



**Office of the  
Medicaid Inspector  
General**

## Compliance Program Self-Assessment Form

**COMPLIANCE ALERT**

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2015 – 02

February 12, 2015

This *Compliance Alert* should be considered to be informational, but may serve as a general guide to assist providers subject to the mandatory compliance program obligations set out in New York State Social Services Law Section 363-d (§ 363-d) and 18 NYCRR Part 521 (Part 521). It does not set out all points that the Office of the Medicaid Inspector General (OMIG) will consider or use when assessing if compliance programs meet statutory and regulatory requirements. OMIG reserves the right to recall or change this *Compliance Alert* at any time.

This *Compliance Alert* does not constitute rulemaking by OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable at law or in equity, by any person. Furthermore, nothing referred to herein alters any statutory or regulatory requirement. In the event of a conflict between statutes and regulations applicable to the Medicaid provider and this *Compliance Alert*, the requirements of the statutes and regulations govern.

A provider's legal obligations are determined by applicable federal and state statutes and regulations. OMIG cannot provide individual advice or counseling, whether medical, legal, or otherwise. If you are seeking specific advice or counseling, you should contact an attorney, a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

On February 12, 2015, OMIG published the *Compliance Program Self-Assessment Form* (“*Self-Assessment Form*”). This form replaces the *Compliance Program Assessment Form* that was published on OMIG’s website on January 22, 2013.

The *Self-Assessment Form* is available for download in the Forms section of the Compliance Library at <http://www.omig.ny.gov/compliance/compliance-library>. It is published in Microsoft Word format allowing Medicaid providers to use the form to conduct self-assessments of their compliance programs. Providers are encouraged to add questions to the form that may be relevant as they conduct self-assessments of their specific compliance programs.

The *Self-Assessment Form* includes the following revisions from the 2013 *Compliance Program Assessment Form*:

1. The Instructions have been reworked, but providers completing the form still are asked not to submit the form to OMIG. If OMIG conducts a compliance program review of a provider, a separate form will be used.
2. The format of the *Self-Assessment Form* removes the OMIG assessment columns. This was done to reinforce the concept that it is a self-assessment form for providers to use. The column of the form to the extreme right is intended to be the location where providers can record specific references to the documents or text that address each Element’s requirements. This space can also be used by providers to reflect their work plan on how to address any self-identified insufficiencies in the compliance program relative to the requirements.
3. Each Element’s requirements continue to be in a question style to encourage a binary analysis of each requirement and to encourage discussion between the compliance function, management, and the governing body.
  - a. Some questions have been combined with similar questions. A new question incorporates the substance of the constituent questions. As providers complete the self-assessment, OMIG expects providers to consider each item listed, to the extent that it may apply to the provider.

For example, requirement 3.1 asks about periodic training for employees, executives, governing body members, and persons associated with the provider. In order to consider requirement 3.1 to be met, each identified group must receive the periodic training. The training can be different for each group, but all groups’ training and education must be on compliance issues, expectations and the compliance program operation. It should be noted that if a provider does not have a governing body (for example a sole practitioner), OMIG does not expect that the periodic training requirement applies to governing body members.

- b. Two requirements have been removed from Element #1 and moved into the specific Element where they more closely apply.
  - 1) Requirement 4.1 now reflects a requirement that previously appeared in Element #1. The substance of the new requirement 4.1 has been removed as a requirement under Element #1.
  - 2) Requirement 7.1 now reflects a requirement that previously appeared in Element #1. The substance of the new requirement 7.1 has been removed as a requirement under Element #1.
- 4. Removed is the chart that sought identification of two instances of how a provider's compliance program applies to the seven areas required under 18 NYCRR §521.3(a). OMIG will develop a separate self-assessment form to address the obligations of §521.3(a).

### **CONCLUSION**

Additional compliance information and resources can be found on OMIG's website ([www.omig.ny.gov](http://www.omig.ny.gov)) under the "Compliance" tab including a compliance library, compliance webinars, copies of compliance laws, regulations and forms.

You are encouraged to subscribe to OMIG's Listserv at <http://www.omig.ny.gov/omig-email-list-subscriptions> for updates, notices, and reminders about OMIG and compliance related matters.

If you have any questions on this *Compliance Alert*, or any compliance issue under New York State's mandatory compliance program obligation, please contact OMIG's Bureau of Compliance at 518-408-0401 or by email at [compliance@omig.ny.gov](mailto:compliance@omig.ny.gov).