

## **Advocacy and Resource Center Policy and Procedure**

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<b>Section #</b>	<b>100</b>	<b>Agency Organization</b>
<b>Topic #</b>	<b>140</b>	<b>Corporate Compliance Plan</b>
<b>Title #</b>	<b>140.1</b>	<b>Overview</b>

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<b>Board of Directors Approval:</b>	<b>January 24, 2007; December 9, 2020</b>

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### **ADVOCACY AND RESOURCE CENTER'S CORPORATE COMPLIANCE PLAN**

As a not-for-profit agency dedicated to providing quality services to individuals with developmental disabilities, the Clinton County Chapter NYSARC Inc. (dba and hereinafter called the Advocacy and Resource Center) is committed to complying with the rules and regulations of federal, state and local laws, including but not limited to, those promulgated by the U.S. Center for Medicare and Medicaid Services (CMS) and the New York State Office of People with Developmental Disabilities (OPWDD). In an effort to maintain the highest standards possible, the Advocacy and Resource Center is committed to providing a work environment where ethical, moral and legal behavior is standard.

With many services provided by the agency being funded by Medicaid, Medicaid funding makes up a significant portion of the operating budget, subjecting the agency to the federal and state laws that govern such programs.

With this in mind, the Advocacy and Resource Center has established and implemented a Corporate Compliance Program that will minimize the possibility that fraud or billing abuse will occur; maximize the likelihood that any abuse that may occur will be an isolated incident and will be promptly reported and ensure, to the extent possible, that any liability for intentional wrongful conduct is limited to the individuals engaged in said conduct and not imputed to officers, directors or other personnel who are not directly involved or implicated in such conduct. The program was developed relying upon a number of government issuances and NYSARC's Corporate Compliance Program.

In order to demonstrate that we have developed an effective compliance program, we shall demonstrate that we adhere to prevention of issues, detection when issues occur and Correction once issues are identified through the following:

#### **PREVENTION**

- 1) The existence and implementation of written policies, procedures and standards of conduct,
- 2) The designation of a compliance officer and a compliance committee to provide oversight,
- 3) Effective training and education of employees, board members and contracted consultants and ensuring due care in delegation of authority.

#### **DETECTION**

- 4) Communication/Reporting of concerns to Compliance Officer.
- 5) Monitoring and auditing for systemic and monetary compliance

### **CORRECTIVE ACTION**

- 6) Well-publicized disciplinary guidelines.
- 7) Quick response to detected offenses through investigations, coupled with appropriate corrective action to prevent future violations.

The Corporate Compliance Plan was adopted by the Board of Directors on November 15, 2005 with an implementation date of January 1, 2006. Our Plan also supports and complies with the NYSARC Board of Governors' policy requiring that each chapter of NYSARC implement an effective Corporate Compliance Plan.

The Corporate Compliance Plan will address all aspects of financial transactions from service documentation, billing, payments, audits, etc. It is not intended to set forth all of the substantive practices of the Advocacy and Resource Center, but rather to serve as an overview of our commitment to address business, ethical and legal compliance issues. The agency expects that all aspects of individual care and business conduct be performed in compliance with not only the Corporate Compliance Policies, but Agency and Personnel Policies as well.

### **Element I: Existence and Implementation of Policies and Procedures:**

Our compliance philosophy is expressed within the Corporate Compliance Plan, including our Code of Conduct and policies and procedures related to compliance, agency operations, human resources and fiscal management. Collectively, these documents establish standards and procedures that must be followed and understood by the agency employees, independent contractors (as applicable) and the Board.

#### **CODE OF CONDUCT:**

The code of conduct provides information and guidance to all employees, independent contractors and the Board of Directors to assist in carrying-out the day to day responsibilities within legal and ethical standards. The Code of Conduct summarizes the guiding principles that are more completely developed in the Compliance Plan.

The agency requires that each employee, applicable independent contractor and Board member sign a written acknowledgement form that he or she understands and will follow the Code of Conduct.

#### **POLICIES AND PROCEDURES:**

The agency has developed policies and procedures to implement the Corporate Compliance Plan. The agency will continue to develop policies and revise current policies as needed to ensure the agency's operations are conducted with 'best practices.'

Policies and procedures will also reflect the standards of a non –intimidating and non-retaliatory environment that supports good faith participation in the compliance plan are essential and crucial elements. Reporters of compliance concerns will be less likely to bring these issues to light if they feel that their jobs may be in jeopardy.

**Element II: Designation of a Corporate Compliance Officer and Compliance Committee to provide oversight:**

The Advocacy and Resource Center is committed to the operation of an effective Corporate Compliance Plan. Therefore, the agency has designated a Corporate Compliance Officer with day to day compliance oversight authority and who is empowered to implement the Corporate Compliance Plan, investigate compliance concerns and report those concerns directly to the Executive Director and if necessary, the Board of Directors and /or the President of the Board.

The agency has established a Corporate Compliance Committee comprised of key management staff and volunteers, including the Controller, Human Resources Director, Quality Assurance Management Director, Compliance Officer, Fiscal Intermediary Director and Assistant Director, Associate Executive and Executive Director; volunteers that preferably have experience in law, accounting and medical billing and at least three members must be Board of Directors. The committee meets minimally four times per calendar year to advise the Compliance Officer, identify and resolve compliance concerns and continue to improve and refine the overall compliance activities.

**Element III: Effective Training and Education and ensuring due care in delegation of authority:**

All employees, Board of Directors and as applicable, contractors, of the Advocacy and Resource Center will receive training on the Corporate Compliance Plan, Policies and Code of Conduct. All employees will receive training on the Compliance Plan, Policies and Code of Conduct as part of orientation training. Each employee will take a post training exam to ensure all have received a basic understanding of the principles of Corporate Compliance. Annual refresher training sessions will be required for all employees. The agency will continuously identify training topics based on findings from internal and external audits and regulatory changes.

The Advocacy and Resource Center will use due care not to employ, contract with or delegate substantial discretionary authority to any individual with a propensity to engage in illegal activities. It is critical that the agency hire and contract with individuals and entities that have the same respect for applicable legal and ethical obligations that the agency has.

All prospective employees will be required to disclose whether he or she has committed a crime, including health care related crimes. The agency will check to determine if new hires or existing employees and appropriate independent contractors have been excluded from participation in the federal healthcare programs by checking the OIG's "List of Excluded Individuals/Entities" and the General Services Administration's List of Excluded Parties System. Please refer to the Personnel Policy 4.1.2 Exclusion Checks for additional information.

Additionally, the agency will also conduct criminal background checks on all new hires, following Personnel Policy 4.1.1 Criminal Background Checks of Prospective Employees and Volunteers.

**Element IV: Communication/Reporting of concerns to Compliance Officer.**

All employees of the Advocacy and Resource Center have an obligation and responsibility to report any activity by anyone that appears to violate the Corporate Compliance Plan, corresponding Policies and Procedures and / or regulatory requirements.

The agency promotes an open door policy for all employees and encourages everyone to feel comfortable reporting behaviors or actions which they believe should be reported. All employees are encouraged to use whatever reporting method makes them feel the most comfortable. If an employee does not feel comfortable reporting a concern to their supervisor or the previously stated methods, they can report the concern directly to the Corporate Compliance Officer or by calling the hotline. The compliance hotline telephone is **518-324-6486**. The agency is committed to making every effort, within the limits of the law, to maintain confidentiality.

Any employee who intentionally makes a false accusation for the purpose of harming or retaliating against a colleague will be subject to disciplinary action.

#### **Element V: Internal Monitoring and Auditing:**

##### Internal Auditing and Monitoring:

The Advocacy and Resource Center is committed to routinely performing internal audits of areas that have regulatory or compliance obligations. All audits will be conducted by the Corporate Compliance Officer or designee. Monitoring activities shall be conducted by the Corporate Compliance Officer and other appropriate members of senior management. Monitoring as well as auditing practices will ensure the agency is maintaining compliance while identifying areas of systemic weaknesses and areas of strength.

#### **Element VI: Disciplinary Guidelines:**

Failure to comply with the Corporate Compliance Plan, Policies and Procedures, the Code of Conduct and/or applicable laws and regulations may result in disciplinary action. Disciplinary actions may include: retraining on the Compliance Plan and Code of Conduct if the misconduct is based on lack of understanding of a regulatory obligation, procedure or policy, verbal counseling / warning, written warning, demotion, suspension without pay, or termination of employment or affiliation with the agency. The appropriate disciplinary action will be determined by the Executive Director. Once determined, the Compliance Officer will act as a liaison in communicating the disciplinary action to the individual's supervisor. The agency will strive for consistency in that similar offenses receive similar disciplinary action.

#### **Element VII: Detection and Response to Offenses through Investigations, and Appropriate Corrective Action:**

The Advocacy and Resource Center expects all agency employees to foster compliance through detecting, reporting, correcting and preventing non-compliance behavior. Once a violation has been detected, via normal monitoring procedures, voluntary disclosure, call to the hotline, good faith reporting by an individual or any other means, an investigation will be initiated to determine whether a violation did in fact occur. If the investigation reveals that a violation did occur, then it is the agency's policy to initiate corrective actions, including making prompt restitution of any overpayment amounts and, if necessary, notifying the appropriate governmental agency, instituting appropriate disciplinary action and implementing systemic changes to prevent similar violations from occurring in the future.