

Corporate Compliance Program

NYSARC, INC. – SUFFOLK CHAPTER

To Report Suspected Fraud & Abuse:

Compliance Hotline: 631-585-0100 Ext. #1200

Or 631-496-2639

Email: atoto@suffahrc.org

Mail: 2900 Veterans Memorial Highway, Bohemia, NY 11716

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| Board Approved: | 10/25/2005 (Final) |
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Date Revised: 03/31/2021
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Mission

AHRC Suffolk's mission is to provide dynamic and integrated services where children and adults with intellectual and developmental disabilities discover and define their own quality of life and are thriving to their fullest potential, joined by their families, circles of support and our person-centered organization.
(Revised 05/21/14. Revised 08/19/2020. Revised 5/25/2023)

Vision

An equitable and integrated society for people with unique abilities and needs and their families.

Compliance Values

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

- ❖ Commitment to compliance with all regulatory requirements.
- ❖ 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.

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 providing 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 the Corporate Compliance Program

This policy and procedure describes AHRC Suffolk's Compliance Program. The Agency has developed this policy and procedure, including our Standards of Conduct, to guide our best efforts to operate an effective compliance program consistent with federal, state, and local statutes, rules, regulations, and Medicaid Program requirements as well as the compliance program expectations of the Arc New York.

This policy and procedure were approved by the AHRC Suffolk Board of Directors on June 15, 2023.

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 Program 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 Program is intended to provide guidelines for appropriate workplace conduct and is meant as a supplement to other policies and procedures established by the Agency, such as those noted in the AHRC Suffolk Personnel Manual.

Definitions

Affected Individuals: all persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. (N.Y. Comp. Codes R. & Regs. tit. 18, § 521-1.2)

Responsibilities

This policy and procedure are overseen by the AHRC Suffolk's designated Compliance Officer (CO) and Compliance Committee (CC). The CO and CC are responsible for monitoring the implementation of this policy and procedure, reviewing and revising as necessary; but no less frequent than annually.

Elements of the Corporate Compliance Program

AHRC Suffolk fulfills our policy of adopting and implementing a compliance program, structured around the following principles:

- (1) written policies, procedures, and standards of conduct
- (2) designation of a CO who is versed with the day-to-day activities of the compliance program and establishment of an active CC consisting of senior managers;
- (3) establishment and implementation of an effective compliance training and education program for all affected individuals;
- (4) establishment and implementation of effective lines of communication for all affected individuals to report compliance concerns and/or potential violations confidentially and/or anonymously, without fear of intimidation or retaliation
- (5) establishment of disciplinary standards to address potential compliance violations and encourage good faith participation in the compliance program;
- (6) engaging in routine auditing and monitoring of compliance risks to the Chapter; and
- (7) establishing and implementing procedures and systems for promptly responding to compliance issues, including any issues identified in the course of an internal or external audit.

(1) Written Policies, Procedures, and Standards of Conduct

At a minimum, the Suffolk Chapter maintains written policies and procedures outlining the operation of the Compliance Program inclusive of the aforementioned principles, confidentiality practices, and a commitment to an environment of non-intimidation and non-retaliation. The Suffolk Chapter reviews, revises, and develops, as appropriate, new compliance program policies and procedures, annually and as necessary, to ensure that the Suffolk Chapter's Compliance Program activities are conducted effectively and consistent with applicable statutes, rule regulations, Chapter and Arc New York policy.

Standards of Conduct

The Suffolk Chapter's compliance expectations are embodied within written Standards of Conduct. At a minimum, the Standards of Conduct reaffirm our commitment to conducting business in an ethical and legal manner. The Suffolk Chapter expects that all affected individuals act in accordance with the Standards of Conduct including refusal to participate in unethical or illegal conduct, and a commitment to report any unethical or illegal conduct to the CO. Failure to adhere to the Standards of Conduct will result in escalating disciplinary actions as described in the Suffolk Chapter's written policy on disciplinary standards. Conduct that is intentional or reckless may result in more severe disciplinary action.

The Suffolk Chapter requires that all affected individuals sign a written acknowledgment that they understand and will follow the Suffolk Chapter's Standards of Conduct.

(2) Compliance Officer and Compliance Committee

The Suffolk Chapter is committed to the operation of an effective compliance program and has assigned compliance oversight responsibilities to individuals at the management level. Individuals with day-to-day compliance oversight authority occupy high levels in the Agency's organizational structure, including a Compliance Officer (CO), and are empowered to implement the Compliance Program, investigate compliance concerns, report compliance concerns directly to those in higher positions of authority, up to and including, the Suffolk Chapter Board of Directors and the Chief Executive Officer (CEO). The CO is accountable to the CEO or designee who must be a senior manager. The CO does not hold a position in the Suffolk Chapter's legal or financial departments. The CO receives annual performance evaluations that assess the duties they are to perform. An annual assessment determining whether the CO is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program is also completed and documented. This assessment is conducted as part of a broader compliance program effectiveness review.

The Suffolk Chapter maintains a Compliance Committee (CC) operating under a written charter. The CC reports directly to the CEO and Board of Directors while coordinating committee activities with the CO.

A key task of the Suffolk Chapter CC is to ensure that all affected individuals have received compliance training and education both through orientation and annually. This task will be accomplished through coordination with the CO.

At a minimum, membership on the CC consists of senior managers from operations, finance, compliance, and human resources.

At a minimum, the CC issues reports to the CEO and Board of Directors. Meetings occur every quarter.

(3) Compliance Training and Education Program

The Suffolk Chapter conducts a detailed compliance training and education program for all affected individuals to the extent that they are affected by Suffolk Chapter's risk areas. The Suffolk Chapter's training program includes a training plan that outlines compliance subjects or topics required for all affected individuals, timing, and frequency of the trainings, which affected individuals are required to attend specific trainings, how attendance for each training is recorded, and how periodic evaluation of training effectiveness is completed. Suffolk Chapter continuously identifies training topics, including those arising as a result of self-monitoring, audits by regulatory agencies and regulatory developments. The Suffolk Chapter provides refresher training for affected individuals on, at minimum, an annual basis.

New employees receive training in the Suffolk Chapter Standards of Conduct, this policy and procedure and those policies and procedures relevant to their job duties as part of an orientation program. The Suffolk Chapter tailors the training based on the roles and responsibilities of each group of individuals and in a manner that the individual can understand. The Suffolk Chapter does not lean on self-study programs based ONLY on written policy distribution as the means of training affected parties (trainings may include but are not limited to; in-services, online training, train the trainer).

(4) Lines of Communication

The Suffolk Chapter makes available lines of communication to all affected individuals for the purpose of supporting anonymous or confidential reporting of and asking questions about compliance concerns to the CO. The Suffolk Chapter makes available the Compliance Hotline 631-585-0100 ext. 1200, email, regular mail or face-to-face interaction as the method(s) of reporting compliance concerns to the CO.

Affected individuals have a responsibility to report through available reporting methods any activity by anyone that appears to violate applicable laws, rules, regulations, or the Suffolk Chapter policy and procedure. The Suffolk Chapter is committed to making every effort to maintain the confidentiality of the identity of any individual who reports a concern in good faith. The Suffolk Chapter ensures that there is an anonymous method of communicating a compliance concern. The Chapter works to ensure that the confidentiality of persons reporting shall be maintained consistent with regulations at Part 512-1.4. All persons who report compliance issues, including Medicaid recipients of service, are protected under the Suffolk Chapter's written non-intimidation and non-retaliation policies.

It is an expected and a good practice, when one is comfortable with it and thinks it is appropriate under the circumstances, for compliance concerns to be raised first with a supervisor. The supervisor then makes the CO aware of any compliance concerns. If this is not comfortable or not a viable option, then parties are encouraged to contact the Compliance Hotline at 631-585-0100 ext. 1200 where all reports are confidential and can be made anonymously (email and regular mail can also be used to report compliance concerns). Additionally, affected individuals may contact the CO directly as a means of confidential reporting.

Any party who intentionally makes a false accusation with the purpose of harming or retaliating against anyone will be subject to appropriate disciplinary action.

(5) Disciplinary Standards

The Suffolk Chapter maintains written disciplinary policies and procedures pertaining to violations of the Compliance Program that are published and disseminated to all affected individuals.

Failure of affected individuals to comply with this Compliance policy and procedures, the Standards of Conduct, the Medicaid program and/or statutes, rules, and regulations applicable to the Suffolk Chapter may

be subject to disciplinary action. Conduct that is intentional or reckless may result in more severe disciplinary actions.

The Suffolk Chapter strives to enforce disciplinary standards fairly and consistently with the same disciplinary action applied to all levels of personnel.

Retraining of affected individuals is a key corrective action if violations are based on a lack of awareness or understanding of an obligation, policy or procedure.

Resolution of disciplinary issues will be determined through direct cooperation with the appropriate manager, Human Resources, and the CO and, as appropriate, the CEO 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.

(6) Auditing and Monitoring

The Suffolk Chapter is committed to fostering a culture of compliance through the implementation of a system for the routine identification of compliance risk areas to detect, correct and prevent non-compliance behaviors. Through the process of our compliance reporting structure, the articulation of compliance-related roles and responsibilities at every level of the Suffolk Chapter's operations, and through the utilization of our organizational experience, 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 the appropriate disciplinary action as 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 compliance risk areas. Results of internal and external audits are shared at minimum with the CC and the Suffolk Chapter Board of Directors. The Suffolk Chapter also conducts annual reviews of the compliance program to determine and evaluate the program's effectiveness and any need for correction or revision. The results of annual compliance program reviews are shared at minimum with the CEO, senior management, the CC, and the Board of Directors.

The Suffolk Chapter maintains a compliance workplan that at minimum describes in detail the plan for routine auditing monitoring, and compliance program review activities. This workplan is drafted and/or developed by the CO and shared with the CC for feedback. Revisions are made to the workplan as risk areas change and based on the outcomes of the auditing and monitoring activities.

(7) Responding to Compliance Issues

The Suffolk Chapter maintains a system to prevent, detect, investigate, and correct non-compliance with Medical Assistance Program requirements. This system is designed to ensure appropriate response, investigation, resolution, and proper reporting of compliance issues. This system includes the implementation of procedures, policies, and systems as necessary to reduce the potential for recurrence. The Suffolk Chapter also maintains a system that ensures prompt reporting of compliance issues in a manner consistent with applicable statutes, rules, and regulations.

If a compliance issue requires reporting and returning of overpayment, this will be completed in accordance with the appropriate Self-Disclosure Program requirements.