan: Finish implementing Billing Builder for SEMP begin implementation for the IRAs.
- Continue from 2024: Implement cross-agency audits for staff who work for both agencies to ensure no duplicative billing, specifically in Com Hab and CDPS.
- Continue from 2024: Roll-out program specific annual compliance training.
- Implement ISS in eVero if the budget allows.
- Implement billing and quality audits for new programs as they open.
- Hire and train new Compliance Officer.
- Consider completing medical audits in IRAs.
- Consider adding additional restrictions in ComHab and Self Direction for EVV (Geofencing)
- Increase System Administrator capabilities for EHRs.
- Ongoing: High-risk programs will create a workplan specific to their risk areas and will report on their progress quarterly.
- Ongoing: Regular IT trainings and testing will be conducted/continued to address risk areas.
- Ongoing: Update compliance policies and procedures as needed per requirements.
- Ongoing: Complete an annual self-assessment of the compliance program per requirements.
- Ongoing: Survey employees to determine effectiveness of the compliance program.
- Ongoing: Annual Board training per requirements.
- Ongoing: Hold quarterly compliance committee meetings per requirements.
- Ongoing: Provide the Board of Directors with quarterly compliance reports.



- Ongoing: Continue with regular department compliance meetings to address trends, concerns and updated regulations.

Department Management will:

- Ensure response forms to internal audits are completed and returned to Quality Enhancement within the required timeframe.
- Ensure staff are following standards.
- Continue to ensure EHRs are implemented fully and populated with quality data.
- Ensure new staff are completing required trainings and are observed to ensure that they understand and appropriately apply the material.
- Self-monitor activities outside of QE monitoring activities.
- Identify trends and areas of concern and implement corrective actions.
- Work with the QE Department to minimize risk areas identified in each risk assessment.

Chief Executive Director and Executive Team will:

- Continue to hold Program Managers and Directors accountable for repeat deficiencies in audits.
- Continue to hold Program Managers and Directors accountable for completing internal audit corrective actions in a timely manner; which includes a monitoring system to prevent reoccurrence of issues.
- Continue to update standards and policies.

Calendar of Events for 2025

January – Corporate Compliance Committee will review and approve 2025 compliance workplan. Send compliance survey out to staff.

March – Board of Directors annual training

April - Corporate Compliance Officer will update all necessary policies and send to the committee for review and approval. This will include the committee charter.

4th Quarter – Complete a self-assessment of the compliance plan.

November – Send out 2024 risk assessments for completion.

December – Identify high risk programs for 2026.

Respectfully submitted:

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