

Corporate Compliance Plan

NYSARC, INC. – SUFFOLK CHAPTER

To Report Suspected Fraud & Abuse

Compliance Hotline: 631-585-0100 Ext. # 772

Board Approved: 10/25/2005 (*Final*)
Date Revised: 01/31/2008
Date Revised: 12/09/2009
Date Revised: 04/01/2010
Date Revised: 05/21/2010
Date Revised: 06/07/2011
Date Revised: 09/22/2011
Date Revised: 06/12/2012
Date Revised: 03/05/2015
Date Revised: 03/07/2016
Date Revised: 10/30/2018
Date Revised: 08/23/2019
Date Revised: 03/31/2021

INTRODUCTION:

Mission Statement

AHRC Suffolk's mission is to support and advocate for and with individuals of all ages with unique abilities and challenges. Our commitment is to provide individualized, high quality services, utilizing person-centered approaches to discover and define their quality of life.

(Revised 05/21/14. Revised 08/19/2020)

Statement of Non-Discrimination

The Agency is committed to providing an equal opportunity work environment which fosters the diversity of employees and in which everyone is treated fairly. Federal law prohibits discrimination in recruitment, employment, promotion, termination, or regarding any other term or condition of employment based upon a person's race, color, creed, religion, age, handicap, national origin, ancestry, or marital status or any other characteristic protected by the law. The Agency will comply with this law and further, is committed to making reasonable accommodations to the known physical or mental limitations of otherwise qualified individuals with disabilities. As a requirement of employment, individuals must submit to a criminal background check.

OVERVIEW of Corporate Compliance

NYSARC, Inc. – Suffolk Chapter is committed to providing quality services and conducting business with integrity. The Agency has a long legacy of a strong culture in the areas of governance, ethics, and compliance with laws and regulations. A Corporate Compliance Plan has been developed to enhance the culture within the Agency. Employees are expected to maintain the Agency's reputation for integrity through their work actions, decisions, and through their respect for the regulations and laws which govern the Agency.

The Compliance Plan is intended to provide guidelines for appropriate workplace conduct but cannot address every situation that may be encountered. It is meant as a supplement to other policies and procedures established by the Agency, such as those noted in the AHRC Personnel Manual.

Values

NYSARC, Inc. – Suffolk Chapter bases its Corporate Compliance on the following values:

- ❖ Commitment to providing quality services and supports.
- ❖ Commitment to treating every individual with dignity, respect, courtesy, and compassion.
- ❖ Commitment to service recipients and families.
- ❖ Integrity in conducting all relationships.
- ❖ Commitment to establishing and maintaining ethical standards of business practice.
- ❖ Commitment to pursuing opportunities resulting in fiscally sound, flexible and innovative services.
- ❖ Commitment to being an equal opportunity employer.
- ❖ Commitment to Stewardship; to manage resources responsibly.
- ❖ Commitment to the community.

THE PLAN

Components of the Corporate Compliance Plan

The Agency has established a Corporate Compliance Plan which promotes the prevention and detection of misconduct and reinforcing the Agency's dedication to compliance with federal and state laws. The following elements comprise the structure of the plan:

1. Standards and Procedures
2. Oversight Responsibilities and Assignment
3. Training and Education
4. Communication Lines to the Compliance Officer
5. Disciplinary Policies and Procedures
6. Identification of Compliance Risk Areas/Conducting Internal Monitoring & Auditing
7. A System for Responding to Compliance Issues

Standards and Procedures- Element 1

“Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved”

Code of Conduct Overview

The Code of Conduct articulates AHRC Suffolk’s commitment to ethical behavior and standards as they apply to the individuals and families served. The code details the fundamental principles, values, and framework for action within the Agency. The standards of the code define the culture of the Agency and inform employees of their legal and ethical obligations.

Supervisory and administrative staff are responsible for ensuring that employees are aware of applicable laws, and regulations governing the Agency as well as policy and procedures which assure compliance. The Agency expects to conduct business in a manner that supports integrity in operations and employees are expected to exercise personal integrity and good judgment in carrying out their duties. When an employee is in doubt as to how a specific situation regarding ethics or applicable laws or regulations is to be handled, the employee is to seek assistance. He/She is encouraged to first bring the situation to the attention of his/her immediate supervisor or the next supervisory level(s). The employee may choose to contact the Corporate Compliance Officer (CCO) directly, if not satisfied.

Employees who become aware of any conduct violation or believe that they have been directed to engage in illegal or unethical conduct are encouraged to report the problem to a supervisor, administrator, CCO or anonymously to the Compliance Hotline at (631) 585-0100 ext. 772.

Violation of or interference with Agency standards of conduct are not permitted and may result in disciplinary action up to and including termination. Legal action will be taken as circumstances warrant.

The Agency has established and maintains a high standard of accuracy and completeness in all financial records. These records serve as the basis for managing finances and for fulfilling obligations to individuals served, employees, independent contractors, and suppliers.

The records also serve to ensure compliance with tax and financial reporting requirements.

Program records contain the documentation of the services rendered to individuals served by the Agency. These records are used to support billing.

Standards and Procedures- Element 1

Illustrations of actions that are in violation of federal, state, or regulatory statutes are:

- ❖ Billing for items or services not actually rendered.
- ❖ Duplicate billing.
- ❖ False cost reports.
- ❖ Billing for services with inadequate documentation.
- ❖ Not maintaining confidentiality of records and information.
- ❖ Falsification of documentation.
- ❖ Conflicts of interest.

Policies and Procedures

AHRC Suffolk has developed and will continue to develop policies and procedures to implement the Corporate Compliance Plan. These policies and procedures establish the activities and processes that AHRC Suffolk will undertake to operate in conformance with all applicable federal and state standards. AHRC Suffolk will review, revise and develop new policies and procedures, as necessary, to ensure that AHRC Suffolk's operations are conducted with "best practices." The policies and procedures of not only the health regulatory components of AHRC Suffolk, but also those related to human resources, environmental health and safety and financial operations shall apply broadly to each employee through this Corporate Compliance Plan.

Policy for Non-Intimidation and Non-Retaliation

The Agency requires directors, officers, employees and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. Employees and others are encouraged to raise serious concerns internally so that the Agency can address and correct inappropriate conduct and actions. It is the responsibility of all Board members, officers, employees and volunteers to report concerns about violations of the Agency's code of ethics or suspected violations of law or regulations that govern the Agency's operations. No director, officer, employee or volunteer of the Agency who in good faith reports any action or suspected action taken by or within the Agency that is illegal, fraudulent, or in violation of any adopted policy of the corporation shall suffer intimidation, harassment, discrimination or other retaliation, or in the case of employees, adverse employment consequence. If an Agency director, officer, employee or volunteer

Standards and Procedures- Element 1

believes in good faith that he or she has been retaliated against for initiating a report or complaint or for participating in any investigation related to such report or complaint, then the Agency director, officer, employee or volunteer should report the alleged retaliation to his or her supervisor, program director, the Compliance Officer or Compliance Hotline as soon as possible. Any supervisor or program director who receives a report of alleged retaliation shall immediately notify the Agency's Corporate Compliance Officer.

A thorough and objective investigation will be conducted of all such reports. Anyone found to have intimidated, threatened retaliation or who have actually retaliated against a whistleblower will be subject to appropriate disciplinary action, up to and including, termination. Any staff person who knowingly files a false report of misconduct will be subject to disciplinary action, up to and including, termination.

Harassment and Workplace Violence

The Agency employees must work closely with one another in their daily activities. Such close working relationships can sometimes create opportunities for unwanted or hostile interactions. This Agency strictly prohibits any such interactions in whatever form, including degrading or humiliating jokes, physical or verbal intimidation, slurs, or any other harassing conduct.

Sexual harassment is also strictly prohibited. Sexual harassment can include both overt sexual conduct, such as requests for sexual favors in return for promotions or other benefits, and less obvious conduct, such as frequent sexual comments that create an intimidating or hostile work environment. Employees must remain sensitive, and must at all times avoid conduct which might harass others. No form of sexual harassment will be tolerated.

Workplace violence also constitutes harassment. Workplace violence includes robbery, assault, stalking, violence directed at an employer, terrorism, and hate crimes. This Agency prohibits employees from possessing firearms, other weapons, explosive devices, or other dangerous materials on Agency premises.

Employees who observe or experience any form of harassment should report their concern to their supervisor, the CCO, or Human Resources Director, or they may call the Compliance Hotline.

Health and Safety

The health and safety of Agency employees is a top priority. Federal law heavily regulates safety in the workplace. Our employees must familiarize themselves with and comply with both federal safety laws and our Agency's safety policies and procedures. If any safety question arises, employees should seek advice from a supervisor. Further, employees must report to a supervisor any workplace injury or any dangerous situation so that timely corrective action may be taken. It is the policy

Standards and Procedures- Element 1

of the Agency to require all employees, independent contractors, volunteers who have reasonable anticipated service recipient contact, and service recipients to complete tuberculosis testing, based on regulations promulgated by the Office for People with Developmental Disabilities (OPWDD).

Substance Abuse and Mental Alertness

The Agency is an alcohol and drug-free workplace. Reporting to work under the influence of alcohol or any illegal drug or possessing or selling illegal drugs while on premises may result in immediate termination. Drug testing may be utilized to enforce this policy.

Prescription and over-the-counter drugs might also affect job performance. Employees should consult with their physicians if they have questions regarding the effects of such medication.

Gift-Giving Between Employees

In any organization, there are day-to-day situations which arise relating to the ways that people deal with each other in the workplace. Many of these situations must be evaluated on an individual basis and cannot be addressed in this document. Some, however, arise routinely. One of those is gift-giving between employees. Generally, no one should feel compelled to give a gift to anyone, and any gift should be appropriate to the circumstances. An overly expensive or lavish gift to a supervisor, however, is against Agency policy. For additional guidance in this area, please contact the CCO.

Accepting Gifts

AHRC prohibits the receipt of a gift with a total value over \$100.00 by any employee, from an Agency vendor, from any person receiving supports from the Agency, or from any family member of a person receiving supports. If you are uncertain whether or not a gift is appropriate you may contact the Quality and Compliance Department for guidance

Business Courtesies

It is against the Agency's policy to engage in any form of commercial bribery, including the offer or acceptance of any improper payment, gratuity, or gift to obtain business, secure services, or influence governmental decisions.

While employees of the Agency are not encouraged to receive or extend business courtesies, at times, employees may be in the position to do so. The following provides employee guidance with regard to our Agency's policies on the receipt and giving of business courtesies. Employees are to contact the CCO if there are questions regarding business courtesies that are not addressed in this policy.

Standards and Procedures- Element 1

Accepting Business Courtesies (Social Events/Entertainment)

Invitations to a social event may be accepted from a current or potential business associate in order to further develop a business relationship. Attendance at any such social event must be approved in advance by the employee's appropriate or immediate supervisor. These events must not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host company), or overnight lodging. The cost associated with such an event must be reasonable and appropriate. As a general rule, this will mean that the cost will not exceed \$100.00 per person.

Such social events with respect to any particular individual must be infrequent, which as a general rule means not more than quarterly.

Accepting Business Courtesies (Training/Education)

Attendance at a vendor-sponsored workshop, seminar, or training session is permitted with a supervisor's approval. Arrangements that include travel and overnight accommodations at no cost to the employee or the Agency must be approved in advance by the Program Director and Chief Executive Officer.

Extending Business Courtesies to Potential Sources of Business Referrals

Reasonable and appropriate meals may be offered in conjunction with a business event. Provided that such events are in furtherance of our Agency's legitimate business purposes, transportation and lodging provided to attendees are reimbursable by the Agency. Any entertainment (business or social) or gifts involving persons who are in a position to refer customers to the Agency must be approved by the employee's appropriate or immediate supervisor.

Business Courtesies with Government Employees

Federal and state governments have strict rules and laws regarding business courtesies for their employees. The Agency will not provide any gifts, entertainment, or anything else of value to any employee of the federal or state government. Modest meals and refreshments in connection with business discussions may be provided free of charge in those jurisdictions or with those agencies where government rules permit this practice.

Personal Use of Agency Resources

The Agency's employees must preserve Agency assets, including time materials, supplies, equipment, and information. As a general rule, the personal use of Agency assets without prior approval of the Chief Executive Officer is prohibited. The occasional use of items such as minimal use of copying facilities or local telephone calls, where the cost to the Agency is minimal, is permissible. However, use of Agency resources for personal financial gain is strictly prohibited.

Standards and Procedures- Element 1

Conflict of Interest

The Agency requires Board Members and employees to remain free from any conflict of interest that may hinder their ability to objectively, effectively, or fairly perform their job responsibilities.

A conflict of interest exists when an employee, supervisor, or board member gains personally, through money or other advantage, at the expense of their employer or organization. Any time a person makes a business agreement or takes a personal action at work which benefits them personally, the potential for a conflict exists.

Anti-trust

The Agency is committed to fair and open competition. Therefore, this Agency seeks to comply with all federal anti-trust laws and with the competition laws in every state in which this Agency conducts business. Federal anti-trust law prohibits:

- Competitors from entering into discussions, formal agreements, or informal understandings concerning prices or fees, market share, service market territory, choice of customers, products and services to be offered, sales strategy, customer allocation, and territory allocation.
- An entity from refusing to provide a customer pursuant to an agreement with another person or company, whether formal or informal.
- In some circumstances, tying arrangements, the practice of requiring an individual to purchase one product or service in order to obtain another product or service.
- In some circumstances, restrictions on a customer's ability to purchase products or services from competitors, known as exclusive dealing arrangements.
- Arrangements with suppliers that require the supplier to purchase the buyer's products as a condition to doing business with the buyer or unreasonably restrict the supplier's ability to do business with the buyer's competitors.
- Selling the same product at different prices or with different terms, services, or allowances to different customers who compete or whose customers compete in the sale of a seller's product.
- Predatory pricing activities, such as pricing below cost, when a company is dominant or potentially dominant in a market.
- Mergers and acquisitions if their effect is to substantially reduce present or future competition or create a monopoly.

Standards and Procedures- Element 1

In particular, Agency employees should be careful regarding discussions that may arise at trade association meetings in relation to one of the prohibited subjects. If another agency raises a prohibited subject, the employee should end the conversation immediately. If possible, the employee should request that the refusal to participate in the conversation be documented in the minutes of the meeting. The employee should also notify the CCO.

Marketing and Advertising

All promotions, advertising and marketing materials must be submitted to the Chief Executive Officer for approval. These materials must conform to all applicable state and federal laws and regulations. All advertising should be truthful and not misleading. If an Agency employee or representative has concerns about unethical or unlawful advertising or marketing practices, the employee or representative should contact the CCO.

Anti-Kickback Statute

No employee of the Agency or other person acting on this Agency's behalf may solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers to a vendor, supplier, or health care provider. When making referrals, NYSARC, Inc. - Suffolk Chapter and its employees or agents should not take into account the volume or value of referrals that the vendor or supplier may receive from the Agency.

To promote compliance with this provision, any financial or business relationship with a person or entity that the Chapter refers or might potentially refer to must be in writing. The Agency will review all contracts and arrangements with vendors and suppliers for compliance with the anti-kickback law.

Selection of Subcontractors and Vendors

The Agency will comply with all laws governing its relationships with subcontractors and vendors. Our Agency approaches its relationships with vendors and subcontractors in a fair and reasonable manner. We believe that it is in our best interest and the people we support best interest to promote competitive procurement whenever possible. Our relationships with our vendors will be made on the basis of quality, technical excellence, service, and maintenance of supply sources, price, and other objective criteria. We will protect pricing information unless release is authorized by our suppliers.

Business Information

The Agency's confidential business information must remain confidential. Such information, which includes personnel, medical, financial, and other business-related information must be used only for job-related purposes and may not be disclosed to individuals outside the organization.

Standards and Procedures- Element 1

The Agency is committed to the integrity and accuracy of its documents and records. No Agency employee may alter or falsify information on any record or document. People supported files, attendance records, and business documents are retained in accordance with law and Agency record retention policy. Employees may not tamper with, remove, or destroy records or documents except according to our record retention policy.

Information Systems

Information systems, such as communications systems, electronic mail, Internet access, and voice mail are the property of the Agency and are primarily to be used for business purposes. Limited, reasonable use of our communication systems will be allowed, however, employees should be aware that personal use of Agency systems is discouraged, and they should assume that such communications are not private. Our organization reserves the right to periodically access, monitor, and disclose the contents of communications systems.

Employees or agents of the Agency may not use communications systems or access to the Internet at work to post, store, transmit, download, or distribute any threatening, knowingly or recklessly or maliciously false, or obscene materials, including anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any law. Nor may employees use these means to send chain letters, personal messages, or copyrighted documents not authorized for reproduction. Employees may not use such means to conduct a job search or open misaddressed mail. The Agency may revoke access to communications systems or take disciplinary action against employees who abuse the system or use them excessively for non-business purposes.

Government Inquiries

The Agency intends to comply fully with law enforcement representatives and government investigations, while also protecting the legal rights of the Agency and of its personnel. Employees should notify the CCO if they receive an inquiry, a subpoena, or other legal document from any individual or governmental agency regarding the Agency. If an individual is contacted at home by a governmental agency concerning our organization, he or she has the right to speak to the government official or to decline to be interviewed. If the employee wishes to consult a lawyer about this request, the Agency will arrange for legal counsel to advise the employee and accompany him or her to any interview with a government representative. If an employee is aware of an imminent or ongoing investigation, audit or examination initiated by the Agency or any government agency, the employee should retain all documents (including computer records) in his or her custody or control relating to the matter under review. The destruction or falsification of a document in order to impede a governmental investigation, audit, or examination may lead to prosecution for obstruction of justice. Any questions regarding whether a document can be destroyed should be addressed to a supervisor or the CCO.

Oversight Responsibilities and Assignments - Element 2

“Designate an employee vested with responsibility for the day-to-day operation of the compliance program; such employee's duties may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out; such employee shall report directly to the entity's chief executive or other senior administrator designated by the chief executive and shall periodically report directly to the governing body on the activities of the compliance program”

Oversight Responsibilities and Assignments

The Board of Directors and the Chief Executive Officer are the oversight authority for the Agency. The obligation of the CEO is to exercise the proper amount of care in the decision-making process while overseeing the day-to-day business operations of the Agency. That is, decisions are to be made in good faith and in the best interest of the Agency.

Due care is to be taken in delegating positions of substantial discretionary authority. Adherence to a more detailed hiring process for employees in positions of authority is to be ensured. On an ongoing basis, evaluation of the individuals, assigned to specified positions of authority, is to be completed.

All individuals who are deemed to have substantial discretionary authority, as documented in their job description, are to have the following inquiries into their backgrounds prior to holding Agency positions:

- ❖ Completion of mandatory Agency requirements for hire, which includes criminal background checks.
- ❖ Confirmation in writing of all college degrees; any licenses/certifications (if pertinent to the position).
- ❖ Past employment, dating back seven (7) years.
- ❖ Disclosure of any past name changes.

Medicaid Exclusion Checks

It is the policy of AHRC Suffolk for all new hires, employees, independent contractors, vendors, volunteers, interns, outside staffing agencies providing services for which Medicaid claims are submitted and the agency Board of Directors to undergo Medicaid exclusion checks. Medicaid providers need to ensure that the aforementioned have not been excluded from the Medicaid Program.

Agency Employees

It is the policy of the Agency to complete a review of all candidates prior to employment, licenses as applicable, which includes a criminal background check. The Agency will not allow any employee to work without valid, current licenses or credentials.

Oversight Responsibilities and Assignments- Element 2

Licensing and Certification of Independent Contractors

All independent contractors hired by the Agency must meet professional licensure, certification, or other credentialing requirements. The Agency will not allow an independent contractor to perform services without proper licensure or credentialing.

Corporate Compliance Officer

The Corporate Compliance Officer (CCO) is appointed by the Chief Executive Officer to oversee and monitor the Corporate Compliance Plan (CCP). The CCO reports to the CEO, the Corporate Compliance Oversight Committee (CCC), and the Board of Directors. The CCO has access to legal counsel. Other functions include monitoring regulatory changes, ensuring policy revisions, and overseeing the provision of training in corporate compliance. Although direct communication to immediate supervisors is encouraged for working toward solutions to identify issues regarding business misconduct or billing issues, questions may be called into the Compliance Hotline. The Hotline is a direct line to the CCO. Information reported is held in confidence and may be reported anonymously. The CCO ensures that compliance issues are communicated to the CCC and ensures that they are addressed in a timely manner in accordance with established policies and procedures. The CCO is responsible for investigating issues as required and ensuring that corrective actions are taken.

Corporate Compliance Oversight Committee

The CCP is administered by the CCO and is continually reviewed and monitored by the CCC. The CCC is comprised of the Chief Executive Officer, two Board representatives (representatives from The Arc NY have assumed this role until a permanent Board is established at AHRC Suffolk), the CCO, the Human Resources Director and the Chief Financial Officer. The CCO will maintain ongoing communication with CCC members on significant issues which arise between scheduled meetings.

The CCC, as part of its oversight responsibilities, may have access to confidential information of a sensitive nature that is not known to the staff or public. The CCC is charged with the responsibility of maintaining all Committee information as confidential. The information may include, but is not limited to, financial information, technical information, information related to contracts, information concerning identified program participants, staff and vendors.

The CCC will periodically review and update existing policies/guidelines. New policies or guidelines developed will be incorporated into the CCP. The CCO will ensure any changes or updates to the CCP are disseminated to staff. The CCO will also ensure that all programs and departments implement the CCP.

The CCC will meet no less than on a semi-annual basis or more frequently as needed to ensure compliance efforts are in keeping with established standards. Minutes of the meeting will be maintained.

Oversight Responsibilities and Assignments- Element 2

The CCC will receive reports regarding the various programs or departments that include information on Quality Assurance, complaints received by the Compliance Hotline, internal audits, and disciplinary actions as they pertain to Corporate Compliance. The CCC will review the reports and take action as necessary. Any issues which arise that would be of a sensitive nature to the Agency would be communicated to the CEO and/or the CCC by the CCO as they occur.

Committee Responsibilities

- ❖ Analyzing Audits
- ❖ Reviewing Related Policy and Procedures as applicable
- ❖ Reviewing allegations of alleged fraud and other practices

Meeting minutes of all proceedings will be maintained.

Training and Education- Element 3

“Training and education of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations and the compliance program operation; such training shall occur periodically and shall be made a part of the orientation for a new employee, appointee or associate, executive and governing body member”

Training and Education

The Board of Directors will be provided with training annually regarding the purpose of a Corporate Compliance Plan (CCP), and their need to exercise due diligence in establishing and promoting an organizational culture that encourages ethical practices, conduct, and compliance with the law.

Each new Board Member will receive orientation within the first three months of joining the Board on the Code of Conduct and will sign an acknowledgement of the Code of Conduct at that time, indicating his/her understanding and commitment to following the Code of Conduct.

The Code of Conduct and CCP will be reviewed with each Board member upon renewal of his/her Board position. Documentation of the review will be maintained.

Agency staff will receive training in Corporate Compliance and Code of Conduct upon hire and annually thereafter. Documentation of completed training will be maintained.

For Agency staff training will include a review of the CCP and Agency standards of conduct, protocols to follow if potential problems are detected, and use of the Compliance Hotline. Subsequent to all CCP training sessions, a pre-test will be administered to all new employees; and upon conclusion, a post-test will be administered to confirm that each employee and contract staff understands the CCP.

New employees will receive training within the first three months of employment. Independent contractors and volunteers will be informed of AHRC Suffolk’s policies and procedures and will receive a copy of the Agency’s Corporate Compliance Plan upon hire.

The Corporate Compliance Officer (CCO) will be responsible for overseeing and ensuring training. As new policies/guidelines are developed, the information will be incorporated into the training at the direction of the CCO.

Each annual training will include job specific content on:

- ❖ Policies and Procedures of each program
- ❖ Compliance audits and monitoring methods specific to the program
- ❖ Examples of job specific practices that are considered fraud, abuse and inappropriate activities
- ❖ Methods of reporting potential fraud, abuse and inappropriate activities

All Code of Conduct training records will be kept by the Training Department and a copy of the acknowledgement receipt will be forwarded to the personnel file.

Communication Lines to the Compliance Officer- Element 4

“Communication lines to the responsible compliance position that are accessible to all employees, persons associated with the provider, executives and governing body members, to allow compliance issues to be reported; such communication lines shall include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified”

Compliance Hotline

A critical aspect of the Corporate Compliance Plan (CCP) is the establishment of a culture that promotes open communication, prevention, detection, and resolution of instances of conduct that does not conform to federal and state regulations and business practices. To promote this culture, a problem solving /resolution process and a strict non-retaliation policy is to be adhered to.

All employees are to seek assistance for any matter of concern to them or to report any violations of the law or standards of conduct. They are encouraged to first bring the situation to the attention of their immediate supervisor or to the next supervisory level(s). They may choose to contact the Corporate Compliance Officer directly, if not satisfied. However, when concerns about possible misconduct related to billing or other types of non-compliance occurs, the CCP offers the Compliance Hotline as an additional option. While direct communication with supervisors or administrators or the CCO is encouraged in working toward a solution to an identified problem, questions may also be called into the Compliance Hotline anonymously. As a matter of practice and policy, all information and/or messages received through any of the reporting mechanisms will remain in the strictest confidence to the extent possible. The Compliance Hotline is monitored by the CCO. Any personnel-related calls will be forwarded to the Director of Human Resources.

Retaliation against a staff person who reports a perceived problem or concern in good faith is strictly prohibited. Employees who commit or condone retaliation against an individual having made a report in good faith are subject to disciplinary action up to and including termination.

Employees are not exempt from the consequences of their own misconduct by reporting an issue, although self-reporting may be taken into account in determining the course of action to be taken.

Documentation of calls received will be maintained as well as records indicating actions taken.

The documentation will be reviewed by the Corporate Compliance Committee (CCC).

Communication Lines to the Compliance Officer- Element 4

Investigation Policy & Procedure

Reporting Alleged Inappropriate Activity, Fraud & Abuse:

Retaliation/False Reporting

All employees of the Agency are strictly prohibited from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation or retribution against any employee for reporting his or her concerns. Possible concerns could include but are not limited to violations of: The Agency's Corporate Compliance Plan, Code of Conduct, its Compliance Policies or any of the laws, rules or regulations by which the Agency is governed.

Reporting Complaints of Retaliation

If the Agency employee believes in good faith that he or she has been retaliated against for initiating a report or complaint or for participating in any investigation related to such report or complaint, then the employee should seek assistance. He/She is encouraged to first bring this situation to the attention of his/her immediate supervisor or to the next supervisory level(s). The employee may choose to contact the Corporate Compliance Officer directly or the Agency's Compliance Hotline if not satisfied. For further information see AHRC Suffolk's Reporting Compliance Concerns, Whistleblower and Anti-Retaliation Policy and Procedure or NYS Labor Law section 740 and 741 in connection with non-intimidation and non-retaliation expectations.

In the event an employee makes a frivolous, malicious or knowingly false report or complaint under this Policy, the employee will be subject to appropriate discipline, up to and including termination.

Reporting a believed violation may be communicated:

- ❖ By calling the Corporate Compliance Officer directly
- ❖ By writing a confidential letter to the Corporate Compliance Officer
@ 2900 Veterans Memorial Highway, Bohemia, NY 11716
- ❖ By meeting with the Corporate Compliance Officer
- ❖ By sending an e-mail to atoto@suffahrc.org
- ❖ By calling the Compliance Hotline at **631-585-0100 ext. 772**

All of the above communications are confidential to the extent legally possible. Additionally, the above communications will be documented and, if appropriate, investigated and summarized for the Corporate Compliance Committee.

Communication Lines to the Compliance Officer- Element 4

Investigating Alleged Violations

A log will be maintained of all alleged violation reports. The Corporate Compliance Officer will utilize the "Initial Contact Form" to document all initial reports, create a plan of investigation and issue a case # for future reference.

The Corporate Compliance Officer will utilize the "Corporate Compliance Record" form to document his/her assessment of the issue including the urgency of the case, the category of compliance violation and the level of the confidentiality requested by the reporting party.

Upon the reporting of an alleged violation, the Corporate Compliance Officer will promptly initiate an investigation of the alleged compliance issue. A determination as to whether a violation has occurred will be made after review of the Investigation Summary by the Corporate Compliance Committee.

The Corporate Compliance Investigation report will include documentation of the issue as appropriate, a description of the investigation process, statements from all parties involved, documents reviewed and a list of witnesses interviewed. Based on the determination of the Corporate Compliance Committee, a disciplinary action/corrective action to prevent recurrence will be recommended.

A completed "Corporate Compliance Investigation" report with necessary documentation will be reviewed with the Corporate Compliance Committee.

Any alleged violation involving the Corporate Compliance Officer or members of the Corporate Compliance Committee will be forwarded to the CEO for an independent investigation.

At the conclusion of the investigation and after review by the Corporate Compliance Committee, the Corporate Compliance Officer as directed by the CCC, will report as necessary the misconduct violated and will forward the outcome of the investigation to the appropriate governmental agencies within 60 days.

Disciplinary Process

The disciplinary process is delineated in the AHRC Personnel Manual. The purpose of the rules established is not to restrict the rights of an employee, but to define the rights and to ensure cooperation. Any conduct that is disruptive, violates any work rule, or is otherwise deemed to be a basis for corrective action will result in disciplinary action, ranging from counseling to immediate termination, depending on the seriousness or the frequency of the offense in the judgment of the supervisor.

Communication Lines to the Compliance Officer- Element 4

Failure of an employee or independent contractor to comply with the Agency standards of conduct may result in disciplinary action. Fraudulent activities are subject to immediate termination.

The degrees of disciplinary action may range from counseling, verbal warnings, written warnings, re-assignment, or termination of employment or a contract. Retraining of staff will occur if misconduct is based on a lack of awareness or understanding of regulatory requirements, policy, or guidelines.

Enforcement of discipline is under the authority of the administration and program directors. Reasons for disciplinary action may include, but are not limited to, the following:

- ❖ Discipline of individuals who engage in unethical practices.
- ❖ Discipline of individuals who knowingly fail to report unethical practices.
- ❖ Discipline of supervisors where the misconduct reflects poor supervision or lack of diligence.
- ❖ Discipline of individuals who intentionally make false statements.
- ❖ Discipline of individuals who retaliate against individuals who have reported unethical practices.
- ❖ Discipline of individuals who file false cost reports.
- ❖ Discipline of individuals who bill for services not supported by adequate documentation.
- ❖ Discipline of individuals for the falsification of documentation.
- ❖ Discipline of individuals who bill for units which did not occur to increase revenue.

Disciplinary Policy and Procedures- Element 5

“Disciplinary policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assist in their resolution and outline sanctions for: (i) failing to report suspected problems; (ii) participating in non-compliant behavior; or (iii) encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior; such disciplinary policies shall be fairly and firmly enforced”

Disciplinary Policy and Procedures

Failure of employees to comply with the Corporate Compliance Plan, the Code of Conduct, the Medicaid program and/or laws and regulations applicable to the Suffolk Chapter and our operations may result in disciplinary action. Retraining of staff will occur if misconduct is based on a lack of awareness or understanding of a regulatory obligation, policy or procedure. Resolution of disciplinary issues will be determined through the Corporate Compliance Plan structure in direct cooperation with the appropriate manager and the Compliance Officer and, as appropriate, the Chief Executive Officer of the Suffolk Chapter. The degree of discipline may range from counseling, verbal warnings, written warnings, recommended change or discontinuation of privileges, termination of a contract, termination of employment or removal from a particular position or function – and the Chapter will endeavor to be consistent in its approach to discipline with the same disciplinary action for similar offenses. The Suffolk Chapter will also seek to reward employees who foster a culture of compliance.

Identification of Compliance Risk Areas/Internal Monitoring & Auditing-Element 6

“A system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including but not limited to internal audits and as appropriate external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care of medical assistance program beneficiaries”

Identification of Compliance Risk Areas

The Suffolk Chapter is committed to fostering our culture of compliance through the implementation of a system or method for the routine identification of compliance risk areas in order to detect, correct and prevent non-compliance behaviors. Through the process of our corporate compliance reporting structure and the articulation of compliance-related roles and responsibilities at every level of the Suffolk Chapter’s operations, detection and correction of problems is expedited.

If an internal investigation substantiates a reported violation, then it is our policy to engage in a two-fold process: (1) to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary; and (2) implementing systemic changes to prevent a similar violation from recurring in the future.

The Suffolk Chapter is committed to routinely conducting internal audits of concerns that have regulatory or compliance implications. Appropriate individuals in key management positions will be responsible for engaging in self-monitoring processes conducted within specific departments/divisions. We believe that a combination of various compliance reviews will permit us to maintain a consistent conformity to relevant laws and regulations, while fulfilling a commitment to identify and share best practices.

A System for Responding to Compliance Issues- Element 7

“A system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the office of Medicaid inspector general; and refunding overpayments”

A System for Responding to Compliance Issues

The Agency will continuously monitor its compliance program with the intent of detecting, addressing and preventing compliance issue and or misconduct that violates the Compliance Program. Through the process of the Compliance Program, reporting structure, training and the publication of compliance related roles and responsibilities at all levels, employees will learn the importance of detecting and reporting compliance issues. The modalities for compliance reporting are expedited via the internal reporting or by way of the Compliance Hotline. Employees are encouraged to report witnessed or suspected compliance issues confidentially and anonymously through training and publication. The Compliance Officer or Coordinator will be involved in any or all stages of a reported compliance related issue.

Prevention

The Agency’s structured Compliance Program seeks to ensure that compliance issues may be forwarded to the executive level to facilitate appropriate systematic changes in policies and procedures and reducing the prospect of reoccurrence if applicable. In addition, compliance education and strategic programs contribute to a culture of on-going awareness, detection and prevention diminishing risks and vulnerabilities.