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Home Health Agency Administrative Policies *and* Procedures Manual

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EDITING YOUR MANUAL

This document's formatting is controlled by the use of Word styles. It is a Microsoft Word document and should operate on systems using Office 98 software or higher. Kenyon HomeCare Consulting has done it's best to ensure reformatting will be minimal for most agencies, but we do not assume liability for any formatting errors that may occur.

There are a number of text placeholders that will need to be replaced with your agency's information. Text placeholders are as follows:

[AGENCY NAME] — Your agency's business name

[BUSINESS TYPE] — Your agency's business type

[STATE] — The state your agency is licensed in

[OPENING TIME] — Your agency's opening operating time

[CLOSING TIME] — Your agency's closing operating time

[GEOGRAPHIC COVERAGE AREA] — Your agency's geographic coverage area, including cities, towns, and/or counties

[HOLIDAYS OBSERVED] — Your agency's observed holidays that you will be closed for

[DOLLAR LIMIT] —Your agency's dollar limit within document

[JOB TITLE] — Your agency's Administrator title

[STATUS] — Your agency's status: for-profit or non-profit

To Find and Replace Text Placeholders:

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2. In the Find what box, enter the placeholder text exactly as it is above that you want to search for.
3. In the Replace with box, enter the replacement text.
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1. Hold down CONTROL key, click the table of contents, and then click Update Field.
2. Click the option that you want.

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ACCEPTANCE OF THE ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

I attest that the following administrative policies and procedures have been reviewed by me and have been accepted and approved by the Governing Body as the policies and procedures that guide the practices and services for [AGENCY NAME].

Owner/Administrator Date

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CALIFORNIA ACCREDITATION-READY MEDICARE-CERTIFIED HOME HEALTH AGENCY ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

Medicare CoP Updated January 2026

California State Title 22 Division 5 Chapter 6 for home health agency related definitions and regulations 2018; no further changes in Title 22

CHAP Updated January 2026

ACHC Updated January 2026

DATE INITIATED: DATE REVISED: DATE REVISED:

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ORGANIZATION AND ADMINISTRATION

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MISSION STATEMENT

POLICY

The [AGENCY NAME]'s Governing Body has adopted a written mission statement that reflects its commitment to the provision of efficient, effective, quality home health care services to patients in the communities we serve. The agency will serve its patients with dignity and comfort, prioritize service goals based on patient/representative input, and deliver timely, coordinated, and culturally sensitive service.

PURPOSE

To serve as the guiding principles for the agency's personnel, policies, procedures, services, and programs.

PROCEDURE

1. A mission statement unifies the agency and is established by administrative staff, interdisciplinary input and Governing Body approval.
2. The agency vision provides strategy adding focus and direction to strengthen the mission statement.
3. The mission statement is reviewed and to expand an agency into new growth and community recognition. Review with statement at least every 36 months with approval by the Governing Body.
4. The mission statement is included in all orientations.
5. A written copy of the mission statement is available for patients or their representatives, referral sources, employees and other interested parties.

EXAMPLE

[AGENCY NAME] is dedicated to providing excellent and respectful home health care agency services to our communities.

The vision: Care is provided by qualified, skilled, compassionate and dedicated personnel in a fiscally responsible manner, respecting diversity and individual patient goals.

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POLICY AND PROCEDURE DEVELOPMENT AND IMPLEMENTATION

DEFINITIONS

Policy: A statement of principles formulated, approved, and enforced by the Governing Body/designees to direct and limit its actions as related to a specific subject.

Procedure: A set of established steps or a prescribed method to be followed routinely for optimally effective achievement of a desired result.

POLICY

[AGENCY NAME] follows an established process for the development, approval, implementation, and access to its policies and procedures. Agency policies and procedures are established, implemented and reviewed to reflect an emphasis of quality service, current and ethical standards of practice, patient rights, and the agency's mission statement.

Policies will conform to Medicare Home Health Care Conditions of Participation policies and procedures, local, state and federal regulations, and home health care agency accreditation standards.

Administrative policies and procedures delineate lines of authority and responsibilities for governance, planning, public communications, hours of operation, compliance with federal and state employment regulations, clinical records and security and financial control of the agency.

Operational policies and procedures define compliance, orientation and skills competency, Quality Assessment and Performance Improvement, patient rights, referral procedures, clinical operations, infection management, emergency preparedness and contingency planning, referral procedures and patient rights.

Patient care policies and procedures are developed by the clinical management with staff input, reviewed by the Professional Advisory Committee (PAC), and approved by the Governing Body.

Exceptions to the Governing Body approval of procedures may occur due to legal or regulatory mandates, changes in generally accepted clinical-based standards of practice, or manufacturer instructions for use and maintenance of agency equipment. The Administrator, with clinical management, will identify procedure approval exceptions, notifying the Governing Body of these exceptions in a timely manner.

The Administrator or designee(s) may develop or amend policies and procedures on an as need basis when required for the continuity of care and submit them for Governing Board approval.

The Governing Body will approve all new and revised policies and applicable procedures by electronic and/or written notation.

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Policies and procedures will be reviewed and revised if needed at least annually by the Owner/Governing Board and PAC.

PURPOSE

1. To ensure a consistent methodology for the development, review, revision, approval and distribution of administrative and clinical policies and procedures.
2. To ensure accountability and responsibility in the oversight, review and approval of policies and procedures which direct the services of the agency.

PROCEDURE

1. Policies and procedures may be generated by staff or management suggestions and may be assigned to an individual or committee for development. Input from appropriate staff will be solicited during the development process. Outside consultants may be sought if the policy involves greater subject expertise.
2. Policies and procedures will be written in a standardized format, maintained and organized for efficient reference and access by the Administrator or designee, accessible via the Internet, and available to authorized personnel during normal business hours.
3. If the annual review of policies and applicable procedures results in a revision, the revision follows the same approval process. Policy review dates will be documented on the policies, and on any new policies that are developed.
4. Before submission to the Governing Body for approval, the PAC as required will review policies and procedures.
5. Upon review and approval, the President of the Governing Body will sign and date the "Acceptance of the Administrative Policies and Procedures Manual." This form will appear at the front of the manual or by electronic signature.
6. Once approved, the Administrator will implement the policy by notifying affected persons and distributing related instructions (if needed) to affected entity managers for related staff education.
7. The Administrator or designee will arrange for competency testing when required by a policy or procedure.
8. Policies and procedures may be shared with community resources and facilities serving the agency patients for continuity of care, patients or their representatives, and federal and state authorities upon request. Personnel will have access to all policies including personnel policies.

REFERENCES:

CMS 42 CFR 484.100
CHAP LG.3.1
ACHC HH1-2A
California Title 22/Division 5/Chapter 6/74721

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GOVERNING BODY

POLICY

The Governing Body of [AGENCY NAME] assumes full legal authority and responsibility for the agency's overall management and operation and to operate in compliance with local, state, and federal regulations and accrediting organization standards, including the Medicare Home Health Care Conditions of Participation requirements. The Governing Body is active in decision making and is responsible for the provision of all home health care agency services, fiscal and personnel management, review of the agency's budget and operational plans, and its quality assessment and performance improvement program, safety program and emergency preparedness plan. The Governing Body will notify regulatory agencies and the accrediting organization as appropriate of negative outcomes from reviews/regulatory inspections, surveys, sanctions and/or audits. The Governing Body is made up of individuals with relevant expertise to effectively govern the agency and follow its mission.

PURPOSE

1. To ensure patients are provided with appropriate, quality services.
2. To ensure delineated lines of authority are established for effective agency management.

PROCEDURE

As a legal entity in the state of [STATE] the duties and responsibilities of the Governing Body shall include activities not limited to the following:

1. Meeting occurs at least annually.
2. Establishing and periodically reviewing no less frequently than every 36 months, the bylaws (or acceptable alternative), articles of incorporation, legal agreements, and mission statement that regulate the Governing Body conduct.
3. Defining the business structure and clearly indicating lines of authority.
4. Developing and approving strategic and operational plans including community needs assessments, budget and capital expenditure requirements, and complying with all Medicare regulations regarding certification of home health care agencies.
5. Appointing a qualified Administrator delegated to have the authority and responsibility for the provision of services in accordance with state and federal regulations, accreditation standards, and agency mission, and who is required to comply with the agency's bylaws, mission statement, and other legal documents. The responsibilities of the Administrator are defined in the Administrator's job description; the Administrator reports to the Governing Body. The Governing Body also designates an individual to serve in the absence of the Administrator.
6. Performing a yearly evaluation of the Administrator, evaluating agency performance, and administrative responsibilities.

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7. Ensuring the agency applies the Medicare Conditions of Participation to both Medicare and non-Medicare patients for all programs.
8. Assuring that qualified, competent professionals are available for patient services.
9. Ensuring that all services furnished under arrangement provided by other entities or individuals meet necessary requirements.
10. Arranging for a PAC, as required by an accrediting organization, state licensure and/or Medicare Conditions of Participation, to assist the Administrator in the development and review of programs, policies, and procedures, including the identification of potential goals, outcomes, and measurements of accomplishments.
11. Arranging for professional advice as required for oversight of fiscal and/or operational affairs of the home health care agency.
12. Overseeing institutional planning. Under direction of the governing body, preparation of the overall plan and budget and approving the fiscal administration of the home health care agency including but not limited to financial statements, annual operation budget, capital expenditures plan, contracts, required licenses and insurances, and other legal functions as identified. The Governing Body holds the Administrator/designee responsible for fiscal management and providing for annual review or audit by auditor or accountant.
13. Assuring that new Governing Body members are oriented to the agency as appropriate to their responsibilities and knowledgeable and responsive to key issues affecting the agency.
14. Approving new and/or revised policies and procedures that are consistent with the mission statement and assuring that a review of policies and procedures by qualified professionals occur annually.
15. Adopting and, at least annually, reviewing and approving the administrative, personnel, and patient care policies and procedures, licensure regulations, the annual operating budget, and capital expenditure plan.
16. Providing and maintaining adequate resources and an office facility adequately equipped for efficient work and confidentiality of clinical records.
17. Providing a safe working environment in compliance with local ordinances and regulations.
18. Providing access to industry associations, Center for Medicare Services (CMS) websites, and other resources as necessary to remain current with home health care agency related regulations and practices.
19. Assuring Governing Body, PAC, and personnel complete an annual Disclosure of Conflict-of-Interest form identifying professional and personal direct and indirect relationships and interests. Maintaining these forms on file.
20. Ensuring accurate, complete, and signed minutes document actions taken at all official Governing Body meeting and retaining for a minimum of five years or state regulation mandate. Minutes are distributed as determined by the board.

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21. Providing for proper licenses and insurance liability coverage.
22. A list of Governing Body members will be provided to regulatory, federal, and state agencies upon request and is maintained in the administrative file with the Governing Body minutes.
23. The Governing Body will meet at yearly and ad hoc based on agency needs. The members have access to monthly reports for review that may generate a request for a meeting. A quorum is defined as majority plus one.
24. Ensures that the agency complies with all federal and state laws and regulations, notifying regulatory and accrediting organization of sanctions, regulatory inspections, and audits.
25. Ensures that the agency does not refuse service to or employment to or in any way discriminate against any person because of race, color, or national origin.
26. Ensures the ongoing program for quality assessment and performance improvement (QAPI) and patient safety is defined, implemented, and maintained, approving the frequency and detail of data collection. The Governing Body must ensure the program reflects the complexity of the agency and services, including services by agreement; focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admission and re-admissions; and takes action addressing the agency's performance across the spectrum of care, including the prevention and reduction of medical errors; and further ensures documentary evidence of the QAPI program is maintained and is able to demonstrate its operation to CMS.
27. Addresses any findings of fraud, waste or abuse.
28. Members of the Governing Body serve until they resign or are asked to step down. Failure to attend three consecutive meetings may be considered a resignation.
29. The Governing Body may establish committees as deemed necessary. Such committees may meet ad hoc or regularly and may include:
    a. *Budget Committee:* A special committee, appointed by the Governing Board, assists in the preparation of the annual budget and reviews the financial position of the agency. It presents a report of findings, recommendations (if any), and the proposed budget to the Governing Board on an annual basis. Written meeting minutes are maintained at the agency's office.
    b. *Professional Advisory Committee (PAC):* The agency utilizes a group of professional personnel to oversee and evaluate operations. At least one member of the PAC will be neither an employee of the agency nor the owner. The Governing Board approves the appointment of the PAC members. The committee meets at least twice a year to review policies and procedures, to assist with development and implementation of a community awareness program, and to evaluate the agency's total program. Written minutes of PAC meetings are maintained at the agency's office. Recommendations made by the PAC are presented to the Governing Board at least annually.

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c. *Special Committees/Consultants:* The Governing Board may organize committees or hire consultants to undertake special projects. Such committees may be convened to study personnel issues, program development, and other matters related to agency operation and planning.

d. *Clinical Record Review Committee*: As part of the agency's overall performance improvement program, appropriate health professionals, representing at least the scope of the program, is required to review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under contract at least quarterly. Any records reviewed by outside persons need to comply with HIPAA standards. This committee will receive a summary report of the record reviews to discuss the results and determine an appropriate improvement action plan if needed. Written minutes of meetings are maintained at the agency's office.

e. *Safety Committee:* As part of the agency's goal to maintain and resolve safety issues, a Safety Committee, appointed by the Administrator, will meet at least annually. The safety committee may include the emergency preparedness program.

f. *Quality Assurance Improvement Program (QAPI)*: Skilled professionals will participate in the organization's QAPI program.

g. *Ethics Committee:* Appointed by the Administrator to ensure that all issues are resolved in an ethical manner, the Ethics Committee shall meet on an annual basis and, as special issues arise, meetings can be called as frequently as necessary.

h. *Policy Committee:* A review of all policies and procedures by a Policy Committee appointed by the Administrator will be completed on a yearly basis.

REFERENCES:

CMS 42 CFR 484.105(a)(G942); 484.105(b)(1)(i)(G946); 484.105(h); 484.105(h)(4); 484.65(G640); 484.65(b)(3)(G644); 484.65(e)(G660)
ACHC HH1-5A.01 HH1-9A.01
CHAP LG.5; LG.6

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ORIENTATION FOR GOVERNING BODY

POLICY

[AGENCY NAME] provides a structured orientation for all new Governing Body members.

PURPOSE

1. To assure that new members are aware of their roles and responsibilities.
2. To assist new members' understanding of the agency, its values, mission, and its goals.

PROCEDURE

The agency will provide effective orientation to members of its Governing Body. This orientation and responsibilities shall minimally include:

1. Agency mission, philosophy, compliance plan, ethics, and goals.
2. Understanding the member's role that [AGENCY NAME] must organize, manage and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs.
3. [AGENCY NAME] shall assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled
4. Having resources to ensure compliance with the current local, state, federal regulations.
5. The organization structure; including lines of authority, roles and responsibilities and services furnished.
6. A list of Governing Body members including name, address, telephone and email information. (The list is not required with a single owner serving as the Governing Body.
7. Calendar for meetings.
8. Orientation to the agency is demonstrated, but not limited to:
    a. Historic background of agency and overview of the current services provided
    b. Specialty care programs; community needs
    c. Confidentiality practices and signing of confidentiality agreement
    d. Conflict-of-Interest policy and signing of Conflict -of -Interest form
    e. Agency standard published rates

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f. Operating and capital budget/funding sources

g. Policies and procedures including patient complaints and personnel grievances

h. Current hiring practices, onboarding, orientation, ongoing education and competency training, recruitment and retention plans

i. Performance improvement plan, activities, and responsibilities

j. Safety and emergency preparedness plan

k. Organizational ethics, such as issues of conflict, patient rights/choice; confidentiality, services are provided according to standards of accepted practice

l. Home observation visits with clinicians are offered

9. Planning Functions

a. Plan for annual agency annual program evaluation

b. Demographic data compilation

c. Accessibility to agency policies and procedures

d. Performance improvement measures

REFERENCES:

CMS 42 CFR 484.12(b); 484.14(b), 484.16 Revision 484.65; 484.105; 484:105 (a); 484.105(h); 484.105(h)(4);
ACHC HH1-2A.03, HH1-3A.01
CHAP LG.11.D.M1

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ORGANIZATIONAL STRUCTURE

POLICY

[AGENCY NAME] is a Licensed, Medicare-Certified Home Health Agency, governed by a Board of Directors or Governing Body and operated by administrative personnel. The agency follows its bylaws and an established plan of authority and responsibility.

PURPOSE

1. To ensure accountability and responsibility in the provision of effective home health care services.
2. To delineate lines of authority.

PROCEDURE

1. [AGENCY NAME] has legal authority to operate under the laws of the state of [STATE] with certification from CMS and articles of incorporation.
2. The Governing Body is ultimately responsible for all aspects of the home health care agency operations and shall organize, manage and administer its resources to attain and maintain high, practicable functional capacity and optimal patient care and outcomes.
3. The Governing Body appoints the Administrator to handle day-to-day activities.
4. The Administrator assumes responsibility for the daily operations of the agency
5. The agency's hours of operation are as follows:
    a. The agency's business hours are Monday through Friday from [OPENING TIME] a.m. to [CLOSING TIME] p.m.
    b. The office will be closed on [OBSERVED HOLIDAYS].
    c. Agency services are accessible 24 hours per day, 7 days per week, including weekends and holidays.
    d. On-call services are available after regular business hours including weekends and holidays.
6. The agency serves [GEOGRAPHIC COVERAGE AREA].
7. The patient care and personnel operations of the agency are the responsibility of the Director of Professional Services or the title of Clinical Manager, as per Medicare Conditions of Participation. In the absence of the Administrator, the Director of Professional Services acts as the alternate and has been designated by the Government Body to assume responsibility for the agency and the services provided. In the absence of both the Administrator and the alternate, a RN with the required experience may be designated to assume supervisory responsibilities on a temporary basis.

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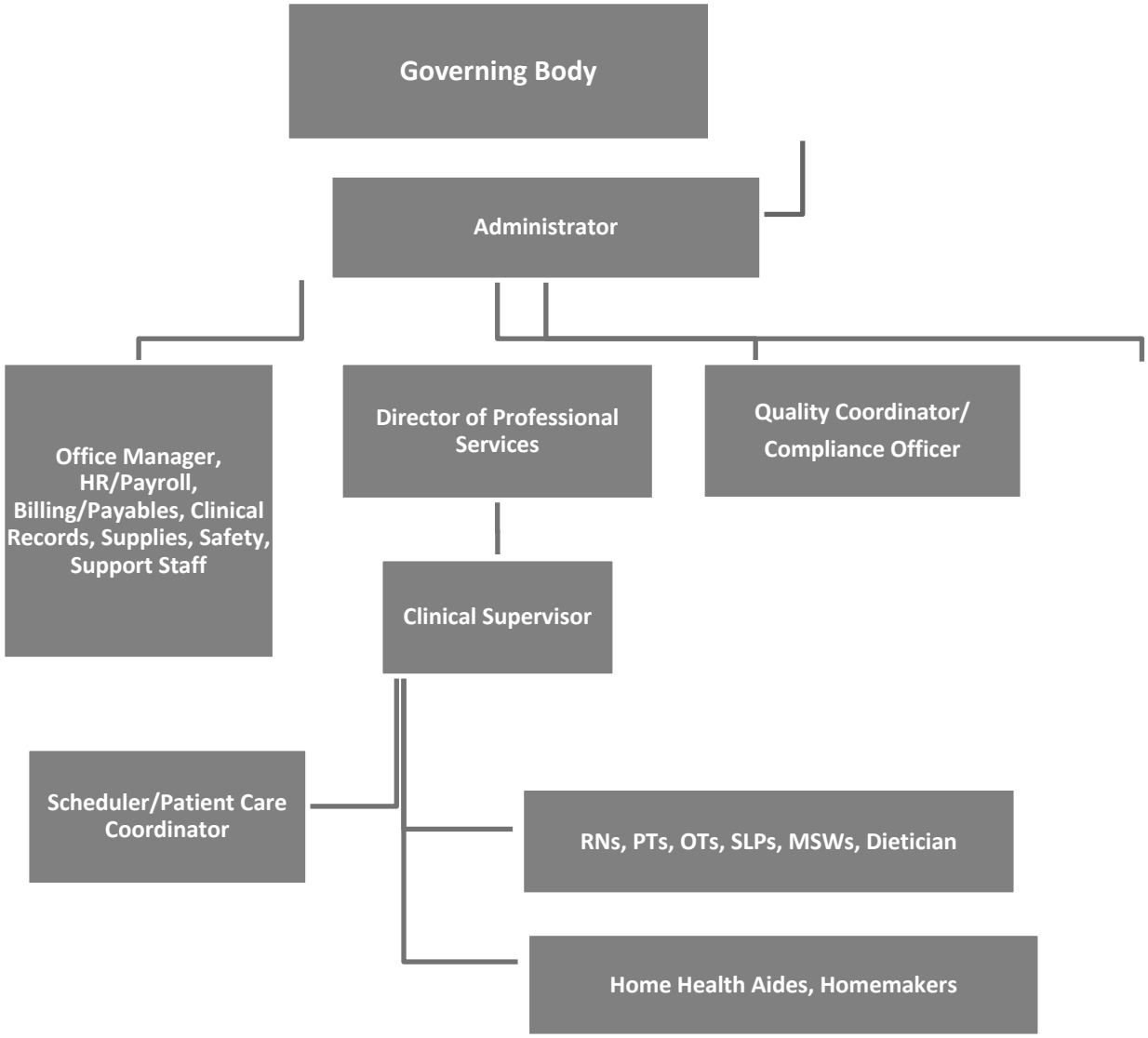
8. The agency maintains a current organizational chart that reflects the lines of authority and accountability of all personnel. Amendments will be documented as changes in the agency occur. The organizational chart is prominently displayed.
9. Administrative and supervisory functions are not delegated to another entity or organization. All services not furnished directly are monitor and controlled.
10. Appropriately qualified personnel are employed and report to the Director of Professional Services to deliver patient services. The agency, [branches,] and all persons furnishing services to patients must be licensed, certified or registered, as applicable, with the state licensing authority.

REFERENCES:

CMS 42 CFR 484.105; 484.10(a); 484:105(G940); 484:105 (b); 484.100; 484.100 (b)
California Title 22/Division 5/Chapter 6/74659
ACHC HHI-61
CHAP LG.1; LG.11; LG.13

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ORGANIZATIONAL CHART



REFERENCES:

CMS 42 CFR: 484.105
ACHC HH1-6A
CHAP LG.1; LG.11; LG.12;HRM.2

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COMPLIANCE/WHISTLEBLOWER POLICY

POLICY

[AGENCY NAME] has developed educational materials and a code of conduct for all affected personnel and contractors that reflect compliance with federal, state, and accreditation regulations and standards. As a Medicare/Medicaid provider and as part of its compliance with federal and applicable state False Claims Acts, the agency expects all personnel to review and receive education about the compliance plan annually, with focus on 1) fraud and abuse issues, 2) ethical areas specific to agency personnel/subcontractor's duties and their responsibility to report suspected cases of fraud and abuse, 3) personnel rights to protection under the Whistleblowers Act, and 4) the agency's procedures for detecting and preventing fraud, waste, and abuse.

The Compliance Plan covers activities such as service delivery and billing practices. The plan addresses education and training; auditing and monitoring for non- compliance, compliance officer roles and responsibilities, procedures for investigations, non-hiring or retention of sanctioned individuals, reporting, response and corrective action, and a commitment to adherence to compliance standards of conduct. The agency is committed to timely identification and resolution of all compliance issues or suspected violation.

PURPOSE

1. To ensure the agency is in compliance with all federal and state laws.
2. To ensure that the agency has established a set of standards of conduct that meets the agency's expectations of ethical, moral, and proper conduct.

PROCEDURE

1. The comprehensive Compliance Plan will be reviewed at least annually.
2. The agency has written standards of conduct, as well as written policies and procedures, which promote its commitment to compliance and address areas of potential fraud, such as:
    a. Claim development and submission processes
    b. Cost reporting and financial relationships with physician or allowed practitioners and other health care professionals and entities
    c. Conflict of interest statements as appropriate
    d. Disclosure of ownership or change of ownership requirements
    e. Disclosure of persons with controlling interest, or managing employees convicted of criminal offenses against Medicare, Medicaid, or the Title V (Maternal and Child Health Services) and Title XX (Social Services) programs

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f. The agency's program-specific social responsibility contributions

3. The agency has a designated Compliance Officer who is responsible for the operation and monitoring of the compliance program and reports directly to the Governing Body.
4. The agency has developed and implements regular, effective education, and training on compliance programs for all affected personnel of the agency.
5. The agency has created and maintains a hotline reporting system to receive complaints and has adopted policies and procedures to protect the anonymity of those registering complaints to protect whistleblowers from retaliation.
6. The agency uses regular audits and/or other evaluation techniques to monitor compliance and to assist in the reduction of identified problem areas.
7. The agency has developed a complaint process to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against personnel who have violated internal compliance policies, applicable statutes, regulations or federal health care program requirements.
8. The agency will maintain a complaint log. All complaints will be investigated, and accurate reporting will be kept in agency files.
9. The Compliance Officer will investigate all complaints, identify systemic problems, and develop plans for addressing the person or processes needing remediation. The reports will be kept in the agency files.
10. The Corporate Compliance Officer develops and implements regular, effective education and training compliance programs for all affected employees of the organization.

Where to Report

Governing Body members and personnel should report any reasonable concern about fraudulent or dishonest use or misuse of the agency's resources or property to the Compliance Officer.

How to Make a Report

1. Reports should contain enough information to substantiate the concern and allow an appropriate investigation to begin and may be submitted anonymously.
2. Appropriate actions will be taken in response to reports. All reports received will be acted upon in confidence when possible, given legal requirements and the need to gather facts, conduct an effective investigation, and take necessary corrective action.
3. Reasonable care will be taken in dealing with suspected misconduct to avoid baseless allegations, premature notice to persons suspected of misconduct, disclosure of suspected misconduct to persons not involved with the investigation and violations of a person's rights under the law.

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Whistleblower Protection

1. Best efforts will be followed to protect whistleblowers against retaliation.
2. Complaints will be handled with sensitivity, discretion, and confidentiality to the extent allowed by the circumstances and the law.
3. A written complaint may be submitted to the Compliance Officer per complaint policy if any person believes that they have been retaliated against for reporting an activity that the person believes to be fraudulent or dishonest.
4. Any complaint of retaliation, including but not limited to threats or physical harm, loss of job, punitive work assignments, or reduced salary or wages, will be promptly investigated and corrective action taken where allegations are substantiated.
5. This protection from retaliation is not intended to prohibit managers or supervisors from taking action, including disciplinary action, in the usual scope of their duties based on valid performance-related factors, nor is it intended to preclude disciplinary action against individuals who report baseless allegations.

REFERENCES:

Deficit Reduction Act of 2005, (Pub.L.109–171)
False Claims Act 31 USC sect. 3279–3733
[AGENCY NAME] Non–Retaliation Policy
CMS 42 CFR 484:100 (C); 484.105 (a)
ACHC HH1-1A

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MEDICARE/MEDICAID FRAUD AND ABUSE

POLICY

[AGENCY NAME] is committed to providing care and service in compliance with all applicable rules and regulations. The agency will comply with the requirements of the Deficit Reduction Act (DRA) of 2005, and its obligations related to fraud and abuse under state and federal laws. As part of the commitment, the agency has established and will maintain a Compliance Program that includes a fraud and abuse program.

Personnel and contractors are expected to immediately report any potential false, inaccurate, or questionable claims to their supervisor or Compliance Officer.

The agency is prohibited by law from retaliating in any way against any employee or contractor (sometimes referred to as a "whistleblower") who reports a perceived problem, concern, or fraud and abuse issue in good faith.

Examples of potential false claims may include the following when they are done intentionally and knowingly:

1. Claiming reimbursement for services that have not been rendered
2. Characterizing the service differently than the service actually provided
3. Billing for services with no receipt of physician or allowed practitioner orders
4. Billing for services that are not medically necessary
5. Failing to provide medically necessary services/items
6. Forging or altering prescriptions to improperly obtain controlled substances

PURPOSE

1. To identify the steps agency will take to comply with the requirements of the DRA and its obligations related to fraud and abuse.
2. To provide guidance regarding agency responsibilities under the DRA, the State False Claims Acts, and any contracts with payers.
3. To inform personnel about the protections under the laws and contracts, and the roles of these laws to prevent and detect fraud, waste, and abuse in federal and state programs.

PROCEDURE

1. The agency shall develop a comprehensive internal Fraud and Abuse Program as part of its Compliance Program to prevent and detect program violations.
2. Personnel and contractors must immediately report any false, inaccurate or questionable claims or actions, as well as questions, concerns or potential fraud or abuse to their supervisor or the Compliance Officer.

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3. All activity reported related to this policy will be investigated in accordance with the Fraud and Abuse program.
4. The agency will make every effort to refund improper payments or funds misspent due to fraudulent or abusive actions by an employee or contractor.
5. The agency will not discriminate or retaliate against any employee or contractor for reporting a potentially fraudulent activity or for cooperating in any government or law enforcement authority's investigation or prosecution.

RESPONSIBILITY AND ACCOUNTABILITY

Personnel and Contractors

All agency personnel and contractors are responsible for reporting any potential false, inaccurate, or questionable claims or actions as well as questions or concerns of potential fraud or abuse.

Internal Fraud and Abuse Team

A team representing billing, clinical, quality improvement, and medical records will be responsible for ensuring that all reported suspected fraud or abuse are fully investigated and, if appropriate, are reported to proper authorities.

Compliance Officer

The Compliance Officer has oversight for the Fraud and Abuse Program, including but not limited to policies/procedures and communications. The Compliance Officer will communicate with management, Governing Body, IDG, and PAC, if applicable, as needed, but at least annually, as part of the annual program evaluation.

REFERENCES:

Deficit Reduction Act of 2005, (Pub.L. 109–171)
False Claims Act 31 USC sect. 3279–3733
[AGENCY NAME] Non–Retaliation Policy
CMS 42 CFR 484:100 (c); 484.105 (a): 484.45

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